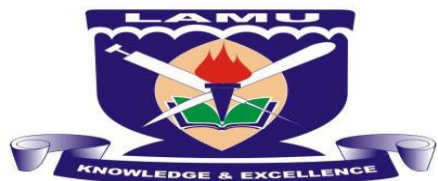


LUSAKA APEX MEDICAL UNIVERSITY



AN ASSESSEMENT OF THE ATTITUDES, KNOWLEDGE AND PRACTICES OF EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS ATTENDING UNDER-FIVE CLINIC AT LEVY MWANAWASA TEACHING HOSPITAL IN LUSAKA DISTRICT.

School Of Medicine

Public Health (CBE 410)

Research Report

Student Name:

Lucy Domingo

Student Number:

PMP/16/02/000024

SUPERVISOR:

Ms NAMWAWA

**A Research Report Submitted to The Lusaka Apex Medical University in
Partial Fulfilment for requirement of the award of Bachelor of Medicine
and Surgery Degree.**

DECLARATIONS

Student Declaration

I Lucy Domingo Student Number: Pmp/16/02/000024 School of Medicine, Lusaka Apex Medical University declare that this report is my original work and has not been presented in any other University/Institution for consideration of any certification. This research report has been complemented by referenced sources duly acknowledged from the internet, these are specifically accredited and references cited using current Harvard System and in accordance with anti-plagiarism regulations

Signature L.Domingo Date: 04/05/2022

Supervisor Declaration

I hereby certify that this project report has been read and evaluated by me. I hereby acknowledge that this report has been submitted for appraisal with my approval as university supervisor.

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be 'H. S. M.' or similar.

Signature;

Date; 04/05/22

ACKNOWLEDGEMNT

I first thank God for seeing me through this tough but fulfilling period of my studies. I also appreciate the efforts of my supervisor Ms Namwawa. I express my sincere gratitude and I thank you for your fundamental role in guiding me through this report work. Without your ultimate support this work would still be a dream.

To my lecturers in this course, am so grateful for the tremendous support that you rendered unto me throughout my study. To my respondents, I extend my heartfelt gratitude for your assistance without your participation, this study would not have been possible.

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ACRONYMS

EBF	Exclusive breastfeeding
EBM	Expressed breastmilk
KAP	Knowledge, Attitudes and Practice
LMTH:	Levy Mwanawasa Teaching Hospital
MOH	Ministry of Health
NEC	Necrotizing Enter Colitis
SIDS	Sudden Infant's Death Syndrome
UNICEF	United Nations Children's Fund
URTI	Upper Respiratory Tract Infections
WHO	World Health Organization
IMC	Immunization Clinic
PMTC	Prevention of mother to child transmission

DEFINITIONS OF CONCEPTS

Exclusive breastfeeding: mode of breastfeeding where by the infant only receives breast milk without any additional food or drink, not even water

Prelacteal feed: Any food except mother's milk provided to a new born before initiating breastfeeding.

Social Class: Refers to a group of people within a society who possess roughly the same socioeconomic status

ABSTRACT

Background

In the past, breast feeding was generally acknowledged across the world among all human groups, communities, societies and cultures as the most suitable form of infant feeding and played a fundamental role in the survival, growth, maturation and development of a child (Auukegbu, 2018). In the advent of industrialization and modernity where by mother's involvement in work relations and probably lack of knowledge about the benefits and practice of breast-feeding, natural breast-feeding practices are being gradually replaced by artificial body foods. This has greatly deprived both the babies and mothers the chance to benefit from the importance of breast feeding. Against this background, the World Health Organization introduced the concept of exclusive breastfeeding which requires giving breast milk only to the infant, without any additional food or drink, not even water in the first six months of life, with the exception of mineral supplements, vitamins, or medicines (World Health Organization, 2020). Despite this concept by WHO, many countries including Zambia still face challenges in attaining high rates of mothers practicing exclusive breastfeeding, hence, this study came in to assess the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers attending under five Clinic at Levy Mwanawasa Teaching Hospital

Methods

This research used a qualitative research approach and targeted 30 nursing mothers that attend under-five clinic at Levy Mwanawasa Hospital. The 30 nursing mothers were selected using simple random techniques as it gave every nursing mother attending under-five clinic a chance to participate in the study. Further, the study used three focus group discussion to as methods of collecting data and thematic analysis was used to analyze the data.

Results

The key findings of the study were that most of the mothers that participated in the study were knowledgeable about exclusive breastfeeding through teachings from health staffs at the hospital, friends, churches as well as husbands working from hospitals. While most of them were aware, not everyone practiced exclusive breastfeeding. As regards to the challenges that nursing mothers face in practicing exclusive breastfeeding, this study established that challenges such as house

chores, working schedules, family influence, swollen nipples among others affected the practice of exclusive breastfeeding. On ways of improving knowledge, attitudes and practices of exclusive breastfeeding, the study found that education programmes should be introduced on both mothers and family members, direct support be given to mothers, train more health staffs on exclusive breastfeeding as well as promote peer groups.

Conclusion

Based on the findings of this study, it was concluded that most of the women under this study were aware of exclusive breastfeeding and they knew it through the teachings given to them whenever they attended under-five clinic. Challenges that emerged from the study in practicing exclusive breastfeeding were house chores, working schedules, sore nipples among others. It can be said that most women indicated that more education programmes should be put in place to encourage mothers to practice exclusive breastfeeding and train more health staff in exclusive breastfeeding programmes.

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

Exclusive breastfeeding (EBF) is defined as giving breast milk only to the infant, without any additional food or drink, not even water in the first six months of life, with the exception of mineral supplements, vitamins, or medicines (World Health Organization, 2020). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeed for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods.

In the past, breast feeding was generally acknowledged across the world among all human groups, communities, societies and cultures as the most suitable form of infant feeding and played a fundamental role in the survival, growth, maturation and development of a child (Auukeyebu, 2018). As argued by Kaley, (2020) breast feeding had no comparison and human milk was regarded as natural and most suitable for children. Breastfeeding is a natural process of infant feeding which can either be exclusive or partial with exclusive breastfeeding giving a baby no other foods or drinks, including water during the first six months of life (Khreshchuk et al., 2011).

Breastfeeding is important for mother, families and communities. Mothers who practice EBF enjoy the benefit of extended lactation amenorrhea. Compared to women who breastfeed, not breastfeeding may increase the risk of breast cancer, and some forms of ovarian cancer, hip fractures in older age. In addition, not breastfeeding increases retention of fat deposited during pregnancy which may result in later obesity (UNICEF, WHO, 2019).

In the advent of industrialization and modernity where by mother's involvement in work relations and probably lack of knowledge about the benefits and practice of breast-feeding, natural breastfeeding practices are being gradually replaced by artificial baby foods. This has greatly deprived both the babies and mothers the chance to benefit from the importance of breast feeding.

As UNICEF, (2006) posits, decline in such practices have resulted in high infant mortality rates associated with diarrhea, acute respiratory infections and poor responses to vaccinations and exposure of infants to various health problems. It is against the danger that comes with the introduction of artificial baby foods to infants below six months that the World Health

Organization (WHO) recommended exclusive breastfeeding to all babies below six months of their birth. Exclusive breastfeeding is seen as a practice where by the infants receive only breast milk and not even water, others liquids, tea, herbal preparations or food during the first six months of life, with the exception of vitamins, mineral supplements or medicine (Ibid).

Exclusive breast feeding practice is a leading intervention in promoting Child Health Survival and a single most effective intervention that could prevent 13 – 15% of infant's deaths. The practice is recommended by the World Health Organization (WHO) and United Nations Children's Funds, (UNICEF) (WHO, 2020). The practice is seen as an important public health strategy for improving children's and mother's health by reducing child morbidity and mortality and helping to control healthcare costs in society. Every year, optimal breastfeeding practices can prevent about 1.4 million deaths worldwide among children under five (UNICEF, 2006)

Globally, it is estimated that only less than 40% of the infants are exclusively breastfed under the age of six months and less than 35% in the first months of life and only a 39% of the infants are exclusively breast fed for the first four months of life (WHO, 2012). As regard to Africa, Al Ghwass (2011) argues that the practice of exclusive breastfeeding is still low although some countries have achieved high levels from which other countries can learn. In most cases, the six months set by the World Health Organization (WHO) as the period for exclusive breast feeding is not adhered by most mothers.

Zambia adopted exclusive breast feeding as a method of infant feeding from birth to six months and unless replacement feeding was Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS) (Medical Journal of Zambia, 2015). The target of Zambia for Exclusive breast feeding for the first six months of life is 60%, however, the prevalence of exclusive breast feeding in Zambia was at 61% as of 2015 (HMIS, 2015). Despite the great advances in health services in Zambia, HMIS (2015) indicated that the number of infants being exclusively breast fed dropped from 65% at two-three months and to 35% at four- five months.

In Lusaka, it is estimated that only 57% of children are exclusively breastfed and that most mothers introduce breast milk substitutes before their babies are six (6) months of age. It is this low prevalence and short duration of exclusive breastfeeding as evidenced in the HMIS 2015 report that has necessitated the need for this study to asses and find out more on the knowledge, attitude and practices of exclusive breastfeeding among nursing mothers attending under-five clinic at levy

Mwanawasa hospital given that it is the second biggest teaching hospital in the country and that there is no research that has been specifically conducted at this health facility to assess knowledge, attitudes and practices of the nursing mothers attending under-five clinic given that the facility has a representation of all people from Lusaka district that attend under-five clinic. This study further helped in highlighting what knowledge these nursing mothers have towards exclusive breastfeeding, what and how their attitudes and practices are towards exclusive breastfeeding so as to ensure interventions aimed at increasing the prevalence of exclusive breastfeeding in Lusaka particularly at Levy are evidence based.

