

EXAMINING THE RELATIONSHIP BETWEEN EXCLUSIVE BREASTFEEDING
AND A MOTHER'S MENTAL HEALTH: A CASE OF PROFESSIONAL
WORKING MOTHERS IN SAFARICOM LIMITED, NAIROBI, KENYA

by

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APPROVAL

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SAFARICOM LIMITED, NAIROBI, KENYA

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DECLARATION

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I declare that this thesis is my original work and has not been submitted to any other
college or university for academic credit

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LIST OF ABBREVIATIONS AND ACRONYMS

EBF	Exclusive Breastfeeding
IQ	Intelligence Quotient
KNBS	Kenya National Bureau of Statistics
SCT	Social Cognitive Theory
SPSS	Statistical Package for the Social Sciences
TPB	Theory of Planned Behaviour
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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ABSTRACT

The purpose of this study was to examine the relationship between exclusive breastfeeding and a mother's mental health. Specifically, the study sought to determine the prevalence of EBF among professional working mothers at Safaricom Ltd, investigate the breastfeeding knowledge and attitudes among working mothers at Safaricom Ltd, and determine the relationship between maternal anxiety and EBF among working mothers at Safaricom Ltd. The study adopted a descriptive study design, and the target population was 150 working mothers (with lactating babies) at the Contact Center, Safaricom Ltd, in Jambo Care Centre. Ninety (90) respondents were sampled through purposive and simple random sampling techniques. Questionnaires were used to collect primary data, which was analyzed using the Statistical Package for the Social Sciences (SPSS) version 23.0. Both descriptive and inferential statistics were conducted to describe quantitative data. Study findings revealed that 92% of the respondents had planned to breastfeed for several months or more prior to giving birth. 86.7% of the respondents confirmed that they had received information regarding breastfeeding before they gave birth. On how they received the information, the majority (82.7%) cited health workers, 81.3% mentioned friends, 33.3% cited relatives, while those who mentioned media were 32%. The study established a positive and strong relationship between EBF prevalence and maternal anxiety among professional mothers working at Safaricom Ltd ($r=0.675$). A positive and very strong relationship was also determined between EBF among mothers and PPD symptoms among professional mothers working at Safaricom ($r=0.867$). The study recommends that the government and private organizations collaborate with policy experts to come up with a policy that compels all organizations to give working mothers a six months maternity leave from the time they give birth.

DEDICATION

I dedicate this work to God for giving me a chance and opportunity to pursue my academic dreams. He gave me good health, time, and resources. I also dedicate this work to my dear loving daughter, Robyn Wangari, who has had to endure time away from mum late into the evening when pursuing my master's degree. Her patience encourages me to be the best person I can possibly be.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

This chapter focuses on the background on which this research was contextualized. It provides the affirmation of the research issues that this study sought to resolve, the general aim of the study, the specific objectives, and the research questions. Furthermore, the chapter outlines the justification, significance, assumptions, scope, and limitations, and delimitations of the study. Finally, the chapter gives the operational descriptions of the outstanding terms applied in this study and the overall summary of the chapter.

The World Health Organization (WHO) defined breastfeeding as the period when the child has been given milk from the mother's breast, either expressed or directly (WHO, 2010). Globally, breastfeeding is acknowledged for having great benefit to the mother and the child. For the baby, breast milk is the key source of beneficial nutrients and antibodies. For example, breast milk produced during the colostrum period, which occurs towards the end of prenatal development to several days after giving birth, is thicker than the milk produced in other stages of breast milk production (United Nations Children's Fund [UNICEF], 2016). Colostrum is yellow, creamy, and has high proteins, vitamins, and minerals. It has more other important antibodies compared to the one that comes afterward. The child is shielded from illness-causing bacteria by the antibodies. According to WHO (2010), exclusive breastfeeding (EBF) supplements all the important nutrients and fluid requirements until the child is in the sixth month of age.

Breastfeeding can be defined as the act of giving food to the developing child from the mother's breast. Under normal circumstances, breastfeeding is regarded as the right way by which infants are assumed vital nutrients for ideal development and mental growth. Among the many benefits of breastfeeding is the protection and development of the baby's immune system (WHO, 2012). Besides this, EBF, for at least six months, protects the child from acquiring key illnesses in their childhood, such as gastrointestinal tract infection, obesity, leukemia, allergic diseases, diabetes, and lymphoma (WHO, 2012).

Breastfeeding is as old as mankind is, and it continues to be the norm in both low and high-income countries, though the period of exclusive BF after birth is often short. It is unequalled in providing an infant with ideal nourishment and protection from infections. The methods which babies are fed have dire outcomes for the small, average, and long-term health of the mothers and the babies. Breastfeeding is an important area of the generative procedure with beneficial insinuations on the health of the mother. The best way to feed the infants is complete breastfeeding for the first six months (Fiona et al., 2012). Thereafter, the infant should be given complimentary food with breastfeeding to the age of two or beyond (Muriithi, 2017).

For purposes of promoting and sustaining EBF, WHO/UNICEF suggested commencement of breastfeeding within the first hour after birth up to the sixth month (Wall, 2013). After six months of EBF, children may be fed on quality supplementary nutrients, in the meantime having continuous breastfeeding for two years and above (Wall, 2013).

Some initiatives encourage breastfeeding globally. For example, the International Code of Marketing Breast-milk Substitutes and the Baby-Friendly Hospital Initiative. WHO and UNICEF started the baby-friendly hospital to encourage motherhood

activities that are in support of breastfeeding. This initiative made it possible for the development of high-class breastfeeding across the globe. While motherhood services promote the high-class breastfeeding initiatives, support across the health scheme is vital to help the woman keep the practice (Horta & Victora, 2013).

According to WHO (2001), apart from the multiple gains of breastfeeding for the developing infant, the mother also experiences several benefits. For example, breastfeeding helps minimize the mother's risk of deadly health complications such as postpartum hemorrhage. It also helps reduce premenopausal ovarian and breast cancers. In addition to this, breastfeeding exclusively, when done well, brings about a fertility delay, stalling the menstrual cycle, and hence the mother is protected against anemia through conservation of Iron. On attachment issues, there is continuous contact that occurs between the child and the mother, creating strong bonds, providing security, and giving a spur to the child's brain that is developing daily.

Even though there are frequent campaigns done to educate mothers with newborns on the importance of EBF, it is shocking that very few adhere. The situation remains worse with working mothers, who have to go back to work three months after delivery. These mothers may experience maternal anxiety and postpartum depressive symptoms. Therefore, this study examined EBF among professional working mothers in the customer care department at Safaricom Ltd and gave possible recommendations to improve the mental health of these mothers.

Background to the Study

Exclusive breastfeeding (EBF) is a worthwhile form of feeding in the first six months of life. EBF, according to WHO (2015), is defined as giving human breast milk to a baby. This definition does not discuss supplementation with a formula for medical

reasons. It is accepted that to have the best health and development results for the mother and the baby, EBF is key (Akman et al., 2008).

Breastfeeding is very beneficial to the infant because it provides energy and nutrition for the baby's growth. It also protects infants from diseases and allergies through advantageous physical, cognitive, and neurological development (Fairlie, Gillman, & Rich-Edwards, 2009; Zubaran & Foresti, 2013a). Increased ill health and mortality from breathing tract infections, type II diabetes, obesity, childhood asthma, and atopic dermatitis endanger infants that were not breastfed (Çiftçi & Arikan, 2012). Prolonged duration and maximum breastfeeding improve the health benefits of breast milk. (Akman et al., 2008).

More recent studies by Ystrom (2012) and Zubaran and Foresti (2013a) determined that psychosocial factors could foretell high-class breastfeeding period more efficiently, compared to demographic factors. Breastfeeding cessation can be induced by prepartum levels of depression and anxiety, increasing the risk of postpartum depression and anxiety. Another research by Fairlie et al. (2009) established an opposite association between maternal anxiety level and breastfeeding frequency, which is a risk factor for increased anxiety and depression is breastfeeding cessation. This makes it appear that there may be a mutual association between exclusive breastfeeding and maternal mental health. Keeping all the mentioned benefits of EBF in mind, it is essential to note that at present, not more than 40% of babies under six months of age are breastfed exclusively across the world (WHO, 2015).

Rapid advancement and backing of the concept of breastfeeding have become an international priority. A lot of scientific literature exists demonstrating social, health, and economic benefits linked to appropriate breastfeeding, such as reduced infant mortality from diarrhea and other infections (Aarts et al., 2000). Nevertheless, EBF is

still uncommon across nations. The concept of high-class breastfeeding, according to WHO (2015), requires that the child receives breast milk for the first six months without being given any other type of food or drinks with the exception of oral rehydration solutions, drops syrups of vitamins and minerals, or medicine (Afrose, Banu, Ahmed, & Khanom, 2012). After EBF for six months, infants should be given nutritionally sufficient and secure complementary foods to meet the emerging nutritional needs, while breastfeeding is continued until the age of two years or beyond (Horta, Loret de Mola, & Victora, 2015). Breastfeeding has several well-being aids for both the mother and the infant. It has also been linked with higher intelligence quotient (IQ) in children.

Breastfeeding is crucial to the child and its mother. As previously established, It supplements all the nutrients that a child requires for the first six months, as well as protection against diseases such as diarrhea, pneumonia, and thereafter it has more benefits in the long-run. It also helps bring down the risk of obesity and being overweight in both children and teenagers.

The WHO (2008) recommendations for the working mother can prove to be a challenge as the maximum length of maternity leave given in Kenya is three months. How then would the working mother be able to meet the WHO recommendations? The health benefits explained by WHO have to outweigh the emotional and psychological strain on the working mother who still have to meet their obligations at work and are yet expected to provide breast milk for their infant.

This study sought to examine the connection between EBF and a mother's psychological well-being. The emerging questions were as follows how can an employer support the working mother to be able to achieve the recommendations by WHO? Is there a hidden cost to the employer if working mothers do not engage in

EBF hence affecting the well-being of their infant back home and is it cheaper in the long term to support the working mother for the first six months to ensure good health of the child and avoid absences from the mothers who have to attend to the ill children (as generally would be the case) if not on EBF?

According to the Kenya Demographic and Health Survey (Kenya National Bureau of Statistics [KNBS], 2015), EBF is recommended because breast milk provides immunity to diseases. Early supplementation should be avoided because it subjects the infant to pathogens and multiplies their risk of infection, especially diarrhea and acute respiratory infections. In Kenya, 65.8% only of mothers give their child breast milk exclusively up to 4 years of age (KNBS, 2010). A health survey conducted by KNBS in 2017 indicated only 50% of children who are younger than four months are breastfed exclusively while 35% of children are younger than six month. Primary stopping of breastfeeding is caused by factors such as the mother believing in her milk inadequacy, child crying and perturbation, incitation from friends and family, and recommendation from the physician due to diseases for both mother and child (Ystrom, 2012).

In Kenya, most women in rural areas and urban poor populations do not exclusively breastfeed due to cultural beliefs as well as working mothers being very busy doing work and family life (Ochola, Labadarios, & Nduati, 2013). Breastfeeding activities seem to reduce in urban areas, unlike in rural areas, according to research in Kenya. For instance, the median set time of EBF is 0.6 months in urban places compared to 1.0 months in rural areas (Kimani et al., 2015). This study, therefore, looked at the practices of EBF among employed mothers in Safaricom Ltd in Kenya.

