

A CROSS-SECTIONAL STUDY OF PERCEPTIONS, PRACTICES AND CHALLENGES OF EXCLUSIVE BREASTFEEDING AMONG EMPLOYED MOTHERS ATTENDING BUEA REGIONAL HOSPITAL, BUEA, CAMEROON.

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ABSTRACT

Background

Even though the WHO emphasizes exclusive breastfeeding for six months, many mothers struggle to apply it. This has been blamed on different perceptions of its importance, which has long gone far from affecting the practice. While many women accept the concept, they may face several challenges in its implementation. This study aimed to assess the perceptions, practices and challenges employed mothers face in exclusive breastfeeding at the Buea Regional Hospital in Cameroon.

Methodology

This was a cross-sectional descriptive study involving 106 employed mothers with children aged zero to two years at Buea Regional Referral Hospital in Cameroon. The quantitative data were collected via structured questionnaires from November 2023 to June 2024. Data analysis and cleaning were carried out via Microsoft Excel 2016 and SPSS version 20.

Results

The findings showed that most (79.26%) employed mothers had the right perception of exclusive breastfeeding; nevertheless, only 47% of them carried out the practice. This is due to various challenges they face in exclusive breastfeeding practices. The main challenges faced were difficulties combining work and breastfeeding (88.7%), a busy work schedule (87.7%) and social pressure to introduce water and artificial food (87.7%).

Conclusion

A significant number of mothers had good perceptions of exclusive breastfeeding, while social pressure, working while breastfeeding and busy work schedules were significant barriers to exclusive breastfeeding. Targeted interventions such as increasing leave time, ensuring a reduction in workload and working hours and developing antenatal and postnatal policies about exclusive breastfeeding by the government and other employers to promote exclusive breastfeeding among employed mothers are needed.

Recommendation

Authorities at various job sites reduce the workload and working hours of breastfeeding women with babies younger than 6 months.

Keywords: Exclusive breastfeeding, Perception, Practices, Challenges, Employed mothers.

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INTRODUCTION

Exclusive breastfeeding (EBF) refers to feeding a baby only with breast milk, not any other foods or liquids (including infant formula or water), except for medications or vitamins and mineral supplements. Both the WHO and UNICEF recommend that breastfeeding be initiated within the first hour of birth and that the child be exclusively breastfed for the first 6 months of life [1]. Breast milk is a combination of basic nutrients that provide babies with adequate nutrition for proper growth and development [2]. It is easier to digest than infant formula and is the ideal nutrition for infants. It contains a nearly perfect mix of vitamins, protein, and fat antibodies that help the baby fight off viruses and bacteria, and all the baby needs to grow. Breast milk, without any infant formula, helps lower the child's risk of having asthma, allergies, ear infections, respiratory illnesses, and diarrhoea. They also have fewer hospitalizations [1].

The nutritional status of a baby is affected by the competence of the mother. According to Nawal et al., the contributory factors that determine exclusive breastfeeding practices among women include maternal age, education, employment status, and family income [4]. To prevent malnutrition in children, healthy growth and development should be a prime concern in all societies [5].

Although the World Health Organization recommends that newborns be breastfed exclusively, the Global Breastfeeding Scorecard reports that only 40% of children younger than six months in 194 nations are exclusively breastfed, and only 23 countries have exclusive breastfeeding rates above 60% [6]. In the United States, breastfeeding durations fall far short of these guidelines. In 2005, 74.2% of U.S. infants were breastfed at least once after delivery, but only 31.5% were exclusively breastfed at 3 months of age, and only 11.9% were exclusively breastfed at 6 months of age. A study in Nigeria reported that the exclusive breastfeeding rate among female doctors was 11.1%. A recent study in Ghana reported that the prevalence of exclusive breastfeeding among city-dwelling working mothers is as low as 10.3% [7]. Similarly, in Cameroon, poor breastfeeding practices still predominate, as just 30% of infants are initiated with breast milk in a timely manner, 20% exclusively have BF, and the EBF rate continues to decline with time [8].

Although substantial evidence exists on factors that influence exclusive breastfeeding, there is a general lack

of qualitative studies that assess how specific workplace factors constrain exclusive breastfeeding among working mothers [7]. With all these considerations considered, we believe that it is necessary to assess the perceptions, practices and challenges of exclusive breastfeeding by employed mothers at the Buea Regional Hospital, Cameroon.

The World Health Organization recommends that newborns be exclusively breastfed for the first six months and introduced to nutritionally adequate and safe complementary foods up to two years of age and beyond. [9] In contrast, the breastfeeding rate has declined globally to 44%, which is not near the collective targets for global rates in 2030: 70% for initiation in the first hour, 70% for exclusive breastfeeding, 80% at one year, and 60% at two years of age. [10] Suboptimal BF practices in Cameroon still predominate, as only 30% of infants are initiated with breast milk in a timely manner, 20% are exclusively BF, and the EBF rate continues to decline with time. The peril is more predominant in urban centres [11], with the working profile being the most important challenge. The nutritional status of a baby is affected by the competence of the mother. [3]. This research therefore assesses the perceptions, practices and challenges of exclusive breastfeeding by employed mothers attending Buea Regional Hospital in Buea, Cameroon.

