GHANA INSTITUTE OF JOURNALISM

EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS; AN EXAMINATION OF POLICY FRAMEWORK IN GHANA

TINA NKANSAH AKUAMOAH

SEPTEMBER 2020

GHANA INSTITUTE OF JOURNALISM

SCHOOL OF GRADUATE STUDIES AND RESEARCH

EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS; AN EXAMINATION OF THE POLICY FRAMEWORK IN GHANA.

BY

TINA NKANSAH AKUAMOAH

MADC 19082

A DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES AND RESEARCH OF THE GHANA INSTITUTE OF JOURNALISM IN PARTIAL FULFILLMENT OF THE AWARD OF MASTER OF ARTS IN DEVELOPMENT COMMUNICATION

SEPTEMBER 2020

STUDENT'S DECLARATION

I hereby declare that I have read the university regulations relating to plagiarism and certify that this report is my own work and do not contain any unacknowledged work from any other source. I also declare that I have been under supervision for this report herein submitted.

……..

Tina Nkansah Akuamoah

SUPERVISOR'S DECLARATION

I hereby declare that the preparation of this dissertation was supervised by me in accordance with the guidelines of supervision of dissertation laid down by the Ghana Institute of Journalism. This research project is submitted for examination with my approval as university supervisor.

……

Dr. Richard Boateng

DEDICATION

To God Almighty, my parents and all my friends for the love, support and encouragement given me throughout this journey.

ACKNOWLEDGEMENT

My sincere thanks to God Almighty for guiding me through this arduous journey.

I am greatly indebted to my supervisor, Dr. Richard Boateng for his suggestions, contributions and guide from the onset even to the final completion.

Many thanks to my father, Mr. Joseph Nkansah Akuamoah, and my husband Mr. Julius Ofosuapea Darko for their financial support and motivation to climb higher on the educational ladder.

Immense thanks goes to the staff and management of GIJ and GRASAG for helping achieve my dreams as a Development Communication expert, especially my wonderful lecturers.

I am greatly indebted to MADC Class 2020, especially my sister from another mother Patience Cibil Osei for her support throughout the 15 months program.

To all those who stood with me in diverse ways and contributed to the success of this work. I ask God's infinite blessings on you all. God bless you all

ABSTRACT

Exclusive breastfeeding (EBF) is continually gaining ground among health discourse around the world. With the World Health Organization (WHO) increasingly focusing on the practice across the world, EBF continues to be one of the greatest concerns of global health policy advisors, practitioners, and researchers. Research has been conducted exclusively on the health benefits of EBF to both the nursing mother and newly born infants. WHO recommends that to fully actualize the health, economic and socio-cultural benefits of EBF, mothers should engage in at least 6 months of practice focusing solely on breastfeeding new-born babies with only breast milk except for medicines.

Policy framework in Ghana, especially the Labour Act 651 calls for a minimum of 12 weeks of paid leave for mothers upon delivery. The Act stipulates that aside from receiving salaries while on leave all benefits that come with working in organizations should be accorded them duly. However, there seems to be a gap in the provisions of the Labour Act 651 and WHO's recommendation of at least 6 months of EBF. Thus, it appears working mothers are hugely disadvantaged while observing the recommendations of EBF and the provisions of Act 651. This study, therefore, focused on understanding this conundrum presented by both provisions. The focus of the study was to explore the viability of the Labour Act 651 (2003) in light of the WHO recommended period of Exclusive Breastfeeding.

The study adopted the qualitative approach to research in studying the phenomenon. A total of 10 working mothers sampled using the purposive sampling technique were interviewed for the study. The findings of the study indicate that although knowledge of breastfeeding and exclusive breastfeeding were high amongst the sampled mothers, the prevalence of the practice of EBF as recommended by WHO was quite low. Furthermore, the study finds that having to resume work after 3 months of leave truncated plans for completing EBF amongst most mothers. Other mothers were unable to engage in the practice for longer periods because of health-related issues.

The study concludes that the Labour Act 651 (2003) is not viable with global standards of EBF practice. The study recommends stakeholder engagements to discuss means of ensuring working mothers are able to complete EBF in light of the numerous advantages it possesses to both mother and child.

Table of Contents

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Exclusive breastfeeding, especially for the first six months of a child's life is very critical. According to the World Health Organization (WHO), 1 in every 3 infants around the world does not receive adequate breastfeeding in their first six months of infancy (WHO, 2020). WHO recommends that infants who are six months old and younger must be breastfed exclusively.

This involves feeding babies with only breast milk but no other liquid or solid foods (Hunegnaw, Gezie, & Alemeyahu, 2017). WHO (2019:1) defines exclusive breastfeeding as the practice where "the infant receives only breast milk. No other liquids or solids are given – not even water – except of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines'. The WHO records that exclusive breastfeeding is essential in maintaining good health of infants as the practice helps prevent cases of diarrhoea and respiratory disorders in low and middle-income countries. Furthermore children who received adequate exclusive breastfeeding performed better in intelligence tests and are less likely to be obese. It is therefore inarguable the degree of importance exclusive breastfeeding has on infants. Regardless of this, only 42% of an average of thirty-five million babies born worldwide are breastfed within the first hour of their births. Furthermore, a lesser 39% of this population receives continuous exclusive breastfeeding for the first six months (Dun-Derry & Laa, 2016). In summary, exclusive breastfeeding has been identified as a sure and cost-effective means of reducing infant mortality both in Ghana and around the world (Nkrumah, 2016).

In light of these prevalent merits of engaging in exclusive breast feeding and the demerits regarding otherwise, it is imperative to identify and understand factors that inhibit exclusive breastfeeding. Scholars identify that one major factor that inhibits exclusive breastfeeding of infants is the fact that nursing mothers have to return to work soon after delivery (Dun-Derry & Laa, 2016; Wyatt, 2002; Muda, Aung, Ibrahim, & Ismail, 2016). Wyatt (2002) for instance indicates that particularly for new mothers, dealing with working and strictly adhering to exclusive breastfeeding practices "is a very serious issue" (p. 61). Working many hours at work presents nursing mothers the difficulty in juggling between work and breastfeeding. The situation is sadder because statistics have proven that more often than not, exclusive breastfeeding of infants is rejected in favor of working hours (p.62).

According to Rojjanasrirat (2004) the decision to halt exclusive breastfeeding includes unfavorable or unsupportive working environments. Thus, mothers tend to stop breastfeeding their infants due to unfavorable working conditions that do not permit them to stay at home for six months and over (Muda, Aung, Ibrahim, & Ismail, 2016). They argue further that even in instances where mothers have elapsed their six months feeding period while at home, they are unable to continue breastfeeding their children because support systems are unavailable at the workplace.

In Ghana, article 57(1) of Act 651 of 2003 of the labor law provides that nursing mothers be granted paid maternal leave of not less than 12 weeks upon the production of a certified document from a midwife. Additionally, the act permits up to one hour of a paid break to nursing mothers who have resumed from maternal leaves to cater for their children (Ghana Labor Law, 2003). The law seems supportive of nursing mothers during these times; however, it appears this is not enough. Nkrumah (2016) in line with the Ghana Statistical Service (2011) record that Ghana experienced a study decline of exclusive breastfeeding practice between 2003 and 2011. Nkrumah, therefore,

argues that the provisions within the labor law Acts have either been implemented in passing or is not enough to ensure exclusive breastfeeding amongst working mothers is adhered to.

This study argues therefore that, owing to the importance of exclusive breastfeeding to infants, and the unsupportive nature of labor law, it is imperative to investigate the factors that affect exclusive breastfeeding amongst working mothers in Ghana. The study draws that it is critical to understand these challenges to tackle them properly and hence increase breastfeeding practice amongst working mothers.

1.2 Problem Statement

Studies concerning breastfeeding of infants have looked extensively at the health benefits related to the practice. Clark and Bungum (2003); Alimoardi et al. (2014); Brahma and Valdes (2017) as well as many other scholars have argued in line with the World Health Organization have studied the importance of breastfeeding practice. Some scholars have also paid particular attention to the benefits of the practice to infants (Gertioso, Meazza, Pagani, & Bozzola, 2016; Augustine, Sunday, & Rashidat, 2015; Daly, Pollard, Phillips, & Binns, 2014). Other scholars have also paid critical attention to the health benefits of breastfeeding to mothers (Hahn-Holbrook, Schetter, & Haselton, 2013; Juin & Moh Ghazali, 2013; Coutinho, Soares, & Fernandes, 2014). They argue that for the mother, benefits of breastfeeding are not limited to only physical health benefits but psychological benefits as well. (Augustine, Sunday, & Rashidat, 2015) for instance argue in their study of Muslim women in Nigeria that mothers'ability to breast their offsprings gave them a sense of belongingness to the social class of mothers within the community. Mothers who were unable to breastfeed their children on their own thus often felt incomplete as mothers. Weimer, (2001)

argued in his report that a total of $3.6 million would be saved if breastfeeding trends were to increase globally. Weimer's view represents a myriad of diverse inquiries into the economic benefits of breastfeeding in the world. Scholars such as Kuma (2015); Pokhrel, et al., (2015); Oliviera, Prell, Cheng, & Xinzhe (2019) agree that indeed by avoiding expenditure on treating infant diseases associated with lack of breastfeeding, nations can gain excess economic benefits.

Some studies have also concerned possible challenges that hinder exclusive breastfeeding (Diji, Bam, E, & Owusu, 2016; Tampah-Naah, Kumi-Kyereme, & Amo-Adjei, 2019; Cota-Robles, Pedersen, & LeCroy, 2017). Among other things that these researchers found, the challenge of balancing work or in some research school is one of the toughest to deal with. It is therefore not surprising that some researches have exclusively focused on breastfeeding amongst working mothers.

Sabin, Manzur, and Adil (2017) for instance focus on understanding exclusive breastfeeding practices amongst working mothers in Pakistan. In a cross sectional survey conducted within a space of six months, they found that exclusive breastfeeding was significantly less practiced amongst doctors and bankers as compared to nurses and teachers. Thus, the researchers conclude that a mother's type of work has a significant impact on exclusive breastfeeding practices. Additionally, they found that mothers who had prior knowledge of exclusive breastfeeding had higher practice rates than those who did not know of the benefits of the practice. A similar study done in south Jordan by Altimimi, Al Nsour, Al Daleen, & Almajali (2017) sought to measure the knowledge and attitudes of mothers concerning exclusive breastfeeding. The survey indicated that just 20% of 344 respondents successfully completed exclusive breastfeeding for six months even though a large majority displayed knowledge of the practice. Most importantly, the study found that 30% of the population ceased breastfeeding their babies to go and work. Furthermore, 16% of

these mothers indicated that they had places and time set aside to breastfeed while at work. About 62% however believed that maternity leave alone was not enough to establish successful breastfeeding.

Studies in Ghana have also paid considerable attention to this discussion. Dun-Derry and Laa, (2016) for instance focused particularly at career oriented mothers and their knowledge and attitudes towards breastfeeding. More critically, the study also looked at factors associated with the practice. The study engaged 369 professional mothers in a cross sectional study. They found that knowledge concerning exclusive breastfeeding was highly prevalent amongst career oriented mothers. The study however, found that just 10% continued exclusive breastfeeding through day of delivery until the sixth month. The study found that this was as a result of two major reasons. Some mothers did not receive breastfeeding recommendations from health workers; while some mothers had shorter periods of maternity leave.

Danso (2014) also identified similar findings in her research in Kumasi. She found that awareness of the benefits of exclusive breastfeeding was prevalent among 1000 working mothers' samples for the study. The study found that 48% of these successfully completed six months of exclusive breastfeeding. The study concluded that working mothers found it difficult to breastfeed their children while on full time employment. Family members' influence also played a significant role in the cessation of exclusive breastfeeding before the sixth month.

Iddrisu (2017) focused among other things on the support given to mothers at work while with their early stages of breastfeeding. The study found that workplace support and co-workers' support were found to be inadequate. Further, the study found that early return to work and inadequate support structures at the workplace such as lack of tables and chairs for breastfeeding,

refrigerators to aid breastmilk storage, task adjustments and paid nursing breaks were reasons for low practice rate of exclusive breastfeeding among working mothers.