Statement of the Problem

The state of EBF among professional mothers has been deteriorating over the last two decades. With the tough economic crisis experienced in the world, young mothers, even with newborns, have moved out to work for long hours for income. This has led to the compromise of the mental health of both the infant and the mother. Though the importance of EBF in both mother and child is globally appreciated and endorsed by reputable organizations, health givers, and scholars, the practice does not seem to be applied by many women, especially professional working mothers. In Ghana, for example, 49% only of children are exclusively breastfed for the first six months of their lives (Dewey, Cohen, Brown, & Rivera, 2001). Many attempts to promote EBF have not achieved the desired outcome. With the low prevalence of EBF, it is most likely that mothers who do not practice it suffer from maternal stress and postpartum depression. This is likely to negatively affect their mental health and lower their productivity in their lines of duty.

Most previous studies carried out in the EBF have not brought out detailed insights on the practices of EBF among working mothers (Iddrisu, 2013; Lenggogeni, 2016; Mucheru, 2016; Muriithi, 2017; Mututho, 2012; Thomas, 2016). Although these studies may have achieved their objectives, they did not explore the practices of EBF among working mothers. There is a shortage of published work on the connection between a mother's mental health and EBF, especially in developing countries and specifically in Kenya. This research sought to fill the knowledge gaps identified from the work of previous research work.

Purpose of the Study

This study aimed to examine breastfeeding practices exclusively among mothers working at Safaricom Ltd in Kenya to improve newborn feeding practices as a tool to achieve psychological and emotional development for both the mother and the baby. The study sought to show a connection between the mother's mental status and any development of mental disorder associated with the practice of EBF.

Objectives of the Study

1. To determine the prevalence of EBF among professional working mothers at Safaricom Ltd.
2. To investigate the breastfeeding knowledge and attitudes among working mothers at Safaricom Ltd.
3. To find out the relationship between maternal anxiety and EBF among working mothers at Safaricom Ltd.
4. To find out the connection between postpartum depressive signs and symptoms and EBF duration among working mothers at Safaricom Ltd.

Research Questions

The research questions that this research sought to address were as follows:

1. What was the prevalence of EBF among professional working mothers at Safaricom Ltd?
2. What are the breastfeeding knowledge and attitudes among working mothers at Safaricom Ltd?
3. What was the relationship between maternal anxiety and EBF among working mothers at Safaricom Ltd?

4. What was the relationship between postpartum depressive symptoms and EBF duration among working mothers at Safaricom Ltd?

Justification for the Study

The mental status of working mothers can highly affect the success of EBF practice. This study sought to find out the connection between the mental status of the working mothers and the benefits the mothers get by striving to offer exclusive breast milk to their children even though it is a time consuming and highly challenging practice. This is viewed from the perspective that mothers have to be productive and at the same time meet their targets at work.

According to the United Nations Development Programme (UNDP, 2015), item number three of the sustainable development goals (SDGs) focuses on guaranteeing healthy lives and wellness for all persons across ages for the years between 2015 and 2030. Twenty five (25) years before, the SDGs and UNDP made big steps where by preventable child deaths dropped by over half, and maternal mortality decreased by almost as much. Despite all this effort, some other numbers remain extremely high. For instance, 6 million babies succumb every year before their fifth birthday (UNDP, 2015). The majority of the African nations have not been able to attain this goal because of the impoverished feeding practices, such as sub-required breastfeeding, which is still a challenge and often causes starvation among infants leading to child mortality.

This research focused on professional working breastfeeding mothers in Safaricom Ltd and sought to examine the relationship between EBF and mothers' mental health. This information makes an addition appreciation of how important the working mothers' health is when involved in offering reputable and confirmatory first-hand

efficiency, including how breastfeeding can be improved and promoted across the globe.

Significance of the Study

The study can be of importance to several stakeholders. First, the management of the Safaricom Ltd Kenya can utilize this study as a point of reference when making decisions with regards to practices of breastfeeding exclusively among professional working mothers. If the insights of this research are put into action by the relevant authorities, the nation stands to gain a great deal from enhanced reforms in terms of putting in place better measures for the practices of exclusive breastfeeding among working mothers. This provides important information for the ministry of health on how to improve capacity building of health care workers hence strengthen their ability to promote appropriate infant feeding practices.

Students, policymakers, researchers, scholars, and academicians may find these study an important tool in as far as further studies on the same are concerned. It can therefore create a foundation for further research for researchers interested in the subject of the connection between exclusive breastfeeding and a mother's mental health among professional working breastfeeding in Kenya and elsewhere.

Assumptions of the Study

1. The working mothers in Safaricom Ltd would be willing to discuss and share their experiences on EBF openly, including sharing any health challenges they might have personally experienced about EBF. Indeed, the majority of the breastfeeding working mothers who participated in this study freely shared their experiences of EBF.

2. The current maternity leave policy at Safaricom Ltd would be in existence during the time of data collection. Indeed, Safaricom Ltd.'s maternity leave policy was in existence by the time this study was conducted.
3. Respondents would appreciate the value of this study, especially on how it would benefit them. For sure, most of the breastfeeding working mothers who participated in this study appreciated its importance and the possibility that the findings would benefit them.
4. The time taken to fill out the questionnaires would not inconvenience participants. The participants were not inconvenienced, with some preferring to fill the questionnaire online during their free time.

Scope of the Study

This study was restricted to EBF among professional working mothers. The focus was on professional working mothers at Safaricom Ltd, and the study took three months. The target population was mothers with infants six months older below, and mothers who had infants less than two years who still needed motherly breastfeeding. Mothers who gave birth to pre-term children, children with birth defects chronic illnesses, or children with multiple gestations, were excluded from the study.

Limitations and Delimitations of the Study

1. Due to the tight work schedules at Safaricom Ltd, the breastfeeding mothers found it difficult to volunteer themselves to participate in this research. To curb this, the researcher engaged the breastfeeding working mothers at Safaricom Ltd and made use of the time when the mothers were off duty.

2. The shift system at Safaricom Ltd gave the researcher a significant challenge in getting participants to fill the questionnaires. Interruption on participants' schedules without any clear benefits of participating in the research was also a challenge due to time constraints and adherence to work schedules. Adherence to workforce scheduling is one of the Call Center's key performance indicators where the research was conducted. To curb this, the researcher engaged the mothers and requested them to fill the questionnaires when they were off duty, and others were allowed to fill the questionnaires online.

Definition of Terms

Breastfeeding: Provision of nourishment to children through breast milk by direct suckling or of expressed human milk through any other means (Thomas, 2016). For this study, the term was used to refer to working mothers' feeding of their infants with breast milk by direct suckling or of expressed human milk through any other means.

Exclusive breastfeeding (EBF): No food or drink or even water except breast milk for the first six months of life (WHO, 2015). For this study, the term referred to the feeding of infants with breast milk only up to six months after birth without any other drinks or food.

Knowledge of breastfeeding: The level of understanding displayed about lactation and nourishment of a baby through breastfeeding (Mogambi, 2011). For this study, the term was used in reference to working mothers' extent of knowledge about lactation and nourishment of a baby through breast-feeding.

Postpartum depression: Depression experienced by a woman after delivery, typically caused by the combination of hormonal changes, psychological adjustment to

motherhood, and fatigue (Mogambi, 2011). For this study, the term referred to working mothers' mental depression following childbirth.

Prevalence: The fact or condition of being prevalent; extensiveness, commonness (Danso, 2014). This study used the term to refer to the level to which working mothers were susceptible to depression following childbirth.

Professional working mothers: Mothers who work outside the home for income in addition to the work they do raising their babies (Danso, 2014). For this study, the term referred to mothers who worked at Safaricom Ltd.

Summary

This section has discussed the introduction of the research study, the background, and the statement of the problem, the purpose of the study, the assumptions, justification, and the limitations and delimitations of the study. It has also addressed the operational definition of terms and the chapter summary. Chapter two looks at the literature review of the study. It covers both the empirical and theoretical literature review.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This section provides the relevant literature reviewed, inclusive of the theoretical, general, and empirical literature. The literature was reviewed from global, regional, and local perspectives. The major focus was on exclusive breastfeeding and its effects on working mothers, particularly on their mental health. The discussion of the reviewed literature focuses on the objectives of the research. The chapter begins by reviewing appropriate theories and their relevance to this study. Then general literature follows, particularly focused on social, health, and economic benefits of EBF on the infant, the mother, and society as a whole. Additionally, general literature captures the contemporary issues affecting working mothers about EBF and concludes by examining poor understanding of EBF and the existing societal myths about the practice. Further, the chapter reviews previous empirical studies that have been carried out on the EBF and its effects on mothers and children. Finally, the chapter provides the conceptual framework of this study based on the study's reviewed literature.

Theoretical Framework

According to Giles, Connor, McClenahan, and Mallet (2010), the concept of exclusive breastfeeding is embedded in human psychology because it is both culturally and medically motivated. Behavior and culture are subsets of environmental psychology which means that people's behavior is exclusively voluntary and within control, but rather dependent on the social, economic, and cultural environment. It is

important to appreciate that culture is not static and neither are the social beliefs, economic status, and cultural practices of a people (Dyson, 2010).

Theory of Planned Behaviour (TPB)

The theory was proposed by Icek Ajzen in 1985. It states that human attitude towards behavior, subjective norms, and perceived behavioral control mechanisms shapes individuals' behavior intentions (Ajzen, 2011). This theory is a hybrid of the theory of learning, the expectancy-value theory, and the theory of reasoned action, which assumes that human behavior is voluntary (Bai, Wunderlich, & Fly, 2011; Sheehan, Schmied, & Barclay, 2010). The chief factor that determines the behavior in TPB is the intent and three main areas, namely; the attitudes, alleged behavioral control, and subjective norms that determine this goal. A child's decision to feed is usually influenced by several factors namely mental, emotional, social, cultural, medical as well as personal factors such as ethnicity, age, education level, and characters (Sheehan et al., 2010).

The theory of TPB is also characterized by different beliefs namely, beliefs about the results of a certain behavior, beliefs of other people's expectations, and beliefs of the presence of different features that influence or prevent a certain behavior in individuals (Giles et al., 2010). The attitude towards behavior is regulated by personal beliefs about the results of behavior, also referred to as behavioral beliefs. Normative beliefs determine the subjective norms and they, in turn, are determined by the societal outlook of the way they value and appreciate a certain behavior.

Ajzen (1991) posited that Perceived Behavioral Control (PBC) refers to the subjective interpretation of the difficulties associated with performing a behaviour. It focuses on

the ability of a subject to either perform or not perform a certain behavior. Therefore, PBC is affected by both behaviors and intent (Ajzen, 1991).