Research Hypothesis

Null Hypothesis

- Employed mothers at the Buea Regional Hospital have the right perceptions of exclusive breastfeeding
- Employed mothers at the Buea Regional Hospital have the right practices for exclusive breastfeeding
- Employed mothers at the Buea Regional Hospital do not face challenges with exclusive breastfeeding

Alternate Hypothesis

- Employed mothers at the Buea Regional Hospital do not have the right perceptions of exclusive breastfeeding

- Employed mothers at the Buea Regional Hospital do not have the right practices for exclusive breastfeeding
- Employed Mothers at the Buea Regional Hospital Face Challenges with Exclusive Breastfeeding

Objectives of the study

- To assess the perceptions, practices and challenges of exclusive breastfeeding by employed mothers at the Buea Regional Hospital-Cameroon
- To assess the perception of exclusive breastfeeding by employed mothers at the Buea Regional Hospital.
- To investigate the practice of exclusive breastfeeding by employed mothers at the Buea Regional Hospital.
- To identify the challenges of exclusive breastfeeding by employed mothers at the Buea Regional Hospital.

RESEARCH METHODS

Study area and study period

This study was carried out at the Buea Regional Hospital in the Southwest Region of Cameroon. The Buea Regional Hospital is located at the main motor park commonly known as 'Mile 17' Motor Park; it is approximately 2 km away. It is situated between the delegations of education and the army barracks (campaigned de gendarmerie) and the square Carrefour Long Street, along the highway to the Bokwango neighbourhood. It is a referral hospital for the southwestern region. It receives referred and non-referred cases from district hospitals and health centers and therefore has health coverage for the entire population of the southwestern region. The hospital has units such as a medical unit, surgical unit, maternity unit, paediatric unit and other facilities such as a pharmacy, ultrasound unit, laboratory unit and physiotherapy unit. Each hospital unit is divided into different wards where they monitor the patient's treatment and reports any deterioration. The hospital has trained the SRN, HND, BSC and nurses. The researcher chose this hospital because it is accessible and is the major referral hospital

in Buea where many people visit for treatment and checkups, including nursing mothers, for postnatal consultations. The study was carried out from November 2023 to June 2024.

Study Design

This was a quantitative cross-sectional study involving 106 employed mothers with children from zero to two years who were recruited via a convenient sampling method at the Buea Regional Hospital.

Study Population and Sampling

The study involved mothers with children from zero to two years at the Buea Regional Hospital, who were employed; such as civil servants and private sector employees. Participants were recruited by convenience sampling method. The sample size was determined as follows, using Andrew Fischer's formula [12].

Sample Size

$$= \frac{(Z - \text{score})^2 \times \text{StdDev} \times (1 - \text{StdDev})}{(\text{Confidence interval})^2}$$

Z score = 2.58

Standard deviation = 0.2

Confidence interval = 0.1

$$ze = \frac{0.712336}{0.01} = 106 \text{ participants}$$

Inclusion criteria

The individuals included were as follows:

- All employed breastfeeding mothers with children aged 0 to 2 years were present at the Buea Regional Hospital during the data collection process.
- Those who gave their consent to participate.

Exclusion criteria

- All unemployed mothers and those younger than 15 years of age were excluded from the study during the data collection process.

- Other caregivers who were not the mothers of the child.
- All mothers had children above two years of age.

Data collection technique

A well-structured questionnaire was administered with closed- and open-ended questions. The questionnaires covered questions on the sociodemographic characteristics of the respondents, perceptions of EBF, practices and challenges faced in the practice of EBF. The questionnaires were well explained to the respondents for better understanding.

Study variables

Outcome variable

The outcome of the study was exclusive breastfeeding, which was derived from "Do you breastfeed your baby exclusively?" The outcome of the questionnaire was binary (yes or no).

The independent variables

These variables were classified as follows:

Sociodemographic variables

These included age, marital status, occupation, level of education, religion and number of children.

Mothers' perceptions of exclusive breastfeeding variables include giving breastmilk immediately after birth, discarding that the first milk (colostrum), only breastmilk may not be sufficient for a 3-month child, starting complementary food by 6 months is important, exclusive breastfeeding is beneficial, age influences exclusive breastfeeding, exclusive breastfeeding babies are healthier than those fed before 6 months, exclusive breastfeeding limits pregnancy and formula feeding is more convenient than breastfeeding, and variables related to challenges faced by mothers during exclusive breastfeeding.

Data Analysis and Management

After data collection, all questionnaires were checked for completeness and accuracy. They were then entered into Microsoft Excel 2016 and analysed via the Statistical Package of Social Sciences (SPSS) version 20 at $p < 0.05$ and 95% CI.

Ethical approval and considerations

An introductory letter was obtained from the administration of the Maflekumen Higher Institute of Health Sciences Tiko, which was used to obtain authorization from the Regional Delegation of Public Health in Buea. Ethical approval was also obtained from the authorities of the Buea Regional Hospital with approval number **MINSANTE/SWR/RDPH/CBPT/305/405**. An informed consent form was administered before data collection, and only those who signed the form were recruited for the study. The data obtained from the participants were kept confidential.