The studies, particularly those conducted in Ghana give indication that exclusive breastfeeding amongst working mothers has been discussed quite extensively. However, there is the need to contribute more to literature to increase knowledge concerning the topic as Nkrumah (2016) suggests. Moreover, studies done regarding this topic have focused primarily at exploring the phenomenon from the perspective of nursing mothers only. This study seeks to expand the discussion to critically look at national policy concerning the topic while assessing experiences of working mothers as well. The study is thus focused on drawing from Ghana's national labor policy on maternal issues to further assess the opinions and experiences of working mothers.

1.3 Objectives of the Study

The study is focused on understanding the knowledge, attitudes and experiences of working mothers on the topic of exclusive breastfeeding. The focus of the study is to generally draw an assessment of policy regarding maternal benefits in light of the demands of exclusive breastfeeding requirements of the World Health Organization. The study will therefore seek to achieve the following objectives.

1.3.1 General Objective

To assess the practicality of policies regarding maternal benefits in light of exclusive breastfeeding demands among working mothers.

1.3.2 Specific Objectives

1. To assess the knowledge levels of working mothers regarding maternal benefits policies in light of exclusive breastfeeding among working mothers.

2. To examine levels of the practice of exclusive breastfeeding among working mother

3. To identify challenges that affront exclusive breastfeeding among working mothers at the workplace

1.4 Research Questions

1. What is the level of knowledge of working mothers regarding maternal benefits policies in light of exclusive breastfeeding among working mothers?

2. What is the level of the practice of exclusive breastfeeding among working mothers?

3. What are the challenges that affront exclusive breastfeeding among working mothers at the workplace?

1.5 Significance of the Study

The core aim of this study is offer an assessment of maternal benefits within the background of exclusive breastfeeding among working mothers. The study intends to attempt an assessment of article 57(1) of Act 651 of 2003 of the labor law which espouses maternal benefits to mothers. The study does this on the background that the World Health Organization recommends at least six

months of exclusive breastfeeding. Policy in Ghana however, allows for 3 months maximum of maternal leave. This presents a form of conflict that research needs to inquire into.

The study will thus hold immense importance to academia as findings identified within this study will add up to existing Ghanaian and globally recognized literature. Additionally, the study's inquiry into policy will mean an assessment of policies regarding labor law in Ghana. While there is the need to emphasize the existence of such Acts and policies, the study will also offer an added advantage of relooking at these policies to fit current social relevance. The study will also seek to enlighten employers, mothers and the general public about the need to provide support systems to aid the practice of exclusive and continual breastfeeding as recommended by the World Health Organization.

1.6 Scope of The Study

The study is mainly focused on understanding maternal policy in Ghana and the practice exclusive breastfeeding among working mothers in Ghana. The study is focused on gathering and assessing data from working mothers in Ghana. The scope of the study is thus working mothers in Ghana.

1.7 Order of The Study

This paper will be structured in five chapters. The first chapter, (chapter one), will consider a general introduction to the study. Chapter one will present a brief review of literature in order to properly situate the problem statement. The chapter also presents the objectives of the study as well as the research questions that are going to guide the study.

Chapter two of this study will focus on in depth explanation of concepts such as exclusive breast feeding as well as the merits attached to the study. Additionally, the chapter will offer a brief review of the maternal leave section of the Labour Law 2003 and other relevant national policies regarding exclusive breastfeeding, and breastfeeding among working mothers. Furthermore, a review of empirical studies concerning exclusive breastfeeding among working mothers will be presented while theories that will underpin the study will also be looked at extensively.

Chapter three will focus on the methodology of the study. An explanation of the methodology used in conducting the research will be presented with focus on defining the population, sampling technique and size as well as data analysis technique among other issues. Chapter four will be dedicated to the analysis and interpretation of the data gathered while chapter five will focus on the concluding aspects of the research. Hence, the main findings identified, the conclusion as well as recommendations made from this study will be presented in chapter five of this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Understanding the Concept of Breastfeeding

The simplest definition one can offer to the concept of breastfeeding is that it is the act of feeding babies and young children with milk from the breast. However, behind this simple definition is a stack of scientific and natural reasoning that aid the development of a newly born baby as well as the nursing mother. According to Shiel (2018), breastfeeding is literally defined as feeding a child breast milk. Within the last few decades however, a lot of attention has been paid to understanding what breastfeeding is especially beyond the rhetoric of the simple definition of the concept (Labbok & Starling, 2012).

Efforts towards achieving a global consensus of the definition of breastfeeding preceding the year 1900. Conferences that were held in line with the grand Innocenti Declaration of 1990 are largely regarded as the roots of the medical and natural definitions of breastfeeding as we have come to understand today (Labbok & Starling, 2012). The World Health Organization, together with other national health centers and the Centre for Disease Control of Prevention developed definitions of breastfeeding mostly in line with research concerning the nutritional benefits of breastfeeding. These definitions for more than two decades after the Innocenti Declaration of 1900 became widely across the world (World Health Organization, 1990). The definitions address full-term infant and young child intake, rather than emphasis on the benefits of breastfeeding the reproductive and physiological health of the nursing mother (Labbok & Starling, 2012). These early definitions thus focused hugely on the benefits of breastfeeding to infants and young children from a solely nutritional point of view. Spearheaded by the c Interagency Group for Action on Breastfeeding

(IGAB), a working group of representatives from UNICEF, U.S. Agency for International Development (USAID), Swedish International Development Cooperation Agency (SIDA), and WHO and backed by many infant health care givers' facilities around the world, definitions espoused towards the definitional consensus of breastfeeding concerned primarily at the different formats in which breastfeeding come and the different benefits of the activity to infant health. Thus definitions of breast feeding identified various types of the activity such as exclusive breastfeeding, almost-exclusive breastfeeding, full breastfeeding, full breast milk feeding, partial breastfeeding and token breastfeeding (Labbok & Starling, 2012).

In 1991 however, upon recommendations of the series of meetings held in line with the Innocenti Declaration, WHO and UNICEF built upon the definitions of breastfeeding espoused by IGAB. After expert meetings in Geneva, WHO and UNICEF promulgated definitions that largely concerned the quantification of human infants' breastmilk intake. Thus definitions espoused by the world health organization were founded on the basics of quantifying milk intake among infants and young children. The definitions did not however, regard the benefits of breastfeeding to infants or to nursing mothers (World Health Organization, 2008 as cited in Labbok & Starling, 2012). According to Labbok and Starling (2012:399) "this set of definitions provides a clear and, comparatively, simplified set of definitions for describing human milk intake". The definitions espoused here acknowledged six (6) core forms of breastfeeding. They are identified in table 1 below:

Table 1: World Health Organization Definitions for Breastfeeding, 1991

TERM	DEFINITION
Breastfeeding	Feeding the child with absolutely breast milk directly from the breast or expressed
Exclusive Breastfeeding	Feeding the child with only breastmilk from a nursing mother or expressed breastmilk and no other forms of solid or liquid foods with the exception of drops or syrups or medicines
Predominant breastfeeding	Feeding the infant with predominantly breast milk while the infant may also have received water, water-based drinks, fruit juice, etc.
Full breastfeeding	The Practice of both Exclusive breastfeeding and predominant breastfeeding
Complimentary feeding	Feeding the infant with both breastmilk and solid or semisolid foods
Bottle feeding	Feeding the infant with liquid foods from a bottle with a nipple or teat

Source: (World Health Organization, 2008).

One essential characteristic of the set of definitions espoused by WHO in Geneva is the recognition of the then emerging forms of breastfeeding and to a large extent child feeding then. The proceeding consensus regarding the definition of breastfeeding as a major form of infant and young child feeding is that it is the activity of feeding the child with absolute breast milk either expressed or directly from the breast of the nursing mother. Expressed breast milk is simply the activity of

squeezing milk from the breast into a bottle with a nipple or teat to feed to the infant (Pang, et al., 2017).

Regardless of the mode of delivering breastmilk to the infant, Pang et al. (2017) further argue that the critical benefits of providing babies/infants with breast milk remain. According to (Alimoradi, Javadi, Barikani, Kalantari, & Ahmadi, 2014), breast milk is the only natural unique source of food for babies that play a vital role in their physiological development and health. Additionally, breastmilk contains vital antioxidants such as vitamins C and E that protect the infant against harmful pathogens and help repair damaged body tissues of the infant (Gill, Reifsnider, Lucke, & Mann, 2007; Li, Hosseinian, Tsopmo, Frie, & Beta, 2009). On the part of mothers as well, Pang et al. (2017: 49) argues that "breastfeeding can reduce obesity and overweight in youths and adolescents. Other benefits of breast milk are its protective effect in reduced risk of developing diabetes, hypertension, metabolic syndrome and breast cancer in mothers and children. Breastfeeding prevents the risk of developing cardiovascular diseases as well".

Owing to the essence of breastfeeding to both the infant and the mother, extensive attention has been paid recently to exclusive breastfeeding. The World Health Organization recommends that mothers engage in exclusive breastfeeding in order for the full benefits of the activity to be realized for both mother and child.

2.2 Exclusive Breastfeeding

Since 1991 when the WHO and UNICEF developed a critical dimension to the definitions of breastfeeding by paying attention to exclusive breastfeeding, the concept has taken centre stage in issues regarding human lactation and infant development. Exclusive breastfeeding hinges on the

thinking that adequate nutrition during child infancy is essential to the growth and development of infants (Ku & Chow, 2010). Thus exclusive breastfeeding stems from the initial WHO and UNICEF theory of the definition of breastfeeding that hinges greatly on the quantification of breastmilk made available to babies. The theory thus suggests that babies require excessive and frequent intake of breastmilk to survive and develop to their full potential while avoiding associated child illnesses (World Health Organization, 2009).

The World Health Organization and UNICEF recommend that lactating mothers engage in exclusive breastfeeding between the first hours after a baby is born to up to six months. According to Motee and Jeewon (2014), exclusive breastfeeding is the practice whereby a baby receives only breast milk either directly from the mother's breast for expressed. Additionally, the WHO explains further the concept of exclusive breastfeeding by identifying that the activity of exclusive breastfeeding "means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals, or medicines" (World Health Organization, 2019).

WHO and UNICEF recommend that mothers engage in exclusive breastfeeding (EBF) for up to the first 6 months of the baby's life and continue breastfeeding up to 2 years. In essence, the mother is to adhere to strict feeding of the baby with just breastmilk and no other form of liquid, semi-solid or solid foods, except medicines and vitamins for up to six months. However, in order to make up for issues of insufficiency of breastmilk and micronutrients, it is recommended that the baby must be fed complementary foods after six months (Motee & Jeewon, 2014; World Health Organization, 2019).

2.3 Importance of Exclusive Breastfeeding

The extent to which research and scientific studies have paid attention to the identifying and understanding the multifaceted benefits of exclusive breastfeeding alone is testament that the practice, in its natural form, is highly essential to the survival and development of infants.

According to Tewabe et al. (2016) engaging in the strict activity of exclusive breastfeeding as recommended by is highly critical to the lives of babies. An estimated 1.2 million children can be saved annually upon the strict adherence to WHO's recommended exclusive breastfeeding. This makes up up to 13% of infant mortalities. Feeding infants with breast milk exclusively has proven to be the most cost effective and natural means of protecting infants from contracting infections and illness that account for the eventual death of most infants before they reach their first years on earth (UNICEF, 2009; Indian Academy of Pediatrics, 2010).

According to Motee and Jeewon (2014) such child illnesses as atopic dermatitis and wheezing illnesses; Acute Otitis Media (AOM); gastrointestinal infections; asthma; obesity, cardiovascular infections and many other child cognitive development problems are highly prevalent in infants who did not receive exclusive breastfeeding of up to the first six months of their existence. These illnesses account for the high rates of infant mortality across the world and are highly influenced by the lack of exclusive breastfeeding.

A study conducted in Australia which evaluated the association between the duration exclusive breastfeeding and the risk of asthma in children of up to age six concluded that replacing breast milk with dairy or non dairy milk and other forms of foods during a baby's first four months of life was highly likely to increase the risk of asthma and wheezing by three or more times within a year. Additionally, sleeping disorders were found as an associated risk infection within children

who did not receive exclusive breastfeeding (Oddy, 1999). Furthermore, a study conducted in developed countries observed that breastfeeding for at least three months reduced the risk of asthma by 27% among children without a family history of asthma. Those with a family history of asthma benefit even more, with the risk reduction of 40% in children younger than 10 years (Ip, et al., 2007).