Any woman whose perception is that breastfeeding is a challenge is more unlikely to breastfeed and will often use supplements such as formula to encourage supplementing of her breast milk to her children (Sheehan et al., 2010). According to Bai et al. (2011) and Dyson (2010), culture and personal factors have a huge effect on the behaviors of breastfeeding among women after childbirth. Therefore, TPB can assist in gaining knowledge and understanding the reasons why certain women refuse to breastfeed and subsequently help in developing suitable strategies for the promotion of breastfeeding exclusively (Bai et al., 2011). Beliefs in behavior explain that an individual's behaviors have a likelihood of being performed when said individual has a positive attitude towards it.

According to Thome, Alder, and Alfons (2006), beliefs can be used to measure the perceptions of women towards their intent to breastfeed. The model of the theory of planned behavior is used by health care givers to come up with measures that encourage a positive view on breastfeeding (Thomas, 2016). A positive attitude will create a social change within the community.

This study applied the theory of planned behavior in examining the practices of breastfeeding because of the theory's measurable capabilities to integrate relations among beliefs, attitudes, and behavioral intentions of people. The researcher held the view that the shifting trends in exclusive breastfeeding among professional working mothers are motivated by their environmental orientation and motivation. The urban setting also presents different dynamics. Change is apparent in economic and social

thinking with perceptions increasingly shifting away from the traditional, where men were obligated to provide financial and material wealth for the family.

The TPB theory concentrates on the attitudes, alleged behavioral control, and subjective norms that determine an individual's behavior towards a certain goal. However, it does not address the issue of mental health as a factor that can influence a person's behavior towards a certain practice. Since this study concentrated on the relationship between EBF and the mental health of mothers, there was a need for another theory explaining the effectiveness of EBF and the mental health of mothers.

Social Cognitive Theory (SCT)

This is a social cognition model by Bandura (1986) that suggests that women behave within a concept of "Triadic Reciprocal Causation". This is where behavior, internal individual factors, and environmental events interconnect and tamper with peoples' decisions on what they will attempt to do (Bandura, 1989). The environment an individual constructs for themselves can be viewed on a continuum from positive to negative as they will in preference, decide on activities and social environments that they judge achievable (LaMonte, 2019). Depending on the characteristics of an environment an individual chooses, people can either have a helpful or harmful encounter. People who are confident in themselves have a sense of leadership over their environment (Luszczynska & Schwarzer, 2005), and the more self-efficacy a person has the more they can maximize the environment to their benefit (Bandura, 1997). Self-efficacy foretells specific behavior and is an element of social cognitive theory (SCT). Self-efficacy has been utilized extensively in breastfeeding studies and as a predictor of health behavior in broader health behavior research (Luszczynska & Schwarzer, 2005).

There are two key constructs of SCT: Outcome expectancies and Perceived self-efficacy. According to SCT, a personal sense of power makes adopting behavior possible. Self-efficacy is described by LaMonte (2019) as the belief in one's ability to arrange and implement the courses of action needed to produce a given measure of achievement. Individuals come up with targets for themselves, with the help of self-efficacy and run after the realization of those targets with much perseverance and commitment. Perceived self-efficacy is defined as what people believe about their capability to carry out an action that's important in achieving the results they want (Luszczynska & Schwarzer, 2005). A self-efficacy belief ascertains whether or not the individual does the action (Bandura, 1989). Individuals' actions or inactions are closely related to their perceived capacity to bring out the desired results. Although it is core in modifying individuals' beliefs and lifestyles, it is not an independent determinant of behavior.

The SCT outcome expectancies are the individual's beliefs about the outcomes of the action they take. Outcome expectancies have been utilized in forming physical, social, and self-evaluation characteristics (Luszczynska & Schwarzer, 2005). The outcome perceived is a negative or positive self-determination of a person's behavior. From a social point of view, outcome perceived refers also to disapproval or approval of any kind that follows a person's action or behavior (Bandura, 1997). For any expected outcome that is positive, people will perform a behaviour to that effect while the behaviour may reduce if the outcome anticipated is expected to be negative. It is important to note that, individuals' behaviour can also be held back by personal, economic, socio-structural, religious, cultural, or even environmental factors. (LaMonte, 2019).

SCT also deals with which are deemed both facilitators and hindrances to action. These features are modulated by forethought and affect peoples' behavior (Luszczynska & Schwarzer, 2005).

In connection to breastfeeding behaviors, previous utilization of this theoretical framework was very resourceful (Iddrisu, 2013). This theory effectively informed a study on how a woman's significant other (an important or influential person in somebody's life) was perceived to be positively affected by intention to breastfeed (Kessler, Gielen, Diener-West, & Paige, 1995). In this study, SCT is believed to widen our ability to explain EBF in the context of the life of professional working mothers.

General Literature Review

Status of Breastfeeding

Back in 1990, policymakers from over 30 nations had a meeting at the Spedale Degli Innocenti in Florence (Italy) on breastfeeding and issued the Innocenti declaration, which stated the importance of breastfeeding (UNICEF, 1990). The Innocenti declaration called for approaches that would encourage mothers to breastfeed their babies for the first 6 months of life exclusively and to go on doing so for up to 2 years. A study by WHO (2010) on the level of breastfeeding came to the conclusion that only 35% of babies were exclusively breastfed between birth and their fifth month of life. Despite the well-appreciated benefits of EBF, the practice is not spread widely in developing nations. For instance, in Kenya, according to KNBS (2015), the national average of EBF was high in 2014.

World Health Organization suggested that babies should be breastfed for six months, and supplementary foods can be introduced thereafter (WHO, 2010). They argued that

this suggestion was supported by a progressive review sent by the WHO to gauge the health outcomes of babies and mothers when breastfeeding exclusively is done for about six months and when done for three to four months (Martinez-Delgado et al., 2010). This led to the present recommendation for exclusive breastfeeding for the initial six months followed by the introduction of supportive food thereafter and continued breastfeeding until the age of two and beyond (Muriithi, 2017).

The WHO recommendations were based on the finding on the nutritional aspect of breast milk. According to studies by WHO (2012), breast milk has the required nutrients, antibodies, and minerals that are key for growth and development making it the best food for babies that is safe and sustainable. Breast milk has different types of proteins but the main types are whey and casein that support growth and development (Gao et al., 2012). Apart from whey and casein, breast milk contains antibodies, which fight are key in bacterial and viral infections (Castelote, Casillas, & Ramirez-Santana, 2011).

Exclusive Breastfeeding Practices

Breastfeeding exclusively practice is uncommon in developing nations with a third of babies being exclusively breastfed despite the high rates of breastfeeding initiation. However, there are differences in different regions (UNICEF, 2006). East Asia has the highest rates of breastfeeding exclusively at 43%, followed by Eastern and Southern Africa at 41%. Western and Central Africa at 20% (UNICEF, 2006) are the regions with the lowest rate in.

Exclusive breastfeeding is highly recommended in developing nations. This is important due to limited access to clean water, thereby increasing the risk of diarrhea diseases. Alternative feeding should be used (WHO, 2010). Other factors that render

breastfeeding exclusively very important in developing countries are high rates of Human Immunodeficiency Virus infection, poverty, and food insecurity (WHO, 2010). While breastfeeding rates are not going down at the universal level anymore, many nations are encountering visible increases in the last decade. Approximately 38% of infants who are less than six months old in developing countries breastfeed exclusively. According to Muriithi (2017), mixed feeding refers to breast feeding combined with formula feeding and is common in most nations. In children below 6 months of age, mixed feeding poses risks to a developing infant's health (Muriithi, 2017). Further, breastfeeding can be influenced by various elements, such as environmental and psychological factors which can influence the resolve to breastfeed. Mgongo, Moshia, Uriyo, Msuya, & Stray-Pedersen (2013), stated that women who are married, educated, older, wealthier, as well as those with a positive opinion about breastfeeding have a higher possibility of initiating early breastfeeding. Social networks never provide sufficient support and thus they hurt the initiation and progression of breastfeeding as noted by some studies.

Working women strain a lot when breastfeeding exclusively according to Kearney and Cronenwett (2011). While the number of new working mothers increases, an early return to work and an unsuitable workplace environment deter mothers from breastfeeding or cause them to stop breastfeeding early. Nowadays, in most developing nations, mothers are working jobs because of the increased financial needs of the family as well as a result of women empowerment. Therefore, a working woman is doing several jobs at a time which includes child-rearing, household activities, and developing a career. These mothers face more challenges in giving exclusive breastfeeding when they go back to work after maternal leave is over. At

the government organizations, maternity leave lasts 4 months. The period is less in non-government organizations (Fein & Roe, 2012; Meek, 2011).

In other cases, breastfeeding is a struggle between the mother's capability and desire. Recently, there has been an increase in mothers' employment in our nation because of the fast-rising costs of household expenses, the increased education levels of the mothers, and increased awareness about women's rights. Several researchers revealed that mothers who fed their children with breast milk enjoyed longer maternity unlike those who women who fed their children formula milk (Yocca, 2010).

Breastfeeding exclusively in Ghana lasts about three months, which coincides with the period of maternity leave (Aryeetey & Goh, 2013). The early cessation of breastfeeding encourages the utilization of substitutes that have poor nutritional value. Fosu-brefo and Arthur (2015) reported that measures that improved child health and hindered childhood diseases involved early breastfeeding commencement. Ayton, Hansen, Quinn, and Nelson (2012) pin pointed factors that encourage a negative influence on breastfeeding with one major factor being delays in breastfeeding initiation. Looking into the constraints to breastfeeding among women in Southwest Nigeria, Agunblade and Ogunleye (2012) stated that giving complementary feeds to babies less than six months, highly affects breastfeeding initiation.

The low EBF prevalence among women in China who are working are accounted for by early return to work, no flexible working hours, limited privacy (Zhang, et al., 2015) and a feeling that you are watched and inadequate support (Mutuli & Walingo, 2014). Women work far from home and have demanding occupations that limit their ability to breastfeed. Limited maternity leave regulation also deterred EBF habits among professional working women in Vietnam, who all had purposed to breastfeed (Thu et al., 2012). This research reported that although many working women go out

of the maternity ward breastfeeding exclusively, the habit is quickly discarded, especially because of work and employment-related issues.

Although breastfeeding may not be abandoned completely, its exclusivity was halted by these factors; poor knowhow of mothers, lack of confidence, lack of skills on the necessary breastfeeding habits, and difficulties with other work problems during lactation (Februhartanty, Wibowo, Fahmida, & Roshita, 2012; Mutuli & Walingo, 2014). These problems may increase among working women and may involve using substitutes other than breast milk, the introduction of weaning feeds, and also a reduced period of EBF because of demands from work.

Dun-Dery and Laar (2016) posited that among the hindrances to exclusive breastfeeding is there is work status. Industrialization and urbanization have led more women to embrace the workforce. The mothers employed are of reproductive age and resume work within a short period after delivery (an average of 3 months in Kenya). This means that they are likely to let the babies remain at home to enable them to attend to their office work. If they are unable to invest in the proper equipment to sustain EBF (e.g. breast pump) and lack of a supportive environment at work (e.g. nowhere to store expressed milk), they will not engage in EBF despite the knowledge they may have on the benefits of the practice.

