



Article title: AWARENESS AND PERCEPTION ON EXCLUSIVE BREASTFEEDING AS A BIRTH CONTROL METHOD AMONG WOMEN OF REPRODUCTIVE AGE ATTENDING ANTENATAL CLINIC AT KAPKATET SUB COUNTY HOSPITAL

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Preprint statement: This article is a preprint and has not been peer-reviewed, under consideration and submitted to ScienceOpen Preprints for open peer review.

DOI: 10.14293/PR2199.000496.v1

Preprint first posted online: 15 November 2023

Keywords: Exclusive Breastfeeding , birth control

**AWARENESS AND PERCEPTION ON EXCLUSIVE BREASTFEEDING AS A BIRTH
CONTROL METHOD AMONG WOMEN OF REPRODUCTIVE AGE ATTENDING
ANTENATAL CLINIC AT KAPKATET SUB COUNTY HOSPITAL**

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC: Antenatal Clinic

EBF: Exclusive Breastfeeding

FP: Family Planning

HBM: Health Belief Model

IPI: Inter-Pregnancy Interval

KSH: Kapkatet Sub-County Hospital

LAM: Lactational Amenorrhea Method

MCH: Mother and Child Health

NDHS: National Demographic and Health Survey

WHO: World Health Organization

OPERATIONAL DEFINITION OF TERMS

Antenatal Clinic: a clinic that women attend when they are pregnant so that the medical staff can check their health and that of their baby.

Contraceptive Methods/Family Planning: refers to the ways recognized and approved by the World Health Organization, to be used as birth control methods for mothers of reproductive age.

Exclusive Breastfeeding: the process of feeding the infant on the mother's breast milk exclusively for six months, without any solid or liquid supplementary foods, except the vitamins and medicines.

Health Belief Model: a psychosocial model for studying and promoting the uptake of health services like the practice of exclusive breastfeeding as a birth control method.

Inter-Pregnancy Interval: Is the period between one live birth and the next pregnancy.

Lactational Amenorrhea Method: the use of exclusive breastfeeding as a birth control method.

Maternal Awareness on Exclusive Breastfeeding: refers to what the mothers know about Exclusive Breastfeeding as a birth control method.

Maternal Perception on Exclusive Breastfeeding: describes what the mothers are thinking about exclusive breastfeeding.

ABSTRACT

Breastfeeding is defined as the process of feeding the infant or the baby the mother's milk through the expressed breast milk, or direct nipple-baby mouth contact. Breast milk is usually categorized into two types; colostrum, and mature milk. Alongside being beneficial to the infant, Breastfeeding is useful to the mother as it is associated with increased uterine involution, fastening the healing of the uterus post-delivery. Its ability to alter the hormonal balance, makes it appropriate and acceptable globally for use as a contraceptive method. This is usually common as Lactational Amenorrhea method of contraception. Six months of exclusive breastfeeding (EBF) (breast milk alone, no water, other drinks, or meals) is recommended by the World Health Organization (WHO), followed by two years of complementary breastfeeding. This research aims to learn more about how women of reproductive age visiting the prenatal clinic at Kapkatet Sub County Hospital feel about exclusive breastfeeding as a means of pregnancy control. Both cross-sectional and descriptive methods will be used in the research. Quantitative and qualitative information helpful in addressing research questions must be gathered. Questionnaires and interviews will be employed in data collection in this study, applying systematic sampling method. The data will then be tallied, compiled, and presented in the form of tables, percentages, pie charts, and bar graphs. In conclusion, the findings of this research will provide valuable insights into the perceptions and experiences of women of reproductive age regarding exclusive breastfeeding as a contraceptive method at Kapkatet Sub County Hospital.

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND INFORMATION

Breastfeeding is defined as the process of feeding the infant or the baby the mother's milk through the expressed breast milk, or direct nipple-baby mouth contact. Breast milk is usually categorized into two types; colostrum, and mature milk (Robinson et al., 2018). Colostrum is the yellowish and sticky milk produced initially from the mother's breast from the 37th week of gestation to approximately seven days post-delivery. Mature milk is the whitish milk effectively produced after the 10th day post-delivery (Couto et al., 2020). Breastfeeding is well recognized as beneficial to infant health in underdeveloped countries. Still, its potential long-term health advantages may need to be more well-known for mothers and babies in developed countries. Six months of exclusive breastfeeding (EBF) (breast milk alone, no water, other drinks, or meals) is recommended by the World Health Organization (WHO), followed by two years of complementary breastfeeding.

Exclusive Breastfeeding (EBF) is viewed as being beneficial globally. Following its nutritious nature, it promotes growth and development of the infant, and protecting them from contracting infections (Dukuzumuremyi et al., 2020). Alongside being beneficial to the infant, Breastfeeding is useful to the mother as it is associated with increased uterine involution, fastening the healing of the uterus post-delivery. Its ability to alter the hormonal balance, makes it appropriate and acceptable globally for use as a contraceptive method. This is usually common as Lactational Amenorrhea method of contraception. Within the contraceptive imperatives, the use of exclusive breastfeeding, as a birth control method (Lactational Amenorrhea Method (LAM)) has been relatively low globally. The National Demographic and Health Survey (NDHS) in 2017, reported only about 5% LAM usage globally (Johnson, 2017), in spite the widespread prevalence of the knowledge of exclusive breastfeeding (97%). A few women use the Lactational Amenorrhea

Method (LAM), which is disheartening given that 97% of mothers exclusively breastfeed their infants for sustenance. The fact that the rate of exclusive breastfeeding decreased from 17% in 2003 to 13% in 2008 further aggravates the problem (Johnson, 2017). The main issue is why moms do not use exclusive nursing as contraception despite its many health benefits. The worldwide practice of exclusive breastfeeding is influenced by several factors including the maternal knowledge (awareness), and perception. This study will help look into the maternal awareness and perception on exclusive breastfeeding as a contraceptive method, and its benefits at large.