Exclusive breastfeeding has also proven to be critical in not only protecting infants against infections and diseases but also contributing to the cognitive and neurodevelopment of infants. Research suggests that infants who received strict exclusive breastfeeding were likely to possess a higher IQ level of up to 6.6 higher than infants who did not receive exclusive breastfeeding during the first six months of their lives (Anderson, Johnstone, & Remley, 1999; Horwood, Darlow, & Mogridge, 2001; Bar, Milanaik, & Adesman, 2016).

The benefits of exclusive breastfeeding are not limited to infants alone. Mothers also tend to benefit from engaging in exclusive breastfeeding. Research suggests that by activity and exclusively breastfeeding her child or children, the mother is likely to limit or in some cases prevent postpartum bleeding and some other complications. Studies have shown that mothers who are unable to engage in exclusive breastfeeding for a period of time have higher chances of developing postpartum depression. Additionally, menstrual blood loss might be decreased in young mothers who engage in exclusive breastfeeding while some pertinent cancer infections such as breast cancer and ovarian cancer (cancer of the ovaries) might also be avoided through the exclusive activity of breastfeeding infants (Labbok M. , 2001; Ip, et al., 2007; Anatolitou, 2012).

According to Brahm and Valdes (2017) in a study in the USA, that focused on the benefits of breastfeeding on mothers, current breastfeeding rates result in excessive reduction in other

maternal illnesses hypertension and myocardial infections among mothers who breastfed their babies for at least one year, compared to mothers who did not breastfeed their children at all or did so at an extremely lesser period of time. The study further adds that those not engaging in the best practices of breastfeeding point toward a total cost to society of $ 17.4 billion for premature deaths, $ 733.7 million for direct costs, and $ 126.1 million for indirect morbidity (Brahm & Valdes, 2017).

Practicing exclusive breastfeeding has further proven to have critical social benefits. While mothers and babies in particular have been identified as individual beneficiaries of exclusive breastfeeding, studies have also pointed out that the practice has great benefits to societies as a whole. According to Brahm and Valdes (2017:18), nations such as the United States of America save up to $3.6 billion lots of money "through decreasing state expenditure on milk formulas, a lower net cost of family food, and lower overall costs of healthcare". Furthermore the nation is saved even more 'unnecessary' expenditure on the cost of taking care of children who developed infant health complications such as mental and cognitive diseases, heart complication among others that stem from the lack of exclusive breastfeeding (Wiemer, 2001).

2.4 Exclusive Breastfeeding in Ghana: Rates and Policy Support

Since the core concepts of exclusive breastfeeding took centre stage in infant health care around 1990, Ghana has paid prominent attention to incorporating the practice into various national health interventions and schemes. According to the Ghana Health Service the attention that governments paid to exclusive breastfeeding as a national health initiative accounted for the rapid increase in

the rates of exclusive breastfeeding amongst Ghanaian women from 2% to 63% between 1993 and 2008 (Ghana Statistical Service, 2009).

Numerous interventions have been implemented between 1993 and now in order to ensure that mothers adhere to WHO's recommended guidelines to exclusive breastfeeding. One of such early initiatives is the Baby Friendly Hospital Initiative (BFHI). The initiative was enacted in the early 1990s and was tasked to oversee and spearhead the development and implementation of subsequent sub-initiatives developed by the government. The BFHI was also tasked to ensure the training of health workers who would act as lactation managers across all hospitals in the country. The essence of this initiative was to give support to nursing mothers across the nation in order to increase the rates of exclusive breastfeeding among Ghanaian mothers (Otoo, Lartey, & Perez-Escamilla, 2009).

Another policy intervention that has been critical to the high rates of exclusive breastfeeding among Ghanaian nursing mothers is the Ghana Breastfeeding Promotion Regulation 2000 - otherwise known as Legislative Instrument [LI] 1667. The Ghana Breastfeeding Promotion Regulation was implemented to indirectly enforce exclusive breastfeeding among mothers through the clamp down of artificial baby milk products. The regulation policy was designed and implemented with the aim of preventing the aggressive marketing of breast milk substitutes that are available on the market (International Breastfeeding Network, 2000). This was sequel to vigorous calls from the Food and Drugs Board (now Food and Drugs Authority) that pointed out that preceding attempts at increasing exclusive breastfeeding had failed due to the heavy presence of artificial milk formulas and the aggressive marketing of such (Food and Drugs Board, 2006).

Despite the potency of these interventions as well as the Ghana under Fives Health Policy 2007 – 2015 and many others, the rates of exclusive breastfeeding among Ghanaian mothers are reported to be declining rapidly. Thus, since 2008 when the national exclusive breastfeeding rate hit 63% in Ghana, subsequent surveys following 2008 have proved a sturdy decline (World Health Organization, 2002; The World Bank, 2017). As at 2014 the Demographic Health Survey (DHS) of Ghana estimated that less than 40% of children in the country are exclusively breastfed even though there were very high rates of breastfeeding amongst the surveyed nursing mothers. (Demographic Health Survey Program, 2015). What this means is that, while a large number of mothers practiced breastfeeding, less than 40% of these mothers adhered to WHO's recommended guidelines to exclusive breastfeeding (EBF). In support of this, numerous empirical studies in the country further show that indeed, the rate of breastfeeding in the country has declined since 2008. Studies such as Tampah-Naah and Kumi-Kyerem (2013); and Nukpezah, Nuvor, and Ninnoni (2018) and many others provide empirical evidence of this through cross sectional surveys.

2.5 Related Empirical Studies

2.5.1 Empirical Studies on Exclusive Breastfeeding in Ghana

As have been established in previous sections of this chapter, WHO and UNICEF reports indicate that the rates of exclusive breastfeeding among Ghanaian mothers is decreasing sturdily. These reports are concurred by data available by national health data available. The national demographic health survey service and the National Health Service report that less than 40% of nursing mothers engage actively in exclusive breastfeeding recently. Empirical studies conducted across the nation also suggest that indeed, the rates of EBF recently are troubling.

A study conducted by Aidam *et al.* (2005) on the rates of EBF among 376 nursing mothers adds to reports that the rates of EBF are indeed dwindling. The study found that although 99.7% of the sample had engaged in breastfeeding while 98% had heard and had considerable knowledge on Exclusive Breastfeeding just a little above half (51%) had engaged in EBF as recommended by WHO. The study further found that although 51% had engaged in EBF, a majority of the respondents encountered numerous challenges that led to their inability to practice EBF although 85% had planned on doing so. Additionally, the study found that nursing mothers who lived in their own houses had a higher likelihood of breastfeeding their infants exclusively while their counterparts living in rented apartments had a relatively lower likelihood of engaging in EBF.

A concurring study by Boahen (2001) agrees that high rates of breastfeeding may not necessarily mean high rates of Exclusive Breastfeeding. Much like the findings of Aidam *et al* (2005) the study also found that even though breastfeeding was highly prevalent among mothers in the district, only 42.7% of the respondents sampled practiced exclusive breastfeeding. Furthermore, the study found that knowledge regarding exclusive breastfeeding was also prevalent regardless of the actual practice of it in the district.

Tampah-Naah and Kumi-Kyereme (2013) in their cross sectional survey also investigated the rate of Exclusive Breastfeeding among mothers in Ghana. After studying 316 mothers across the nation, they found that unlike Aidam *et al.*, (2005), EBF rates in the country ranged at an estimated 61%. Despite finding a relatively higher rate of EBF practice, they acknowledge that the rate is below WHO's recommended 92% rate of practice among mothers. Assessing a regional breakdown of the data accrued, the study found that mothers who were in the Volta region engaged in EBF more than mothers from other regions of the nation. Furthermore, the study found that mothers who birthed at approved health facilities had a higher likelihood of practising EBF than

their counterpart who gave birth in non-approved health facilities and at homes. The study also found that mothers who perceived their babies to be average in size were more likely to quit exclusively breastfeeding their children than mothers who perceived their babies were below average size.

Other studies concerning the practice of EBF have also focused on identifying the factors that influence the practice. Addae (2018) for instance in her probe of the influencing factors of breastfeeding among nursing mothers in the Nanumba district found that the major factor that influences mother's inability to adhere to the practice of EBF is unsupportive husbands and other family members. In a study that focused on the influencing factors for EBF among mothers with twin infants, Tahiru, Agbozo, Garti and Abubakari (2020) found that a critical factor that influenced nursing mothers to engage in EBF or discontinue the practice of it is the mothers' own perception of having adequate breast milk to feed their twin infants. Thus the study found significantly that mothers who believed they had enough breast milk for both infants engaged in EBF while the converse happened in mothers who perceived their breast milk was not enough for the twins. Furthermore, the study found that mothers who did not possess radio sets had a lesser likelihood of practicing EBF than mothers who owned radio sets.

Mensah *et al.* (2017) focused on the demographic dimensions of mothers and babies that influence the practice of Exclusive Breastfeeding. The study found that mothers who were aged between 26 and 35 were more keen on practicing exclusive breastfeeding. Mothers who were 35 years or older accounted for the least number of nursing mothers who breastfeed their infants exclusively. Additionally, the study found statistical significance between mothers' religion and tendency to practice EBF. The findings of the study indicate that Christian mothers were more likely to adhere to EBF guidelines than their counterparts from other religions. Other socio-demographic

characteristics such as level of education, occupation of mothers, occupation of spouses, and number of births were found to have statistical influence on the practice of EBF.

Empirical literature in Ghana thus covers a wide range of rates and factors that influence mothers' decision to practice or discontinue exclusive breastfeeding. Empirical studies point out that socio-demographic factors, inherent and external factors have contributed to the low levels of exclusive breastfeeding among mothers despite the high rates of general breastfeeding in the country.

2.5.2 Empirical Studies on Exclusive Breastfeeding Among Working Mothers in Ghana

Literature in Ghana has also concentrated on the prevalence and the dynamics of Exclusive Breastfeeding among working mothers. Most of these studies have pegged EBF as involving the exclusive feeding of babies with breast milk only by mothers who are working.

Like the focus of this study, existing literature regarding the phenomenon have been conducted on the back of maternal leave provisions made available to nursing mothers. Labor policy in Ghana regarding maternal health stipulates that nursing mothers are entitled to up to 3 months of leave after delivering. This leave can be extended by just two more weeks. However, WHO recommends that mothers engage in up to six months of exclusive breastfeeding. This presents a challenge to mothers who are interested in practicing EBF. Ghanaian studies have therefore focused on studying the prevalence of the practice among working mothers while identifying challenges that they face as well.

Dun-Dery and Laar (2006) in their study of the prevalence of EBF among 369 career oriented mothers across Ghana, they found that although the awareness of EBF among the respondents was very high just 10% of the sample practiced EBF of up to 6 months as recommended by WHO. This finding is interesting as the study further found that about 81% of the respondents were given

maternal leaves as required. This intimates that although mothers were given the required period of leave to enable them engage in exclusive breastfeeding, the practice was not actuated as was supposed to be. Coupled with the study's finding that a majority of the respondents (89%) had engaged in exclusive breastfeeding by the first hour after birth and beyond, Dun-Dery and Laar conclude that mothers were unable to complete the six months exclusive breastfeeding. The study attributes this to unsupportive systems and employers at work places. Further findings from the study indicate that working mothers who received EBF education from nurses practiced for longer periods than mothers who did not receive such education.

Danso (2014) uses a larger sample size (1000) while studying similar phenomena in the Kumasi metropolis. Similar to Dun-Dery and Laar's (2006) cross sectional survey, she found that knowledge of EBF was very high among breastfeeding working mothers. However, the knowledge of the WHO recommended practice did not translate into enormous practice as just 48% (less than half) of the respondents were able to adhere to the practice. The study concludes based on this that working mothers were unable to complete 6 months of exclusive breastfeeding largely because of work. Other barriers that affronted exclusive breastfeeding include family influence and health of mothers. The study further found that on returning to work after exhausting the 3 months maternity leave, mothers faced critical challenges that made the completion of the 6 months of EBF difficult. These included the inadequacy time at work to breastfeed babies, lack of proper infrastructure to breastfeed, and mothers having to leave their babies at home because of pressure from their workplaces. Diji *et al.* (2017) further found that some other challenges that working mothers face while practicing exclusive breastfeeding include mothers' perception of having inadequate breast milk; short maternity leave periods and socio-cultural influences to water and artificial feeds. Other

factors such as self-employment and age of infants were also found to be critical challenges to EBF practice.