The time it takes to go back to full-time office hours is not the only challenge experienced by these mothers. The competition between breastfeeding and the time it takes to express milk and work tasks is great. The mother has to meet targets set as well as maintain the flow of breast milk for their infant. The type and hours of work are likely to add pressure on the mothers who may choose their work as a priority over EBF. The demand for the mother, both by the child and the targets at work is likely to cause some mental instabilities including postpartum depression and

increased anxiety. The mother has to deliver results in both areas of her life, which can lead to great strain in her, physically, emotionally, and mentally (Yocca, 2010).

According to Wyatt (as cited in Danso, 2014), several studies have been done that have revealed that work status is one of the hindrances of breastfeeding with the increased urbanization and modernization because many women are now joining the workforce. An approximation of about 50% of the employed women is in their childbearing age and therefore often return to work once the child is around six months old to one year. According to Libbus and Bullok (2002), the Bureau of Labour Statistics in the US reported that in 200, approximately 51% of mothers whose children were under one year old held jobs outside their homes. Further, the Ross Mother's Survey noted that only 22% of these women breastfeed their infants in comparison to 35.4% of unemployed breastfeeding mothers. Visness and Kennedy (1997) posited that the type and hours of work affect breastfeeding among working mothers. Breastfeeding mothers in clerical jobs breastfeed for a shorter period than women in professional jobs (Kurinij, Shiono, Ezrine, & Rhoads, 2009; Meek, 2011).

Kurinij et al. (2009), found that some women who wanted to go back to work did so within the first month after giving birth. There was a very low breastfeeding rate among black women who intended to go back to full-time work compared to those who waited for about six months before returning to work. Black mothers who purposed to go back to work part-time started breastfeeding their infants in hospitals, unlike those who resumed working on a full-time basis. These results were not reported in white women, only in black women. White women who were in service jobs breastfed their children for a longer while than those women who were in professional jobs, although they controlled certain factors such as the maternity leave duration (Visness & Kennedy, 1997). Breastfeeding initiation and the time of

breastfeeding are decreased in women who go to work post-partum or are employed full-time as compared to those who work part-time (Burks, 2015).

Barriers and Benefits to Exclusive Breastfeeding

According to Thomas (2016), the most critical factors that lead to the stoppage of exclusive breastfeeding in the first month after giving birth included cracked, bleeding and sore nipples, trouble suckling and latching by the baby, painful breasts and engorged and overfull nipples. Liu et al. (2008) noted that other factors included women's attitudes towards breastfeeding, for example, not having enough milk. According to Rojjanasrirat and Sousa (2010), other maternal factors that led to the low prevalence of breastfeeding included the maternal age, low levels of income, low education level, and the mother's unmarried status of the mother (Wiener & Wiener, 2011).

Tenfelde, Finnegan, and Hill (2011) noted that mothers who started their prenatal care in the initial trimester were twice as likely to breastfeed as the women who began their prenatal care after the first trimester. Ahluwalia, Li, and Morrow (2012) stated that mothers who underwent caesarian delivery or had induced labor were more likely to start and go on with breastfeeding than women who gave birth naturally without labour induction. These studies aimed to provide knowledge to enhance counseling, planning of policies, education, and give guidance to breastfeeding mothers on how to improve or continue breastfeeding for six months and beyond.

Brand, Kothari, and Stark (2011) conducted a study to examine the factors that led to a early stoppage of breastfeeding, as early as two weeks post-birth, due to discharge from hospitals. The study revealed that individual and professional systems of support have an impact on the start and stoppage of breastfeeding. Mothers who want to

breastfeed their young ones often come across issues that hinder their breastfeeding process such as moving through the medical systems. Liu et al. (2008) and Brand et al. (2011) concluded that knowledge and education on the advantages of breastfeeding, giving support, and improving problem-solving mechanisms have a direct relationship with the increased time of breastfeeding among new mothers as they face numerous challenges to exclusive breastfeeding.

Breastfeeding has benefits for children that could not be replicated by another substitute. Studies conducted by Dewey et al. (2001) revealed that the benefits of breastfeeding start from the first moments after childbirth and continues for many years after breastfeeding stops. The mother's milk provides adequate water for hydration, high-quality nutrition for optimum growth, as well as protects against infections and lowers child mortality. It also promotes bonding and development, better IQ compared to formula-fed children, and reduces risks of chronic conditions, for example, heart diseases, diabetes, overweight, and obesity, etc. (WHO & UNICEF, 2004). The mother's milk is a vibrant fluid that varies in structure all throughout the day and during the course of lactation. It gives the infant specific nutrients that are required at different times. The breast milk keeps changing its composition pace with the baby's growth and varying nutritional requirements.

Breastfeeding reduces a mother's risk of iron deficiency anemia because it delays the resumption of menstruation by up to 30 weeks after giving birth (WHO, 2012). EBF reduces family food and health expenditure, reduces workforce absence because of lowered infant illness, and reduces health caregivers' cost (due to decreased infant and maternal illness). It is a key human right that helps fill the gap between the more privileged and marginalized groups (Isaacs, Fischl, Quinn, Chong, & Gadian, 2010).

According to WHO (2015), the chances of mortality were on the high side predominantly in partially and non-breastfed babies, unlike the exclusively breastfed children 0-6 months of age. Children from six to twenty-three months of age who were not breastfed had an increased chance of mortality, compared to those who were breastfed exclusively. Infection-related deaths were also higher in predominantly or partly non-breastfed children than those who breastfed exclusively.

The WHO (2015) further sought to find out the connection between breastfeeding and performance in intelligent tests. Using a random-outcome model, breastfed subjects attained a higher IQ than non-breastfed participants. This proved that breastfeeding is related to better performance in an intelligent test. A positive outcome of cognition was also noticed. The enhanced intellectual development of babies due to important polyunsaturated fatty acids (docosahexaenoic-DHA and arachidonic acid-AA) aids visual and neural growth. This implies that the children of higher IQ, coupled with good parenting skills, become of great value to the community in the long term (Danso, 2014).

Physiologically, it was revealed that continuous suckling of the infant releases oxytocin (one of the feel-good hormones found in the human body) from the woman's pituitary gland. This hormone signals the breasts to allow production of milk, promotes the lifetime bonding of mother and child, and also produces contractions of the uterus. The contractions stop postpartum hemorrhage and encourage uterine involution (return to a non-pregnant state) (Rojjanasrirat & Sousa, 2010).

The menstrual cycle period in breastfeeding mothers can be delayed for up to several months and therefore is a core benefit of conserving iron in the woman's body. In non-breastfeeding mothers, the menstrual cycle is estimated to be delayed for six to

eight weeks. Release of milk is an active metabolic activity that needs utilization of an average of 200-500 calories daily. This allows exclusive breastfeeding mothers an edge on losing weight acquired in pregnancy (Rojjanasrirat & Sousa, 2010).

Bergmann et al. (2014) noted that healthcare professionals must encourage and motivate mothers to start and continually breastfeed their infants. Besides, health care professionals should be familiar with breastfeeding; diagnosis, prevention, and treatment of problems related to breastfeeding; and encourage smooth breastfeeding practice. Textor, Tiedje, & Yawn (2013) noted that educational support and being encouraged by the lactation consultants, nurses, and other medical providers, helps ensure that first-time mothers do not encounter any challenges while breastfeeding. Tender et al. (2009), in their study, showed that children of mothers who did not go for any breastfeeding classes are often likely to be introduced to formula supplementation in hospitals as opposed to the children of mothers who attended these classes. According to the United States Breast Feeding Committee (USBFC, 2014), breastfeeding is one of the strategies for public health that counteracts infant, child, and maternal illnesses and deaths, because it has several benefits to both the mother and the child (Pineiro-Albero et al., 2013).

Godfrey and Lawrence (2010) noted that breastfeeding between the first six months and two years a child's life is also related to decreasing the risk of contracting allergies, obesity, hypertension, type II diabetes, and hypercholesterolemia in the future days of their lives. Al-Binali (2012) noted that exclusive breastfeeding reduces the risk of occurrence of gastroenteritis, respiratory illness, otitis media, obesity, the sudden death of the infant, necrotizing enterocolitis, and hypertension. Rempel and Moore (2012) further noted that breastfeeding has helped improve cognitive development and bonding between the woman and the child. Additionally, exclusive

breastfeeding also helps reduce the risks of bacteremia, diarrhea, leukemia, lymphoma, bacterial meningitis, urinary tract infection, sepsis in preterm babies, and Hodgkin's diseases and asthma.

Godfrey and Lawrence (2010) noted that breastfeeding of infants also helps decrease the chances of bleeding after birth, obesity among mothers through an early return of the pre-pregnancy weight, and risks of getting ovarian or breast cancer. Stuebe, Grewen, and Meltzer-Brody (2013) further highlighted that EBF helps mothers reduce the risk of developing depression while Ma, Brewer-Asling, and Magnus (2013) noted that EBF also benefits the medical system, family, and employers emotionally, socially, and psychologically.

Breastfed children require fewer medical visits, hospitalization, or prescriptions as compared to those who did not receive EBF and this reduces the medical costs. Furthermore, breastfeeding also benefits the environment as it reduces the demand for plastic bottles, milk powder tins, and artificial tits and this decreased pollution levels that are released causing depletion of the environment and natural resources used to produce them (Ball & Bennett, 2001; Ku & Chow, 2010).

Breastfeeding Knowledge and Attitudes among Working Mothers

A personal view is proposed to include their beliefs on the outcome of behavior, whether it will result in a given effect, and the individual's attitude on the performance of the behavior (Ajzen, 1991). Knowledge refers to the extent of know-how expressed about the lactation and nourishment of a baby through breastfeeding (Mulder & Johnson, 2010). Indicators include the ability of the client to describe the benefits of breastfeeding, basic physiology of lactation, early baby hunger cues, and signs of a well-nourished baby. Others include proper attachment methods,

positioning, breaking baby sucking, and expression and storage of breast milk. Also important is nipple assessing which involves signs and symptoms of mastitis, blocked ducts, nipple trauma, and readiness to wean (Pillitteri et al., 2010).

Practical breastfeeding support involves the preparation of a new mother for breastfeeding. Important activities include providing early contact between mother and child after delivery, assisting mothers to identify infant arousal cues, instructing mothers on proper positioning techniques while observing the baby at the breast for latching, correct position, audible swallowing, and swallow pattern. The mother is also advised on normal characteristics of voiding and the stool of breastfed babies. Nipple care, control of breast congestion, use of comfortable and supportive nursing bra, and storage/warming of expressed milk is also addressed (Pillitteri et al., 2010).

Antenatal interventions to prepare pregnant women for breastfeeding have also been found to be ineffective (Lema et al., 2014). Health workers lack the necessary knowledge and skills for practical counseling on breastfeeding (Doung, Binns, & Lee, 2004). Knowledge-to-practice gaps in breastfeeding practice can be a result of a lack of awareness of recommended breastfeeding practices, how to practice them, and the benefits and risks of not practicing them due to low health workers' attempts in supporting maximum breastfeeding (Haider et al., 2010).

Most of the mothers in Kibera slum had a limited understanding of exclusive breastfeeding, according to Ochola (2008). Some mothers understood nothing related to exclusive breastfeeding. In Goba District Ethiopia, some mothers also acknowledged a lack of adequate knowledge. Besides the insufficient understanding, health workers narrated that some mothers never considered breast milk sufficient and important despite being taught (Setegn et al., 2012).