1.2 Statement of the problem

Malnutrition is still high and life threatening, particularly affecting developing countries and Zambia is no exception. The most affected are babies and children under 5 years of age (Ene-Obong, 2019). According to WHO, (2020) report, only 39% of all infants under six months in developing countries were exclusively breastfed for the first six months of life; 6% of infants were never breastfed; 86% and 68% of infants and children continued breastfeeding at 6-11 months and 12-23 months, respectively. In Zambia the prevalence of exclusive breastfeeding stands at 61%. The current standing for Lusaka is at 57% which is still too low a number for mothers practicing exclusive breastfeeding. This low prevalence for exclusive breastfeeding has been there despite government interventions and campaigns (Kaleyi, 2019).

The factors contributing to the reduced rate of exclusive breast-feeding practice in developing countries such as those in Africa has been shown to include: lack of knowledge about benefits of breastfeeding, lack of maternal decision-making power, work schedules, recommencing work after maternity leave, lack of support, traditional beliefs, socio cultural and religious beliefs, taboos and ignorance (Nutpezah, 2018).

However, there is no documented literature on the related factors associated with the attitudes, knowledge and practice of exclusive breastfeeding in Lusaka particularly at Levy Mwanawasa teaching hospital. To address the issue, this study explored the attitudes, knowledge and practice of exclusive breastfeeding among nursing mothers attending under-five clinic in Lusaka district: a case study of Levy Mwanawasa Teaching Hospital.

1.3 Rationale of the study

Exclusive breastfeeding is an important strategy for prevention of child morbidity and mortality, WHO recommend exclusive breastfeeding for the first six months of life. Studies have been conducted on breastfeeding in different parts of the world in respect to knowledge, attitudes and practices, but up to no data have been reported on the level of attitudes, knowledge and practices in Lusaka. In fact, a country like Zambia with many ethnic groups and different cultures, where there has been challenges with the health sector (WHO, 2020).

Furthermore, this research is of great significance in that it aimed to bridge the current knowledge gap between the low prevalence of exclusive breastfeeding in Lusaka and the attitudes, knowledge and practices of nursing mothers towards exclusive breastfeeding at levy teaching hospital. The findings from the study is important in informing the policy formulation process and stakeholders such as donors, government agencies, non-governmental organization, health development practitioners and other activists involved in the implementation of exclusive breastfeeding to identify the areas of improvements and develop strategies and approaches aimed at improving the programme in order to realize its cause and increase the prevalence rate (Essien, 2019).

This study is not only significant from an empirical perspective, but it is also significant for the practice of exclusive breastfeeding among nursing mothers. Health development practitioners in Zambia have an opportunity to gain a better understanding of success factors surrounding exclusive breastfeeding in terms of the knowledge, attitudes and practices and in turn, develop the means necessary to effectively manage the practice of exclusive breastfeeding consequently increasing its prevalence.

1.4 General Objective

To assess the attitudes, knowledge and practices of exclusive breastfeeding among nursing mothers attending under-five clinic in Lusaka district

1.4.1 Specific Objectives

1. To determine the knowledge of nursing mothers on exclusive breastfeeding among nursing mothers attending under-five clinic at levy Mwanawasa Teaching Hospital

2. To identify challenges faced by nursing mothers in practicing exclusive breastfeeding at Levy Mwanawasa teaching hospital
3. To recommend ways of improving the attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at levy Mwanawasa hospital

1.5 Research Questions

- 1 What knowledge do nursing mothers attending under-five clinic at levy Mwanawasa hospital have on exclusive breastfeeding?
- 2 What are the challenges that nursing mothers attending under-five clinic at levy Mwanawasa hospital face in practicing exclusive breastfeeding?
- 3 What are some of the ways of improving the attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at levy Mwanawasa teaching hospital?

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Exclusive breastfeeding provides the best start in life and breastfeeding exclusively does not allow the infant to be exposed to potentially unsafe food or water. It also saves an estimated six million lives of infants every year (UNICEF, 2015). Over 3,000 lives of infants will be saved every day if breastfeeding continues alongside appropriate complementary feeding until at least two years of age (UNICEF, 2015).

The incidence and success of breastfeeding have been attributed to several factors including the provision of accurate information and continuous support to the breastfeeding mothers (Edegba, 2016). In a related study, it was reported that 37% of the mothers admitted that they had been advised to breastfeed immediately after delivery, but only 24% of the sampled mothers actually did so. The status of breastfeeding dropped from 37% in the neonatal period to 14% at the end of the sixth month of exclusive breastfeeding (Omotola et al., 2015). Successful breastfeeding depends on mothers' knowledge, attitudes and beliefs about breastfeeding. Since breastfeeding behavior of a mother is an important predictor of infant and child nutrition, health and development, it becomes necessary to assess mothers' knowledge, attitudes, beliefs and practices of exclusive breastfeeding (Ene-obong, 2016).

2.1 The value of breastfeeding to the baby

Breast milk is the natural food for infants during the first months of life as it contains all the nutrients a baby needs for the first six months of life as such it contains antibodies which protect the baby against infections as this is evident in the less gastroenteritis, fewer respiratory and ear infections among breastfed babies (Penny, et al., 2015). Infants fed on breast milk have less risk of atopic eczema, asthma, lower rates of obesity, diabetes and coronary heart diseases in the later life this is because of the suckling required in breastfeeding is more vigorous and encourages the healthy development of jaws and gums (Penny, et al., 2015)

Breastfeeding is important for physical health and neurological development. There is a possible decrease in the risk of cot death and a possible increase in Intelligence Quotient. Some studies suggest that long- term intelligence or cognitive scores increase with the mother's choice to breastfeed and with the duration of breastfeeding (Penny, et al., 2015). Breastfeeding may be

particularly important in neurological development when some impairment is present at birth (Kaleyi, 2019). The hormones released during breastfeeding strengthen the maternal bond.

2.2 Effects of Breast feeding on the mother

The value of breastfeeding to the mother Breastfeeding on demand helps protect against another pregnancy (Ganu, 2020). Breast suckling prevents ovulation through the hormone prolactin. Prolactin has an inhibiting influence on the synthesis of ovarian steroids. The longer and more completely the infant suckles, the more delay in the return of the ovulation cycle and thus the mothers' fertility. Seldo (2021) argues that breastfeeding helps the uterus to return to its original size much more quickly. Breastfeeding soon after giving birth increases the mother's oxytocin levels making her uterus contract more quickly and reducing bleeding. Women who breastfeed are less likely to suffer from uterine disorders, ovarian and breast cancer. According to Hossain (2018) breastfeeding allows for quicker weight loss after pregnancy and that the fat reserves set aside during pregnancy are used 15 to manufacture milk. Breastfeeding uses an average of 500 calories a day, thus, it helps a mother to lose weight after giving birth.

2.3.1 Global Literature Review

In Saudi Arabia, a recent cross-sectional study on school teachers in the Abha female educational district showed that out of 384 women, 31% started breastfeeding their children within 1 hour of delivery, while only 8.3% reported exclusive breastfeeding for 6 months (WHO, 2020). Regarding mothers' knowledge, although 89.3% of the participants reported that colostrum is good for the baby, there was a low rate of knowledge regarding the appropriate duration of exclusive breastfeeding: only 28% of the participants chose 6 months as the answer, and this might explain the low rate of exclusive breastfeeding at 6 months (WHO, 2020). Regarding their attitudes, the most important reason given by the participants for initiating breastfeeding was their Islamic religious background (56.6%), which was practiced by all of them (WHO, 2020)

According to Ganu (2020) who did a study on the effects of antenatal education on breastfeeding rates. In that study, it was found that mothers who attended the antenatal classes started breastfeeding more than those who did not attend the classes (45% compared to 22%).

In the United Arab Emirates (U.A.E.), a recent study involving 593 Emirati mothers showed that the feeding practices of infants and young children were suboptimal. Although almost all the

mothers in the study had initiated breastfeeding (98%), only 25% of the infants had been exclusively breastfed since birth at 6 months of age (Essien, et al., 2019)

Another good practice that supports the success of exclusive breastfeeding is avoidance of prelacteal feeds. Giving prelacteal feeds increased the risk of infection in infants, and if given by bottle, may interfere with suckling. In a study done in Israel by (Leefsus & Habafsky, 2019) as cited by WHO (2020), it was found that infants who receive one or more prelacteal formula feeds were less likely to be fully breastfeeding at 6 weeks. Also (Auukegbu, 2018), found that infants who received water in the hospital were significantly more likely to stop breastfeeding by 4 months of age than those who did not receive water.

Early skin to skin contact increases breastfeeding success both soon after delivery and two to three months later. It was established that as little as 15-20 minutes' contact in the first hour will be beneficial. And it is in this first one hour that mothers should initiate breastfeeding. Mothers and infants should not be separated after birth unless for an unavoidable medical reason (Jaafar, 2020). In a study done in California by (Salth, et al., 2021), it was determined that the longer the mother practices early skin to skin contact in the first three hours, the more likely she will exclusively breastfeed. Similarly, in Sweden, it was found that Kangaroo mother care was associated with the sustainability of breastfeeding. In that study, they also advocated for non-separation between mother and infant (Hadia, 2020).