1.2 STATEMENT PROBLEM

Breastfeeding is the most natural method for humans to feed their children, and it is the primary source of nutrients for the first few months of life (Robinson et al., 2018). Breastfeeding exclusively for six (6) months is the most effective infant nutrition approach and should be maintained even if the kid consumes additional meals after that (Couto et al., 2020). A concerted effort has been made to encourage exclusive breastfeeding. Despite this, most women are unaware that exclusive breastfeeding may be used as a means of birth prevention. As a result, I want to research women of reproductive age visiting the prenatal clinic at Kapkatet Sub County Hospital's understanding and impression of exclusive breastfeeding as a birth control approach. Following the survey that was done in 2017 by the National Demographic and Health Survey (NDHS), the use of Exclusive Breastfeeding as a birth control method is generally low, adding up to only 5% (Johnson, 2017), despite the widespread of knowledge of Exclusive breastfeeding globally, of about 97%. A few women use the Lactational Amenorrhea Method (LAM), which is disheartening given that 97% of mothers exclusively breastfeed their infants for sustenance. The fact that the rate of exclusive breastfeeding decreased from 17% in 2003 to 13% in 2008 further aggravates the problem (Johnson, 2017). The main issue is why moms do not use exclusive nursing as

contraception despite its many health benefits. The study aims at elucidating the significant influence of awareness and perception of Exclusive Breastfeeding as a birth control method among the mothers attending the antenatal clinics.

1.3 JUSTIFICATION OF THE STUDY

Exclusive Breastfeeding is an important practice for both the mother and the infant. It is ideal to ensure that mothers are taught of the benefits associated with the exclusive breastfeeding, so that they make it a routine practice. The maternal benefits include the ability to be used as a contraceptive method, promotion of uterine healing, to prevention of certain infections for the mother. It is also worth noting that the practice of Exclusive Breastfeeding is influenced by factors such as awareness and perception of the mothers on its benefits. The information obtained from this study will be utilized in designing better ways and approaches to give to the mothers, to promote their awareness and perception on exclusive breastfeeding.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVES

This study's primary goal is to determine how mothers of reproductive age attending the prenatal clinic at the Kapkatet Sub County Hospital feel about using exclusive nursing as a form of birth control.

1.4.2 SPECIFIC OBJECTIVES

The specific objectives of this study are;

1. To examine the level of awareness among women of reproductive age attending antenatal clinic at Kapkatet Sub County Hospital on exclusive breastfeeding as a birth control method.

2. To Explore the Perceptions and Experiences of Women Regarding the Use of Exclusive Breastfeeding as a Birth Control Method.
3. To Investigate the Factors Influencing Maternal Awareness and Perception of Exclusive Breastfeeding as a Birth Control Method Among Women Attending Antenatal Clinics at Kapkatet Sub County Hospital.

1.5 RESEARCH QUESTIONS

This study aims at addressing the following three questions:

1. To what level are mothers attending antenatal clinic at Kapkatet Sub-County Hospital aware of exclusive breastfeeding as a birth control method?
2. What are the Perceptions and Experiences of Women Regarding the Use of Exclusive Breastfeeding as a Birth Control Method?
3. What are the Factors Influencing Maternal Awareness and Perception of Exclusive Breastfeeding as a Birth Control Method among Women Attending Antenatal Clinics at Kapkatet Sub County Hospital?

1.6 SIGNIFICANCE OF THE STUDY

This research will help the health sector considerably by demonstrating the value of prenatal education. The findings of this research will also have implications for women of reproductive age by highlighting the value of exclusive breastfeeding, prenatal education, and family planning. In addition to being useful for future research and reference, the results from this study will be used by the county government of Kericho, to formulate policies to support exclusive breastfeeding.

1.7 SCOPE OF THE STUDY

This research will concentrate on how women of reproductive age (pregnant and breastfeeding) who attend prenatal clinics at Kapkatet Sub County Hospital are aware of and perceive exclusive

breastfeeding as a birth prevention approach. It will also pay close attention to how well-informed and effective these women are about using this kind of pregnancy control and outline the factors influencing their adoption of exclusive breastfeeding as a contraceptive method.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This literature review examines previous research conducted on three key objectives related to exclusive breastfeeding: maternal awareness, maternal perception, and exclusive breastfeeding as a birth control method. By synthesizing existing studies, this chapter aims to shed light on the current knowledge and understanding surrounding these topics. Additionally, it explores the theoretical framework that underpins the research, providing a theoretical lens through which to analyze the findings. Furthermore, the conceptual framework highlighting the interrelationships between the objectives, guiding the exploration of their interconnectedness, is also addressed in this chapter.