RESULTS

The results were then presented via frequency distribution tables, bar charts and pie charts.

As shown in Table 1, zero per cent (0%) of employed mothers were less than 15 years of age, and 13.2% of the research population aged 15--20 years fell into this age group. At the age of 21--30, 52.8% of the respondents were between the ages of 31--59%, and 52.8% of the respondents were between the ages of 60 and above. In terms of marital status following subsection two of Table 1, 19.8% of the respondents were single mothers, with 68.9% married and 9.4% cohabiting, whereas 1.9% of these mothers were divorced. Among all the respondents, 29.2% of the mothers were self-employed, 20.8% were civil employees, and 50% were privately employed. In terms of education, 7.5% had attained primary school, 38.7% had attended secondary school, 53.8% of the mothers were university graduates, 86.8% of the mothers were Christians, and 13.2% were Muslims, indicating that the dominant population in the research area is Christian. In terms of the number of children owned, 3% of the mothers had one child, 15% had two children, 63% had three children, and 12% had four children. Nevertheless, in Table 3, 5% of the mothers have five children, and 2% have six or more children.

Table 1: Sociodemographic characteristics of mothers

Variable	Category	Frequency (N=106)	Average	Percentage (100%)
Age	<15	0	0	0
	15-20	14	2.8	13.2075
	21-30	56	11	52.8302
	31-59	34	6.8	32.0755
	60>	2	0.4	1.88679
Marital Status	Single	21	5.3	19.8
	Married	73	18	68.9
	Cohabiting	10	2.5	9.4
	Divorced	2	0.5	1.9
Occupation	Self Employed	31	10	29.2
	Civil Servant	22	7.3	20.8
	Private Employee	53	18	50.0
Education	Primary	8	2	7.5
	Secondary	41	10	38.7
	University	57	14	53.8
	None formal Education	0	0	0.0
Religion	Christians	92	30.7	86.8
	Muslim	14	4.7	13.2
	Others	0	0.0	0.0
Numbers of Children	One	3	1	3
	Two	16	3	15
	Three	67	11	63
	Four	13	2	12
	Five	5	1	5
	Six and above	2	0	2

Perception of employed mothers on exclusive breastfeeding

To some extent, the failure of exclusive breastfeeding can be attributed to the perceptions that most mothers have about the feeding system.

As shown in Table 2, with respect to the perceptions of mothers at the Buea Regional Hospital and breastfeeding immediately after birth, 84% of the respondents believed that it was good to give breast milk immediately after giving birth, whereas 11.3% said no milk and 4.7% did not know. Most mothers believe colostrum is good for the baby, with 98.1% saying it is not good to discard it and 1.9% thinking it is good to discard it. Similarly, approximately 40.6% of the respondents thought that breast milk alone was not sufficient for a 3-month-old baby, whereas 56.6% believed that breast milk was sufficient enough for a 3-month-old baby to survive. From this view, more than 40% of the population perceives that breast milk is not sufficient for a 3-month-old child, indicating that this number of mothers do not

believe in the idea of exclusive breastfeeding. Nevertheless, as shown in Table 4, 90.6% of the respondents said that starting complementary food after 6 months was important, whereas 6.6% said no, and 2.8% did not know whether it was good.

Figure 1 shows the influence of age on exclusive breastfeeding. Figure 1 shows that 34.7% of the mothers believe that age is a factor influencing exclusive breastfeeding, whereas 55.7% of the mothers believe that age does not influence exclusive breastfeeding, with 9.4% stating that they do not know if age influences exclusive breastfeeding.

As shown in Figure 2 above, when exclusively comparing breastfed babies to fed babies before 6 months of age in terms of health in the study area, 57.5% of the mothers perceptively state that their babies are healthier than those fed complementary food six months after birth. A total of 30.2% say exclusively breastfed babies are not healthier, whereas 12.3% cannot differentiate the health differences between exclusively fed babies and those fed complementary food before six months.

Table 2: Perception of mothers on exclusive breastfeeding.

Perception of the Mothers on Exclusive breastfeeding	Yes		No		I don't know	
	Freq	%	Freq	%	Freq	%
Giving breastmilk immediately after birth	89	84.0	12	11.3	5	4.7
Discarding the first milk(colostrum)	2	1.9	104	98.1	0	0.0
Only breastmilk may not be sufficient for a 3 months child	43	40.6	60	56.6	3	2.8
Starting complementary food by 6months is important	96	90.6	7	6.6	3	2.8
Exclusive breastfeeding is beneficial	101	95.3	3	2.83	2	1.9
Age influences exclusive breastfeeding	37	34.9	59	55.7	10	9.4
Exclusive breastfeeding babies are healthier than fed before 6months	61	57.5	32	30.2	13	12.3
Exclusive breastfeeding limits pregnancy	41	38.7	56	52.8	9	8.5