Rooming in is another good practice in exclusive breastfeeding as argued by Ogbannac (2019). In a randomized controlled trials done in Malaysia investigating the effects of separate mother infant care versus rooming in, it was found that exclusive breastfeeding before discharge from the hospital was significantly lower in the separate care group compared to the rooming in group (Salth, et al., 2021). In a study done in Emirates, it was found that 87.25 of mothers practiced rooming in and it was found to be significantly associated with breastfeeding (Shirimaa, et al., 2017)

In a clinical trial performed in Brazil to assess the knowledge of mothers and fathers about breastfeeding and its relationship to the frequency of breastfeeding, they found that the mothers with the highest level of knowledge had 6.5 times higher chance of exclusively breastfeeding to the end of the 3rd months and 1.97 times higher chance of continuing breastfeeding to six months compared to the other mothers (Chidozei et al, 2018). In the same regard, step three of the ten steps

to successful breastfeeding advocated for provision of mothers with information about the benefits of breastfeeding, as mother knowledge can influence their breastfeeding intention although it might not necessarily have much effect by itself (Hossain, et al., 2018). In Nigeria it was found that 71.35% of the mothers had good knowledge on breastfeeding. In that study, 46% of the mothers reported that breastfeeding is a contraceptive method, while 76% knew that it promotes mother, baby bond and 70% knew that it maintains mother's weight (Gunagi & Nalk, 2020). In another study done in a different state in Nigeria showed that only 18.2% of mothers knew that breastfeeding promotes bonding between mother and baby, 27% of mothers gave correct definition of EBF, while Ogbannac, (2019) in Jos, Nigeria found a higher response rate for the correct definition of EBF which was 82.3%.

2.3.2 Regional Literature Review

Certain attitude, beliefs and practices in some African communities affect the success of exclusive breastfeeding. For example, in Chad the percentage of mothers who exclusively breastfeed their babies starting from the first hour is only 2-4% because the baby is usually taken away from the mother in the first few days and given hot drinks believing that this will warm up the intestines (UNICEF, 2019). While in Tanzania, about 86% of the rural mothers believe that water should be given to the new born just after the birth compared with 65% of the urban mothers. (Shirimaa, et al., 2017)

In a study in Ghana, breast milk during pregnancy was believed to be warm and could cause diarrhea to the baby. There was also the existence of *pakopila maho* or the use of herbal concoction to bath the baby with. This herbal substance was also being given to the baby to drink. In that work it was demonstrated that infant feeding and for that matter exclusive breastfeeding was heavily influenced by families of the breastfeeding woman (Seldo, 2021)

In a survey done in Somalia. It was found that knowledge, attitude and practices (KAP) on breastfeeding are mainly controlled by culture through maternal grandmothers and other elderly women in the community and are generally unsatisfactory. Most children are put on breast 2-3 days after delivery and the colostrum is not fed to the children by the majority as it is considered heavy, thick, coarse, dirty and toxic to the children's health. Pregnancy also was found to contraindicate breastfeeding, as the milk is thought to be red and poisonous to the breastfeeding infant. It was also thought to affect the newborn infant by making it weak. Breastfeeding is, however

acceptable to all mother and almost all children breastfeeding on demand, lack of knowledge, inappropriate beliefs and very close birth spacing are the major obstacles to successful breastfeeding (Bramson, 2021)

Social demographic factors were also found to be associated with the success of exclusive breastfeeding in various studies. In a study done in Ethiopia, it was found that unemployment and age of an infant less than two months were independently associated with EBF and the median duration of EBF was 3 months, so working mothers were found to be more likely not to exclusively breastfeed their babies compared to unemployed one (Chidozei et al, 2018). While in Cape Coast Ghana, it was found that infant feeding practices was associated with age of the baby, marital status of the mother. Level of education and employment of the mother, and the person who assist the mother in taking care of the baby were also found to influence the mother's choice in infant feeding practices (Hadia, 2020). Maternal education, age and marital status were found to be associated with exclusive breastfeeding. According to (Naanyu, 2018) also found that exclusive breastfeeding is more in mothers with higher age. Mode of delivery also has an impact on exclusive breastfeeding. It was found that cesarean section has been associated with reduced rates of breastfeeding initiation and breastfeeding at six months. Contrary to another study done in Kenya which found no association between EBF and mode of delivery.

There are several practices that support the success of exclusive breast feeding. Antenatal, giving mothers information about the benefits of breastfeeding might influence those who have not already made the decision to breastfeed or not. This also builds their confidence (Warille, 2017).

2.3.3 Local Literature Review

In Zambia, several studies have been conducted that are directly or indirectly related to EBF. In a study done by Mulenga, (2018) indicates that environmental (hygiene) factors are one of the major causes of diarrheal diseases that contribute to an increase in infant mortality rate. This study did not specifically address EBF mothers and its respondents included children up to age of five years This is despite of the fact that its findings established that 28% of mothers were practicing EBF. The study failed to capture those practices that are specific to good EBF practice e.g. washing of breast nipples before breastfeeding as an important environmental factor that breast feeding mothers should practice. The study further failed to explain low levels of EBF despite the fact that

it provides reasons for low adoption rate. In addition, Mulenga (2018) further states that there is no relationship between education status and exclusive breast feeding.

A study by (Tembo, et al., 2015) which focused on exclusive breastfeeding practices in Zambia using a descriptive cross section study design and a sample size of 171 breastfeeding mothers with infants aged from birth to six months were selected using systematic sampling method. The study was conducted in five randomly selected health facilities. The respondents were interviewed using a pretested semi-structured interview schedule and five focus group discussions each group with seven participants, were conducted using a focus group discussion guide at study sites.

The study finding revealed that the prevalence of exclusive breast feeding practice was at 61%. The factors that were found to be statistically significant to exclusive breast feeding were age of infant and support breast feeding mothers received. The others factors were found not to be statistically significant to exclusive breast feeding and these were educational level of the mother, knowledge on benefits of breast feeding and support from spouse. The study revealed that mothers found it difficult to practice Exclusive Breast Feeding because of the amount of work at home and spouses found it difficult to help with house chores because culturally it was a woman's work. (Tembo, et al., 2015)

However, according to WHO, (2019), infant mortality arising from non-adherence to EBF in rural areas and among the poorer and less educated communities is explicably high. The CSO, (2018), reports that 60.5% of Zambians live below the poverty datum line consequently the removal of the maize and fuel subsidies, the impact is likely to be more because of possible increase on the prices of the food basket. Such challenges are likely to negatively impact adoption as well as adherence EBF. WHO (2019) postulated that there is a need to conduct further studies on the relationship between education and adoption of EBF as well as the knowledge, attitudes and practices of EBF among nursing mothers at Levy Mwanawasa hospital in Zambia. Further, there remains not so much literature and studies conducted at Levy to assess the attitudes, Knowledge and practices associated with EBF despite being the second biggest hospital in the country.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research approach

This study used a qualitative research approach so as to allow the participants provide an in-depth account on what their attitudes, knowledge and practices are towards exclusive breastfeeding. From the point of view of (Creswell 2009), a qualitative research approach provided the researcher with the means for exploring and understanding the meaning that participants of the study attach to exclusive breastfeeding at levy Mwanawasa teaching hospital. The approach further allowed informants and participants to answer questions of an explorative nature such as why, what and how (Malterud, 2008). The main purpose of choosing qualitative research was to create a picture of the attitudes, knowledge and practices of exclusive breastfeeding through words and descriptions that will be made by participants in the study as argued by Schumacher (2006).

Qualitative research is also built on the assumption that reality is subjective; this enabled the researcher to capture the context in which exclusive breastfeeding is practiced among nursing mothers who attend under-five clinic at levy Mwanawasa hospital. Because of its emphasis on the natural environment, qualitative research is context bound, interpretive and inductive oriented (Robert, 2014). This mutual relationship between context and inductiveness allowed the participants rather than the researcher to construct the meaning of the exclusive breastfeeding and its associated practices among the nursing mothers.

3.2 Research Design

According McMillan and Schumacher, (2006) a research design is described as how a study should be conducted and summarizes the procedures for conducting the study, including when, the selection of the participants, and how the data will be obtained. This research used a case study design. A case study design was used because it allowed an in-depth understanding of exclusive breastfeeding from a single hospital (Levy Mwanawasa) than it would when many cases were to be considered.

3.3 Study Population

Kombo and Tromp, (2006) describe a target population as the total group of individuals from which the sample might be drawn. It can also be defined as a certain group of the population that share similar characteristics and is identified as the intended audience for a product, advertising or

research. The study population for this study included all nursing mothers who attend under-five clinic at Levy Mwanawasa teaching hospital. This study population was used because the researcher believes that they are the people with information that helped answer the research questions.

3.4 Sample size

This study was conducted in Lusaka at the under-five clinic at Levy Mwanawasa teaching hospital. Study population. All breastfeeding mothers visiting the under-five clinic at Levy Mwanawasa Teaching Hospital in Lusaka from May to July 2022. For phenomenological studies, (Creswell 2017) recommends 5 to 30 participants as sample size for qualitative study and Morse (2018) suggests at least 6 participants as sample size for a qualitative study. Those recommendations helped a researcher estimate how many participants needed. A sample size of 30 nursing mothers was used as a representation.

3.4.1 Sample determination

Sampling, is normally used because it reduces time and labor. The sample size of the research was obtained from a special formula for calculating the sample size (Cresswell, 2014)

Equation 1: Formula for Calculating Sample Size

$$n = \frac{z^2 \sigma^2}{e^2}$$

where n = Sample size

z = Standard variate at a given confidence level (it is 1.96 for a 95%)

σ = Standard deviation of the population (being estimated from past experience)

e = Acceptable error (the precision)

If the acceptable error is to be kept with ± 0.8 of the sample mean with 95% confidence and 4.998 as standard deviation of the population estimated from past experience the sample size can be expressed as equal to

$$n = \left(\frac{1.96 \times 4.998}{0.8} \right)^2 = 30$$

3.5. Inclusion criteria

All breastfeeding mothers visiting the under-five clinic at Levy Mwanawasa Teaching Hospital

3.6 Exclusion criteria

All non-breastfeeding mothers visiting the under-five clinic at Levy Mwanawasa Teaching Hospital

3.7 Study Variables

Independent variables	Dependent variable
Attitude, Knowledge and Practices Sex of the infant Age of the infant Age of mother, province of birth, religion, ethnicity	Exclusive Breastfeeding

Table 1. Study Variables.