One-time counseling of mothers on infant feeding does not improve adherence to infant feeding recommendations. Hence there is a need for constant re-emphasize during immunization and all other hospital visits (Kamau-Mbuthia, Elmadfa, & Mwonya, 2008). Women from Kasarani slums in Molo, Kenya said they were taught how to introduce food after six months; wipe the breasts before feeding the child; breastfeed for fifteen minutes on each breast; and when an infant is born, after 30 minutes, he should be put to the breast. Women understood the benefits of EBF, the meaning of EBF and some of them concurred with the information given (Mututho, 2012). Due to varying information given, it was important to understand more on the knowledge on EBF among mothers.

According to Udoudo and Ajayi (2015), the lack of knowledge has led to a large percentage of women not practicing EBF. This has led to poor perceptions and beliefs about EBF. Lack of breast milk, sagging of breasts, weight gain, lack of sleep, being exhausted, and maternal employment are also factors related to the negative attitudes towards EBF (Chetley as cited in Van Esterik, 2012). Mothers who have a negative attitude towards breastfeeding noted these negative perceptions. Furthermore, insufficient knowledge and inappropriate breastfeeding practice also have an impact on the negative attitudes of EBF. Women who engage in EBF have a higher rate of succeeding and overcoming any barriers to EBF as opposed to those who do not engage in EBF. These women often rely on support from families or good management of time.

This framework of perceptions was also used by Bai, Middlestadt, Peng, and Fly (2010) to analyze the relative significance of psychosocial factors that impact a mother's decision to either further or stop breastfeeding exclusively for up to six months. This study found that a mother's perceptions towards EBF were a very

significant predictor of her decision to continue breastfeeding exclusively. Taveras et al. (2003) conducted a study in California, United States, on clinician support and psychosocial risk factors connected with breastfeeding discontinuation among 1163 women. The study revealed that EBF duration was significantly related to maternal perceptions and attitudes towards EBF. Five percent of the women interviewed did not believe that breastfeeding was important and therefore stopped EBF at two weeks post-partum, while 70% of the women interviewed believed that EBF is very important and, therefore, continued it up to six months.

Scott, Binns, Graham, and Oddy (2009) noted that women who scored very high on the Iowa Infant Feeding Attitude Scale had a very good attitude towards breastfeeding as compared to those who scored low, hence were more likely to continue EBF at six months due to their good attitudes. A mother's Iowa Infant Feeding Attitude Scale score had a negative association with the risk of early stoppage of EBF among breastfeeding women. Therefore, women with a positive perception of breastfeeding have a higher likelihood of continuing to breastfeed between one and twelve months compared to those with a negative attitude. The study further revealed that there were women who preferred supplementation of breast milk using formulas to EBF. Paternal attitudes towards EBF are also very important in the outcomes of breastfeeding. Semenik et al. (2008) found that paternal perceptions towards breastfeeding had a significantly positive relationship with the EBF duration among post-partum women.

Studies that highlighted the impact of attitudes of mothers towards breastfeeding on the duration of EBF include Semenik et al. (2008), Scott et al. (2009), and Bai et al. (2010). These studies found a strong relationship between EBF duration and the positive attitudes of mothers. Women who had a positive attitude towards EBF were found to breastfeed for a longer duration of time as compared to those who had a

negative attitude towards EBF. Furthermore, these mothers who had a positive view had a tendency to breastfeed their children from one month to twelve months of age. Semenik et al. (2008) further noted that the paternal attitude was also a factor in the EBF duration. Fathers were found to prefer EBF or breast milk as compared to supplementing breast milk through the formula. This led to a longer duration of breastfeeding among mothers.

Exclusive breastfeeding of up to 6 months among the babies of women who are working is a good start, according to Hassan et al. (2014). Inadequate understanding of breast milk, unfavorable workplace atmospheres, and less than six months of maternity leave are the main contributing factors for the reduction of exclusive feeding up to six months of age.

Mental Health and Breastfeeding

Stressed and anxious mothers would hardly maintain EBF frequently compared to relaxed and less anxious mothers. Such mothers have a higher tendency to bottle feed and hence usually record lower EBF rates (Doulougeri, Panagopoulou, & Montgomery, 2013). During periods of stress, there is the release and activation of the hormone cortisol, which is a known inhibitor of prolactin and oxytocin (Doulougeri et al., 2013). Research carried out among urban Guatemalan mothers has revealed that stress during labour and/or delivery, which is characterized by high cortisol levels, could lead to delayed onset of lactation (Grajeda & Pérez-Escamilla, 2012). This could eventually reduce breastfeeding frequency and duration. Emergency (unscheduled) cesarean section has also been identified to exacerbate stress levels, especially in primiparous mothers, compared to vaginal delivery (Grajeda & Pérez-Escamilla, 2012). Additionally, stress triggered by the demands of caring for a sick

infant could discourage the mother and may lead to early cessation of breastfeeding (Doulougeri et al., 2013).

Zubaran and Foresti (2013a) conducted a study in Brazil about efficacy in breastfeeding and health status among mothers using a sample of 88 mothers drawn from Bazilon Foresti. The study revealed a strong and significant relationship between efficacy in breastfeeding and the status of health among the sampled mothers. The regression analysis indicated that the instruments used to measure the mothers' health status predicted self-efficacy scale scores for breastfeeding. The study concluded that breastfeeding and the status of health among mothers in Southern Brazil are significantly related.

Anxiety levels among mothers also significantly influence breastfeeding practices. A study by Willows, Iserhoff, Napash, Leclerc, and Verrall (2005) found high anxiety levels among mothers who used complementary foods and fluids for babies less than six months old, compared to mothers who exclusively fed their babies with breast milk alone up to six months old. Willows et al. further found that the higher the rate at which mothers breastfed their babies, the lower their anxiety levels. This means that giving a baby breast milk frequently enhances breastmilk production because there is active stimulation of oxytocin and prolactin reflexes (Marinelli, Moren, Taylor, & The Academy of Breastfeeding Medicine, 2013).

Postpartum Depression and EBF duration among Working Mothers

Statistics show that an estimated 13 to 19 percent of women who have had babies less than 6 months old are affected by postpartum depression (PPD). O'Hara and McCabe (2013) noted that PPD is a mental health condition, which is very serious among many people. In mothers who have recently given birth, PPD is characterized by

persistent low mood, which in most cases, is accompanied by feeling sad, unworthy, and somehow losing hope in life (Heron, Haque, Oyebode, Craddock, & Jones, 2009). PPD is not the same as 'baby blues'. As earlier noted, PPD is a serious mental health condition, while baby blues are emotional health condition characterized by a short period of disturbance by emotions, including tearfulness, mood lability; trouble sleeping, anxiety, dysphoria, and irritability. Statistics have shown that four in every five women experience baby blues within the first few days after birth and usually remit within 10 days (Heron et al., 2009).

As a result of deep psychological changes that happen during peri-partum (pregnancy period) and a few months after birth (postpartum), depression and clinical history of postpartum may differ in some respect (Bloch et al., 2010; O'Hara, & McCabe, 2013). In fact, according to Buttner, O'Hara, and Watson (2012), at least 80% of women experience signs or symptoms of mood disturbance the first few days after birth.

Many women are affected by the symptoms of depression that come during and post-pregnancy (O'Hara, Schlechte, Lewis, & Wright, 2011). Thus, differentiating the onset symptoms that come from childbirth, and the normal symptoms of depression experienced as a result of giving birth and raising the baby is critical. Despite PPD being a health condition that can be taken care of or treated within a few weeks, statistics show that 30% of women who experience PPD a few days after giving birth continue experiencing the same for a period of event two years (Horowitz & Goodman, 2014). Further, research has revealed that half (50%) of the women from clinical samples had experienced major PPD throughout pregnancy up to six months after birth, with some cases reporting depressive symptoms up to one year after birth (Vliegen, Casalin, & Luyten, 2014). According to Vliegen et al. (2014), the cause of illness can vary; some types of depression, such as chronic depression for mothers

with babies, may comprise varying stability of depression - stable mild depression, stable major depression, or recurrent episodes of major depression without full remission between episodes.

Parenting behaviors may be influenced by the fact that the impacts of PPD are not well understood (Field, 2010). This results in long-term consequences, which have negative effects on the emotional, behavioral, and cognitive growth and development of a child (Grace, Evindar, & Stewart, 2003). It is evident that women with PPD are at high risk for comorbid obsessive-compulsive disorder (Miller, Hoxha, Wisner, & Gossett, 2014; Russell, Fawcett, & Mazmanian, 2013) and anxiety (Hendrick et al., as cited in Goyal, Gay, & Lee, 2010; Miller et al., 2014; O'Brien, Buikstra, & Hegney, 2008). Being exposed to high risks for comorbid disorders implies that PPD affects other areas of life (Pope, Sharma, & Mazmanian, 2014). In addition, when mothers have a long-term history of PPD, their children may also suffer from social, cognitive, emotional, and physical development problems, which in turn makes them vulnerable to developing psychosocial and emotional or behavioral disturbances (Field, 2010; Korhonen, Luoma, Salmelin, & Tamminen, 2012). Also, the children may develop intellectual disabilities (Morgan, Croft, & Valuri, 2012). Other consequences of mothers with PPD include; the mother-infant bonding and interactions, parenting styles, and parental safety practices (Field, 2010; Moehler, Brunner, Wiebel, Reck, & Resch, 2009).

Owing to the serious negative consequences of PPD, there has been extensive research done to identify predictors of postpartum depression. A systematic review identified studies that report that breastfeeding women had lower rates of postpartum depression in comparison to women who fed their babies (Dennis & McQueen, 2009). However, there is an important question that few studies explicitly address: Does less

breastfeeding lead to more depression, or does more depression lead to less breastfeeding? Quite a lot of research on this topic has specifically focused on how depression can lead to less breastfeeding.

Breastfeeding is an intimate behavior demanding sustained periods of direct mother-infant contact, which many depressed mothers may find difficult. Formula feeding may seem like the more attractive option for depressed mothers because other caregivers can perform it. Furthermore, anxiety associated with depression can interfere with the maternal milk supply (Riordan, 2005), leading depressed mothers to feel that they have insufficient milk and need to switch to a method that guarantees that their infant gets adequate nutrition.

There are reasons to think that breastfeeding could protect mothers against depression. The act of breastfeeding releases oxytocin, which manifests lower levels in depressed mothers than non-depressed mothers (Skrundz et al., 2011). Breastfed infants tend to have easier temperaments (Jones, McFall, & Diego, 2004) and fewer health problems over the long term (Ip et al., 2007). This could also have positive downstream consequences for maternal mental health. Taken together, these findings suggest that breastfeeding could bring about protective benefits against depression. At first, the relationship between breastfeeding and postpartum depression was conceptualized to be unidirectional, with postpartum depression resulting in lower breastfeeding initiation rates and early cessation (Seimyr et al., 2014). Reports have indicated that the relationship may be bidirectional in nature, suggesting that while postpartum depression may reduce rates of breastfeeding, not engaging in breastfeeding may increase the risk of postpartum depression. Therefore, it is viable to conclude that breastfeeding may protect against postpartum depression (Figueiredo, Canario, & Field, 2014).