Formula feeding is more convenient than breastfeeding	22	20.8	79	74.5	5	4.7
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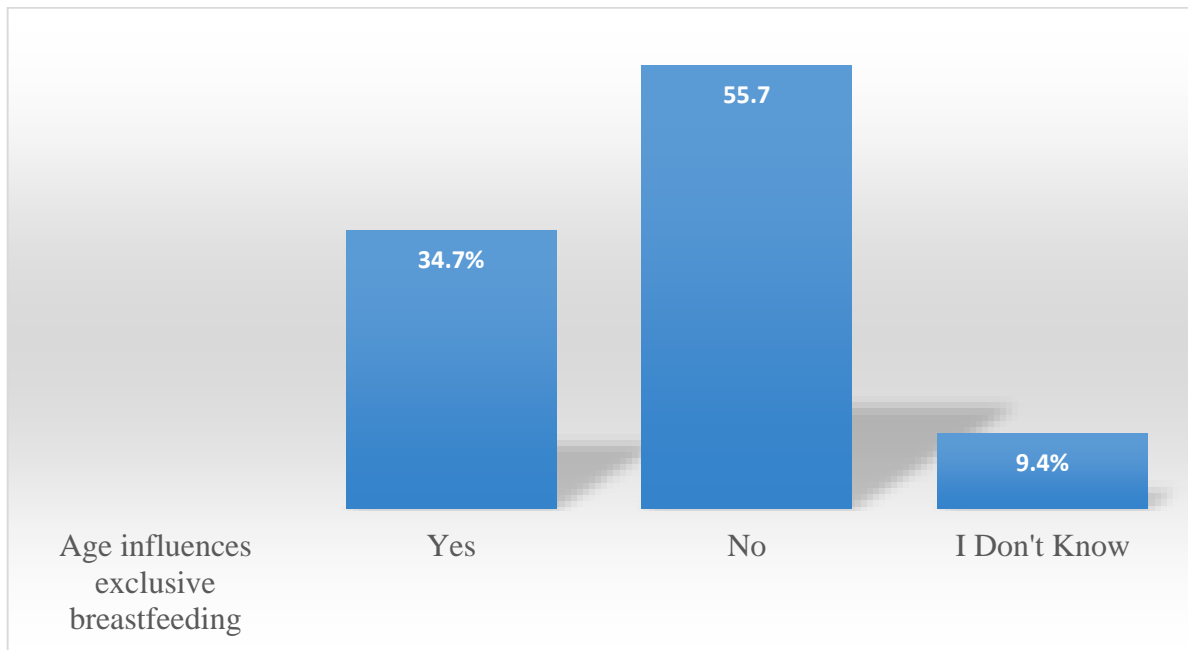


Figure 1: Age influences exclusive breastfeeding

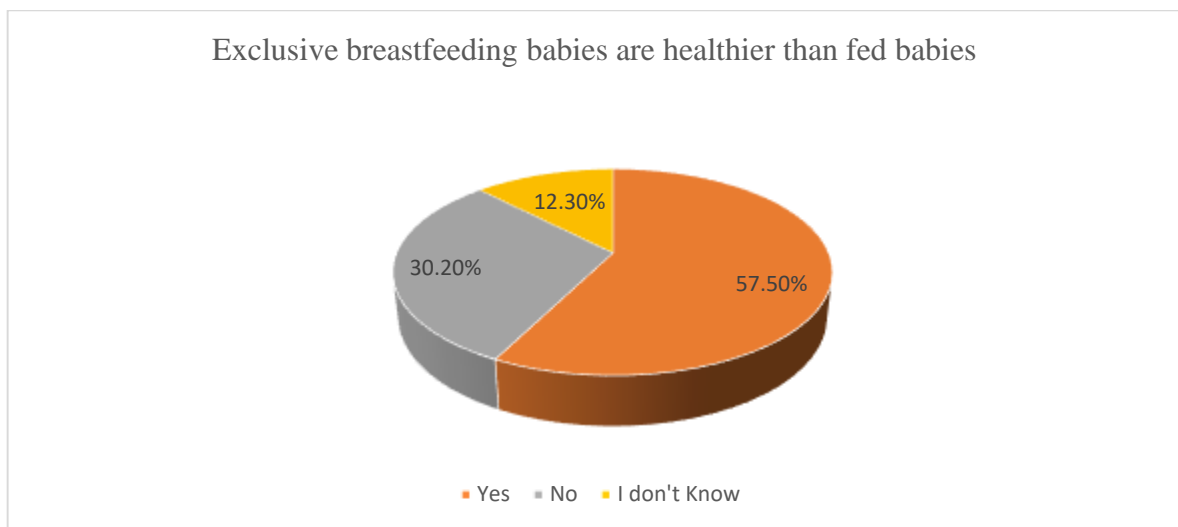


Figure 2 Comparison of exclusively breastfeeding babies to fed babies in the study areas

Practices on Exclusive Breastfeeding by Employed Mothers

The practice of exclusive breastfeeding varies from person to person, which can be characterized by daily

numbers of feedings and when to start complementary food, as described below.

As shown in Figure 3 below, 92% of the mothers in the study area stated that during the exclusive breastfeeding period, they breastfeed their babies on demand, while 1%

breastfeed 3 times, 2% do those 2 times, and 5% breastfeed their babies above 4 times a day.

Challenges Faced by Employed Mothers in Exclusive Breastfeeding

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Most mothers do not have easy access to food during the exclusive breastfeeding period. Some of the challenges they encounter range from short maternity leaves given by employers to busy work schedules, difficulty combining the work and breastfeeding of babies, the discomfort of breastfeeding at work, lack of encouragement from husbands, and social and family pressure to introduce complementary food early.