2.2 MATERNAL AWARENESS ON EXCLUSIVE BREASTFEEDING

Maternal Awareness on the exclusive breastfeeding, and its recommendation for a period of six completed months, acts as an independent positive predictor of breastfeeding initiation and duration. In a study to examine the level of awareness of pregnant and lactating mothers on exclusive breastfeeding, Dukuzumuremyi et al., (2020) did a systematic review of peer-reviewed literature from the online databases. According to the study's findings, mothers with a high degree of awareness about the benefits of exclusive breastfeeding know that only breast milk, especially in the first six months after delivery, is essential for a baby's nourishment (Dukuzumuremyi et al., 2020). From this study, it is clear that awareness is an important factor influencing the prevalence of exclusive breastfeeding. It is evident that most mothers in this study had knowledge deficit on the duration of feeding, dangers of bottle-feeding, and the benefits of breastfeeding to both the mother and the baby. The study recommended that the maternal knowledge gaps on exclusive breastfeeding, should be placed into consideration in the subsequent researches.

According to Elyas *et al.*, (2017), Exclusive breastfeeding is defined as the process whereby the infant is given the breast milk by the mother or a wet nurse. This can also be given through expressing the nipple to the mouth of the infant to give the breast milk (Elyas *et al.*, 2017). From this study, Elyas *et al.*, (2017) highlights that the infant should not be given any liquids or solids, with an exception of drops and syrups of medicines, minerals, supplements, or vitamins. This follows the fact that breastfeeding is the natural source of food serving for a complete nutrition for the infant during the first six months of life. Breast milk contains all the necessary nutritional supplements needed for growth and development of the infant, provided in all bioavailable forms. From this study which was conducted in Ethiopia, it is shown that the prevalence of exclusive breastfeeding in Ethiopia is low. The main reason for this may be due to limited information and awareness on the benefits associated with Exclusive Breastfeeding for these mothers (Elyas *et al.*, 2017). This study recommended that adequate information should be imparted to the mothers on the basis of Exclusive breastfeeding, while also highlighting some of the factors which are likely to influence the practice of Exclusive Breastfeeding.

According to the community-based cross-sectional study conducted by Jama *et al.*, (2020) in Burao district in Somaliland, where 464 mothers were directly interviewed, it was realized that the prevalence of Exclusive breastfeeding was very low, accumulating to only 20.47%. This study also unveiled that Exclusive breastfeeding is influenced by several factors including; having a female infant, lack of formal education, monthly income, lack of family support, especially from the husband, and availability of maternal education on exclusive breastfeeding during antenatal visits (Jama *et al.*, 2020). This study recommended promotion of formal education for women based on the exclusive breastfeeding, enhancing husband's engagement, encouraging the mother to have antenatal care follow-ups, and provision of exclusive breastfeeding counselling to the

mother during antenatal clinic visits. The study also projected a need to have exclusive breastfeeding prevalence to reach 50% globally by 2025, from the then 40%. The basis of this study was the dominant low exclusive breastfeeding practices, recorded especially in the developing countries.

In a study to examine and describe exclusive breastfeeding practices in the rural settings, especially the coastal regions of Tanzania, Kazaura, (2016) conducted a cross-sectional study, involving 342 mothers with children aged between 6-23 months (Kazaura, 2016). From this study, up to 30% of the mothers reported having breastfed their infants exclusively for up to at least six months. Those who reported not practicing complete exclusive breastfeeding, complained of insufficient milk production as the main reason. The study reported that the rate of exclusive breastfeeding in the rural areas, as seen in the coastal regions of Tanzania, is still very low. This is influenced by lack of proper and quality maternal education on the benefits of exclusive breastfeeding. It is recommended therefore, that the programs to promote exclusive breastfeeding in rural areas, should be prioritized, emphasizing a multifactorial consideration.

2.3 MATERNAL PERCEPTION ON EXCLUSIVE BREASTFEEDING

Maternal perception on exclusive breastfeeding is another major factor influencing the practice of exclusive breastfeeding as recommended. The perception is built especially when the mothers are provided with the right and adequate information on the benefits of exclusive breastfeeding during the antenatal clinic visits (Kamath et al., 2016). In a study to examine the perception and practices of exclusive breastfeeding, Kamath et al., (2016) conducted a cross-sectional study of 188 mothers, using a well-structured questionnaire. This study showed that the more the mothers are informed of the benefits of exclusive breastfeeding, the more they practice it. More emphasis should therefore be made on providing quality education to the mothers during their antenatal clinic visits,

as a way of boosting their perception on exclusive breastfeeding. This is the most probable way to boost the practice of exclusive breastfeeding.

Based on the research by Mututho et al., (2017) the perception of the mother on the milk production has a major impact on the practice of exclusive breastfeeding. This study cites maternal perception on insufficient milk production as the major reason that engineered the introduction of complementary food for infants (Mututho et al., 2017). The insufficient breast milk production is also projected as the main factor influencing early breastfeeding cessation for most of the mothers. The study also showed a strong connection between maternal perception of the impacts of exclusive breastfeeding on mother's health, physical appearance, and ability to engage in other, and premature exclusive breastfeeding cessation. Similarly, a study by Masaba et al., (2021) on factors influencing the exclusive breastfeeding practice recommendation of WHO, recorded that the maternal perception of insufficient breast milk production, has been attributed to poor practices of exclusive breastfeeding (Masaba et al., 2021). More efforts should therefore be directed to addressing these beliefs, so as to effectively promote exclusive breastfeeding practices.

2.4 FACTORS INFLUENCING MATERNAL AWARENESS AND PERCEPTION OF EXCLUSIVE BREASTFEEDING AS A BIRTH CONTROL METHOD

According to Kimani- Murage et al. (2014), factors influencing the actualization of WHO breastfeeding recommendations in poor urban settings in Kenya included a lack of knowledge about breastfeeding benefits, inadequate support from family and healthcare providers, misconceptions about breastfeeding, and challenges in the work environment. The study emphasized the importance of breastfeeding counseling and support in promoting exclusive breastfeeding practices. The study highlights the importance of addressing these factors to promote optimal breastfeeding practices in urban poor settings.