While using the mixed methods approach to data collection and analysis, Iddrisu (2017) focused on identifying support systems put in place at work places for working mothers within the Tamale sub-metropolitan region in the Northern region of Ghana. The study found that there were high knowledge of EBF among mothers and managers of the various institutions. Additionally the respondents expressed knowledge in institutional maternal policies as wells as national policies regarding most especially, maternal leave. However, the study found very low (14%) levels of the practice EBF within the institutions. Support for breastfeeding at the workplaces were also found to be highly inadequate despite the fact that 15% of the respondents had breastfeeding policies at their workplaces. Moreover, the study found that mothers who were quite rich were six times more probable to complete six months of exclusive breastfeeding than mothers who were not all that well to do.

Despite the seeming consensus in the literature regarding the low prevalence of the practice of EBF, some studies suggest that the prevalence of the practice of EBF is quite high and matches the knowledge levels of mothers on EBF practice. Ayawine and Ae-Ngibise's, (2015) study of the working mothers in the Atwima Nwabiagya district of Ghana provide evidence of this. The study concludes that education concerning the benefits of EBF has caught up well with mothers in the district and the knowledge levels have been matched with the actual practice of EBF. The study thus found a high prevalence of EBF among mothers in the district. The study further found that mothers who were unmarried were less probable to engage in EBF while most of the married mothers engaged in the practice. It is worth noting that most of the respondents had reported adhering to maternal leave protocols after birth and returned after 2 or 3 months. The study found

that mothers who had not engaged in EBF after resumption of work recorded cases of infant diarrhoea among their children.

2.6 Policy Framework: Ghana Labor Act and Maternal Leave Provisions

Issues regarding maternity leave and rest periods after resumption of work for working mothers are provided for in the Ghana Labor Act 651 (2003). The Act concerns a myriad of issues concerning employment relations in Ghana. Most importantly and for the benefit of this study, the Labor Act (2003) envisages and includes employment issues regarding pregnant women and nursing mothers.

Perhaps the stand out point in the national labor act's section regarding employment relations with nursing mothers is the act's provision of a three month leave period for mothers. Section 57(1) of the Ghana Labor Act stipulates that "*a woman worker, on production of a medical certificate issued by a medical practitioner or a midwife indication the expected date of her confinement, is entitled to a period of maternity leave of at least twelve weeks in addition to any period of annual leave she is entitled after her period of confinement*" (Ghana Labor Act, 2003). The import of this is that, by law, every mother is required to proceed on leave for up to 12 weeks (3 months) in addition to an annual leave she is entitled to. Subsection 3 of the section 57 of the Act calls that on some occasions, the leave might be extended by up to a period of 2 weeks. This is however subject to the provision of a certification by a medical practitioner informing the employer of an illness or complication that has developed as a result of the delivery of her child. Section 57 (2) ensures that while on leave mothers are paid their full remuneration in addition to all other financial benefits the organization provides.

It is thus illegal for mothers to be denied both maternity leave and full payment of wages while exercising their rights to this leave. This is clearly enshrined in subsection 8 of 57 of the Act which states that "*An employer shall not dismiss a woman worker because of her absence from work on maternity leave*."

Another area of interest is that of the Act's provision of a period of up to an hour of paid break for nursing mothers at the workplace to nurse their babies. The Act (subsections 6 and 7) calls that employees allow for at a period of up to least an hour of break for nursing mothers to attend to their children. This hour break must be treated as part of working hours and thus must be paid for by employers. The innate meaning that can be drawn from this is that upon resumption of work mothers are still covered by the law to be allowed to nurse their babies. It is however unclear, as the Act is silent on whether or not the workplace must provide as a matter of law facilities to aid the continuous practice of breastfeeding and care of employees' babies at work.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter is dedicated to discussing the research design and methodology employed in this study. The chapter focuses on the entire set of activities ranging from the research approach, techniques, and procedures.

3.2 Methodology

Research design and methodology simply comprises a blueprint or roadmap that details all the essential aspects of data collection and analysis of a study. Research design details the arrangements of the various steps a researcher employs to gather data, analyse, and present the data in a systematic way (Akthar, 2016). Mishira and Alok (2017) further explain that research methodology or design is the approach which researchers adopt to solve research problems. They explain that research design and methodology is "a science of studying how research is conducted systematically. In this field, the researcher explains himself with the different steps, generally taken to study a research problem" (p.1). To add to this, Kumar (2011) avers that a research methodology is a plan, structure, and strategy of an investigation so conceived as to obtain answers to research questions or problems. The plan is the complete scheme or program of the research. It includes an outline of what the investigator will do from writing the hypotheses and their operational implications to the final analysis of data.

Creswell (2014) proffers that research methodology consists of the types of inquiry within quantitative, qualitative, and mixed methods approach that provide specific directions for procedures in a research study. By this, Creswell further provides that there are three main approaches to research. These are the qualitative approach, quantitative and the mixed methods approach. Owing to the nature of this study, the qualitative approach to research was adopted.

According to Creswell (2014), qualitative approach to research is an approach that helps the researcher to explore and comprehend the meanings that individuals ascribe to natural and social phenomena. In essence, the qualitative approach to research is a form of inquiry into individual and social meanings that are developed towards social and natural problems. The qualitative approach is a flexible approach to understanding what people make of an issue under study. Furthermore, Shank (2002) defines qualitative research as "a form of systematic empirical inquiry into meaning" (p. 5). By systematic he means "planned, ordered and public", following rules agreed upon by members of the qualitative research community. By empirical, he means that this type of inquiry is grounded in the world of experience. Inquiry into meaning says researchers try to understand how others make sense of their experience. Denzin and Lincoln (2000) claim that qualitative research involves an interpretive and naturalistic approach: "This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (p. 3).

The use of the qualitative approach to research enables the researcher to gain in-depth data that is detailed enough to help understand the phenomenon or research problem into detail. By accessing detailed data on the feelings, perceptions and experiences of people concerning a social or natural issue, the qualitative tends to provide detailed understanding of events (Rahman, 2017). Moreover, Queiros, Faria, and Almeida (2017) posit that the approach gives the researcher a greater focus on

the research problem and also gives the researcher close proximity to the research. The core attributes of the qualitative approach in essence is geared at ensuring that the researcher access detailed information and great depth of understanding of the research problem.

The overarching aim of this project is to understand the challenges that working mothers face while practicing Exclusive Breastfeeding (EBF) as recommended by WHO. While doing so, the study seeks to study these challenges in line with Maternity Leave provisions of the Ghana Labor Act (2003). The study will thus seek to assess the experiences of working mothers while practicing Exclusive Breastfeeding in light of the provisions of the Act. The qualitative approach was employed to help assess these perceptions and experiences of working mothers because the approach gives the researcher enough flexibility, and leverage to access in-depth information concerning the research problem. Ultimately, the study seeks to establish a detailed knowledge base concerning the phenomenon hence the decision to adopt the qualitative approach.

3.3 Sampling Technique and Sampling Size

According to Taherdoost (2016) researchers often do not have the time and finance to study an entire population when studying a particular phenomenon. Thus it is necessary to select a sample representative of the population to be studied in order to make up for the shortfalls in the unavailable resources. According to Alvi (2019) the process of selecting a few members out of a population to study is known as sampling.

The study employed the use of the purposive sampling technique. According to Etikan, Abubakar and Alkassim (2016) purposive sampling technique also known as the Judgment sampling technique is the deliberate choice of a participant due to the qualities or characteristics the

participant possesses. When using the purposive sampling, the researcher identifies particular individuals who have particular information concerning the phenomenon the researcher is studying. It is typically used in qualitative research to identify and select the information-rich cases for the most proper utilization of available resources. This involves identification and selection of individuals or groups of individuals that are proficient and well-informed with a phenomenon of interest (Patton, 2002; Creswell & Clark, 2011). It is however critical that in selecting the sample size using the purposive sampling technique the researcher also considers the availability and willingness of the respondent to participate and share the needed information. According to Etikan, Abubakar and Alkassim (2016), this is an added advantage for the researcher who employs the use of the purposive sampling technique.

The study used the purposive sampling technique to sample 10 working mothers. The study research thus identified and selected mothers who were breastfeeding their infants and were also actively involved in their day jobs. Hence, the criteria used for the purposive selection of the respondents were breastfeeding mothers who were also working.

3.4 Data Collection Technique

The study employed interviews as a means of collecting data for the study. According to Warren (2011) interviewing is a conversational means of gathering data with the researcher asking questions while the respondents answer. He acknowledges that the essence of this conversation is to generate data to help understand the phenomenon under study. Warren continues that, unlike normal conversational interviews, in research interviews, respondents are ‘meaning makers’ who help the research explain the phenomenon under study into details. The interview was done face

to face with the respondents after a scheduled date and time was agreed between the researcher and the respondents.

3.5 Data Collection tool

The research employed the use of an interview guide. An interview guide contains a list of questions to guide the interviewer in asking questions. The interview guide consisted of open-ended and closed-ended questions. Ballou (2011: 5) explains that open-ended questions allow the respondent to share more knowledge regarding the topic. In contrast, Lavrakas (2011:2) acknowledges that a close-ended-question "is one that provides respondents with a fixed number of responses from which to choose an answer. It is made up of a question stem and a set of answer choices (the response alternatives)." Both forms of questions were used in the interview guide to give the interview balance and also to enable the researcher to inquire more about the phenomenon under study where necessary.

3.6 Data analysis technique

The study employed the thematic analysis technique. Thematic Analysis is the process of identifying patterns and themes in a qualitative data set (Maguire & Delahunt, 2017).

Thematic analysis according to Guest et al. (2012) is probably the most common qualitative data analysis method employed in the social, behavioral, and health sciences. According to them, the process consists of reading through textual data, identifying themes in the data, coding those themes, and then interpreting the structure and content of the themes. Furthermore, Boyatzis (1998) in Alhojailan (2012) explains thematic analysis as a type of qualitative analysis. It is used to analyze classifications and present themes (patterns) that relate to the data. It illustrates the data

in great detail and deals with diverse subjects via interpretation." Alhojailan (ibid) further posits that thematic analysis allows the researcher to easily code and categorize themes, deduce meaning out of the data easily and also, interpret the accrued data easily. Moreover, Maguire and Delahunt (2017) contend that thematic analysis is the most flexible qualitative data analysis technique.

In order to analyze the data collected, as Rubin (2005) and Marshall & Rossman (1999) advice, the data obtained from the interviews were transcribed, categorized into themes and subthemes in order for the data to be analyzed thematically. The themes are further discussed in connection with the research objectives.

3.7 Ethical Considerations

Ethical issues arise from the kinds of problems social scientists investigate and the methods used to obtain valid and reliable data. Acting ethically requires the researcher to balance the value of advancing knowledge against the value of non-interference in the lives of others. Ethical principles concerning the study were duly observed. Information accessed from interviews were strictly used for the purpose for which they were generated.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

4.1 Introduction

The chapter of the study is focused on presenting an analysis of the data gathered through in-depth interviews with the respondents. The study employed the use of an interview guide to interviewing10 working mothers sampled for the study. The data were analysed using the thematic data analysis technique. The findings made from the interviews are presented in line with the specific objectives of the study. The findings are further discussed relative to other similar studies as well as the theoretical models identified in chapter two of this report.

4.2 Summary of Demographic Data of Respondents

Most of the respondents sampled for the study were between the ages of 29 and 39 with the average respondent being 33 years. All of the respondents were workers as intended. Most of the respondents worked in the public sector. All the respondents were married except for one respondent. Also, the average respondent had 2 children with the least number of children per respondent being 1 and the most being 3. The mothers had working experience of between 3 and 16 years.

4.3 Knowledge Levels of Respondents on Maternal Benefit Policies

The study sought to explore the knowledge levels of the respondents concerning maternal benefit policies in the respondents' places of work. The study explored the knowledge levels of the

respondents concerning the Maternity Leave clause of the Labour Act 651 of 2003, WHO recommended guidelines for EBF, and workplace organizational policies for maternal benefits.