3.8 Data Collection Methods

Data for this study was collected using the following method

3.8.1 Focus group discussion

Focus group discussions were used to collect data from the nursing mothers who attend under-five clinic at Levy Mwanawasa hospital. Three (03) focus group discussions were conducted in which

each consisted of ten (10) members. This selection was in line with what Saunders et al. (2007) stated, that a typical focus group discussion involves four to twelve participants depending on the interviewers' skills and subject matter. Focus group discussions with the nursing mothers was instrumental in getting the mothers to talk and enabled them give enough experience seeing that each one is open to each other and willing to share their experiences on exclusive breastfeeding. Focus group discussion further allowed the researcher not to influence the views that was expressed in the discussion. In this way the nursing mothers were able to bring out new ideas in each other that cannot be produced in one-to-one interviews.

3.9 Data collection instruments/Tools

The instruments that were used to collect data in this study were interview guide as well as audio recorders. Interview guide was used by the researcher as a guide on the questions that were asked to the respondents. Audio recorders were used to ensure that all the information given by the respondents is captured without giving chances of living out some details.

3.10 Data management

Williams &Wilkins (2009) defined data management in qualitative research as a designed structure for systematizing, categorizing and filing the materials to make them efficiently retrievable and duplicable. It may also involve converting data representing human interactions into written reports, and it allows researchers to accumulate information in various forms of location for different research purposes, while maintaining the security of the data. For data management, this study involved confidentiality, human subject's protection together with data storage, sharing and ownership.

Confidentiality

Confidentiality is defined as the responsibility for information obtained in the interaction between the professional and the client, or simply the protection of the data collected by the researcher (Williams & Wilkins, 2009). Participant's privacy and confidentiality was protected as data was prepared in a way that reduces the possibility of identifying individual participants which involved removing noticeable personal identifiers, altering the forms of documentation and encoding data elements.

Protection of human subjects

In this study, the researcher was responsible for encouraging participants to share information and preventing them from sharing information they might regret later. Participants were made aware of the potential risk involved in participating in the study if any, and they were provided with options such as withdrawal from the study, in case undesirable events occurred. The researcher was honest, and open-minded when conducting the study to be respectful and sensitive to potential problems and handle them appropriately.

Data storage and record keeping

This research data was transformed into a retrievable form as soon as possible to prevent its loss or deterioration and it was stored in a hard copy bound in a note book and again keep an electronic copy. The data is therefore protected for possible future use in verifying research findings, setting priorities or reanalyzing.

Data sharing

Data sharing is necessary because it can potentially help researchers validate, broaden and generalize findings as well as build new theories (Williams & Wilkins, 2009). Sharing of this data depended on the researcher's preference.

Data ownership

Williams & Wilkins (2009) stated that, in qualitative research, funding agencies, research institutions, participants (in some cases) or researcher might own the data. In this study, the researcher owns the data.

3.11 Reliability and Trustworthiness

According to Blumberg et al., (2005), reliability refers to a measurement that supplies consistent results with equal values. The findings of this study was adequately reliable because the researcher was not biased during sample selection as simple random technique as well as purposeful sampling techniques was used effectively to select the research participants.

3.12 Data Validation

Robson (2011) posited that validity of a research instrument assesses the extent to which the instrument measures what it is designed to measure. To establish the validity of the research instrument the researchers worked hand in hand with the experts in the field of study especially

the lecturers and supervisors; this facilitated the necessary revision and modification of the research instrument thereby enhancing validity. Expert opinions was sought to comment on the representativeness and suitability of questions. Content validity was obtained by asking for the opinion and guidance of the research supervisor, departmental lecturers and other professional on whether the questionnaire adequately met the objectives.

3.13 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of the person doing the generalizing. In this regard, the researcher enhanced transferability by describing the research context and highlighting the assumptions that was central to the study

3.14 Dependability

This is concerned with whether or not the same results would be obtained if one could observe the same thing twice. The idea of dependability emphasizes the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occurred in the setting and how these changes affected the way in which he or she approached the study

3.15 Credibility

The credibility criterion involves establishing whether or not the results of qualitative research are credible or believable from the perspective of the participants in the research (Cresswell, 2014). Since from this perspective, the purpose of qualitative research is to describe or understand the phenomena of interest from the participant's viewpoint, participants are the only ones who legitimately judge the credibility of the results

3.16 Confirmability

Confirmability refers to the degree to which the results can be confirmed or corroborated by others. There are a number of strategies for enhancing Confirmability. The researcher can document the procedures for checking and rechecking the data throughout the study.

The researcher can actively search for and describe negative instances that contradict prior observations. After a study, one can conduct a data audit that examines the data collection and

analysis procedures and makes judgments about the potential for bias or distortion (Cresswell, 2014)

3.17 Data analysis procedure

This study used the framework method for analysis, which part of a broad family of analysis methods often termed thematic analysis or qualitative content analysis. Thematic analysis is a method of analyzing qualitative data, which is usually applied to a set of texts, such as interview transcripts, (Caulfield, 2020). The researcher closely examined the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly. This method has four basic steps; 1. Familiarization with, and organization of transcripts. 2. Identification of possible themes 3. Review and analysis of themes to identify structure 4. Construction of theoretical model, constantly checking against new data. (Chapman et al, 2015).

Familiarization

The first step was to get to know the data. It was important for the researcher to get a thorough overview of all the data collected before analyzing individual items. It involved transcribing audio, reading through the text and taking initial notes, and generally looking through the data to get familiar with it.

Coding

The researcher needed to code the data. Coding meant highlighting sections of the text, usually phrases or sentences and coming up with shorthand labels or “codes” to describe their content.

Generating themes

The researcher looked over the codes created, identify patterns among them, and started coming up with themes. Themes were generally broader than codes and could be combined with several codes into a single theme.

Reviewing themes

The researcher made sure that the themes were useful and accurate for representation of the data.

Defining and naming themes

Defining themes involved formulating each theme and figuring out how it helped us understand the data. Naming themes involved coming up with a succinct and easily understandable name for each theme.

Writing up

The researcher then had to write up an analysis of the data.

3.18 Ethical consideration

Ethical clearance to conduct this study was sought from Lusaka Apex Medical University Research Ethics Committee (LAMUREC), Consent forms will be developed explaining the research and the rationale of the research. During the process of data collection and data presentation confidentiality and anonymity was ensured through the use of code numbers.

The participants were approached with the informed consent explaining to them exactly what the research is all about and whether they want to participate in the study or not. Those participants that refused to participate were excluded and not forced to take part. Those who accepted to participate were given questionnaires and if the participant was unable to read or write the researcher used one on one interview using the same questionnaires. The researcher assured participants that all data collected is going to be used for academic purposes.

3.19 Dissemination of findings

The dissemination of finding of this study was sent to the school library of Lusaka Apex Medical University (Foxdale campus) to contribute to the knowledge body and increase the level of awareness regarding the topic, the findings of the study was shared through a report to the supervisor.

CHAPTER FOUR: PRESENTATION OF THE RESEARCH FINDINGS

4.0 Introduction

what knowledge do nursing mothers attending under-five clinic at levy Mwanawasa hospital have on exclusive breastfeeding?, what are the challenges that nursing mothers attending under-five clinic at levy Mwanawasa hospital face in practicing exclusive breastfeeding? and what are some of the ways of improving the attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at levy Mwanawasa teaching hospital? On each research question, the direct speech is cited using an identification Number as (F-1, 2,3 etc.) given to the respondents during the focus group discussions.

4.1 What knowledge do nursing mothers attending under-five clinic at levy Mwanawasa hospital have on exclusive breastfeeding?

In this section, the researcher presents the focus group discussion results as reflected by the questions responded to by the nursing mothers as regards to their knowledge on exclusive breastfeeding.

The findings of this study indicate that the majority of study participants had heard about exclusive breastfeeding and that they have known it from health workers. Regarding the duration of exclusive breastfeeding, it was established that the majority of the nursing mothers were aware that exclusive breastfeeding means feeding the baby with breast milk only for the first 6 months.

“When we go for under-five clinic, we are usually told about exclusive breastfeeding where they teach us that we need to breastfeed our babies for six months without giving them anything other than breast milk,” one respondent said (F-1)

Another respondent indicated that,

“I am aware of exclusive breastfeeding. it’s that thing were you don’t feed your baby with any other food stuff besides breast milk for a period of six months. I got this information from the hospital when going for my under-five clinics and also from my husbands who works at the hospital” (F-4)

“This issue of exclusive breastfeeding is something that is known by most mothers that attend under-five clinic because they are usually taught. They encourage us to practice it and the various

benefits that it can bring to the baby, so for me I would say am aware of it and also those that attend and visit the clinics know or have at least heard of exclusive breastfeeding,” a respondent said. (F-5)

In support of F-5, another respondent said that,

“As long as you go to the clinic for antenatal and under-five clinic, you will be taught on exclusive breastfeeding atleast once in a while. At Levy they teach maybe in other hospitals they don’t teach but at Levy hospital they always take time to explain such issues on exclusive breastfeeding”. (F-6)

While most of the respondents in the study indicated that they heard about exclusive breastfeeding from the hospital, this study also established that a few of the respondents had heard about exclusive breastfeeding through their friends and health gathering from their churches.

“I have heard about exclusive breastfeeding during health talks at church. There are moments every Saturday during Sabbath school that health talks are given and it is from there that I have severally heard about exclusive breastfeeding and its benefits,” one respondent stated. (F-9)

“I am UCZ, and there are times when we gather as women to talk about various issues that affect us and during such meetings, we have people from among our women that are health practioneers and so we give them a chance to also talk about how we need to take care of ourselves health wise, so during such issues of exclusive breastfeeding have been talked about,” a respondent indicated (F-13)

On the other hand, another respondent indicated that;

It’s not always true that when you go for under-five clinic you will be taught about exclusive breastfeeding or maybe it’s just that the days that I go there they do not talk about it? Because me I have come to know about the practice of exclusive breastfeeding through my friends. They have a lot of interest in reading and also their husband works at the hospital so they teach them at home. (F-3)

This study further established that most of the nursing mothers that participated in the study were aware of the time for initiation of exclusive breastfeeding. Most of them indicated that exclusive breastfeeding should be started immediately after birth and usually within an hour of an infant’s birth. The study also discovered that nearly all the mothers understood the importance of the first

breast milk or colostrum and that breast milk improved the baby's immunity level and protected them against infection and chronic diseases.