In a study to explore the factors influencing the maternal decision on exclusive breastfeeding, Hamilton (2020) found that these factors included personal beliefs and attitudes towards breastfeeding, social and cultural norms, maternal employment, access to support networks, and the influence of healthcare providers. The study highlighted the need to address these factors to support and promote exclusive breastfeeding among women. The findings suggest that maternal decision-making is complex and influenced by multiple interrelated factors. Understanding these factors is crucial for developing effective interventions and support systems to promote optimal infant feeding practices.

The study by AlGhamdi (2020) investigated the maternal factors that influence exclusive breastfeeding practices during the first six months of infant life in the Sudair and Al Zulfi areas of Saudi Arabia. The study utilized a cross-sectional design and collected data through structured interviews with 500 mothers who had infants aged 6 to 12 months. The findings revealed that maternal factors influencing exclusive breastfeeding practices in the Sudair and Al Zulfi areas of Saudi Arabia included maternal age, education, occupation, parity, and knowledge about breastfeeding. Younger, more educated, and unemployed mothers were more likely to engage in exclusive breastfeeding, along with mothers with higher knowledge about breastfeeding and its benefits. The study emphasizes the need for targeted interventions that address these factors to enhance exclusive breastfeeding rates in the Saudi Arabian context.

2.5 THEORETICAL FRAMEWORK OF HEALTH BELIEF MODEL (HBM)

The health belief model is a psychological framework for investigating and encouraging health services, such as exclusive breastfeeding and birth control (Ghanbarnejad et al., 2022). The concept presupposes that people's beliefs and attitudes are important determinants of their behaviors connected to their health (Ghanbarnejad et al., 2022). According to this theory,

differences in uptake behavior may be explained by beliefs about the following sets of variables when signals to actions are present:

Perceived susceptibility- If someone perceives that the health issue, that is, birth control is personally relevant, they are likely to practice the control methods (Ghanbarnejad et al., 2022). This is expected among women who are aware of the vulnerability to become pregnant after delivery.

Perceived severity- Even when one recognizes personal susceptibility of being pregnant after delivery, action will not occur unless an individual perceives the severity of having a shorter Inter-Pregnancy Interval.

Perceived benefits- Refers to patients' belief that a given treatment will cure an illness or help to prevent it (Ghanbarnejad et al., 2022). Women are likely to embrace exclusive breastfeeding if they are aware of its benefits, which are to be used primarily as Lactational Amenorrhea Method of contraception, as it increases the inter-pregnancy interval.

Perceived barriers- refer to the negative aspects of health-oriented actions which serve as barriers to action (Ghanbarnejad et al., 2022). Barriers of practicing exclusive breastfeeding among mothers could be lack of adequate knowledge on the benefits of Exclusive Breastfeeding, and the maternal perception on the practice. Most mothers perceive that Exclusive Breastfeeding interferes with their aesthetic body shapes.

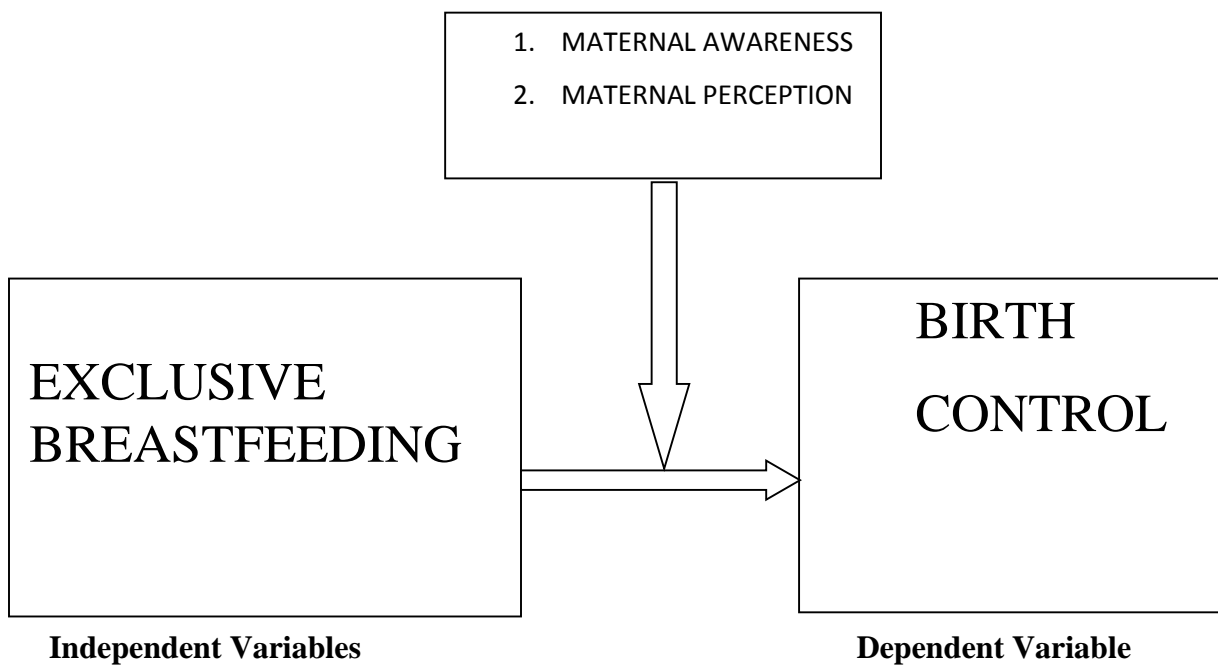
Perceived cost- Refers to complexity, duration and accessibility of treatment. The working-class mothers are unlikely to practice exclusive breastfeeding because of inadequate time. It becomes so challenging for them to balance the office work and breastfeeding, thus most of them use supplementary feeding methods for their babies.