A study done by Zubaran and Foresti (2013b) in Southern Brazil attempted to show the correlation between breastfeeding efficacy and maternal postpartum depression. It revealed that mothers who exclusively breastfeed tend to present higher levels of breastfeeding self-efficacy than those who feed their babies with breast milk and supplementary foods/fluids. In addition, mothers experiencing depressive symptoms in postpartum period may present lower levels of breastfeeding self-efficacy. The results of this study noted that mothers who suffer from depressive symptoms may experience less confidence in their ability to breastfeed. This association needs to be considered when providing healthcare to mothers, including breastfeeding support and advice. Additional research is required to investigate whether interventions aimed at improving breastfeeding self-efficacy may, in fact, prevent or help to reduce cases of PPD.

Bowen, Holtslander, Stewart, & Irwin (2012) assessed the breastfeeding experiences of mothers experiencing PPD. These study themes were making the decision to breastfeed and having great expectations; learning the moves and wanting reassurance (establishing the breastfeeding relationship); breastfeeding in the dark (maintaining the breastfeeding relationship while trying to manage the symptom of depression); keeping it under wraps and waiting it out (issue of support). The mothers in this study valued the breastfeeding relationship when it went well, but breastfeeding difficulties intensified symptoms of depression. Mothers who decided to breastfeed their infants needed ongoing support from healthcare professionals and loved ones to continue breastfeeding when faced with the debilitating symptoms of postpartum depression. This research concluded that women need increased anticipatory guidance to be prepared for the demands of motherhood. Women who are at risk of postpartum depression need appropriate treatment throughout the perinatal period and beyond.

Empirical Literature Review

A study was done in Tanzania to assess the knowledge and prevalence of EBF in one of the major regions in the country. It estimated that out of 402 mothers who consented to participate in the study, 86% had good knowledge of EBF, but only 58% exclusively breastfed their babies until six months (Nkala & Msuya, 2011). A related study carried out in Nigeria by Ukegbu, Ukegbu, Okpara, Onyeonoro, and Ubajaka (2011) also supported observation. Although 91.2% of the participants interviewed had very sound knowledge of breastfeeding, only 37.3% practiced EBF by 24 weeks after delivery.

Brand et al. (2011) evaluated the factors leading to early cessation of EBF, that is, after only two weeks, and found that individual and professional support systems impact on the start and the cessation of breastfeeding. Mothers who want to breastfeed their young ones often encounter issues that hinder their breastfeeding process, such as moving through the medical systems (United States Department of Health and Human Services, 2011). It was concluded that knowledge about advantages of EBF, giving support, and improving problem-solving mechanisms have a direct relationship with the increased time of breastfeeding among both new and expectant mothers as they face numerous challenges to exclusive breastfeeding continuation (Brand et al., 2011; Liu et al., 2008).

Mututho's (2012) study aimed to establish the prevalence of EBF and identify the factors that influence the EBF practices amongst mothers with infants living in Kasarani slum in Molo district, Kenya. A sample of 171 mums with babies that were 6 months old and below were randomly selected. The study found that infant age and infant morbidity, maternal morbidity, maternal breast health, and maternal knowledge on breastfeeding all had a significant association with exclusive breastfeeding.

Maternal knowledge aspects included: mothers' correct knowledge on the duration of EBF, maternal knowledge of how breastfeeding protects the mother from getting pregnant, and the mother's knowledge that semi-solid/solid foods should be introduced to the infants at six months of age. EBF rate in Kasarani informal settlement was below the level recommended by WHO (90%) although higher than the Kenya national rate (32%). The study findings indicated that infant morbidity and maternal breast health are important factors to consider in the messaging when promoting exclusive breastfeeding as they are critical for the practice. Negative attitudes and beliefs about EBF should be addressed as they also affect the practice. Additionally, there is a need to improve on strategies, education, and training on EBF to reach mothers with low knowledge of the benefits and the maximum duration of EBF.

In a study on assessing the level of compliance to EBF and the factors that influence it, Muriithi (2017) concluded that compliance to EBF for six months was high at 65%, among the respondents from all the health institutions in the study. The researcher recommended that more focus be directed on information that leads to the increase of the rooming-in, early initiation of breastfeeding, and discouraging separate nurseries for well-babies to allow for early initiation of breastfeeding.

Iddrisu (2013) sought to examine EBF and family influence in rural Ghana. The study noted that EBF has been recognized as an important public health tool for the primary prevention of child morbidity and mortality. Using a qualitative method with unstructured interviews as the data collection instrument, fourteen respondents comprising breastfeeding women and family from Moglaa in the Savelugu/Nanton Municipality in Ghana participated in this study. Four themes emerged concerning the

forms of family influences on EBF: family know-how of EBF, collective sense of duty, family beliefs and practices, and learning to breastfeed.

Zubaran and Foresti (2013b), using a sample of 88 mothers drawn from Bazilon Foresti, assessed efficacy in breastfeeding and the status of health among mothers. The study revealed a strong and significant relationship between efficacy in breastfeeding and the status of health among the sampled mothers. The regression analysis indicated that the instruments used to measure the mothers' health status predicted self-efficacy scale scores for breastfeeding. In conclusion, Zubaran and Foresti (2013b) argued that efficacy in breastfeeding and the status of health among mothers in Southern Brazil are significantly related.

Conceptual Framework

This is a hypothesized model that identifies the elements under a study and their connections (Mugenda & Mugenda, 2003). Certain factors influence EBF among professional working mothers in Safaricom Ltd. These elements include knowledge and attitudes, maternal anxiety, and postpartum depression. The dependent variable that is affected by the independent variables is EBF among mothers working in Kenya. The conceptual framework that guided this study is shown in Figure 2.1.

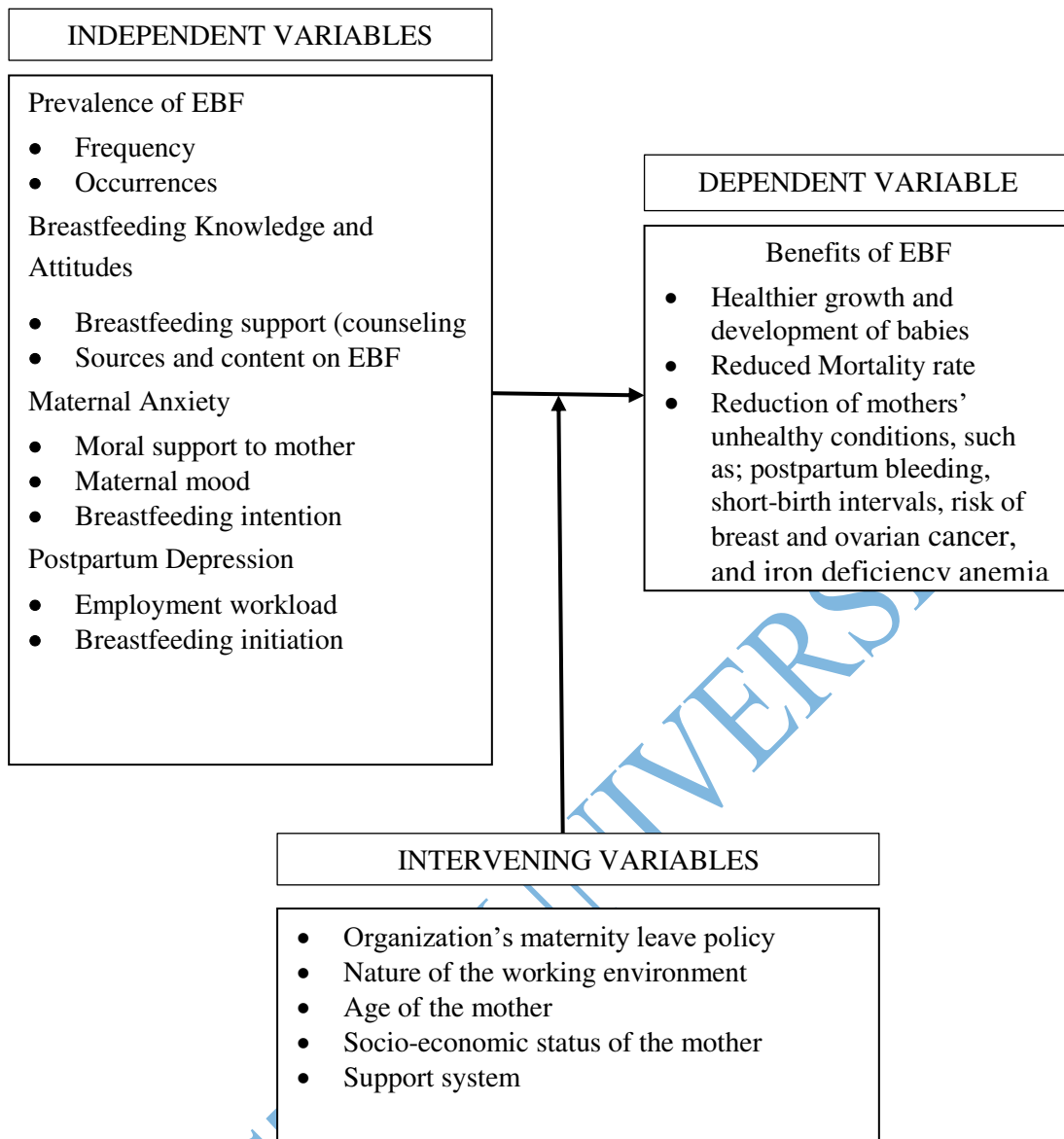


Figure 2.1: Conceptual Framework
 Source: Author (2020)

Discussion

As shown in Figure 2.1, the benefits of EBF were the dependent variables of this study. These include healthier growth and development of babies, reduced mortality rate among children and mothers, reduction of mothers' unhealthy conditions, such as postpartum bleeding, short-birth intervals, risk of breast and ovarian cancer, and iron deficiency anemia. Three main factors play a major role in achieving EBF. These are the prevalence of EBF, maternal anxiety among mothers, mothers' breastfeeding knowledge and attitudes, and PPD in mothers. These were the independent variables of this study. The preference of EBF was measured in terms of frequency at which it occurs and the mode of occurrence. Maternal anxiety among mothers was characterized by the moral support mothers receive from those close to them, including family members and friends; maternal mood; and the intention of mothers to breastfeed the infant/child. Breastfeeding knowledge and attitudes are shown in the support mothers get in terms of information and access to sources of information about EBF. PPD is experienced in mothers and can result from workloads from workplaces and breastfeeding initiations. There are the intervening factors that facilitate the influence of EBF in achieving its benefits among babies and mothers. This study considered them as intervening variables, and they include the age of the mother, social support systems for mothers and babies, socio-economic status of mothers, nature of the working environment, and the organization's working policy. These factors constitute psychological and environmental factors, both of which are critical determinants of EBF.