4.3.1 Knowledge Levels of Maternity Leave Clause of Labour Act 651 (2003)

The study found most of the respondents were aware of the clause that affords them 3 months' maternity leave. The respondents expressed knowledge in the existence of the clause in the labor Act, stating the period of leave among other details.

Respondent WM3 for instance identifies that clause as:

> *"Mothers are entitled to 3 months leave after delivery or during pregnancy***.**"
>
> Source: Field Interview, 2020.

It is worth noting that, most of the respondents like respondent WM3 stressed the word 'entitled' to express their knowledge on the privilege that the Act gives mothers. By stressing on the word 'entitled', this connotes that the respondents deem the clause in the Act as a necessity (or a right) that pregnant women and working mothers are privileged to. Additionally, the respondents expressed knowledge in the length of period the Act stipulates should be given to working mothers. However, there existed disparity in the format in which the respondents believed is the period of leave for mothers. While some respondents expressed the leave period in weeks, others did so in months and days. However, the Act espouses 3 months as the leave period. While this might be seen as inconsequential to the knowledge gap existing amongst the working mothers, it is essential to also state that knowledge of what exactly has been established in the Act is critical.

Furthermore, some respondents expressed their knowledge in the Act by establishing the relevance of the Act. Respondent WM9 explains the Act as:

> *"When an employee gives birth she is to be granted 90 days of maternity leave to take care of herself and the baby."*
>
> Source: Field Interview, 2020.

The respondent thus expresses not just knowledge in the existence of the maternity leave clause in the Act, she further expresses the rationale or the relevance of the clause to both the mother and the child. Hence, she establishes knowledge in the fact that the core rationale for the existence of the clause in the labour Act is to ensure that the mother has adequate time to respond to her health needs after delivery and that of her offspring's.

Despite expressing knowledge in the existence of the Act and its associated benefits to mothers and their new children, the respondents were unable to establish the relevance of the act in light of the essence of exclusive breastfeeding. The respondents simply account that the leave period was to enable them take care of themselves and the child, relegating the essence of the act in light of the relevance of exclusive breastfeeding.

4.3.2 Knowledge levels of Organizational Maternity Policies

The study further sought to explore the knowledge levels of the respondents concerning maternity policies that existed at their workplaces. Hence, the study sought to find out if the organizations that the respondents worked in had policies that support the national maternity leave policies and if the respondents were aware of the existence of these organizational policies where they existed.

The study found that most of the organizations where the respondents worked had institutional policies that support the maternity leave clause of the Labour Act of 2003. Additionally, the respondents were ably informed about the details of these organizational policies that are institutionalized in line with the national Act.

- **Respondents Knowledge levels of Maternity Leave Period of their Workplaces**

  In ascertaining respondents' knowledge levels of organizational maternity policies, the study found that there existed the required period leave for working mothers as specified in the Act. The study found that the organizations ensured mothers were allowed their 3 months mandatory maternity leave. Additionally, the study also found that the policies did not only exist in writing but were made known to the working mothers and implemented in the long run as well. This finding is similar to what Abekah-Nkrumah *et al.* (2020) found when they studied 20 working mothers in Ghana. Just as this study finds, they find that organizations in compliance with the labour act afforded maternity leaves to their workers.

  In expressing knowledge of the existence of organizational policies in support of the maternal leave Act, Respondents WM2 notes that:

  "In my organization, I am entitled to the 12 weeks maternal leave and additional 2 weeks depending on the type of delivery."

  Source: Field Interview, 2020.

  This is further reiterated by Respondent WM4 who mentions the probability of her corresponding workplace increasing the period of leave.

"Currently they are giving us 3 months but I have heard they are trying to extend to 6 months. Even the 3 months, you can add your available annual leave to make it 4 months."

Source: Field Interview, 2020

This goes to show that some organizations afford their employee mothers the benefit of the maternity leave as stipulated in the Act. In some cases as presented above in Respondent WM2's view, some organizations gave mothers extra two weeks of leave in events where there are complications with delivery, the mother's health or that of the child's. This was found to be consistent with subsection 3 of section 57 of the Labour Act. Hence, the act stipulates that on events of complications relating to childbirth, the working mother must be giving up to 2 extra weeks of leave.

Furthermore, the study found that for mothers who were self-employed, they complied with this provision even though there was no form of mandatory organizational policy to adhere to. For Respondent WM8 who is self-employed for instance, adhering to the 3 months mandatory leave is not only a matter of adherence to organizational policies, but is critical to ensure the good health of both the mother and child.

"…Oh yes I stayed home for about 3 to 4 months taking care of myself and my baby. I wanted my baby to be strong before I opened my shop."

Source: Field Interview, 2020.

- **Respondents' Knowledge Levels of Paid Maternity Leave Policies of Workplace**

Another essential characteristic of maternal leave clause of the act deals with the continuous payment of salaries to working mothers who were on leave. As espoused in subsection 2 of section 57 of the Act, "…a woman worker on maternity leave is entitled to be paid her full remuneration and other benefits to which she is otherwise entitled". The study found that the respondents were aware of this provision in the Act. Furthermore, the study found that the corresponding organizations of the respondents duly complied with the provision. Thus, respondents were paid the full compliments of their salaries and other financial benefits due them even while on maternity leave as mandated by Act 651.

4.4 Level of the Practice of Exclusive Breastfeeding among Working Mothers

The second objective of the study was to explore the levels of breastfeeding amongst the respondents sampled for the study. In order to achieve this objective, the researcher first tried to explore the knowledge levels of the respondents on exclusive breastfeeding. Subsequently, respondents' practice of EBF was assessed.

4.4.1 Knowledge levels of Exclusive Breastfeeding among Working Mothers

Studies such as Aidam *et al.* (2005), Dun-Derry & Laar (2006) and Danso (2014) prove that knowledge levels of working mothers in Ghana concerning the concept and practice of exclusive breastfeeding is high. Thus, these studies establish that working mothers have considerable knowledge in the practice of exclusive breastfeeding. Similarly, this study finds that respondents had adequate knowledge on the concept and practice of EBF. In order to ascertain the knowledge

levels of the respondents, they were asked to simply define what EBF is. The study found that the respondents had considerable knowledge on EBF pertaining particularly to the length of period for engaging in breastfeeding, mode of practice as well as its associated benefits.

Respondent WM5 defines Exclusive Breastfeeding as:

> *"….[It] is feeding your baby with only breast milk from the first day of delivery to 6 months before you add any complement[ary] food."*
>
> Source: Field Interview, 2020

To further express the levels of knowledge of respondents on the concept and practice of exclusive breastfeeding, the respondents were able to define the practice in line with the exceptions that come with it. Thus while respondents mentioned exclusive breastfeeding required not feeding the baby with solid food or water, they explained that giving medications to the child were the only exceptions associated with the practice.

> *"…to feed babies under 6 months with only breast milk. No water, no food unless its medication…"* – Respondent WM3
>
> Source: Field Interview, 2020

It is also worth noting that respondents showed considerable knowledge in defining EBF in line with some of the benefits associated with the practice. While expressing their knowledge on the practice, some respondents identified critical relevance of the practice such as health benefits to both the mother and the child; as well as economic benefits.

Respondent WM7 for instance mentions that:

"Exclusive breastfeeding has a lot of benefits for the mother and baby. Feeding the baby only with breast milk is even affordable"

This offers a practical perspective to the economic benefits of practicing EBF instead of buying expensive baby formulas. UNICEF (2009) as well as the Indian Academy of Paediatrics (2010) express that one critical benefit of constantly engaging in EBF is the economic benefits it presents to mothers and to society as a whole. By being able to identify this as a critical aspect in the practice of EBF, the respondent expresses a high level of knowledge on the topic under discussion.

4.4.2 Respondents' Knowledge Levels of WHO Guidelines on EBF

The study found that while some respondents were aware of the WHO recommended guidelines on exclusive breastfeeding, some respondents did not know of these guidelines.

4.4.3 Practice of Exclusive Breastfeeding among Working Mothers

The study found that while some of the respondents were able initiate exclusive breastfeeding, most were unable to. Thus the study found that the level of EBF practice among the respondents were quite low just as Danso (2016) found in her study of working mothers in Kumasi. Respondent WM3 explains that she engage in exclusive breastfeeding with her first child and is currently practicing the activity on her second child:

"For the first child I did exclusive breastfeeding, I'm still breastfeeding the second"

Source: Field Interview, 2020.

Respondent WM2 reiterates this, stating her intention to complete the practice despite her child being only 2 months:

> *"My baby is just 2 months old but so far I have been breastfeeding exclusively and intend to do so for the 6 months."*
>
> Source: Field Interview, 2020

According to Dun-Derry and Laar (2006), most working mothers are able to initiate exclusive breastfeeding during the first hour after delivery of the baby, but are unable to complete the practice due to diverse reasons. Additionally, Jama *et al.* (2017) also found that a high percentage of working mothers who had planned on engaging in EBF were unable to complete the practice due to a number of reasons. Consistent with these studies, the research found that the respondents were able to initiate exclusive breastfeeding a few hours after giving birth. However, they were unable to complete the full complement of the period required for exclusive breastfeeding.

Respondent WM9 for instance illustrates that she was unable to complete the entire period of EBF even though she began feeding her child with only breast milk from the early hours of the child's birth.

> *"No, it was exclusive up to a point. For my first baby I breastfed for 5 months…"*
>
> Source: Field Interview, 2020

Some of the respondents were thus able to engage in some exclusive breastfeeding for some time while some others were able to adhere strictly to the WHO recommended period of exclusive breastfeeding.

It is also imperative to note that some mothers were unable to engage in the activity of EBF at all. Nkrumah (2017) found in her study that the levels of exclusive breastfeeding among working mothers ranges from mother to mother depending on diverse factors. She found while studying mothers in the Efutu Municipal that, while some mothers record very high levels of the practice, some mothers are unable to even initiate the practice at all. In line with this findings, the research also found that some respondents were unable to initiate the processes of exclusive breastfeeding. Thus, such mothers were on the whole, unable to engage in exclusive breastfeeding of their children as recommended by WHO.

4.4.4 Reasons for non-adherence to EBF Practice Guidelines

As stated earlier some while some mothers engaged fully in the practice of EBF, some mothers were only able to engage in the activity partially. Some mothers were also unable to engage in the practice at all. The study sought to identify contributing factors that triggered the non-adherence to the practice of EBF despite the high levels of knowledge of the practice among the respondents.

- **Inadequate Breast milk**

  The findings of the study indicate that the respondents were unable to complete the six months of exclusive breastfeeding due to the lack of adequate breast milk from the mothers. The respondents pointed out that they were unable to initiate or complete the process spanning all six months of feeding due to their inability to produce enough breast milk to feed their babies

for the entire period. In Tampah-Naah, Kumi-Kyereme, & Amo-Adjei's study (2019) they found that one pertinent cause of non-adherence to EBF guidelines is the inability of the mother to produce adequate breast milk to feed the baby. Consistent with this, the study found that the mothers were unable to produce as much milk as their babies demanded, hence their decisions to supplement their feeding with artificial feeds and halt exclusive breastfeeding.

Respondent WM1 states that:

> *"For my first one I realized I wasn't getting enough breast milk. I do not know why. I tried everything possible but it wasn't working. Sometimes my baby would wake up at dawn and cry all night. So my mum suggested I introduce formulas because I was only punishing the baby.*
>
> Source: Field Interview, 2020.

- **Resumption of Work**

The study further found that the respondents were unable to fully complete the practice because they had to resume work after the expiration of their maternal leaves. This factor accounted for high levels of incompletion of EBF. Thus, the study found that for most mothers who were unable to complete the entire six months of breastfeeding, the accounting factor was the need to resume work after their leave periods had expired.

To affirm this, Respondent WM10 notes that:

"… I was unable to complete all the six months. I began feeding my kid only breast milk but I wasn't able to do six straight months…Because I [had to] resume work for 4 month."

Source: Field Interview, 2020

According to Dun-Derry and Laar (2016) the discontinuation of exclusive breastfeeding among working mothers is mainly as a result of the need for these mothers to return to work after they had exhausted the period of maternal leave. They account that even though working mothers initiate EBF while on maternity leaves, they are forced to halt the practice after 3-5 months in order to resume active duties at work. This study similarly found that the respondents were unable to complete all six months of exclusive breastfeeding in order to return to work. Nkrumah (2017) further posits that this is even more prevalent among mothers who work in the formal sector. This corroborates with the findings of this study as most of the respondents who faced this challenges worked in the formal sector.