From Table 3 above, a total of 3.8% agreed that short maternity leave is a challenge for them to go through an exclusive breastfeeding period, with 11.3% strongly agreeing and 2.83% remaining neutral, whereas 68% disagreed that short maternity leave is not a challenge for exclusive breastfeeding of their babies, supported by 14% strongly agree with respondents.

As shown in Table 5, 19.8% believe that the exclusive breastfeeding challenge is time-consuming, which is strongly supported by 39.6% of the respondents who strongly agree with this fact, 1.89% are neutral, whereas 20% disagree, and 19% strongly agree that exclusive breastfeeding is a time-consuming factor for working mothers in the study area.

A total of 63.2% of the respondents agreed that exclusive breastfeeding is stressful because 24.5% strongly agree 1.9% are neutral, whereas 7.5% disagree and 2.8% strongly disagree.

Another challenge of exclusive breastfeeding shown in Table 5 is the lack of encouragement most breastfeeding mothers receive from husbands, with 11.3% agreeing, 10.4% strongly agree, and 5.66% neutral, whereas 42% and 30% disagree and strongly disagree, respectively, that the lack of encouragement from husbands is a challenge for exclusive breastfeeding.

As shown in Figure 4, 49.1% and 32.08% of the breastfeeding mothers agreed and strongly agreed, respectively, that combining work and breastfeeding is a serious challenge for exclusive breastfeeding practices, with 3.8% neutral, whereas 9.4% of the respondents disagreed, with 5.7% strongly disagree.

According to Figure 5, 67.9% of the mothers agreed with the challenge of social pressure to introduce water and food before six months for babies, and 19.8% strongly agreed. Some 4.7% of the respondents were neutral, whereas 4.7% and 2.8% actually disagreed and strongly disagreed, respectively, on social pressure as a challenge to introduce water and food before six months.

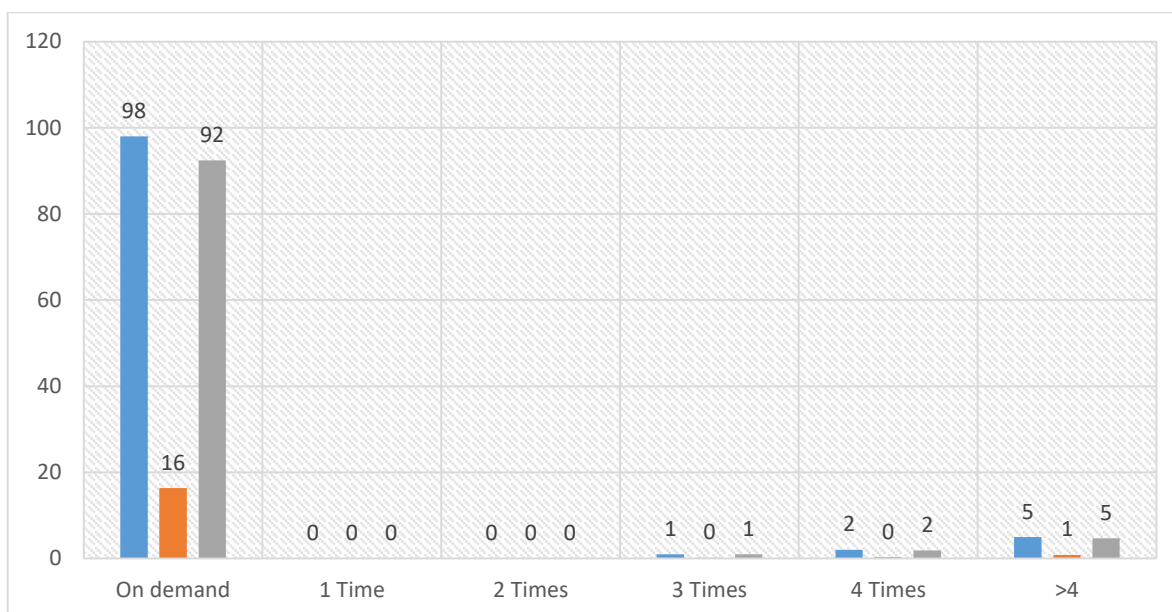


Figure 3: Daily Exclusive Breastfeeding Times

Table 3: Challenges of exclusive breastfeeding by employed mothers.