Summary

This chapter has explicitly provided the most relevant literature to this study's subject matter. It focused on the theoretical background associated with EBF, the practices of

EBF amongst working mothers, the barriers and benefits of EBF to both the baby and the mother, and the prevalence of EBF among working mothers. In the chapter, the researcher has also explored PPD and its influence on the length of time working mothers exclusively breastfeed their babies. Also, the chapter has also focused on the previous empirical literature relating to EBF among working mothers. Finally, the chapter has provided the conceptual framework that was derived from the reviewed literature. The next chapter focuses on the research methodology.

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CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter begins with a focus on the study design, sampling procedures, target population, and sample size determination. This is followed by a description of the tools that were used to gather data, the procedures that were followed for the same, and how the analysis of the gathered data was undertaken. The chapter concludes with an explanation of the ethical aspects that the study adhered to.

Research Design

The researcher adopted a descriptive research design. The objectives of the chosen research design were to examine and account for the current state of things. It assists in coming up with the current status of the population under research (Mugenda & Mugenda, 2003). Descriptive study designs are used in preliminary and exploratory research to let researchers collect data and summarize, present, analyze, and interpret the data collected for the core aim of clarification (Orodho, 2003). For this study, the descriptive research design was selected because it was advantageous in lowering bias while optimizing gathered information's effectiveness.

The descriptive research design attempts to collect information from the public about their understandings, behaviors, values, and views about the phenomena at hand (Frankfort-Nachmias & Nachmias, 2007). This approach helped the researcher to capture the attitude and facts about EBF among professional working mothers in Safaricom Ltd in Kenya. The workforce planning team responsible for managing employee work schedules provided the researcher with a complete list of those on the mother's shift. The policy allows women with children below 10 months to work for 6

hours a day instead of a full 8 hours per day. This translates to 30 hours a week as opposed to the 40-hour requirement by law.

Population

The study population was the women working at the Customer Care Department of Safaricom Ltd, known as the Jambo Contact Centre, located at Westlands, in Nairobi City, Kenya. These women were within the childbearing stage for most women in Africa and were also in the economically productive age where women are expected to be participating in economic development for not only the family but also for the country. About 1560 women were working at the Customer Care Department of Safaricom Ltd, and approximately 40% (624) had children.

Target Population

About 1560 women were working at the Customer Care Department of Safaricom Ltd, and approximately 40% (624) had children. Out of the 624 women, 150 had children aged between six months and two years (Safaricom, 2019). Therefore, the target population for this study comprised 150 mothers working at the Customer Care Department of Safaricom, whose children were aged between six months and two years.

Sample Size

The term sample size (n) refers to the number of participants in a group chosen for a particular study from which data is collected. It is expected that the larger the sample size, the higher the accuracy and, hence the power for a given research study design to distinguish the effect of a given size (Kadam & Bhalerao, 2010). This study used 60% of the target population as a representative of the whole population; meaning that the sample size was 90 respondents. This is in line with Mugenda and Mugenda's (2003)

and Gall, Borg, and Gall's (2003) assertion that a sample size of between 10% and 30% is an effective representation of the selected group. Given the convenience of purposive sampling, the study selected 90 respondents from the total target population of 150 mothers with lactating babies at the time, at the contact center, Safaricom Ltd.

Sampling Techniques

Purposive sampling was adopted for this study. The researcher proposed this sampling technique because it was convenient and time-saving. This is because sampling units are investigated based on the judgment of the researcher (Smith, Ramsey, & Hageman, 2000). Purposive sampling adopted in the study was to be based on specific properties of the target population that were of interest to the researcher, which best enabled the researcher to accurately answer the research questions. The respondents were approached in their work station and requested to fill in the questionnaires.

A random sampling technique was utilized to randomly select the sampled 90 respondents to participate in the study. The simple random sampling was used to pick randomly the respondents (breastfeeding mothers) to participate in the research. The respondents were randomly selected from their workstation. The study applied the inclusion/exclusion criteria to select respondents.

According to Garg (2016), the inclusion/exclusion method explains who can be included or excluded from the research study sample. The inclusion method selects the study group in a consistent, uniform, reliable, and objective manner. In contrast, the exclusion method includes elements or characteristics that make the selected groups ineligible for the research study (Garg, 2016). For this study, the inclusion criteria were applied to identify any breastfeeding mother with infants between six months to two years old, as recommended by WHO (2015). On the other hand, the

exclusion criteria were applied in excluding any other mother who was not breastfeeding at the study time.

Data Collection Instruments

Questionnaire

The study used a structured questionnaire as the data collection tool. The tool was designed to collect quantitative and qualitative data from the respondents. A questionnaire was chosen because the target population consisted of busy and literate people. For this reason, they were able to read the simple instructions in their convenient time, understand, and respond independently. A questionnaire is the most suitable instrument for this study because of its ability to collect a large amount of data in a reasonably short period (Kothari, 2008). Quantitative information was taken from the respondents using a questionnaire. It can take a large amount of data speedily (Kothari, 2008; Wambugu, Kyalo, Mbii, & Nyonje, 2015). It also gave the researcher an easy time to administer and collect the responses when they were ready.

The questionnaire was structured into sections based on the study variables. Section A dealt with demographic information of the respondents that were of interest to this study. Section B examined exclusive breastfeeding and a mother's mental health. The last section (Section D) tackled breastfeeding knowledge and attitudes among working mothers.

Perinatal anxiety scale

This is a valid and reliable 31-item self-report tool designed to screen for problematic yearning in antenatal and postpartum mothers. It distinguishes between high and low risk for presenting an anxiety disorder by considering four domains that address particular symptoms of anxiety as they present in perinatal mothers. The domains

form subscales which involve 1) Excessive Worry and Specific Fears, 2) Perfectionism, Control, and Trauma, 3) Social Anxiety, and 4) Acute Anxiety and Adjustment. The answers for the questions in the scale are; “never” “sometimes,” “often,” and “almost always” and their scores are 0,1,2,3 respectively. The highest score is 63 and is achieved by adding all of the items on the PASS. A score of 26 is suggested to distinguish between high and low risk for presenting with an anxiety condition (Somerville et al., 2013).

The researcher administered the Perinatal Anxiety Screening Scale (PASS) to the sampled breastfeeding mothers to measure their anxiety levels, with the help of the organization’s experienced Psychiatrist and Counselors psychosocial support and following the Diagnostic Statistical Manual of Mental Disorders-IV. The psychiatrist and the counselors assessed the sampled mothers'current psychological condition. They also provided the mothers with the psychological support that enabled them to deliver on their expectations both at home and at work. The mothers who reported a total score of 26 and above were allowed to fill the main questionnaire. This helped the researcher to show the number of EBF women who were affected by anxiety related to EBF practice, thus, the need to offer early intervention to the mothers.

Data Collection Procedures

The researcher initially got a transmittal letter from the University department offices and a permit from the National Council for Science and Technology. This aided in getting authorization from the management of Safaricom Ltd to collect data from the respondents on the premises. The researcher then made a prior visit to the Customer Care Department of Safaricom Ltd for two reasons. The first reason was to explain to the mothers the purpose of the study and what was expected of them with the assurance that the data collected from them would be handled with high-level

confidentiality, and requesting them to give the information honestly. Secondly, the researcher needed to interact with breastfeeding working mothers to understand their work schedules and their preferred and convenient method of filling the questionnaire and the PASS. Some mothers agreed that they could respond to questions in face-to-face interviews, while some said they could be left with the questionnaires and PASS tools to fill at their convenient time, while others preferred filling the tools online in soft copy.

For the respondents who agreed to face-to-face interviews, the researcher interviewed one person at a time, using less than five minutes per interview. The researcher then filled in the information provided by the respondents on the questionnaire. There was a mutual agreement with the researcher on the appropriate time to pick the filled questionnaires and the PASS tools for respondents who agreed to be provided the research instruments to fill for themselves. Lastly, the respondents who requested to send the research instruments in the soft copy provided the email addresses, and the researcher emailed the tools. However, there was a mutual agreement on the maximum duration they could take to fill the tools. The researcher received the duly filled questionnaires within the schedule of the data collection exercise.

Pretesting

Since the PASS is a standardized tool, the researcher only pretested the questionnaire. Therefore, before the questionnaire was presented to the field for actual information collection, the researcher ensured that it was valid and reliable. The pretesting of the questionnaire was done at Airtel Kenya Ltd. According to Mugenda (2008), 1% to 10% of the sample is adequate for pretesting exercise in a descriptive study. Therefore, nine (10% of 90) professional working mothers at the Call Center Department of Airtel Kenya Ltd were randomly selected to make the pretesting

sample. The researcher approached an identified senior manager at the offices to seek permission to access the respondents. Airtel Kenya Ltd was chosen to owe to its similar situational, geographical, and demographic characteristics with Safaricom Ltd.

Validity and reliability of the research instruments

Wambugu et al. (2015) noted that validity refers to the appropriateness, meaningfulness, and usefulness of the inferences a researcher makes. Validity is the most evaluative criterion of effective measurement and shows the extent to which a tool measures what it should measure, according to Kothari (2004). In this study, only the questionnaire was taken through different validation stages to ensure contextual, logical, and thematic validity. The validation stages in this study were suggestions from the supervisors and Daystar university researchers.

Reliability refers to the extent of consistency that the instrument demonstrates on continuous trials (Kothari, 2007; Wambugu et al., 2015). Since the PASS is a standardized tool, only the reliability of the questionnaire was tested. To ascertain the effectiveness of the questionnaire, Cronbach's Alpha test was applied. According to Agresti and Hitchcock (2005), Cronbach's Alpha tests the internal consistency of the items in the questionnaire that are on multiple scales. The computation of Cronbach's Alpha was done using the Statistical Package for the Social Sciences (SPSS) version 23.0. Cronbach Alpha coefficient varies on a scale of 0.00 (indicating total unreliability) and 1.00 (indicating perfect reliability). Wambugu et al. (2015) noted that Cronbach's Alpha Coefficient of 0.8 to 0.9 indicates high reliability, 0.6 to 0.8 indicates acceptable reliability, while below 0.5 is unacceptable. Using questionnaires obtained from the pretesting exercise, the research conducted a Cronbach Alpha test. The findings indicated that the Cronbach Alpha coefficient for all items that were on

multiple Likert scales was 0.81, which implied that the questionnaire was reliable and acceptable.

Data Analysis Plan

This is the scientific process of organizing and summarizing data to generate the required information (Culén, 2010). The quantitative and qualitative data collected from the field was analyzed to provide empirical information on EBF mothers' current trend. The triangulation of the findings was based on global, regional, and local secondary sources of data.

Quantitative raw data from the field was first entered into Microsoft Excel for cleaning and coding. The data was then exported to SPSS, version 23.0 for analysis. The research utilized both descriptive and inferential statistics to describe quantitative data. Descriptive statistics, such as frequency and percentages, were used to explain respondents' demographic information. Descriptive statistics (frequencies and percentages) were also used to describe the prevalence of EBF and investigate the knowledge and attitudes amongst working mothers. The study applied descriptive statistics, precisely frequencies and percentages.

