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An Assessment of Adherence to Exclusive Breast-Feeding among Student Mothers at the University of Cape-Coast

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Abstract: The study was carried to investigate the extent of adherence of exclusive breast-feeding among student mothers in the University of Cape Coast. The research assessed perceptions of student mothers in this regard. Stratified, proportionate sampling method was used to select student mothers who were lactating or had weaned their babies in the past 3-6 months of this study. Questionnaires were administered to collect data from the respondents. Frequency distribution tables and discussions were used to sum up the data. The study revealed that all the respondents (100%) were aware of the six months exclusive breast feeding but only four percent of the respondents were able to breast-feed exclusively. The study recommend that, there should be a conscious effort by women's groups and policy makers to ensure that time table schedules in tertiary institutions will enable student lactating mothers to breast-feed their babies for the benefit of mothers and babies concerned.

Key words: Exclusive breast-feeding, adherence, awareness, student mothers, lactating mothers, university of cape coast

INTRODUCTION

Man must eat in order to live and man should not just eat to satisfy a physiologic need but must eat a balanced diet in order to stay healthy throughout life. In feeding, one must consider the nutritional needs of all persons across the life cycle. These include the aged, adolescent, adult, children, pregnant and lactating mothers, toddlers and infants.

All categories of the people have different nutritional requirements in order to help them grow properly in developed countries where the economy is favourable; people across the life cycle have access to better nutrition because they can afford to buy what is nutritious and recommended to their health. But in developing countries such as Asia and Africa, though people may have knowledge and information about good nutrition, poverty underscores the reason for malnutrition especially in women and children. Feeding people with the right types of food at every stage of the life cycle means promoting good health and longevity. For example, the age's diet must consist of a lot of fruits and vegetables daily. This is to enable them have free bowels regularly because their digestive systems are and not strong to work for long hours and digest complicated food nutrients such as polysaccharides and polypeptides. The adult should at that age not be eating more than they did in their adolescent ages because their bodies have already developed and would need only a diet for maintenance. Else, obesity will set in. The adolescent age is the second rapid developing stage beside the infant stage. Therefore, they should be given the greatest diet as that of infants (Anita Tull, 2006). Pregnant women discovered for the six childhoods by

the world health Organization (WHO). Now there is a "five in one" immunization package in progress which has replaced the vaccines for the six childhood killer diseases by the joint body of Japanese international Co-operative Agency (JICA) and Ministry of Health (MOH). These are all aimed towards infant survival (WHO, 2004).

For infants everywhere, the benefits of breast-feeding are undisputed; for infants in developing nations, breast-feeding is imperative. Their survival depends on the immunity-boosting properties of their mother milk (UNDP, 2004). The importance of breast milk cannot be underestimated. Studies have shown that for the first six months of an infant's life, breast milk alone provides the correct nutrition. For example breast milk has been found to contain protein, fat, vitamins, iron, water, salt, calcium and phosphate, as well as a special enzyme (lipase) which digests fats among anti-infection proteins. At the same time, evidence has been accumulating on the importance of breast-feeding-particularly exclusive breast-feeding and how rarely it is practiced (UNDP, 2004). This is heightened by the fact that only an estimated 44% of infants in the developing world are exclusively breast-fed (Savage-King, 2004). Again due to the importance of the exclusive breast-feeding, Miss Ghana 2006 took up a nation-wide campaign on the project and toured a number of districts in the country during her reign and raised the awareness of the merits derived from the exclusive breast-feeding further Ekua (2006). Currently, the Ministry of Health in collaboration with the John Hopkins University in U.S.A have introduced a weekly drama on radio to further stress the six months exclusive breast-feeding and other childhood related diseases.

Statement of the problem: Formally, very few women worked outside the home. Therefore they had ample time to breast-feed their babies. Now due to the economic hardships of the country, more women are now compelled to join the labour force outside the home, which means they now have to combine motherhood and work. The situation becomes worse if mothers happen to be students in tertiary institution such as the Universities. They might be tempted by circumstances to supplement breast milk with other formulas which could be injurious to the health of their babies.

This study therefore seeks to investigate the extent of adherence of the exclusive breast-feeding and the challenges encountered by student mothers in tertiary institutions and how to address the challenges encountered.

Objectives of the study:

- 1: To assess the level of awareness of the exclusive breast-feeding among student mothers
- 2: To determine the extent to which student mothers are able to adhere to exclusive breast-feeding
- 3: To identify factors militating against the exclusive breast-feeding of babies by student mothers

Significance of the study:

- 1: The significance of this study is to provide information as to whether student mothers are conveniently able to practice the six months exclusive breast-feeding which has been well documented to be beneficial to a developing infant
- 2: It could also provide information as to whether any additional policies or programs need to be developed exclusively for student mothers

MATERIALS AND METHODS

Area of study: The University of Cape Coast is situated on the south-western end of the Cape Coast Municipality. It current has a student population of 9822 made up of 7201(73%) males and 2621(27%) females. It has six hall of residence are not enough for all students, quite a proportion of students are staying in immediate surrounding villages of the University. The Villages are Apewosika, Kokoada, Amamoma and OLA Estates.