Motivation- Includes the desire to comply with the treatment (Ghanbarnejad et al., 2022). Women who are ignorant about the contraceptive and other benefits of exclusive breastfeeding, are likely to be less motivated to practice exclusive breastfeeding.

2.6 CONCEPTUAL FRAMEWORK

A conceptual framework is developed to provide clear links between the dependent and independent variables as they relate to each other in this research. The relationship between exclusive breastfeeding and birth control has been diagrammatically presented in this conceptual framework.

Intervening variables



CHAPTER THREE: METHODOLOGY

3.1 Introduction

This section details the strategies the researcher will use to gather information for the study. Sample approaches encompass research tools, collecting processes, data processing, and presentation, including the study's design, population location, and sample size.

3.2 Study Design

Research design describes the frameworks, methods or procedures used to collect and analyze data on the study variables. The study will use descriptive and cross-sectional designs. This involves collection of essential quantitative and qualitative data used in answering research questions.

3.3 Study Area

The study will be carried out in Kapkatet Sub-County Hospital, in Bureti Sub-County, Kericho County. Bureti Sub-County has a projected population of about 22733 individuals. The area is served by Kapkatet Sub-County Hospital, several dispensaries, and several clinics. It has a good communication network provided by Safaricom and Airtel services. The hospital is located along Kericho- Kisii road in the Bureti sub-county. The Ministry of Health owns Kapkatet Sub-County Hospital, and its status is now operational. It has approximately 200 beds and 17 cots. It has various departments, but my research excludes the inpatient departments.

3.4 Study Population

My study targets the mothers of reproductive age attending the antenatal clinics at the MCH of Kapkatet Sub-County Hospital.

3.4.1 Inclusion Criteria

Clients will be picked randomly according to their willingness to participate in the study. All the mothers of reproductive age (pregnant and breastfeeding), attending the antenatal clinics at the MCH of Kapkatet Sub-County Hospital, will be included in the study.

3.4.2 Exclusion Criteria

This study will exclude all the patients in the inpatient departments.

3.5 Sampling Method

The clients will be explained the purpose of the study and their consent sought for them to participate. Questionnaires and interviews will be used to collect data. The study will apply the random sampling method.

3.6 Sample Size Determination

Andrew Fisher's method will be used to calculate the sample size.

$n = \frac{Z^2 PQ}{D^2}$ Where N- desired sample size. If the target population is more significant than 10,000

Z -standard normal deviation at the required confidence interval, usually set at 1.96, which corresponds to 95% Confidence Interval (CI).

P= proportion in the target population will be estimated to have characteristics being measured.

Q= 1-P

D= the level of statistical significance set.

For example, where the standard normal deviation is 1.96, the proportion in the target population is 0.5, and the level of statistical significance set is 0.5, the sample size can be calculated as shown below:

$$n = \frac{1.96^2(0.5)(0.5)}{(0.05)^2}$$

$$= 384$$

Due to a lack of adequate resources and time, we can use the adjustment formula below to generate a minimum manageable number of respondents:

$$nf = \frac{n}{1 + \left(\frac{n}{N}\right)}$$

Where *nf*- is the final number of respondents

And *N*- the estimated number of mothers of reproductive age attending the ANC daily.

In this case, *n* =384, and *N*=40. Therefore;

$$nf = \frac{384}{1 + \left(\frac{384}{180}\right)}$$

nf = 122 respondents

3.7 Data Collection and Management

The use of questionnaires will be employed in the process of data collection. Data privacy will be ensured by using passwords for those on the computer, and the hard copy questionnaires will be locked in the cupboards, out of the reach of any unauthorized person.

3.7.1 Pilot Study

A pilot study will be done at Mogogosiek health center prior to the main study, to assess the Broader and more complex factors associated with the maternal awareness and perception on exclusive breastfeeding. They include a woman's motivation to breastfeed, her socioeconomic situation, her level of education, her age, her employment status as a mother, her urbanization, her working circumstances, the support of her husband/partner/family, and her motivation to breastfeed.