From one of the focus group discussion, one of the nursing mothers said that;

“When they are teaching us about practicing exclusive breastfeeding, they tell us when exactly we are supposed to start and they have always indicated that we should start that within the first hour of an infant's birth until its six months” (F-5)

In support of the above respondent, another respondent indicated that;

“The initiation period is always told to us whenever we have talks about exclusive breastfeeding when we go for under-five clinics.” (F-7)

As regards to the importance of exclusive breastfeeding, one participant said that;

“I have been practicing exclusive breastfeeding for some time now. I did that on my first child and second, this one I am having is my third child and am currently practicing it. One benefit that I have seen is that my children's immune systems tends to be strong as they do not usually fall sick. Sometimes signs of an illness will start, within a day they are gone, so for me I see such to be a benefit emanating from exclusively breastfeeding the baby”. (F-16)

“For me personally, what I have noticed is that a baby does not fall sick easily when exclusively breastfed because breast milk is natural and contains all that the baby needs. These processed products that we tend to give babies may just expose them to more problems and risks of being sick, a responded stated” (F-15)

When asked how they come to know about the benefits of exclusive breastfeeding, one respondent had this to say;

“Firstly, we learn about these benefits and then as we begin practicing we tend to see the benefits. At hospitals when you go for under-five clinic, they teach us such benefits and then we see them for as long as we keep practicing what they teach us” (F-11)

Another respondent indicated that

“The benefits of exclusively breastfeeding are usually there but the problem is that we tend to think that once a child is breastfed exclusively in the first six months, then they cannot fall sick, falling

sick they can and they actually do, but the beauty about exclusive breastfeeding is that a child's immune system is strengthened.” (F-5)

Besides that, this study further established that most of the participants indicated that exclusive breastfeeding reduces the risk of malnutrition and obesity in children and that it protects against breast & ovarian cancers as well as helps the uterus contract to its normal size. In addition, the study indicated that food such as porridge and milk help increase breast milk production and that a baby who is breastfed is less likely to get sick compared to with formula-fed babies. It was also indicated that exclusive breastfeeding for six months protects babies against diarrhea.

“My husband, a health worker has always explained to me that the more I exclusively breastfeed my baby the less the chances of her suffering from malnutrition and obesity and that it also benefits me in that it increases the chance of me not suffering from breast cancer due to the baby sucking the breast,” one respondent indicated (F-1)

Another respondent said that;

“I have seen the way my baby looks, whom I exclusively breastfeed and also the way that of my friend who do not practice exclusive breastfeeding as they tend to feed the babies with other food stuffs looks like. Mostly her baby is usually sick in most cases and I have advised her several times to exclusively breastfeed her babies but work usually disturbs her as she is not home most often ” (F-2)

While most women in the study seemed to exclusively breastfeed, a few Nursing mothers did not exclusively breastfeed their babies despite having heard about it. It was revealed that some among these mothers gave their babies prelacteal feeds ranging from plain water, glucose water, herbal tea and formula milk. It was shown that prelacteal feeds were given using spoons, cups or traditional hand feeding method. The study revealed that there were many reasons ranging from busy schedules that do not allow them being home with the babies as well as doing of many house chores that prevented them from practicing exclusive breastfeeding despite them knowing it and its benefits.

“I feed my child plain water sometimes, not that I don't know about exclusive breastfeeding but it's not always true that the baby should always be breastfed on milk I feel, ” one respondent said. (F-4)

4.2 What are the challenges that nursing mothers attending under-five clinic at Levy Mwanawasa hospital face in practicing exclusive breastfeeding?

The key themes that emerged from the focus group discussion with the mothers as regards to the challenges they encounter in practicing exclusive breastfeeding were as follows: household chores; formal and informal work schedules; family influence on exclusive breastfeeding; low breast milk production; swollen breast or sore nipples; access to complementary food items; and preparing and giving complementary foods to children.

4.2.1 Household chores.

It emerged from the study that cooking and fetching water were household chores that mostly interfered with the practice of exclusive breastfeeding. With mothers that came from compounds such as Chelstone and Mtendere among others, periods of cooking foods for their families were regularly mentioned. As indicated by these mothers, they cook their staple food on daily basis and this sometimes pose challenges to the practice of exclusive breastfeeding in the home. A mother stated:

“If you are cooking, the child is crying, you may find it very difficult to stop and breastfeed her. You would have to still leave her with someone until you finish” (F-17)

Also, fetching water can be a stressful activity since some mothers have to distant walk to public service points to get water using gallons or head pans. Some of these sources of water, the mothers mentioned, are located at far locations. Even when the need arises for them to carry their children along, they are mostly unable to breastfeed their children:

“Fetching of water poses some challenges. You can’t carry water while the baby is breastfeeding. Most at times, you have to back the child until you pour the water. Sometimes too, you would have to leave the child at home and go to the borehole to fetch water” (F-10)

4.2.2 Exclusive breastfeeding challenges in work schedules.

The work schedules of mothers interfered with the practice of exclusive breastfeeding. Interviews with mothers revealed that handling children and carrying work schedules was not conducive since they cannot carry the child along when performing some errands. This sometimes affects how they exclusively breastfeed their children:

“May be at work they asked you to go somewhere to do something, you may be forced to leave the child with the baby-sitter and go. You would not like to carry the child wherever you are going. The time the child is supposed to breastfeed, on your return, that time would be past posing a challenge to the child” (F-3)

Some mothers indicated emphatically that they do not have enough time at the work place. They are left with no option than to feed their children with other foods since the periods they may breastfeed them would not be enough while at work. A mother narrated:

“Because I don’t have time in the work that I do so if I don’t give him food early and it’s only the breast milk that he is going to rely on, he will be hungry. As for breastfeeding, I breastfeed him but I have to add other foods too” (F-19)

Again, others had such tight schedules set for them at their work places that they sometimes delay breastfeeding their children till they (mothers) are at home. This kind of tight schedules was cited by a mother as:

“Assuming you created a portion in the farm and you must finish it before sunset so that tomorrow you continue at another place, and the baby is also crying. The only option would be to back the baby and continue working until you finish that portion. In the house, he can then suck” (F-20)

4.2.3 Family influences on exclusive breastfeeding.

Close associates such as grandmothers, co-tenants, and other relatives were found to be people who sometimes challenged mothers on the practice of exclusive breastfeeding. These individuals were widely mentioned during the focus group discussion. Among them, grandmothers were commonly mentioned as posing challenges to mothers’ decisions on exclusive breastfeeding. Some grandmothers intentionally give substances such as water to children when bathing them. Their persistent suggestions and demands of giving water and foods to children who are supposed to be exclusively breastfed were worrisome for some mothers. A mother explicitly cited such incident:

“When she [mother-in-law or grandmother] was bathing the baby, she used to fetch some of the bucket water into her [child] mouth. I told her [mother-in-law or grandmother] not to be doing that. She told me that, the nurses are doing that and killing people’s children. She said that, some children come to earth because of food and must be given the food” (F-22)

The study also established that others, such as aunties and cousins were noted for giving foods to children (less than six months) without the notice of their mothers:

“One day, I was cooking and gave the child to one of my aunties but she sent the child outside and gave her [child] ‘Tobwa’. I smelt the ‘Tobwa’ from her [child] mouth but my aunty denied giving her [child] such food stuff. Later, the food stuff was then working in her system and she cried heavily until my aunty then confessed that she actually gave her the Tobwa.” (F-27)

4.2.4 Low breast milk production.

Mothers reported that insufficient breast milk was a major challenge that hinder efforts towards attaining optimum exclusive breastfeeding. Mothers who were unable to meet their children’s demands for breast milk found themselves in a state of despair:

“Before she was one month, she used to cry a lot and most times I was not okay with it and when she breastfeeds too, it wasn’t enough for her so it became a problem”. (F-23)

In some instances, mothers who could not produce enough breast milk had no other choice than to give their children other foods to supplement the insufficient breast milk:

“The child really likes crying and it was worrying me so I thought hunger could be a factor so I said let me try giving him food and see, because even when he has finished breastfeeding he would still be crying so that’s why I started giving him food. And I realized afterwards that it was indeed because of hunger that he was crying so I gave him food” (F-18)

4.2.5 Swollen breasts or sore nipples.

Mothers recounted moments when the health status of their breasts was a challenge for them to practice exclusive breastfeeding. A mother recounted how difficult it was to exclusively breastfeed her child due to her swollen breasts:

“because I had a problem in one of my breast [swollen] ... It was difficult to breastfeed” (F-24)

Another mother narrated how serious it could be to practice exclusive breastfeeding with boil or sore on the breasts:

“assuming you have a boil or sore on your nipples it becomes a serious challenge to exclusively breastfeed”. (F-29)

4.3 What are some of the ways of improving the attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Teaching Hospital?

From the focus group discussion with the nursing mothers on the ways they felt should be put in place to improve the attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Teaching Hospital, the following key themes emerged, formal breastfeeding education for mothers and families, direct support of mothers during breastfeeding, training of primary care staff about breastfeeding and techniques for breastfeeding support as well as Peer support.

4.3.1 Formal breastfeeding education for mothers and families

From the focus group discussion with the nursing Mothers, it was revealed that in order to improve the attitudes of exclusive breastfeeding among nursing mothers, there is need to introduce formal breastfeeding education for both Mothers as well as families. The study established that most mothers were not fully aware of the exclusive breastfeeding in details as the information they had was just the basic ones. It was further established that family members played a key role in influencing the practice of exclusive breastfeeding as such there was need to include them in whatever form of education rendered to mothers on exclusive breastfeeding.