Population and sample procedure: Stratified, proportionate, random sampling procedure was used. A list of lactating and non lactating student mothers was collected from the community health unit of the University Hospital. The list indicated 52 lactating mothers and 75 non lactating student mothers who are still in school. The information also included the residential address of the mothers involved.

The population was divided into lactating and non lactating mothers. To ensure a representative sample, 40 percent of each group was selected. This was done by listing the names of all the mothers involved separately, according to lactating variable. Each name was given a corresponding number, 1-52 for lactating mothers representing approximately 29%.

Again another corresponding number, 1-75 was designed for non lactating mothers representing 30% of population. For each group, numbers were folded into a cup and randomly picked out one after the other until the required number for each group (that is, 21 for lactating and 30 for non lactating mothers), was drawn. The names corresponding to the numbers constituted the sample for the study. Since the list collected from the University hospital included the residential addresses of the student mothers, locating them was not difficult.

Research instruments: The researcher used questionnaires because the respondents were educated and they will feel more comfortable with the questionnaires than with interview, which they will fill at their own convenience. Both open and closed worded items were used. Mostly those that involved demographic characteristics were closed ended and those pertaining to the variable being studied included both open and closed ended questions. The questionnaires were personally delivered to the respondents and they were given two weeks within which the researcher would go for them (68%) of the respondents were able to meet the time given and in a few instances, follow ups had to be done. Recovery rate was 100%.

This could be attributed to the fact that those student mothers themselves are likely to conduct researches and might also solicit the assistance of other students.

Pre-testing of questionnaire: The questionnaires were given to colleague post graduate students in the department and some lecturers to determine the content validity of the item. Various inputs were made by the above people to enhance the validity of the questions. The questionnaires were first administered to the pilot sample. Based on the pilot sample study, a few items that were found to be ambiguous were modified.

Limitations of the study: Ideally the study should have covered all the public universities in Ghana to give a clearer picture of the outcome of the study. It was limited to only one public university and therefore affected the sample size.

However, this does not negate the relevance of the study as conditions prevailing in one university are not of much difference from the others.

Data analysis: After collecting the questionnaires, each questionnaires was edited, coded and entered and

analyses using statistic Package for social sciences (SPSS.9) The analyses were mostly based on descriptive statistics (mean, percentages, standard deviation).

RESULTS AND DISCUSSION

Introduction: This section represents the analysis and discussions of data obtained during the data collection. The analyses were based on descriptive and statistics (mean, percentages, standard deviation). The findings of the study are presented under the following headings:

- 1: The general characteristics of the respondents
- 2: Sources of information of exclusive breast-feeding
- 3: Adherence to the six months exclusive breast-feeding
- 4: Problems encountered by student mothers in practicing the exclusive breast-feeding

Table 1 above shows that, (29.4%) of the respondents were within the age range of 20-30 years, (68.6%) were within the range of 31-40, (2%) was in the range of 41-50 and none was in the ranges of 51-60 and over 60 years. It was realized from the data that, the majority of the respondents (98%) were between 20 and 40 years old. This implies that, it is between these ages that women are productive and have to cater for themselves as pregnant mothers and also care for their younger ones in the family. Beside this, it also implies that most of the respondents fall within the main workforce of the nation. Yet notwithstanding the pressure under which they are in the university, they feel obliged to bear children. In order to understand the background of the respondents better, the researcher sought to find out the marital status of the respondents. The data indicated that all the respondents (100%) were married. This implies that highly educated women deem marriage as a factor to child birth so that they do not have a tarnished status in society.

The Table 1 clearly indicated that (19.6%) of the respondents were pursuing diploma courses, (11.8%) were pursuing post diploma courses, (64.7%), were pursuing undergraduate courses.

It could be observed from Table 2 that (41.2%) of the respondents heard of the exclusive breast-feeding from the electronic media (that is from radio and television), (51.0%) heard of it from health facilities (hospital and or clinics) while (7.8%) read about it from the print media. The data revealed that majority of the respondents were exposed to the exclusive breast-feeding while attending antenatal clinics through education offered by personnel of the Baby Friendly Hospital (BFHI) who are trained for this job.