A: Agree, AS: Strongly disagree, N: Neutral, DS: Disagree, SDA: Strongly disagree

Challenges of Exclusive Breastfeeding	A		SA		N		DA		SDA	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Short Maternity leave	4	3.8	12	11.3	3	2.83	72	68	15	14
Time consumption in Breastfeeding	21	19.8	42	39.6	2	1.89	21	20	20	19
It is stressful due to a Busy work schedule.	67	63.2	26	24.5	2	1.89	8	7.5	3	2.8
Difficulty in Combining work and breastfeeding	52	49.1	34	32.1	4	3.77	10	9.4	6	5.7
Embarrassing and discomfoting at work	21	19.8	32	30.2	9	8.49	21	20	23	22

Lack of encouragement from husband	12	11.3	11	10.4	6	5.66	45	42	32	30
Lack of support from work, family and friends	37	34.9	41	38.7	2	1.89	18	17	8	7.5
Social pressure to introduce water and artificial food	72	67.9	21	19.8	5	4.72	5	4.7	3	2.8
Fear of losing your job while focusing on the baby	36	34.0	43	40.6	3	2.83	4	3.8	20	19
Forgetfulness and difficulty following up on baby's eating time due to work.	42	39.6	22	20.8	2	1.89	32	30	8	7.5