“You see most of us learn some of the exclusive breastfeeding issues when we attend under-five clinic and the teaching is not so detailed, they just talk about it on the surface, which makes some mothers not to practice whatever is taught. If a more formal system of education is established where both mothers and family members are taught, people will be able to take detailed information and won’t find it hard to practice because they aware of every step involved,” one mother stated [F-2]

The study further revealed that educational strategies are important to improve and correct mothers’ knowledge, attitudes, beliefs, and sociocultural norms about exclusive breastfeeding. It was indicated that health education sessions should promote teaching mothers about the benefits of exclusive breastfeeding and that should be provided at the community level to obtain an optimal rate.

One of the respondent stated that;

“There are many social as well as cultural barriers that affect the practice of exclusive breastfeeding, so health education among mothers can help them overcome some of these cultural barriers and be able to practice exclusive breastfeeding without any challenges” [F-4]

“Education has many benefits. It can make people that are so rooted in cultural beliefs be exposed to knowledge on the effects that results from the failures of practicing exclusive breastfeeding. Once such people have been exposed to such detailed and diverse knowledge, practicing exclusive breastfeeding can never be a challenge among many mothers,” a respondent said. [F-7]

4.3.2 Direct support of mothers during breastfeeding

Most mothers from the study recommended the need for direct support that should come in various ways to them if they are to be knowledgeable and have positive attitudes as well as practices towards exclusive breastfeeding. It was revealed that direct support may range from helping in taking up house chores and other responsibilities that they are expected to take in the first six months of child bearing.

“Most often, I will be the same person fetching for water, cooking and doing other things at home, such disturbs my practicing of exclusive breastfeeding despite me being knowledgeable about it. So if I can be supported directly, where some of the family members take up some of these responsibilities, it will be easy for me to exclusively breastfeed,” a mother stated. [F-12]

In support of the earlier assertion, one of the respondent said;

Some of the organizations that we work for don’t understand labor laws, so immediately you give birth, they start requesting you to report for work as such you will be forced to leave the baby at home while you are at work, making the practice and attitude towards exclusive breastfeeding a challenge. So if we can be given some support in terms of strictly enforcing the labor laws and strengthening them, then such support will yield better results on the knowledge, attitudes and practice of exclusive breastfeeding. [F-5]

4.3.3 Training of primary care staff about exclusive breastfeeding and techniques for breastfeeding support

This study discovered that in order to improve the attitudes and practice of exclusive breastfeeding among nursing mothers, there is need to train primary care staff providers on exclusive breastfeeding so that as they provide these services to the mothers, they do so while being

completely knowledgeable about it themselves. The study further revealed that more primary care givers staff should be trained and deployed in various health facilities as well as in communities as this would be key in enhancing and improving knowledge, attitudes and practice of exclusive breastfeeding.

As regards to training of primary care givers on exclusive breastfeeding, one of the respondents said that;

“You see, there is need of training more people to help in sensitizing the masses of the mothers on exclusive breastfeeding, teaching them step by step, understanding their challenges and providing them with the best strategies of overcoming those challenges from a professional point of view. These means that there should be about two to three people in each community as well as health facilities that are trained in exclusive breastfeeding to be able to meet the needs of breastfeeding mothers as far as exclusive breastfeeding is concerned” [F-19]

For me I feel it’s a cardinal thing to train more people in these things so that everywhere you go, you will find them teaching and talking about exclusive breastfeeding which in turn will help mothers know and practice exclusive breastfeeding. You know that not all mothers go for under five-clinics, so for such people you might need people in their communities to talk to them about this thing of exclusive breastfeeding. But if the trained people are very few, it becomes so hard for information to easily reach most of the women, one Mother stated. [F-13]

4.3.4 Peer support

It was established in this study that in order to improve the attitudes and practices of exclusive breastfeeding among nursing mothers, it is important to strengthen and build peer support. The study argued that peers play a very critical role in influencing the way those around them do and practice things. It was seen that some of the mothers knew about exclusive breastfeeding through their peers as such there was need of forming peer groups which can be made as peer educators as far as exclusive breastfeeding is concerned in their communities.

“There is need to strengthen the issues of peer educators also who can be going round in the communities to sensitize and teach people about exclusive breastfeeding unlike waiting on people to go to the hospital that is when they are taught about exclusive breastfeeding. I also feel more radio programmes need to be promoted more regularly on EBF,” one respondent stated. [F-20]

CHAPTER FIVE: DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter discusses the findings according to the objectives of the study. The objectives of this study were: to determine the knowledge of nursing mothers on exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Teaching Hospital, to identify challenges faced by nursing mothers in practicing exclusive breastfeeding at Levy Mwanawasa

teaching hospital and to recommend ways of improving the attitudes of exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa hospital

5.1 Knowledge on exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Teaching Hospital

This study established that the majority of the women were aware of exclusive breastfeeding and that it meant feeding the baby with only breast milk for the first six months. It was further seen that most of these women had this knowledge from health workers which they did learn when attending their under-five clinics. It was discovered that during under-five clinic visit most mothers are taught about exclusive breastfeeding as well as its benefits to the baby as well as to the mother.

Besides that, the study established that some mothers that participated in this study heard about exclusive breastfeeding from their husbands who happened to be health professionals while some heard about it through friends and from church through various women groups where matters of health among others are discussed.

The findings of the current study are in contradiction to what Tarkwen (2020) found out in his study about breastfeeding Mothers' Knowledge on ten step to successful breastfeeding in Kapsabet county Hospital, Nandi County, Kenya in which it was indicated that the majority of the women who participated in the study were not aware of exclusive breastfeeding as such information was not being shared to them at the health facilities they attended to neither talked about among peers. Though Tarkwen's study focused on rural women, the current study looked at women from an urban setup

On the other hand, a study conducted by WHO (2014) on 'Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition' is similar to the findings of this study in that it indicated that most of the women that participated in the study were aware of exclusive breastfeeding and that it meant feeding the baby with only breast milk from the first hour of birth up until six months. The study further indicated that most women who were aware of exclusive breastfeeding had heard about it from community health workers, health workers at the health facilities whenever they go for antenatal as well as from their friends and the media.

This study shows that as long as a nursing mother visits a health facility, they are taught about exclusive breastfeeding and it is such that made the majority of the women to be aware of exclusive

breastfeeding. While the study established that, few of the responded refuted the claim and indicated that on some days that they visit the clinic such talks on exclusive breastfeeding by health workers are not given to them. Despite these, the study established that even such women, were still aware of exclusive breastfeeding as they learnt it from friends.

Tadele, Habta, Akmel and Deges (2016) in their study on Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan argue that it's not always that health facilities have programmes lined up on a daily basis to teach nursing mothers on exclusive breastfeeding. His study established that they are set days, such as every first day of the week were such talks on exclusive breastfeeding tend to be given to nursing mothers that are at the hospital for various reasons on that day. This meant that those women who would miss their antenatal day on the first day of the week and go there on other day risk missing out on all information about exclusive breastfeeding shared to the nursing mothers by health practitioners.

As regards to sources of information on exclusive breastfeeding among nursing mothers, a study conducted by Naanyu (2018) is similar to the findings of this study which indicated that, health workers at health facilities, friends, husbands who happen to be health workers, though not quite often as well as some community groupings and some churches were among the most cited sources of knowledge on exclusive breastfeeding among nursing mothers.

Regarding the initiation time as well as the benefits of exclusive breastfeeding, this study established that most women who participated in the study were aware and knowledgeable that initiation of exclusive breastfeeding was to start after an hour from the infant's birth. The study showed that most of the women knew the importance of practicing exclusive breastfeeding as they argued that it improved the baby's immune system and the chances of the baby not getting sick easily compared to those who did not exclusively breastfeed. The study revealed reducing the baby's chances of malnutrition and obesity, protection against breast cancer on the part of the mother, helping the uterus to contract to its normal size and that that exclusive breastfeeding for six months protects babies against diarrhea were among the other benefits established.

Contrary to the findings of this study, a study done by Kaur (2018) on knowledge and practice of breast-feeding among women attending urban health center, indicated that most of the mothers were not aware of the benefits of exclusive breastfeeding in that they could not see the difference

between those children who were exclusively breastfed and those who were not in that all children fell sick at some point regardless of either being exclusively breastfed or not.

This current study further established that among the study participants, some nursing mothers did not exclusively breastfeed their babies as they introduced other food stuffs, common among them were plain water, formula milk as well as glucose water due to various reasons such as chores and work schedules

Such findings by the current study are similar to what Mulenga (2018) posit when he argues that while there have been many interventions by governments of many developing countries to ensure that nursing mothers practice exclusive breastfeeding, their attitudes towards the practice has been low in that most of them tend not to exclusively breastfeed their babies as they introduce other food stuffs just in weeks or months after the baby is born.

5.2 Challenges faced by nursing mothers in practicing exclusive breastfeeding at Levy Mwanawasa teaching hospital

Regarding the challenges faced by nursing mothers in practicing exclusive breastfeeding, this study established that house chores posed a challenge to the practice of exclusive breastfeeding among nursing mothers. It was revealed that chores such as cooking made it hard for the mother to stop what they were currently doing to focus on breastfeeding the baby, so they would rather give the baby something to eat as an incentive from crying than stopping the whole cooking process just to feed the baby.

The study further discovered that the mothers coming from compounds such as Mtendere do among other house chores, fetch water which equally contributes to challenges of practicing exclusive breastfeeding. The study revealed that these women walk some distance to water kiosks to get their water for use and drinking and during this time the babies are usually left home and to prevent them from over crying, are left with some food stuffs to eat.