It is therefore conclusive that the length of maternal leave periods afforded working mothers is either not enough or conditions at work are not supportive of exclusive breastfeeding practices and thus mothers have to quit EBF practice once they return to work.

- **Mothers' Health Issues**

The study found that another critical issue that affricts the practice of exclusive breastfeeding among the respondents is the health of the mothers. The study found that some mothers were unable to engage in exclusive breastfeeding mainly because they were not healthy enough

after delivery to engage in the practice. Hence, child birth related complications and other associated ailments accounted for the respondents' inability to complete the six months of exclusive breastfeeding among the respondents.

Respondent WM6 for instance narrates that she was unable to engage exclusive breastfeeding because she encountered some health problems after delivery.

> *I couldn't do exclusive breastfeeding because I wasn't well after delivery but I can say I did about 80% of breast milk."*
>
> Source: Field Interview, 2020

The data gathered thus indicates that some mothers were barred from engaging in exclusive breastfeeding largely because they had complicated post-delivery health problems. Hence, they were unable to breastfeed their children exclusively. These findings corroborate with that of Bindu (2018) who identifies that postpartum health related problems such as sore or cracked nipples, bleeding from the nipple and infected breasts were critical health factors that caused non-adherence to the EBF guidelines.

- **Child's Health Issues**

The data gathered indicate that, in some instances, the health of the child was a contributing factor to respondents' decisions to disengage in exclusive breastfeeding. The study found that some children who were in critical condition after birth and were therefore separated from their mothers and could not feed on their own were fed baby formulas to help their ailing health.

Respondent WM7 states that:

"When I gave birth my baby was admitted at the Neonatal care and intensive unit… so even the nurses started feeding my baby with formula."

Source: Field Interview, 2020

4.4.5 Respondents' Practice of Exclusive Breastfeeding after Maternity Leave

The study further tried to assess respondents' practice of exclusive breastfeeding after they had resumed work from the mandatory 12 weeks maternity leave. As has been established the practice of exclusive breastfeeding among the respondents was not high despite the fact that the study found a high prevalence of knowledge of the practice. Additionally, this study as well as many others has established that resuming work was a critical reason why mothers are unable to complete the recommended 6 months of exclusive breastfeeding. In line with the overarching objective of this study, the research further focused on assessing the EBF practice levels of respondents after they had resumed work. In effect, the essence of this was to establish the rates of practice of EBF among the mothers after they had resumed work.

The study found that the majority of the respondents were unable to continue with exclusive breastfeeding after they had resumed working. The study found that most of the respondents, more specifically, those who had practiced exclusive breastfeeding during their maternity leave periods had to discontinue the practice because they had to return to their jobs.

Respondent WM10 explains that she had to discontinue the practice because resuming work stressed her out:

"*I couldn't do exclusive [breastfeeding] because I had to go to work and I came back home stressed which affected my flow of breast milk so I couldn't express it too."*

Source: Field Interview, 2020

Likewise Respondent 1 who mentions that she was unable to breastfeed for the same reason despite initial efforts to adopt the express feeding format:

"No it was my dream but couldn't accomplish that. When I resumed work I had to express the milk for my Mom before going to work but my baby refused to take from [the] bottle because he wanted it directly from the source. It was really hard for me…"

Source: Field Interview, 2020

4.4.6 Respondents' Mode of Practice for Completing Exclusive Breastfeeding for 6 months

- **Express Feeding**

The study found that for some of the respondents who were able to complete the entire six months of exclusive breastfeeding even after resuming work adopted the express feeding mode to do so. According to the World Health Organization (2008) express breastfeeding is the activity of feeding the infant with breast milk that has previously been put in bottles due to many diverse reasons. The study found that respondents who were able to complete six months of EBF even after their maternal leave periods had expired adopted this mode of feeding.

Respondent WM4 mentions that:

"...I express into bottles before going to work so when it's time for the baby to feed, my Mom or sister will feed him."

Source: Field Interview, 2020

The findings corroborate with that of Win *et al.* (2006) who found in their study that practicing express feeding as a prevalent measure among working mothers who were interested in continuing six months of exclusive breastfeeding after they had resumed work. They found that working mothers who expressed breast milk had a higher chance of completing the entire six months of exclusive breastfeeding as recommended by WHO.

- **Extension of Leave Period**

Moreover, the study found that respondents who were able to continue EBF after resuming work had extended their leave periods. The labor Act allows for an extension of up to 2 extra weeks of maternity leave upon the provision of evidence of complications relating to the delivery process. However, the findings indicate that some respondents strategically coincide their maternal leave periods with their annual leave periods in order to have an extended period to complete six months of EBF. Thus, some respondents strategically accumulate their yearly leave periods in order to add up to their maternal leave periods.

Respondent WM3 states that:

> *"I added my accumulated annual leaves to my maternity leave which gave me 6 months so I did exclusive breastfeeding throughout. I did that for my first child and I am doing it with my second too…"*
>
> Source: Field Interview, 2020

The findings thus indicate that one critical factor that helped respondents in completing six months of exclusive breastfeeding without being hindered by work resumption is by strategically coinciding their annual leaves with their maternal leave periods so they have adequate months to complete the entire six months of exclusive breastfeeding.

4.4 Challenges Associated with Exclusive Breastfeeding among Working Mothers at Workplaces

The study was also focused on identifying some challenges working mothers encounter while engaging in the practice of exclusive breastfeeding. The focus of the study thus was to identify the critical issues associated with practicing EBF or completing the entire six months of exclusive breastfeeding among working mothers. The study found that there exist critical challenges that impede the successful completion of six months of exclusive breastfeeding among working mothers.

4.4.1 Pains in the breast as a result of delayed Breastfeeding

One critical challenge the study identified regarding the exclusive breastfeeding among working mothers' concerns painful breastfeeding as a results of delayed feeding of the infant. The study identified that some respondents experienced pains in their breasts and their nipples while feeding their children after they had not fed them directly from the breast throughout the day as a results of having to return to work. Some respondents reported feeling painful heaviness in their breasts as they were unable to feed their children with breast milk that had formed in their breasts throughout the day. Thus, the respondents faced difficulties when naturally breastfeeding their

children. Ultimately, this makes it difficult for mothers to continue exclusively breastfeed their children as the pain can be sometimes excruciating.

Respondent WM9 states that:

> *"It was really difficult for me when I had to resume work and then take care of the child too…The breast got engorged and painful because I was at work while the baby was home and couldn't suck…"*
>
> Source: Field Interview, 2020

4.4.2 Deteriorating Child Health

Further findings from the study point that, respondents were faced with challenges concerning the health of their children while they tried to exclusively breastfeed their children after resuming work. The study found that combining work and feeding children had critical effects on the health of the child. The findings point out that, because most of the mothers have to leave their children at home and only return to feed them naturally after work, the children developed health problems such as severe rise in temperature as a result of continual crying for natural breastfeeding; severe rise in temperature due to inadequacy of expressed breast milk; and stomach complications as a result of hunger. The research found that often, babies experienced slight diarrhoea once they were fed on the return of their mothers from work, mostly because they had not received enough expressed milk or had refused to feed from bottles.

Respondent WM7 explains that:

"Combining work with breastfeeding is hectic. Yes my baby didn't like the milk in the bottle until I came home and I got a fuller breast at work with pains in my armpits. Even if I return home to give my baby breast milk after work he gets tummy upsets because it has kept long."

Source: Field Interview, 2020

4.4.3 Lack of Concentration while at Work

The study found that often when mothers leave their babies at home because they are unable to attend to them while at work, they are unable to concentrate on their duties at work. Some respondents found it challenging to focus on activities at work while trying to keep to the guidelines of exclusive breastfeeding. Thus, it was identified that some parents were unable to concentrate while at work because they kept thinking about their children who they were trying to exclusively breastfeed. Hence, in events when the baby is unable to feed express, the mother gets worried while at work and unable to concentrate.

Respondent WM1 for instance narrates that she was unable to concentrate after she had resumed work and was practicing exclusive breastfeeding.

"I always had a divided attention because I was always wondering how he is faring without me. I did not want to feed him formulas too. So I was thinking of how he would be feeding from the express even while at work… I was always in a hurry to leave the office"

Source: Field Interview, 2020

This provides evidence that some of the respondents who were bent on completing EBF even after they had resumed work had to deal with the anxiety of how their babies would feed. This ultimately leads to the inability of the mother to fully concentrate while at work.

4.4.4 Lack of Support Systems at Workplaces

Another critical challenge that the study identified was the lack of support systems at the workplaces of the respondents to help to help them take care of their children while at work. The study indirectly has identified that most of the respondents were unable to carry their children along with them while going to work as Danso (2004). It is therefore necessary that support systems be made available for mothers to continue EBF while at work. The study found that there was a general lack of support systems in the institutions where the respondents worked.

Iddrisu (2017) similarly found that the lack of support systems that aid breastfeeding at workplaces contributed largely to working mothers' decisions to discontinue EBF. According to Iddrisu (2017) even though most organisations had 3 month maternity leave policies as consistent with the Labour Act (2003), they had no support systems that aid mothers to continue breastfeeding after the 3 months maternity leave periods. Thus, there were no separate buildings for keeping and breastfeeding babies, refrigerators for keeping expressed breast milk etc. Similarly, the findings of this study indicate that none of the organizations where the respondents worked had systems that support exclusive breastfeeding. It is therefore not surprising that most of the respondents had to leave their babies at home while they went to work.

When asked on the availability of such support systems in her workplace, Respondent WM6 answers simply that:

"*At my workplace [laughs]…No there is nothing like"*

Source: Field Interview, 2020

It can be inferred from this response that support systems sound almost like an anomaly. When quizzed on the availability of support systems to aid nursing mothers take care of their child, the respondent laughs off the question to indicate that the whole idea of the existence of such systems does not exist.

In addition to this, the study further found that for mothers who decide to bring their babies with them to work, they had to hire nannies to cater for the children and feed them breast milk that the mothers expressed during break times.

Concerning this, Respondent WM3 states that:

"…If you decide to bring your baby to work, your nanny and your baby will be in your car while you work."

Source: Field Interview, 2020

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter offers a summary to the critical findings the study made. The chapter summarizes the key findings identified within this study as related to the three objectives of the study. The study's overarching aim was to explore the practice of exclusive breastfeeding among working mothers. Furthermore, the study sought to find out the compatibility of this practice in light of the provisions of the maternal leave clause of the Labour Act (2003). The chapter also offers a conclusion and recommendations on the back of the findings made in this study.

5.2 Summary of Key Findings

5.2.1 Knowledge Levels of Policies Regarding Exclusive Breastfeeding and Maternal Leave

One of the critical findings of the study was that, most of the respondents (working mothers) sampled for the study had adequate knowledge concerning breastfeeding, exclusive breastfeeding, WHO recommended guidelines of breastfeeding and the Maternal Leave clause enshrined in Act (2003) of the Labour Law.

In order to adequately explore the knowledge levels of the respondents on matters concerning EBF and maternal leave and its associated benefits, the researcher asked the respondents to explain in their own terms what these concepts mean. The study found most of the respondents were able to adequately explain what the concepts mean while citing critical benefits of both the practice of

exclusive breastfeeding and the maternal leave policy. Thus, the respondents were able to show adequate knowledge in matters concerning EBF and its associated policy frameworks.

It is worth noting that most of the respondents also showed adequate knowledge in the existence and functions of the maternal leave clause as enshrined in the Labour Act (2003). Respondents were able to identify the core tenets of the clause such as leave periods, provisions of extensions on the leave periods, salary payments while on leave etc. By expressing knowledge in these core areas, the respondents expressed adequate knowledge in the existence and workings of the maternal leave clause of the labour Act (2003).