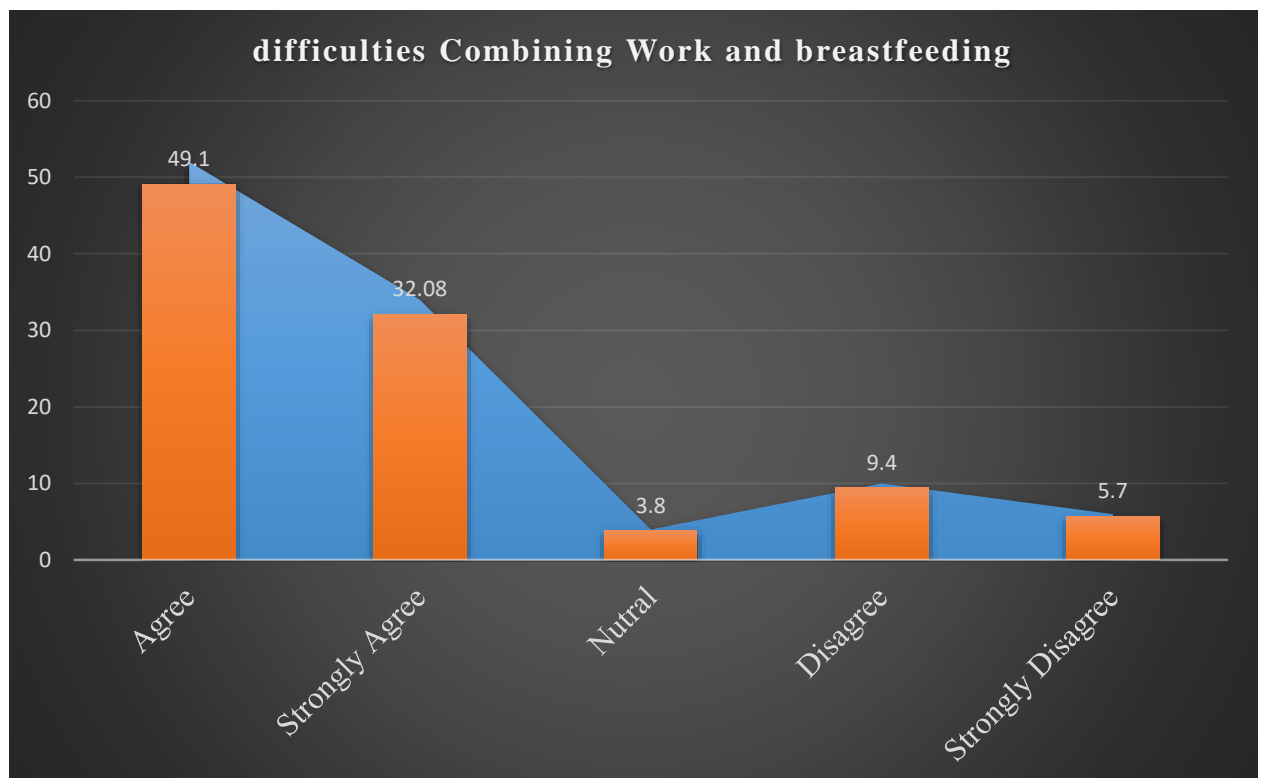


Figure 4: Combining work and breastfeeding

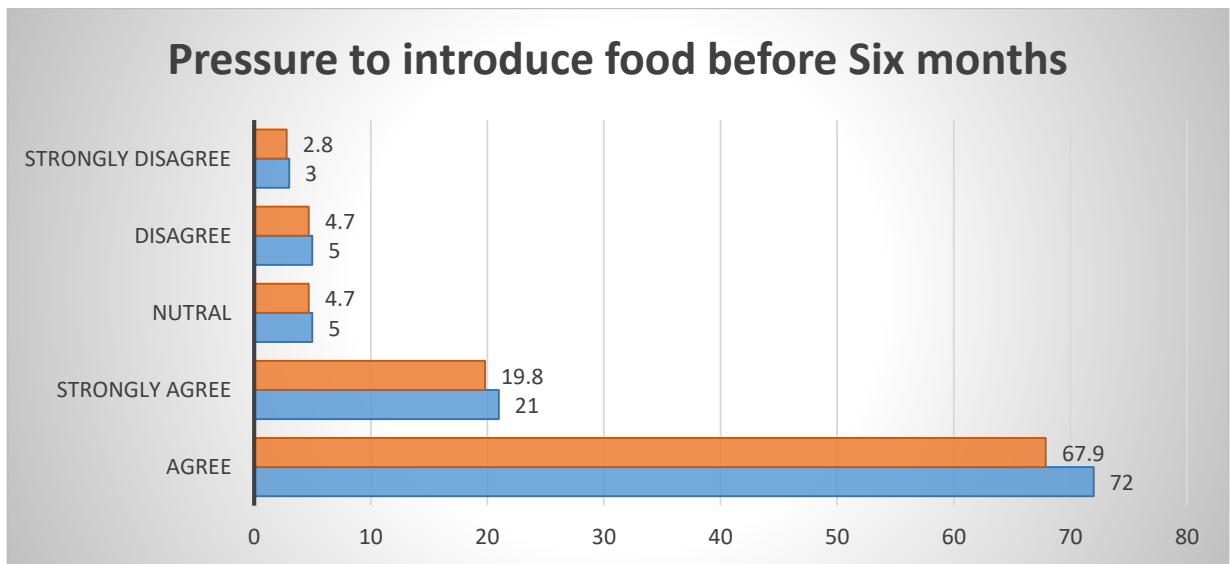


Figure 5: Challenge of social pressure to introduce water and food before six months

Table 4: Chi-square tests for hypotheses for exclusive breastfeeding practices

Daily frequency of breastfeeding Giving of colostrum Time of introducing complementary food	The practice of exclusive breastfeeding		
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	0.494 ^a	0.2	0.002
Likelihood Ratio	0.311	0.1	0.008
Linear-by-Linear Association	0.132	0.001	0.135
Number of Valid Cases	106		

From Table 4 below, the Pearson chi-square coefficient is 0.494, with a significance level (p -value) of 0.004. In this case, the p -value is less than the normal value, which is 0.05, and the alternate hypothesis is accepted (H_a) and the null hypothesis (H_0). Therefore, employed mothers at the Buea Regional Hospital have the right attitudes toward exclusive breastfeeding for their children.

From Table 5 below, the Pearson chi-square coefficient is 3.542, with a significance level (p -value) of 0.338. In this case, the p -value is greater than the normal value, which is 0.05, so we accept the alternate hypothesis (H_a) and reject the null hypothesis (H_0). Therefore, there is a significant relationship between the challenges faced by breastfeeding mothers and the practice of exclusive breastfeeding at the Buea

Table 5: Chi-square tests for hypotheses related to challenges in exclusive breastfeeding by mothers.

Difficulties combining work and breastfeeding Social pressure to introduce water and artificial food	Challenges of proving exclusive breastfeeding		
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.542 ^a	28	0.338
Likelihood Ratio	32.123	28	0.270
Linear-by-Linear Association	2.024	1	0.155
Number of Valid Cases	105		

a: 35 cells (87.5%) have an expected count of less than 5. The minimum expected count is .02.

DISCUSSION

The majority of the respondents were between 21 and 30 years of age (52.8%). This is in line with the demographic data reported in recent studies performed in Nigeria, where the majority of the participants (54.1%) were between 20 and 29 years old [27]. This group was followed by those aged 31--58 years (32%). With respect to the marital status of the respondents, 69% were married, 19% were single mothers, and 4% were divorced. Notably, the majority (86.8%) of the respondents present were Christians, and only 13% were Muslims. With respect to occupation, 20.8% were civil servants, 29.2% were self-employed, and 52% were private employees [20]. In terms of educational level, most (52.8%) of the respondents had a university education, with 38.7% having secondary school education and the minority (7.5%) having primary education. This suggests that a greater portion of the respondents understood the objective of this research. These findings contrast with those of similar studies carried out in the western region of Cameroon [13], where only 33.8% of the mothers had good knowledge of EBF.

In terms of mothers' perceptions of EBF, 40.6% of the mothers thought that breast milk was not enough, whereas the remaining 56.6% of the mothers perceived that breastmilk alone was satisfactory for a baby at 3 months or more. In terms of the benefits of exclusive breastfeeding, up to 95.3% of working mothers believe that exclusive breastfeeding is beneficial for a baby. This finding is in line with but slightly lower (4.7%) than what the WHO demands (100% compliance), as reviewed in the literature [14]. This finding explicitly shows that the majority of employed mothers know that the practice of exclusive breastfeeding benefits their babies. Immediately after birth, 84.6% of the women thought that a baby should be breastfed, whereas 11.3% thought that the baby should not be given breastmilk. This finding is in line with the recommendations of the WHO

and UNICEF, which require 100% compliance with breastfeeding children immediately after or after an hour of birth. In conclusion, most (79.26%) employed mothers in the study had the right perception of exclusive breastfeeding [15].

For the practice of EBF by working mothers, 92% of the respondents breastfed their babies on demand; that is, they fed their babies each time the baby needed food. This practice is excellent, as it provides the baby with unrestricted and enough breast milk that it remains healthy [19]. With respect to the number of months mothers breastfeed their children, only 47% of the mothers breastfeed their babies exclusively for 6 months, whereas 43% breastfeed their babies for 4 months, with 10% doing up to the 5th month after birth. This finding highlights the low degree of practice of exclusive breastfeeding despite its perceived importance. This study reveals some inconsistencies in practising exclusive breastfeeding. Similar to recent studies carried out in 2023, Oyo State, Nigeria [21], where 37% of employed mothers had good practices for exclusive breastfeeding, the majority (63%) had poor practices on the subject matter [16]. In conclusion, only 47% of employed mothers in this study carried out the right practice.