3.8 Data Analysis and Presentation

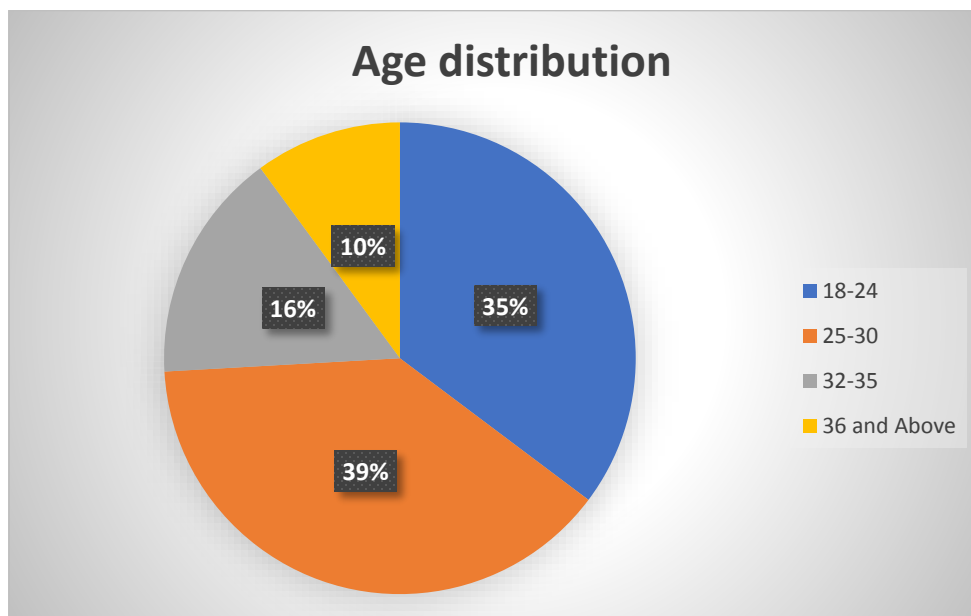
The filled-up questionnaires will be collected, and a master sheet prepared where individual responses will be entered. The data will then be tallied, compiled, and presented in the form of tables, percentages, pie charts, and bar graphs.

3.9 Ethical Considerations

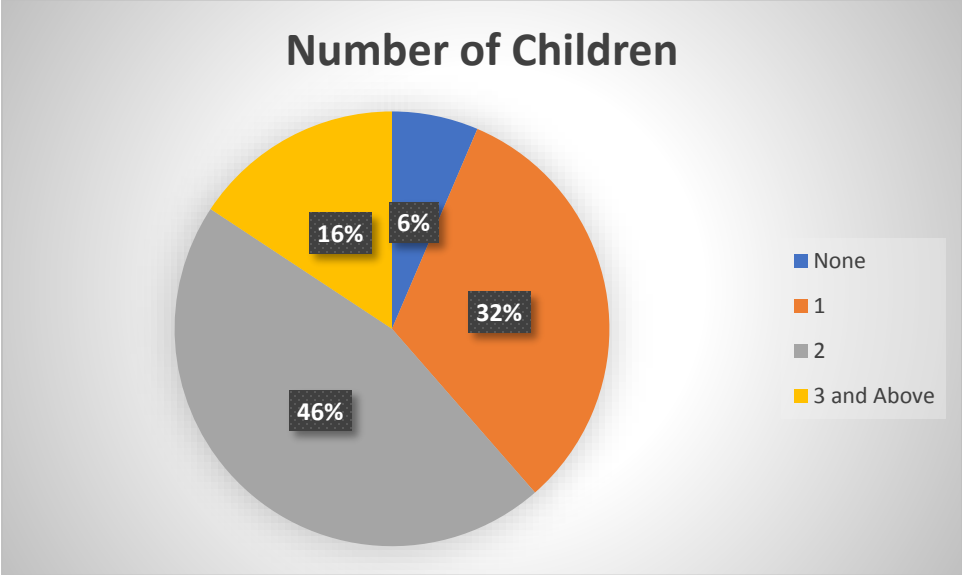
Permission will be acquired from the in-charge and the medical authority in the study area. Informed consent will be obtained from the respondents, and confidentiality for the respondents will also be maintained throughout the study period. This will be done by ensuring that the names of the respondents are not written on the questionnaire. Consent form is attached in appendix. It is important to note that the ethical clearance will be sought from UOK ISERC.

CHAPTER FOUR:

A. Demographic data

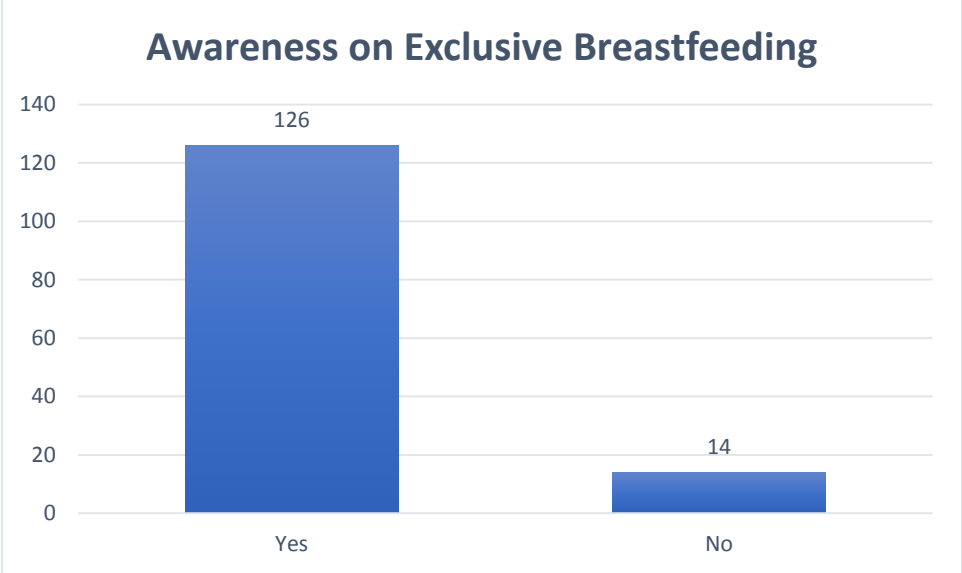


The age group 25-30 had the highest number of participants at 39% followed by 18-24 years which had 36%. Respondents aged 36 years and above had the lowest participation at 10%.



46% of respondents had 2 children while 32% had only 1 child. Only 6% of the respondent had no children at all. Further 16% of the respondents had more than 3 children.