Furthermore, the study found that most of the institutions where the respondents worked duly observed the Act. Thus, the organisations where the respondents worked afforded the respondents three months paid salaries and all other related benefits as enshrined in the Act. In some cases, some of these organisations had individualized policy frameworks that were designed in line with the national policy for maternal leave. Hence while some organizations duly observed the Act, some further designed organisational policies that fit the organizational structure yet were in line with the core tenets of the national Act. The study also found that the respondents were aware of these individualized organisational policies on maternal leave where they existed. Where they were non-existent too, respondents were aware that the organisation duly observed the provisions of the maternal leave clause of the Labour Act.

5.2.2 Practice of Exclusive Breastfeeding

The study sought to explore the practice of exclusive breastfeeding among working mothers that were sampled for the study. The study found that although knowledge of exclusive breastfeeding

and its related benefits were highly prevalent amongst the respondents, the practice of exclusive breastfeeding was not as high. Thus, while respondents were aware of the practice of EBF and its associated benefits, not all of the respondents strictly adhered to the recommended guidelines of the practice.

However, it is noteworthy that most of the respondents were able to initiate exclusive breastfeeding for the first few days after delivery. Thus, consistent with the WHO recommended guidelines, the respondents were able to initiate exclusive breastfeeding. One respondent however was unable to initiate the practice as her child had health complications that required the baby to feed on formulas. Hence, generally, most of the respondents initiated exclusive breastfeeding between the first hour of delivery and a few months.

Further findings made in the study points out that the practice of exclusive breastfeeding among the respondents occurred as far as maternal periods could last. Most of the respondents opined that they were unable to complete six months of exclusive breastfeeding as recommended by WHO despite engaging actively in the practice for the first three months after delivery. They attributed this to the fact that maternal periods only lasted for three months, the expiration of which required them to resume active duties at work. This restricted the respondents from completing the full six months of EBF even though most of them were willing to. In other words, the study found that exclusive breastfeeding was cut short as soon as mothers resumed work on the expiration of their maternal leave periods. Thus after three months of exclusive breastfeeding, the respondents had to begin formula feeding to make up for their inability to feed their children while at work. This is mostly so because most of the mothers had to leave their children at home as their workplaces had no supportive systems to aid in breastfeeding while at work. Hence, the respondents had to leave

their babies with their mothers and nannies who fed them (most often formula feeds) while the mother was away at work.

However, the study found that not all mothers halted EBF after three months. Some of the respondents attested that they continued EBF and completed the entire six months as required. However, this came at an extra cost as such mothers had to adopt strategic means of ensuring they successfully completed six months of EBF. The study found that some of the mothers had to hire nannies that took care of the babies in cars or facilities close to the mothers' place of work so the mother can breastfeed the child during break periods. Also, some mothers strategically aligned their accumulated annual leave with that of their mandatory maternity leave periods in order to have enough time to cater for the child while at home and complete EBF.

The findings of this study further indicate that respondents who were unable to complete six months of exclusive breastfeeding were unable to do so largely because of factors such as resumption of work, mothers' health complication, baby's health complications and inadequate breast milk.

5.2.3 Challenges Associated with Exclusive Breastfeeding

It is essential to understand the challenges prevalent in the practice of exclusive breastfeeding in order to identify strategic measures of curbing these challenges and enhancing the potential of working mothers to complete six months of exclusive breastfeeding. The study found that respondents faced numerous challenges while practicing exclusive breastfeeding. The study found that one critical challenge that respondents faced while practicing exclusive breastfeeding regards the lack of supportive systems at work to cater for their children. The study found that most

organisations where the respondents worked did not have systems such refrigerators for storing expressed breast milk, nannies, separate facilities for keeping babies and break periods to attend to babies. As a result, mothers were forced to keep their babies at home and consequently truncate the practice of EBF. Also, the study found that, due to the fact that respondents had to leave their children at home, they often had divided attention even while at work. This posed a critical challenge because the respondents were unable to fully concentrate while at work as they were crossed with thoughts of how their children would feed while at home. Another challenge the study identified concerns health issues that emanate as a result of the unsteady feeding patterns created when the mother resumes work. The study found that when respondents resumed work and insisted on continuing EBF, their babies experienced stomach complications due to the unsteady feeding patterns. The respondents pointed out that this was a critical challenge they faced.

5.3 Conclusion

The overarching goal of this study was to explore the practice of exclusive breastfeeding among working mothers. The study was underpinned by the institutionalization of the maternal clause of the Labour Act (2003). The study in essence, tried to understand the practicability of the practice of six months of exclusive breastfeeding in light of provisions made available by the maternal clause of the Act. The core idea of this study was to find out if the provisions espoused within Labour Act 651 of 2003 are supportive of the practice of EBF amongst working mothers.

The Act specifies that mothers were required to proceed on mandatory leave of up to three months after delivery in order to take care of their children. On the other hand, WHO recommends that for the full actualization of the health of babies and their mothers postpartum, the mother must engage

in six months of exclusive breastfeeding. In effect, this creates a conundrum for working mothers who are required to engage in six months of exclusive breastfeeding and yet return to active duty at work after three months of leave. Literature suggests that most mothers are unable to complete six months of exclusive breastfeeding mostly because they had to return to workplaces which were generally unsupportive of bay nursery. Thus, the question here is that, does the Act 651 (2003) support the WHO guidelines of exclusive breastfeeding?

The findings of this study indicate that while there is adequate knowledge of the practice and associated benefits of exclusive breastfeeding, most respondents were unable to complete EBF. The findings indicate that most respondents began exclusive breastfeeding after a few hours of delivery through to about three months but were unable to complete the entire recommended six months. Respondents who were able to, had to do so at the expense of extra costs of hiring nannies and extending annual leave periods. The general or overarching factor that contributed to this was the expiration of the maternal leave period as enshrined in the maternal clause of Act 652 (2003). Thus, the findings of the study indicate that respondents were unable to complete six months of exclusive breastfeeding because they had to return to work.

Based on the findings made by this study, it is conclusive that the provisions of Act 651 (2003) concerning maternal leave for working mothers and its associated benefits are not exhaustively supportive of the WHO recommended guidelines for EBF. In effect, the study concludes based on the findings that the Act on maternity leave, which espouses three months of leave for nursing mothers who are working, does not support the practice of exclusive breastfeeding. The findings of the study advance that working mothers are unable to complete six months of breastfeeding after resuming work even though they engaged in EBF while on three months leave. Hence, while on the mandatory three months leave, mothers were able to engage actively in the practice.

However, upon resumption of work, the practice was halted due to the numerous challenges it presented the mothers.

5.4 Recommendations

Based on the findings made in this study, the researcher suggests the following recommendations

5.4.1 Recommendations for Policy and Industry

- Responsible government institutions and agencies should consider stakeholder engagements in order to re-assess the Labour Act 651 (2003) with specific regards to maternal health policies at the workplace.
- Corporate organizations must endeavour to establish baby nursery centres in their institutions with the appropriate support systems to aid mothers take care of their babies while at work
- Corporate organizations must endeavour to make it a matter of policy to provide nursing mothers with adequate break times in-between working hours to breastfeed their children
- The researcher further recommends an adjustment in national and organisational policies to aid working mothers from home where possible after the exhaustion of their 3 months mandatory leave periods. This will enable mothers to have adequate time to continue EBF for six months while working from their homes.

5.4.2 Recommendations for Further Research

- Further research must include a wider sample sizes in order to expand knowledge base concerning the topic

- The researcher suggests that other researchers such as this should include other forms of data collection techniques such as focus group discussions and observations in order to enrich and diversify knowledge concerning this topic.
- The researcher also suggests that other studies focus on a comparative content analysis of Ghana's maternal provisions under the Labour Act 651 (2003) and other maternal provisions from other countries in order to fully ascertain the viability of these provisions in light of the current practice of exclusive breastfeeding.

LIST OF REFERENCES

Abekah-Nkrumah, G., Antwi, M. Y., Nkrumah, J., & Gbagbo, F. (2020). Examining Working mothers' Experience of Exclusive Breastfeeding in Ghana. International Breastfeeding Journal, 2-10.

Addae, E. A. (2018). Breastfeeding Practices among Mother in the Nanumba District. Thesis. University of Development Studies.

Aidam, B., Perez-Escamilla, R., Lartey, A., & Aidam, J. (2005). Factors associated with exclusive breastfeeding in Accra, Ghana. European Journal of Clinical Nutrition, 59, 789–796.

Akthar, I. (2016). Research Design. In 1 (Ed.), Research in Social Science: Interdisciplinary Perspectives (pp. 68-81). New Delhi.

Alimoardi, F., Javadi, M., Barikani, A., Kalantari, N., & Ahmadi, M. (2014). An Overview of the Importance of Breastfeeding. J Compr Ped, 4.

Alimoradi, F., Javadi, M., Barikani, A., Kalantari, N., & Ahmadi, M. (2014). Article. An Overview of the Importance of Breastfeeding. J Compr Ped, 4.

Altimimi, E., Al Nsour, R., Al Daleen, D., & Almajali, N. (2017). Knowledge, Attitude and Practice of Breastfeeding Among Working Mothers in South Jordan. Workplace Health and Safety Journal, 65 (5), 210-218.

Anatolitou, F. (2012). Human Milk Benefits and Breastfeeding. Journal of Pediatric and Neonatal Individualized Medicine, 1(1), 11-18.

Anderson, J., Johnstone, B., & Remley, D. (1999). Breastfeeding and Cognitive Development: A meta-Analysis. American Journal of Clinical Nutrition, 70(4), 525-535.

Apuke, O. (2017). Quantitative Research Methods: A synopsis Approach. Arabian Journal of Business and Management Review, 6, 40-47.

Augustine, A., Sunday, L., & Rashidat, D. (2015). Social Analysis of the Benefit of Exclusive Breastfeeding among Muslim Women in Selected Communities in Edo State, Nigeria.

Ayawine, A., & Ae-Ngibise, K. A. (2015). Determinants of exclusive breastfeeding: a study of two sub-districts in the Atwima Nwabiagya District of Ghana. Pan-African Medical Journal.

Bar, S., Milanaik, R., & Adesman, A. (2016). Long-term Neurodevelopment Benefits of Breastfeeding. Journal of Current Opinions Pediatrics, 28(4), 559-566.

Bindu, A. (2018). Constraints to Exclusive Breast Feeding among Postpartum Mothers in Selected Rural Areas. International Journal of Scientific Research, 69-72.

Boahen, O. (2001). Prevalence of Breastfeeding in Fosu Sub District. Published Thesis. University of Ghana, Department of Public Health.

Brahm, P., & Valdes, V. (2017). Benefits of Breastfeeding and Associated Risks of not Breastfeeding. Review of Children Paediatrics, 88(1), 15-21.

Brahma, P., & Valdes, V. (2017). Benefits of breastfeeding and risks associated with not breastfeeding. Journal of Children and Paediatrics, 88 (1), 15-21.

Clark, S. G., & J., B. T. (2003). The Benefits of Breastfeeding: An Introduction for Health Educators. Californian Journal of Health Promotion, 1 (3), 158-163.

Cota-Robles, S., Pedersen, L., & LeCroy, C. (2017). Challenges of Breastfeeding Initiation and Duration for Teen Mothers. Anerican Journal of Maternal/Child Nursing, 42 (3), 173-178.

Coutinho, A. C., Soares, A., & Fernandes, P. (2020). Knowledge of Mothers About the Benefits of Breastfeeding to women's health. Journal of Nursing.

Creswell, J. (2003). Research Design: Qualitative, Quantitative and mixed methods approach. Prentice Hall.

Creswell, J. W. (2014). Research Design: Quantitative, Qualitative and Mixed Methods Approaches (4 ed.). Carlifornia: Sage.

Creswell, J., & Clark, V. (2011). Designing and Conducting Mixed methods Research (2 ed.). Thousand Oaks: Sage.

Daly, A., Pollard, C., Phillips, M., & Binns, W. (2014). Benefits, Barriers and Enablers of Breastfeeding: Factor Analysis of Popular Perceptions in Western Australia. PLos ONE (9).

Danso, J. (2014). Examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana. International Journal of Nursing, 1 (1), 11-24.

Danso, J. (2014). Examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana. International Journal of Nursing, 11-24.

Demographic Health Survey Program. (2015). Ghana 2014 Demographic Health Survey. Accra: DHS.

Denzin, N., & Lincoln, Y. (2000). Handbook of Qualitative Research. London: Sage Publication Inc.