The assessment of the challenges faced by employed mothers in practising EBF revealed that exclusive breastfeeding was a time consumption factor, as 19.8% agreed, and 39.6% strongly agreed that a gross total of 59.4% of the mothers who believed that exclusive breastfeeding posed the challenge of time consumption for them during working hours. Some of the respondents viewed EBF as a stressful activity or practice; 63.2% agreed, and 24.5% strongly agreed, with a total of 87.7% seeing exclusive breastfeeding to be stressful [18]. Additionally, most women face the challenge of combining the work and breastfeeding of their babies at their job sites. A total of 49.1% agreed, and 32.1% strongly agreed to breastfeed their baby. The majority (36%) of the respondents said that work was so

demanding. Approximately 34% agreed with the fear of losing their job while focusing on breastfeeding, with 40.6% strongly agreeing that most breastfeeding mothers face the challenge of losing their jobs while focusing on breastfeeding their children at job sites [22]. Social pressure from families and friends to introduce complementary food early is another challenge that most breastfeeding mothers face towards exclusive breastfeeding: 67.9% agreed and 19.8% strongly agreed. Most women face considerable pressure from their surroundings to introduce complementary food for their children, especially in areas where people embrace traditions that do not believe in exclusive breastfeeding for infants [23].

These findings tie in with similar studies that have been carried out in the western region of Cameroon [17], which show that women who have attained a certain level of education have good knowledge of EBF.

These findings are related to those of a study by [17] in Nigeria, where they reported that factors preventing the good practice of EBF by participants included very tight work schedules (56.9%), the end of maternity leave and inappropriate places for breastfeeding (53.1%). Therefore, the major challenges faced in the study were difficulties combining work and breastfeeding (88.7%), a busy work schedule (87.7%) and social pressure to introduce water and artificial food (87.7%).

CONCLUSION

The main objective of this research was to assess the perceptions, practices and challenges of employed mothers towards exclusive breastfeeding at the Buea Regional Hospital in Cameroon. The findings from this work establish the perceptions of working mothers toward exclusive breastfeeding, indicating that 95.3% of working mothers hold the perception that exclusive breastfeeding is a beneficial practice. However, only 47% of the mothers breastfed their babies exclusively for six months. This shows a low level of exclusive breastfeeding despite its perceived importance. A significant relationship between the challenges faced by breastfeeding mothers and the practice of exclusive breastfeeding was established. The main challenges faced by breastfeeding mothers included difficulties in combining work and breastfeeding (81.2%), stress due to a busy work schedule (87.7%), fear of losing their job while their babies are breastfeeding during work hours (74.0%), social pressure from friends and families (87.7%), a lack of support from family (73.6%), and discomfort during breastfeeding (50%).

RECOMMENDATIONS

Mothers should be educated on the importance of exclusive breastfeeding for them and their children during their daily visits to the hospital. The importance of EBF for up to 6 months should be emphasized, as should the health benefits and possible negative health outcomes associated with a breach of EBF. Employed mothers should plan their pregnancy ahead of time to avoid maternity obligations. More home visits should be made by health personnel to encourage these working mothers to continue EBF while working.

Health staff should create awareness, especially via radio, for family members and significant others to enable them to provide adequate support for exclusively breastfeeding mothers. Maternity leave should be increased to at least four months for expectant and nursing working mothers.

Generalizability

This study focused on a specific hospital and a particular gender, age bracket and employment type, and the same study can be reciprocated to the same gender and age bracket of mothers in other geographic regions, hospitals, or employment types or even with different schedules.

LIMITATIONS OF THE STUDY

Sampling Bias

As these study samples only employed mothers who presented themselves at Buea Regional Hospital, generalizations to all employed mothers in other parts of Buea or Cameroon, more so those in rural areas or other types of employment domains, should be handled with caution.

Self-reported data

The assessment of the responses given by the participants may involve recall bias or social desirability bias, where the mother may provide information believed to be socially acceptable instead of accurate information they practice.

Cross-Sectional Design

One of the strengths of this paper is that it is a cross-sectional study, which means that it can only afford a

snapshot of a given point in time and, as such, does not allow for an examination of changes in practices over time or the establishment of causality.

ABBREVIATIONS

CDC: Centers for Disease Control
EBF: Exclusive Breastfeeding
BF: Breast Feeding
HIV: Human Immune Deficiency Virus
IYFP: Infant and young child feeding practices
UNICEF: United Nations International Children's Emergency Funds
WHO: World Health Organization
Fig: Figure
CDC: Center for Disease Control

COMPETING INTEREST

The authors declare no competing interests.

FUNDING

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AUTHOR CONTRIBUTIONS

PAAE conceptualized the research idea; **PAAE, II** and **BMC** performed the analyses and interpreted the results; **PAAE** and **BMC** wrote the introduction and the methodology, discussion and conclusion sections; **II, JMA, BOA** and **SRCA** reviewed the first manuscript draft and compiled the final manuscript copy. All authors reviewed and approved the final draft of the manuscript.

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