B. Level of Awareness



126 respondents were aware of Exclusive breastfeeding representing approximately 90% of the total respondents. However, 14 participants (10%) of the respondents had never heard of Exclusive breastfeeding.

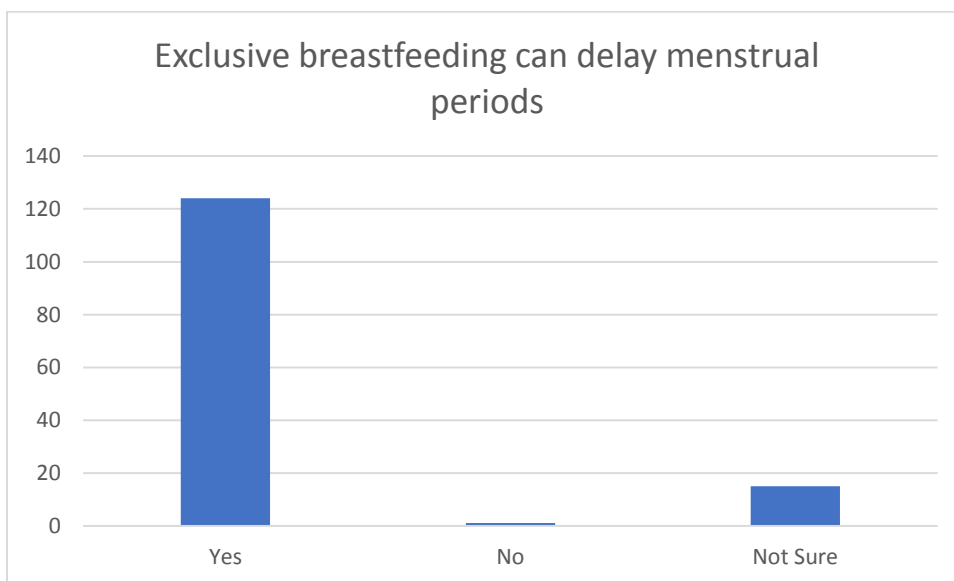
The table below shows the descriptive statistics (mean and standard deviation) for those respondents who have heard about exclusive breastfeeding and how they had learnt about it.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Family/Friends	126	0	1	.65	.479
Healthcare Providers	126	0	1	.86	.351
Media (Radio, TV, Internet)	126	0	1	.47	.501
Other	126	0	1	.12	.325
Valid N (listwise)	126				

Out of those who have had about Exclusive breastfeeding, those who had heard it from healthcare providers had the highest mean of 0.86 followed by family/friends at a mean of 0.65. Respondents who had heard about exclusive breastfeeding from other sources had the lowest mean of 0.12.

The category for individuals who had heard about exclusive breast feeding from the media had the highest standard deviation of 0.501 while the category for individuals who had heard about exclusive breast feeding from healthcare providers had the lowest standard deviation of 0.351



From the table above, 124 respondents were aware that exclusive breastfeeding can delay the return of your menstrual periods after childbirth representing 88%. Only 11% of the respondents were not sure about exclusive breastfeeding delaying the return of menstrual periods after childbirth.

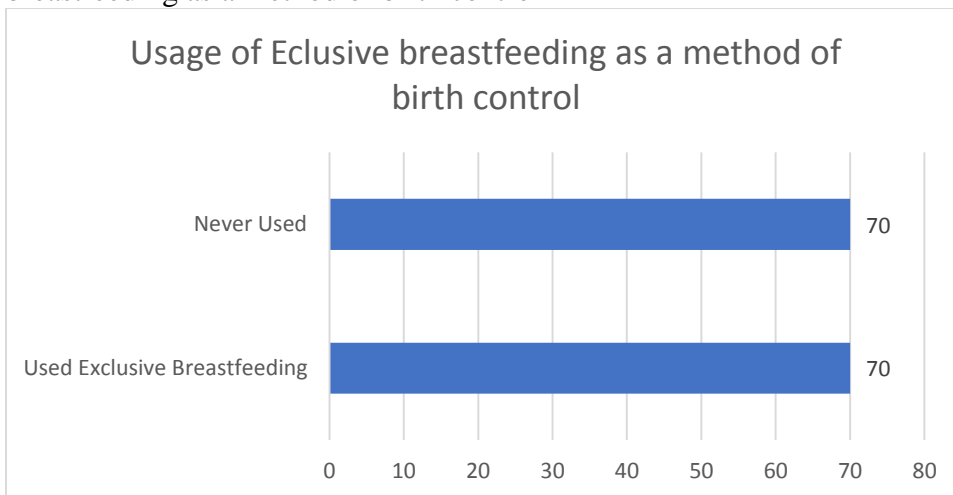
The table below shows the frequency distribution for respondents who believe exclusive breastfeeding can be an effective method of birth control

	Frequency	Percent	Valid Percent	Cumulative Percent
1	47	33.6	33.6	33.6
2	59	42.1	42.1	75.7
3	34	24.3	24.3	100.0
Total	140	100.0	100.0	

42.1% of the respondents indicated ‘yes they believed but had some doubts,’ while 33.6% indicated strongly believing in exclusive breastfeeding as an effective method of birth control. A staggering 24.3% did not believe in exclusive breastfeeding as an effective method of birth control.

PERCEPTIONS AND EXPERIENCES

The chart below shows the data for respondents who had used or not used exclusive breastfeeding as a method of birth control



From the above chart, 70 respondents indicated that they had never used exclusive breastfeeding as a method of birth control while another 70 persons responded as having used exclusive breastfeeding as a method of birth control which represents 50%, 50% respectively.