Diji, A. K., Bam, V., Asante, E., Lomotey, A., Yeboah, S., & Owusu, H. A. (2017). Challenges and predictors of exclusive breastfeeding among mothers attending the child welfare clinic at

a regional hospital in Ghana: a descriptive cross sectional study. International Breastfeeding Journal, 2-7.

Diji, A., Bam, V., E, A., & Owusu, H. (2016). Challenges and Predictors of Exclusive breastfeeding among mothers attending the child welfare Clinic at a Regional Hospital in Ghana: A Descriptive Cross-Sectional Study. International Breastfeeding Journal, 12 (13).

Dun-Derry, E., & Laa, A. (2016). Exclusive Breastfeeding Among City Dwelling Professional Workers in Ghana. International Breastfeeding Journal, 11, 9.

Dun-Dery, E., & Laar, A. (2006). Exclusive Breastfeeding among City Dwelling Professional Working Mothers in Ghana. International Breastfeeding Journal, 9.

Etikan, I., Abubakar, S., & Alkassim, R. (2016). Comparison of Convenient Sampling and Purposive Sampling. American Journal of Theoretical and Applied Statistics, 1-4.

Etikan, I., Sulaiman, A., & Sunusi, R. (2016). Comparison of Convenience Sampling and Purposive Sampling. American Journal of Theoretical and Applied Statistics, 5 (1), 1-4.

Food and Drugs Board. (2006). Violation of Breastfeeding Law. Retrieved from http://www.ghanaweb.com/GhanaHomePage/health/artikel.php?ID=97651

Gertioso, C., Meazza, C., Pagani, S., & Bozzola, M. (2016). Breastfeeding and Its Gamut of Benefits. Minerva Pediatrica, 68, 201-212.

Ghana Labor Law. (2003). Act No. 651.

Ghana Statistical Service. (2009). Ministry of Health & ICF Macro: Ghana Demographic and Health Survey 2008. Accra: Ghana Health Service.

Gill, S., Reifsnider, E., Lucke, J., & Mann, A. (2007). Predicting breast-feeding attrition: adapting the breast-feeding attrition prediction too. J Perinat Neonatal Nurse, 21(3), 216–24.

Hahn-Holbrook, J., Schetter, C., & Haselton, M. (2013). The Advantages and Disadvantages of Breastfeeding for Maternal Mental and Physical Health. In Reproductive Health (pp. 414-439).

Horwood, L., Darlow, B., & Mogridge, N. (2001). Breastfeeding and Cognitive Ability at 7 to 8 years. Arch Dis Child Fetal Neonatal, 84(1), 23-27.

Hunegnaw, M., Gezie, L. D., & Alemeyahu, T. (2017). Exclusive breastfeeding and associated factors among mothers in Gozamin district, northwest Ethiopia: a community based cross-sectional study. International Breastfeeding Journal, 12 (30).

Iddrisu, K. (2017). Workplace Support for Exclusive Breastfeeding in Tamale Central Sub-Metropolitan of the Republic of Ghana: Perspectives of Employees, Coworkers and Management. Thesis. Legon: University of Ghana.

Iddrisu, K. (2017). Workplace Support For Exclusive Breastfeeding In Tamale Central Sub-Metropolitan of The Republic of Ghana: Perspectives of Employees, Co-workers And Management. Thesis. University of Ghana, Legon.

Indian Academy of Pediatrics. (2010). Infant and Young Child Feeding Guidelines. Indian Journal of Pediatrics, 47(12), 995–1004.

International Breastfeeding Network. (2000). Ghana Law - Breastfeeding promotion regulation. Accra: International Breastfeeding Network.

Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., et al. (2007). Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evid Rep Technol Assess, 1-187.

Jama, N., Wilfford, A., Masango-Muzindutsi, Z., & Haskins, L. (2017). Enablers and Barriers to Success among Mothers Planning to exclusively breastfeed for six months: A Qualitative Prospective Cohort Study in KwaZulu-Natal, South Africa. International Breastfeeding Journal, 1-13.

Juin, J., & Moh Ghazali, A. N. (2013). The Awareness About the Benefits and Practice of Breastfeeding among Mothers in Pioneer Technology Malaysia. Thesis. Ledang, Johor, Malaysia.

Ku, C., & Chow, S. (2010). Breastfeeding. Journal of Clinical Nursing, 19.

Kuma, A. (2015). Economic and Health Benefits of Breastfeeding: A Review. Food Science and Quality Management, 39-46.

Kumar, R. (2011). Research Methodology: A step by Step guide for beginners (3 ed.). New Delhi: Sage.

Labbok, M. (2001). Effects of breastfeeding on the Mother. Journal of North American Clinical Pediatrics, 48(1), 143-158.

Labbok, M., & Starling, A. (2012). Definitions of Breastfeeding: Call for the Development and Use of Consistent Definitions in Research and Peer-Reviewed Literature. Breastfeeding Medicine, 397-402.

Leedy, P. D., & Ormrod, J. E. (2001). Practical Research: planning and Design (7th Edition ed.). Upper Saddle River.

Li, W., Hosseinian, F., Tsopmo, A., Frie, J., & Beta, T. (2009). Evaluation of anti-oxidant capacity and aroma quality of breast milk. Nutrition. 25(1), 105–14.

Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. AISHE-J, 3351-33514.

Manyeh, A. K., Amu, A., Apkakli, D. E., Williams, J. E., & Magaret, A. (2020). Estimating the rate and determinants of exclusive breastfeeding practices among rural mothers in Southern Ghana. Internation Breastfeeding Journal, 15(7).

Mensah, K. A., Acheampong, E., Anokye, F. O., Okyere, P., Appiah-Brempong, E., & Adjei, R. O. (2017). Factors influencing the practice of exclusive breastfeeding among nursing mothers in a peri-urban district of Ghana. BMC Research Notes, 10(466).

Mishira, B., & Alok, S. (2017). Handbook of Research Methodology (Vol. 1). New Delhi: Educreation.

Motee, A., & Jeewon, R. (2014). Importance of Exclusive breastfeeding and Complementary feeding among infants. Current Research in Nutrition and Food Science, 2(2), 56-72.

Muda, S., Aung, K., Ibrahim, A., & Ismail, N. (2016). Breast Feeding Issue: A Study on Factors Affecting Termination of Breast feeding among Working Mothers. International Journal of Health Science and Research, 6 (9), 257-263.

Nkrumah, J. (2016). Maternal Work and Exclusive Breastfeeding Practice: A Community Based Cross-Sectional Study in Efutu Municipal, Ghana. International Journal of Breastfeeding, 12.

Nkrumah, J. (2017). Maternal Work and Exclusive Breastfeeding Practice: A Community based Cross-sectional Study in Efutu Municipal, Ghana. International Breastfeeding Journal, 1-9.

Nukpezah, R., Nuvor, S., & Ninnoni, J. (2018). Knowledge and practice of exclusive breastfeeding among mothers in the tamale metropolis of Ghana. Journal of Urban Health, 28(140).

Oddy, W. H. (1999). Association between breastfeeding and Asthma within six year old Children: Findings of a prospective birth cohort study. BMJ, 815-819.

oliviera, V., Prell, M., Cheng, & Xinzhe. (2019). The Economic Impacts of Breastfeeding: A focus on USDA's Special Supplement Nutrition Program for Women, Infants and Children (WIC). United States Department of Agriculture.

Otoo, G., Lartey, A., & Perez-Escamilla, R. (2009). Perceived incentives and barriers to exclusive breastfeeding among peri-urban Ghanaian women. Journal of Human Lactation, 25(1), 34-41.

Pang, W., Bernard, J., Thavamani, G., Chan, Y., Fok, D., Soh, S., et al. (2017). Direct vs. Expressed Breast Milk Feeding: Relation to Duration of Breastfeeding. PMC, 547.

Patton, M. Q. (2002). Qualitative research and evaluation methods (3 ed.). Carlifornia: Sage.

Pokhrel, S., Quigley, M., Fox-Rushby, J., McCormick, F., Williams, A., Trueman, P., et al. (2015). Potential Economic impacts from Improving breastfeeding Rates in the UK. Arch Dis Child, 100, 332-340.

Queiros, A., Faria, D., & Almeida, F. (2017). Strengths and Limitations of Qualitative and Quantitative Research Methods. European Journal of Education Studies, 3(9), 369-385.

Rahman, S. (2017). The Advantages and Disadvantages of Using Qualitative and Quantitative Approaches and Methods in Language "Testing and Assessment" Research: A Literature Review. Journal of Education and Learning, 102-112.

Rojjanasrirat, W. (2004). Working Women's Breastfeeding Experiences. Journal of Maternal/Child Nursing, 222-228.

Sabin, A., Manzur, F., & Adil, S. (2017). Exclusive Breastfeeding Practices in Working Women in Pakistan: A Cross Sectional Study. Pakistan Journal of Medical Sciences.

Shank, G. (2002). Qualitaitve Research: A personal Skills Approach. New Jersey: Merril Prentice Hall.

Shiel, W. (2018). Medical Definition of Breastfeeding. Retrieved July 16, 2020, from Medicine Net: https://www.medicinenet.com/script/main/art.asp?articlekey=38708

Taherdoost, H. (2016). Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. International Journal of Academic Research in Management, 18-27.

Tahiru, R., Agbozo, F., Garti, H., & Abubakari, A. (2020). Exclusive Breastfeeding and Associated Factors among Mothers with Twins in the Tamale Metropolis. International Journal of Paediatrics.

Tampah-Naah, A. M., & Kumi-Kyerem, A. (2013). Determinants of exclusive breastfeeding among mothers in Ghana: a cross-sectional study. International Breastfeeding Journal, 8(13).

Tampah-Naah, A., Kumi-Kyereme, A., & Amo-Adjei, J. (2019). Maternal challenges of exclusive breastfeeding and complementary feeding in Ghana. PLoS ONE, 1-16.

Tampah-Naah, A., Kumi-Kyereme, A., & Amo-Adjei, J. (2019). Maternal Challenges of exclusive breastfeeding and complementary feeding in Ghana. PLoS ONE.

Tewabe, T., Mandesh, A., Gualu, T., Alem, G., Mekuria, G., & Zeleke, H. (2016). Exclusive breastfeeding practice and associated factors among mothers in Motta town, East Gojjam zone, Amhara Regional State, Ethiopia, 2015: a cross-sectional study. International Breastfeeding Journal, 12(12).

The World Bank. (2017). Exclusive breastfeeding (% of children under 6 months). The World Bank.

UNICEF. (2009). Tracking progress on Child and Maternal Nutrition: A Survival and Development Priority. New York: UNICEF.

Visser, P., Krosnick, J., & Lavrakas, P. Survey Research. Princeton University.

Weimer, J. (2001). The Economic Benefits of Breastfeeding: A Review and Analysis. Washington, DC.

WHO. (2020). who.int. Retrieved April 17, 2020, from World Health Organization: https://www.who.int/maternal_child_adolescent/news_events/news/2016/exclusive-breastfeeding/en/

Wiemer, J. (2001). The Economic Benefits of Breastfeeding: A review and Analysis. Washington, DC: USDA Economic Research Service.

Williams, C. (2011). Research Methods. Journal of Business and Economic Research, 5 (3).

Win, N., Binns, C., Zhao, Y., & Scott, J. A. (2006). Breastfeeding Duration in Mothers who express Breast Milk: A Cohort Study. International Breastfeeding Journal, 1-26.

World Health Organization. (1990). Indicators for Assessing Breastfeeding Practices. Report of an Informal Meeting. Geneva: World Health Organization.

World Health Organization. (2002). Global Strategy on Infant and Young Child Feeding. Geneva: WHO.

World Health Organization. (2008). Indicators for Assessing Infant and Young Child Feeding Practices. Conclusion of a Consensus Meeting Held 6–8 November 2007 in Washington, D.C., USA. . Geneva: World Health Organization.

World Health Organization. (2009). Infant and Young Child Feeding. France: WHO.

World Health Organization. (2019, February 11). World Health Organization. Retrieved July 17, 2020, from who.int: https://www.who.int/elena/titles/exclusive_breastfeeding/en/#:~:text=Exclusive%20breastfeeding%20means%20that%20the,of%20vitamins%2C%20minerals%20or%20medicines.

Wyatt, S. (2002). Challenges of the Working. AAOHN Journal, 50 (1), 61-66.