The data on duration of exclusive breast-feeding as shown in Table 3 indicates the percentage distribution of exclusive breast-feeding as practiced by the

Table 1: General background of respondents

Characteristics	Frequency	Percentage
Age		
20-30	15	29.4
31-40	35	68.6
41-50	1	2.0
51-60	-	-
Over 60 years	-	-
Total	51	100.0
Marital status		
Married	51	100.0
Single	-	-
Divorced	-	-
Widowed	-	-
Total	51	100.0
Educational background		
Diploma	10	19.6
Post diploma	6	11.8
Under graduate	33	64.7
Post graduate	2	3.9
Total	51	100.0

N = 51

Table 2: Source of information (exclusive breast-feeding)

Source of information	Frequency	Percentage
Radio/T.V	21	41.2
Hospital/Clinic	26	51.0
Print media	4	7.8
Total	51	100.0

N = 51

Table 3: Adherence to exclusive breast-feeding

Duration(in month)	Frequency	Percentage
Less than one month	12	57.14
1-3.4	4	19.04
3.5-5.4	3	14.28
6-May	2	9.25
8-Jul	-	-
Total	21	100.00

N = 21

respondents. Out of the 51 respondents, only 21 were able to practice or adhere to the exclusive breast-feeding to a certain level or degree. Out of the 21 respondents, 12 respondents were able to practice the exclusive breast-feeding up to less than one month. This was due to when these babies were born and when their mothers had to come back to school. Six mothers also attributed their inability to practice or adhere to the exclusive breast-feeding to stress. This explains Savage-King's accession that lactating mothers under stress either due to mental torment or physical stress due to long hours of strenuous work may not lactate sufficiently no matter how well they eat.

Aside lectures, one of the factors that accounted for this phenomenon was that most of the respondents felt that as they leave for lectures for long hours, their babies' throats may be dry and needed to be wetted. Hence they give the babies water. However, studies conducted by UNICEF and WHO across the world on exclusive breast-feeding from the early 1990's to 2003 indicated

Table 4: Problems faced by respondents on exclusive breast-feeding

Types of problems	No. of respondents	Percentage
Health	15	29
Social	5	10
Economic	1	2
Time	20	39
No problem	10	20
Total	51	100

that infants do not require additional water, even in hot and humid environments. Also, Savage-King (2004) supports these findings when she stated that “there is enough water for the baby from the breast milk, either in hot and dry climates.

Only two respondents (9.5%) were able to adhere to the six months exclusive breast-feeding. This was because two were post graduate students who did not have any structured or rigid time table.

The 30 respondents who could not practice the exclusive breast-feeding attributed the cause to low production of breast milk and long hours of attending lectures. Others also felt they should give water to their babies as a sign of welcoming them into the world. Also, there is this practice of giving evaporated milk to crying and hungry babies in order to stop them from crying. Respondents also gave glucose water to their babies to give them energy in the absence and also on the assumption that the baby’s throat may be dry and needed to be wetted before they are breast-fed. However, According to Savage-King (2002), there is enough water for the baby from the breast milk.

Table 4 shows that (29%) of the respondents had health problems which included sore breast, swollen breast, cracked nipples, low production of breast milk due to stress and biting of nipples by the babies. Ten percent faced social problems which included feeling shy to breast-feed in public and some were embarrassed to breast-feed in public places. Two percent respondent reported of economic problems but did not elaborate and (39%) of the respondents had problems with time. The remaining (20%) respondents had no problems. The data revealed that time and health problems constituted the major factors that hindered exclusive breast-feeding.

Conclusions from the findings: The conclusions emerging from the study is that all the student mothers were aware about the exclusive breast-feeding but only four percent were able to adhere to the six months.

In addition to that, factors such as health, social, stress and lack of time were problems that hindered the exclusive breast-feeding among student mothers.

Recommendations: In the light of the result of the study, the following recommendations have been made to raise further awareness, encourage and strengthen more mothers and would-be mothers to exclusively breast-feed for the first six months:

- 1: Educational efforts on spreading knowledge of the merits of the exclusive breast-feeding should be encouraged and strengthened by both print and electronic media as pertains on education on HIV/AIDS
- 2: There should be a conscious effort by women’s groups and policy makers to ensure that time table schedules in tertiary institutions will enable student lactating mothers to breast-feed their babies for the benefit of mothers and babies concerned
- 3: Every hall of residence should have a “mothers’ room” solely for student mothers with babies and should be designed in such a way that will allow one mother to a room
- 4: If a class should have a lactating mother, lecturers should be advised to break lectures hourly for at least 10 min to allow mothers to go and breast-feed their babies
- 5: The findings of this research are recommended for publication. This, to a large extent would help conscientiae the appropriate authorities and student mothers on the issue of exclusive breast-feeding in tertiary institutions

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