The findings of Mbada et al (2013) in a study on Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community, indicated similar findings to those of the current study. Mbada et al study revealed that among the main challenges that nursing mothers in rural households was house chores which included fetching water and field works during the rain. The study indicated that most nursing mothers would usually be preparing

their fields and cultivating their land for over two or three hours. In such instances they do not carry their babies with them to the fields instead they leave them home with other young siblings to take care of them and some soft food stuffs are left for them so that they don't get hungry during that time. Mbada et al study also indicates that there are some house chores that take long to be done and most mothers wouldn't stop them to go and breastfeed their babies, so they would rather continue with the chores while the baby is given something to keep them busy. While Mbada et al study focused on rural women, the current study focused on urban women hence the differences in issues of nursing mother having to go to the fields.

It was also established that work schedules interfered with the practice of exclusive breastfeeding among nursing mothers as it was difficult for them to handle work at the same time take care of the baby by way of breastfeeding them whenever they need to. It was indicated that some of the mothers were not expected to go with their babies at work and as such it meant leaving them home with someone while they spend the whole day at work. Given such situations, such mothers resorted to introducing other food stuffs that would help the baby remain health thereby not exclusively breastfeeding the baby.

Similarly, the findings by Ganu, (2020) resonates with the findings of the current study. Ganu's findings show that work schedules are the single most challenge faced by many urban women to practicing exclusive breastfeeding in that most of the women who work are expected to resume work immediately they deliver especially those in the private sector as such, they are left with no option but to find a house helper who will take care of the baby while they are at work. In such circumstances, the nursing mothers introduce formula milk and other foodstuffs to the baby.

In addition to that, the study by Khatun, Comins, Shah, Islam, Choudhury, Ahmed (2018) in their study on Uncovering the barriers to exclusive breastfeeding for mothers living in Dhaka's slums revealed that most career women who take up formal jobs find it hard to practice exclusive breastfeeding given that they are never home and that they can't go to work with the baby as such its usually left home with food stuffs such as plain water, formula milk and many others food stuffs.

Contrary to the findings of this study, Ikobah, Ikpeme, Omoronyia (2020) argue that in many countries, whether private or public employment, there are labor laws that allows women to take

maternity leave and they are usually given time after delivery as such, giving them an opportunity to exclusively breastfeed their babies.

Furthermore, this study established the influence that family members such as grandmothers, aunties and other relatives on exclusive breastfeeding. The study revealed that grandmothers and aunties were posing challenges to the practice of exclusive breastfeeding given that they intentionally gave the babies substances such as water among others. It was seen that these grandparents believed that children must be given food to eat other than milk only as food had the potential of making them strong.

The findings of the current study are similar to those of Dukuzumuremyi, Acheampong, Abesig, Luo (2020) who indicated in their study that families do play a crucial role in the practice of exclusive breastfeeding depending on their levels of education. In families where grandparents and aunties tend to have lower degrees of education, they see giving food to babies at an early stage as something that makes them stronger compared to feeding them purely on milk as this is seen to make them weak and develop weaklings.

On the other hand, Alamirew, Bayu, Birhan Tebeje, Kassa (2009) in their study on the challenges in exclusive breastfeeding among mothers argued that in most rural areas, grandparents are preoccupied with traditional beliefs and myths that makes it difficult for young mothers to purely breastfeed for six months. The study further revealed that when such parents visit their daughters or sons in urban areas, they carry such beliefs and begin putting pressure on their daughter in-law to introduce other food stuffs other than milk and due to persistent pressure some mothers end up giving in thereby disturbing the whole exclusive breastfeeding practices.

Swollen breasts or sore nipples were further established by this study as a challenge to the practice exclusive breastfeeding. Bahemuka (2013) similarly indicates that swollen nipples makes it hard for mothers to breastfeed their babies as such they resort to feeding babies with alternative food stuffs. This is made worse when the nipples have sores as the mothers would not want to have them disturbed due to pain as such put the babies on formula milk and other foods.

5.3 Ways of improving attitudes towards exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa hospital

This study revealed that there are many ways of improving the attitudes of exclusive breastfeeding among nursing mothers. The study indicated that formal breastfeeding education for mothers and families was suggested as one way of improving the practice of exclusive breastfeeding among nursing mothers. It was discovered that most mothers did not receive detailed information on exclusive breastfeeding and that the family members had also various influence on how different mothers practice exclusive breastfeeding as such, mothers and family members needed a more conventional way of education on exclusive breastfeeding.

It was further revealed that education strategies are important in improving and correcting the mother's knowledge, attitudes, beliefs and social cultural norms about exclusive breastfeeding. The study participants recommended that health education sessions needed to focus on teaching mothers about the benefits of exclusive breastfeeding more especially at the community level so as to increase the knowledge and practice of exclusive breastfeeding. It was seen that education can help make people that are so rooted in cultural practices to learn and be able to acquire knowledge that will help them appreciate exclusive breastfeeding.

Mulenga, (2018) indicates similar findings to those of the current study in which he argued that more education should be provided to nursing mothers to ensure that they are more knowledgeable about issues of exclusive breastfeeding. Mulenga's study showed that education plays a very important role in exposing mothers to the benefits of practicing exclusive breastfeeding and remains one of the key ways of improving the practice.

Besides that, Ogbannac (2019) Indicated that education on exclusive breastfeeding should not only be limited to mothers but to all those that surround them more especially family's members as they are key in helping family members to practice exclusive breastfeeding.

This study further revealed that another way of improving the knowledge, attitude and practice of exclusive breastfeeding was direct support to nursing mothers. It was revealed that house chores, fetching of water and work schedules disturbed mothers from practicing exclusive breastfeeding as such, there was need to receive direct support from other family members and society at large. It was seen that if family members took up other house chores such as sweeping the house, fetching water so that mothers could focus entirely on exclusive breastfeeding.

The findings of the current study are in line with what Hadia (2020) established in their study in which they indicated that most mothers are preoccupied with household activities that hinder them from practicing exclusive breastfeeding. The study indicated that such circumstances need support from other household members so that the women can spend more time in breastfeeding their children unlike doing chores that interfere with the practice of exclusive breastfeeding.

Contrary to the findings of the current study, Leefsus and Habafsky (2019) argued that most working mothers are given direct support through labor laws in which they are supposed to stay home after delivery and such a time allows them to freely practice exclusive breastfeeding without undue interferences.

This study further established that to improve the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers, there was need to train more primary care staff on exclusive breastfeeding who would in turn train and teach more mothers on issues surrounding exclusive breastfeeding. The study showed that more staffs needed to be trained so that they are deployed to many communities to allow effective delivery of knowledge to the mothers in different communities about exclusive breastfeeding.

Such findings resonate with the findings of Ene-Obong (2019) in which it was indicated that to improve the practice of exclusive breastfeeding, knowledge as well as attitudes, more people need to be trained so that they take up the role and responsibilities of training and teaching mothers in communities as well as health facilities. Ene-Obong's study showed that more women are increasing giving birth and do not all visit health facilities to acquire knowledge on exclusive breastfeeding as such, more people need to be trained that ensures that people in communities receive and acquire more detailed knowledge on matters of exclusive breastfeeding.

Peer support was established in this study as one way of improving the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers. It was seen that there was need to establish peer educators in different communities to help in sensitization of exclusive breastfeeding in different communities.

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

In order to assess the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Hospital, this study focused on achieving the following objectives: to determine the knowledge and attitudes of nursing mothers on exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Teaching Hospital, to identify challenges faced by nursing mothers in practicing exclusive breastfeeding at Levy Mwanawasa Teaching Hospital as well as to recommend ways of improving the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers attending under-five clinic at Levy Mwanawasa Hospital.

This study concludes that to a large extent the majority of the mothers that participated in this study are knowledgeable about exclusive breastfeeding. The study established that many of these mothers obtained information on exclusive breastfeeding from health facilities whenever they visited under-five clinic and only a few among the mothers obtained their information from friends, churches and husbands who are health workers. It was seen that the majority of the women were aware of the benefits that emanate from practicing exclusive breastfeeding. While this being the case, the study also indicated that some women were not practicing exclusive breastfeeding due to busy schedules among other things.

As regards to the challenges faced, the study established that house chores, working schedules, family influence, swollen nipples as well as low milk production were major challenges that hindered the practice of exclusive breastfeeding among the nursing mothers.

On the recommendations done to improve the knowledge, attitudes and practice of exclusive breastfeeding among nursing mothers, this study revealed that most mothers suggested that there was need for formal education to mothers and family members on exclusive breastfeeding, direct support to mothers so as to help them focus on exclusive breastfeeding without undue interferences, train more primary care provider on exclusive breastfeeding as well as strengthen and promote peer groups.

6.2 Recommendations for further research

Based on the findings of this study, the study recommends that further studies be done on;

1. Effectiveness of churches in delivering exclusive breastfeeding knowledge to members of their churches

2. Social demographic characteristics and their influence on the practice of exclusive breastfeeding among nursing mothers.

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APPENDIX 1: QUESTIONNAIRE

INTERVIEW GUIDE FOR NURSING MOTHERS

LUSAKA APEX MEDICAL UNIVERSITY



TOPIC: An Assessment of the Attitude, Knowledge and Practices of Exclusive breastfeeding among nursing mothers attending under- five clinic at levy Mwanawasa teaching hospital in Lusaka district

SECTION_A

BACKGROUND INFORMATION

1. Infants age:.....
2. Infants Sex;
3. Mothers Age:.....
4. Parity.....
5. Level of education.....

- 6. Occupation
- 7. Marital Status.....
- 8. Religion.....

SECTION B

KNOWLEDGE AND ATTITUDES TOWARDS EXCLUSIVE BREASTFEEDING

9. What do you understand by the term exclusive breastfeeding?

.....

.....

10. When is a baby supposed to be subjected to exclusive breastfeeding?

11. What are some of the benefits that you know that come from exclusively breastfeeding your baby?.....

.....

.....

12. What are the disadvantages of exclusive breast feeding for the baby that you know?

.....