	Frequency	Percent	Valid Percent	Cumulative Percent
	70	50.0	50.0	50.0
1	33	23.6	23.6	73.6
Valid 2	27	19.3	19.3	92.9
3	10	7.1	7.1	100.0
Total	140	100.0	100.0	

Out of the 50% who had used exclusive breastfeeding as a method of birth, 23.6% were very satisfied, 19.3% Somewhat Satisfied while 7.1% were Neither Satisfied nor Dissatisfied as shown by the frequency table above

The following table indicate the descriptive statistics obtained when analyzing were the reasons for discontinuing exclusive breastfeeding as a birth control method

	N	Mean	Std. Deviation
Health Issues	70	.16	.367
Inconvenience	70	.94	.234
Lack of support	70	.09	.282
Lack of Knowledge about its effectiveness	70	.07	.259
Desire to become pregnant again	70	.24	.432
Other	70	.00	.000
Valid N (listwise)	0		

Inconvenience had the highest mean of 0.94 followed by the desire to become pregnant again (0.24) and health issues at 0.16. The desire to become pregnant again had the highest standard deviation of 0.432 while inconvenience had the lowest at 0.234.

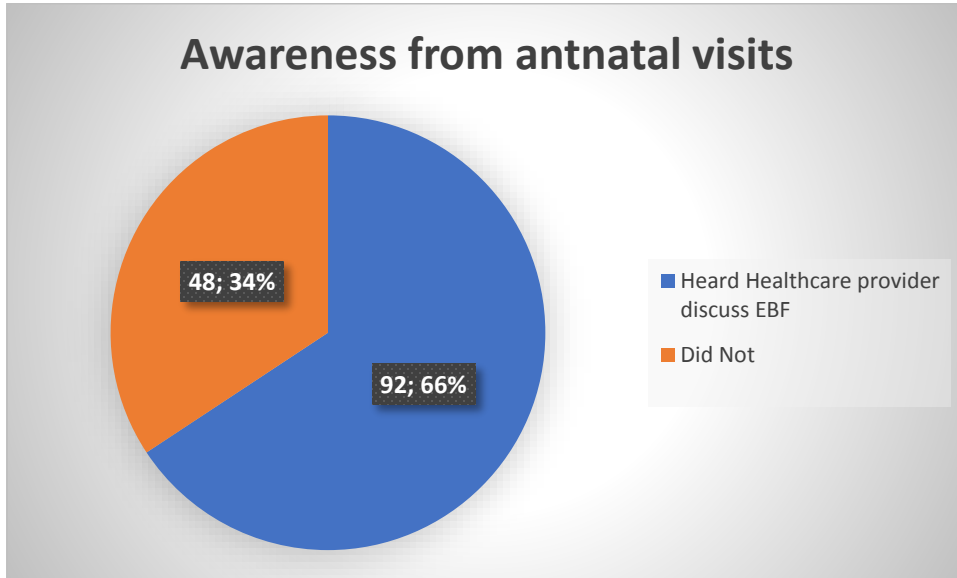
The frequency table below shows the overall experience of those who had used with exclusive breastfeeding as a birth control method

	Frequency	Percent	Valid Percent	Cumulative Percent
	70	50.0	50.0	50.0
1	27	19.3	19.3	69.3
Valid 2	33	23.6	23.6	92.9
3	10	7.1	7.1	100.0
Total	140	100.0	100.0	

19.3 % indicated Excellent, 23.6% indicated Good while 7.1% indicated fair. No respondent indicated having poor experience while using exclusive breastfeeding as a birth control method

FACTORS INFLUENCING MATERNAL AWARENESS

When asked if the respondents heard healthcare provider discuss exclusive breastfeeding as a birth control method during your antenatal visits, 66% answered yes while 34% answered No as shown in the chart below



When asked how important it is for healthcare providers to promote exclusive breastfeeding as a birth control method, 57.1% indicated very important, 25.7% indicated somewhat important while 12.9% indicated not very important as shown in the table below.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	80	57.1	57.1	57.1
2	36	25.7	25.7	82.9
Valid 3	18	12.9	12.9	95.7
4	6	4.3	4.3	100.0
Total	140	100.0	100.0	

A further 4.3% indicated that it is not important at all for healthcare providers to promote exclusive breastfeeding as a birth control method.

The following results were obtained when respondents were asked any cultural or social factors that have affected your usage of exclusive breastfeeding as a birth control method.

	Frequency	Percent	Valid Percent	Cumulative Percent
Culture	9	6.4	6.4	6.4
Culture doesn't support family planning	1	.7	.7	7.1
Influence from friends	2	1.4	1.4	8.6
Lack of knowledge about EBF	1	.7	.7	9.3
Lack of knowledge about it	1	.7	.7	10.0
Valid Lack of support	1	.7	.7	10.7
Low income	2	1.4	1.4	12.1
My religion teaches against family planning	1	.7	.7	12.9
No	106	75.7	75.7	88.6
Religion	15	10.7	10.7	99.3
Unsupportive partner	1	.7	.7	100.0
Total	140	100.0	100.0	

75.7% indicated no such factors. However, religion and culture had very high percentages if 10.7 and 6.4 respectively.

barriers or challenges in practicing exclusive breastfeeding as a birth control method?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	70	50.0	50.0	50.0
2	64	45.7	45.7	95.7
Total	6	4.3	4.3	100.0
	140	100.0	100.0	

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