.....

13. What are the advantages of exclusive breast feeding to the mother?

.....

.....

14. How often are you taught about exclusive breastfeeding when you visit under-five clinic?

.....

15. What are some of the things that you are taught on exclusive breastfeeding when you visit under five clinic.....

16. Do you think breast milk is sufficient for the baby in the first 6 months? Give reasons for your answer.

.....
.....
17. What do you prefer to feed your baby for the first 6 months?
.....

SECTION C

CHALLENGES ASSOCIATED WITH THE PRACTICE OF EXCLUSIVE BREASTFEEDING

18. Of the things you are taught about exclusive breastfeeding, which one do you often practice and why.....
.....

19. What are some of the food stuffs other than breast milk that you give to your baby who are below six months.....
.....
.....

20. Do you practice rooming in? How has been the experience?.....
.....
.....

21. have you ever developed breast problems? what problem did you have and did you stop breastfeeding?
.....

22. What are some of the problems that you face in practicing exclusive breastfeeding?.....
.....

23. How do you overcome some of the challenges above?.....
.....

SECTION D

WAYS OF IMPROVING THE KNOWLEDGE, ATTITUDES AND PRACTICE OF EXCLUSIVE BREASTFEEDING

24. What are some of the ways that you think should be used to educate nursing mothers about exclusive breastfeeding?.....

.....

25. What are some of the ways in which the attitude and practice of exclusive breastfeeding can be improved among nursing mothers attending under-five clinic at Levy Mwanawasa hospital?.....

.....

APPENDIX- 2 Work Plan

The study will be conducted May 2022 to October 2022

Table 2: Time Plan

Event	MARCH	APRIL	MAY	JUNE	JUL	AUGUST	SEPTEMBER	OCT	NOV
					Y				

Research proposal writing									
Presentation and submission of final proposal									
Ethics clearance									
Pilot study									
Data collection									
Report writing and submission									

APPENDIX 3. PROPOSED BUDGET

Table 3: Proposed Budget

This table shows the estimated budget cost

S/N	ITEMS	QUANTITY	UNIT COST K	TOTAL COST K
1	Ethical Approval @ LAMUREC	1	K300	K300
2	Stationary	4	K40	K160
3	PPE(face mask)	20	K5	K100
4	Transportation	-	K500	K500
5	Printing of questionnaire	30	K5	K150
TOTAL				K1210

The budget only covers important items like the fee for ethical approval, money for working stationery (pens and books), personal protective equipment due to COVID19, transportation and lastly money for printing out questionnaires.

Appendix 4: INFORMATION SHEET

Dear participant

I, Lucy Domingo, 6th year Medical student at Lusaka Apex Medical University (LAMU) will be conducting a study under the supervision of Ms Namwawa, regarding assess the attitudes, knowledge and practices of exclusive breastfeeding among nursing mothers attending under-five clinic in Lusaka district. I am hence asking you to volunteer for this research study. This study is will be conducted at Levy Mwanawasa Teaching Hospital.

Purpose of study:

The purpose of this study is to assess the attitudes, knowledge and practices of exclusive breastfeeding among nursing mothers attending under-five clinic in Lusaka district

Study procedure:

As a chosen participant for this study, the study that is to be carried out will be briefly explained to you and upon full understanding, a consent form shall be provided to you to read and sign. Your signature shall stand as an agreement to take part in the study. You shall be required to participate by answering a provided questionnaire. Please ensure that you fully understand the questions in the questionnaire before you attempt to answer. **Please note:**

Your participation in this study is voluntary, hence you may cease to partake in the study at any time. Your decision to partake in the study shall be fully respected and will not affect you in any manner. If you wish withdraw from the study at any stage please inform the researcher beforehand.

There are no perceived risks or direct benefits in participation or withdrawal from this study.

Confidentiality

All information collected from the study will remain confidential and none of your personal details shall be disclosed at any time. Information from the study shall be kept at a secure site and shall be fully destroyed upon completion and marking of the study. In an event of any publication

concerning this study, anonymity shall be maintained on any comment or quote from the participant.

If you seek any questions or clarifications regarding the study, feel free to contact

Lucy Domingo, Lusaka Apex Medical University, TELL: +260979 384 122 or you could contact my supervisor MS Namwawa (Supervisor) at +26097925959, Lusaka Apex Medical University, my email: domingolucy8@gmail.com

Appendix: 5 INFORMED CONSENT FORM

Consent page for the Page

I Have
Understood the general nature of this study as it has been verbally explained to me. I
confirm that my questions and concerns have been addressed fully response. I understand
that my participation is voluntary and agree to be a participant of this study. I understand
that my name and identity will be concealed and only researchers of this study will have
access to my individual response. The results of this survey may be published in scientific
journals and presented at academic meetings.

Signature of participant:

DATE:

Appendix 6: LAMUBREC APPLICATION FORM

\\LAMUREC Form No. 1

LUSAKA APEX MEDICAL UNIVERSITY



LUSAKA APEX MEDICAL UNIVERSITY

PROPOSAL REVIEW APPLICATION FORM

Telephone: + 260-978482235/966821353

Foxdale campus

P.O. Box 31909

Lusaka, Zambia

E-mail: lamurec@lamu.edu.com

FWA00028892

IRB 00012669

APPLICATION FOR ETHICAL APPROVAL FOR PROPOSED RESEARCH INVOLVING HUMAN PARTICIPANTS

To be submitted in 13 copies to the Secretary of the Research Ethics Committee

-
1. TITLE OF STUDY: AN ASSESSMRNT OF THE ATTITUDES, KNOWLEDGE AND ORACTICES OF EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS ATTENDING UNDER-FIVE CLINIC AT LEVY MWANAWASA TEACHING HOSIPITAL IN LUSAKA DISTRICT.

-
2. PRINCIPAL INVESTIGATOR:

Name: LUCY DOMINGO

Qualifications: BSc Human

Biology

Present Appointment/Affiliations: Student

-
3. SUPERVISORS (For student research):

Name: Ms. Sampa Namwawa

Qualifications: : BSc.,MPH

Present Appointment/Affiliations: public health Lecturer at Lusaka Apex Medical University

Signature: .



4. SUMMARY OF PROPOSED RESEARCH:

Exclusive breastfeeding (EBF) is the best nutrition for children during the first six months of life. However EBF remains a challenge. The aim of the study is to assess knowledge, attitude and practices towards EBF at in Lusaka district. There is substantial evidence showing that maternal education, thin background and religion are related to the decision to initiate as well as continue breastfeeding. Nevertheless not much is known about how the controllable factors are able to influence the practice with certain populations. The social support from family and breastfeeding self-efficacy have implications for continuing the practice of breastfeeding for prim parous women. Future efforts aimed to promote exclusive breastfeeding could include the modifiable factors into consideration of better tailor interventions for successful, exclusive breastfeeding.

This is a qualitative study and it aims at understanding the beliefs, attitudes, knowledge and practices of child breastfeeding among nursing mothers. A cross-sectional and correlational design will be used. It will be conducted by engaging participants who come for clinic at levy Mwanawasa teaching hospital. These will be 30 women aged nursing mothers. This will happen after consent and permission from the relevant authorities and participants is sought. A guided questionnaire will be used during the study using open ended questions.

To include aims and objectives, participants to be studied, research methods (Questionnaires, physical examination, specimens to be collected, laboratory investigations, standard and experimental therapies, environmental changes, etc.) And statistical analyses. Simple or lay terminology should be used as much as possible.

(Use not more than one additional A4 sheet if necessary.)

-2-

5. ARE THE PARTICIPANTS DEPENDENT ON ANY OF THE INVESTIGATORS?

As students:	No	As employees:	No
As patients:	No	In other ways:	No

If 'Yes' to any of the above, give details:

6. POSSIBLE BENEFITS TO PARTICIPANTS:

Participants will acquire knowledge of exclusive breastfeeding and by doing so they will exclusively breastfeed the infant and learn that it is associated with a lower incidence of allergic disease, diarrhea, otitis media and respiratory infections as well as other diseases

7. POSSIBLE RISKS TO PARTICIPANTS: No known possible risks.

9. POSSIBLE BENEFITS TO THE COMMUNITY:

Reduce the rate of infectious disease, especially among children and in turn decrease the rate of morbidity and mortality.

9. BUDGET:

(a) Financial support (requested or granted): No **Sponsor: No**

(b) Are there costs which will be carried by other institutions (e.g. the Hospital)? No

(c) Are there costs which will be carried by the participants involved
(e.g. travel, accommodation, meals, treatment)? No

(d) Will the care or the time spent in hospital be prolonged? No

If 'Yes' to any of the above, give details:

-3-

10. SUBMISSION:

Attachments include the following in 4 copies each:

- | | | |
|--|-----|----|
| (a) The full protocol | Yes | |
| (b) Questionnaire | Yes | |
| (c) Informed Consent Form | Yes | |
| (d) Approval from the appropriate Research Committee | | No |

* Delete as appropriate.

NA: Not applicable

11. DECLARATION:

I LUCY DOMINGO (Full Name)

Apply to the Research Ethics Committee of the Lusaka Apex Medical University for approval of the above research proposal involving human participants, as conforming with recognized ethical standards and as not impinging on the rights of the individuals.

Date: 4/05/2022

Signed: L. Domingo

PRINCIPAL INVESTIGATOR

Contact Address: 6649 olympia, Lusaka

P. O Box 37773, Lusaka Zambia.

Telephone No.: +260979384122 Fax No: Email: domingolucy8@gmail.com

Full name of Head of Department: Ms Faustina Mwenda.

Signed:  Date: 4/05/2022.

HEAD OF DEPARTMENT

Full name of Supervisor: Ms. Sampa Namwawa.

Signed:

A handwritten signature in black ink, appearing to be 'John', on a light gray rectangular background.

Date: 4/05/ 2022