Inferential statistics, specifically Pearson's correlational analysis, were used to establish the relationship between maternal anxiety and EBF, and EBF's duration and postpartum symptoms among working mothers. This implies that correlation analysis was utilized to establish the nature and the connection between independent and dependent variables in the study. For qualitative data, the research applied a thematic approach, whereby the qualitative data was sorted and arranged in specific themes for inductive content analysis. Both quantitative and qualitative study findings were presented in the form of graphs, charts, and statistical distribution tables.

Ethical Considerations

Daystar University Ethics Review Board gave ethical approval for data collection, analysis, and presentation of research findings. The researcher also obtained a research permit from The National Commission for Science, Technology and Innovation to legalize the data collection exercise. The researcher strictly adhered to the highest scientific standards throughout the research process from data collection, analysis, and remained impartial in the presentation of the research findings. Each participant in the study was given a chance to read, question, understand, and sign a consent form before participating in the study.

The study ensured the participants were free to take part and contribute willingly to the research. It also stood by the necessary behavior about the rights of the participants. Further, the study ensured that the necessary study authorizations were obtained and appropriate explanations specified to the respondents before the study's initiation. Also, plagiarism was kept away through proper referencing of all sources used for the study. Besides, confidentiality was assured to all respondents, making it clear the gathered information would not be accessible to unauthorized persons.

Summary

The methodology that this study adhered has been clearly described in this chapter. The subsequent chapter gives focus to how the collected data was presented, analyzed, and interpreted.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

Introduction

This section provides the presentation, analysis, and interpretation of the study findings obtained during the data collection exercise. The study sample included mothers working in the customer care department at Safaricom Ltd at the Jambo Contact Centre in Nairobi. The research used SPSS, version 23, to analyze the collected data.

Analysis and Interpretation

The findings are presented in these subsections: response rate, demographic information of the respondents, the prevalence of EBF among professional working mothers, breastfeeding facts and assertiveness amid employed mothers, the relationship between maternal anxiety and EBF among working mothers, and the relationship between postpartum depressive symptoms and EBF duration among working mothers at Safaricom Ltd.

Response Rate

The sample size for this study was 90 respondents. Therefore, the researcher distributed 90 questionnaires to randomly selected women working in the customer care department at Safaricom Ltd, at the Jambo Contact Centre in Nairobi. Out of the 90 questionnaires that were administered, 75 were filled - a response rate of 83%, as shown in Table 4.1.

Table 4.1: Response Rate

Respondents	Targeted Sample Size	Actual Sample Size	Response Rate
Women working customer care	90	75	83.3%

department at Safaricom Ltd.

Table 4.1 presents the study's response rate of 83.3%. A response rate of above 70% is excellent as per Mugenda and Mugenda (2003) hence 83.3 is excellent to make a study conclusion. The high response rate achieved in this study is attributed to the fact that the researcher administered the questionnaires herself using different methods including face-to-face, drop and pick, and online.

Demographic Information of the Respondents

The researcher sought to find out some general information among professional working mothers at Safaricom Ltd. The study was interested in demographic information such as: age, education level, marital status, religion, respondents' number of children, and period worked at Safaricom Ltd. This general information was vital as it reflected on the reliability of information based on the responses and information given by the respondents.

Age of the respondents

Age bracket was the first demographic information that the researcher sought to know from the respondents. Findings were as shown in Figure 4.1.

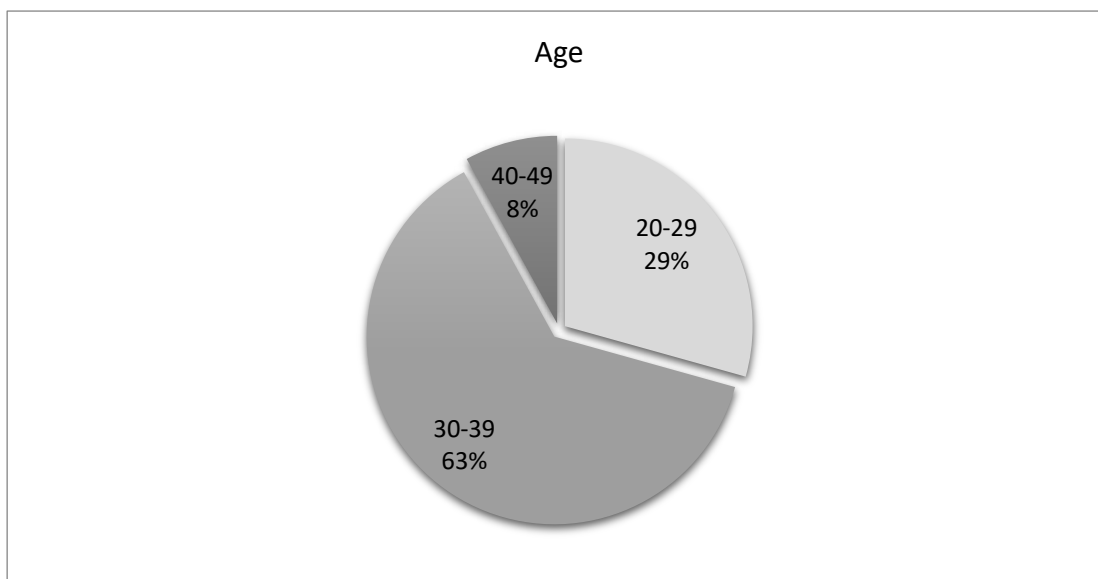


Figure 4.1: Age of the Respondents

Results shown in Figure 4.1 indicate that 63% of the professional working mothers at Safaricom Ltd were between 30-39 years old, 29% were 20-29 years old, while 8% were 40-49 years old. These findings imply that the researcher obtained information from professional working mothers who were between 20 and 50 years old. This age bracket is the most productive age group who are independent since below 18 years are children while above 65 years are the elderly, which are a dependent group of people. Based on these findings, it is reasonable to argue that the findings of this study were not influenced by the age of the respondents since the responses were from professional mothers of different age groups.

Education level

The education level assisted the researcher to be aware of the academic qualification of the participants. The researcher, therefore, asked the respondents to indicate the highest level of education they had attained and the findings were as shown in Figure 4.2.

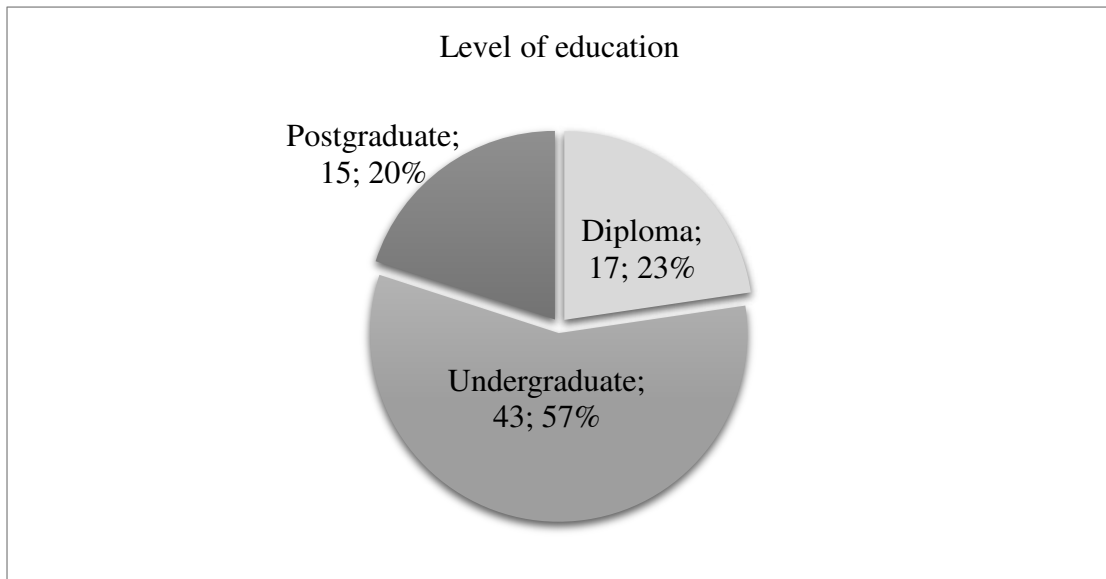


Figure 4.2: Respondents' Academic Level

As per the study findings depicted in Figure 4.2, 20% of the participants had attained postgraduate academic qualifications, 57% had obtained undergraduate level education, while 23% had diploma level education. Based on these findings, it is factual that Safaricom Ltd employed qualified mothers. The findings also show that the respondents were learned, thus, they could read and understand the questions concerning this study.

Marital status

The study was also interested in knowing the marital status of the respondents since the study's focus was on exclusive breastfeeding which has a direct connection to marital engagement. The result was as shown in Figure 4.3.

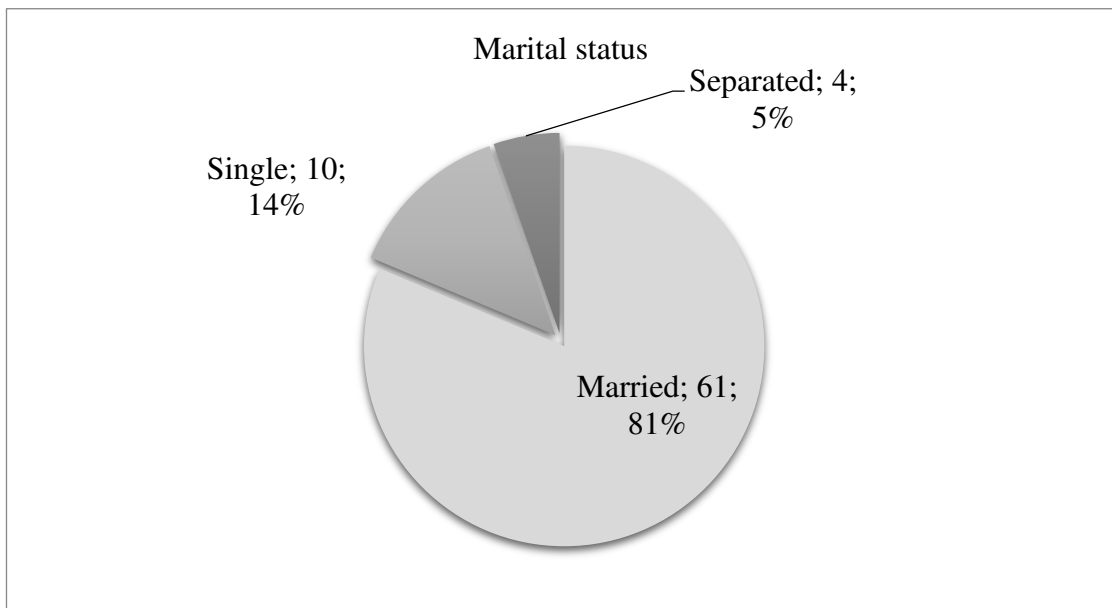


Figure 4.3: Respondents' Marital Status

Findings illustrated in Figure 4.3 show that most of the respondents were married (81%), 14% were single, while 5% were separated. This finding implies that the findings of this study were obtained from mothers of different marital status, thus, varied perceptions on exclusive breast-feeding.

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Religion of the respondents

Findings on the religion of the respondents were as presented in Figure 4.4.

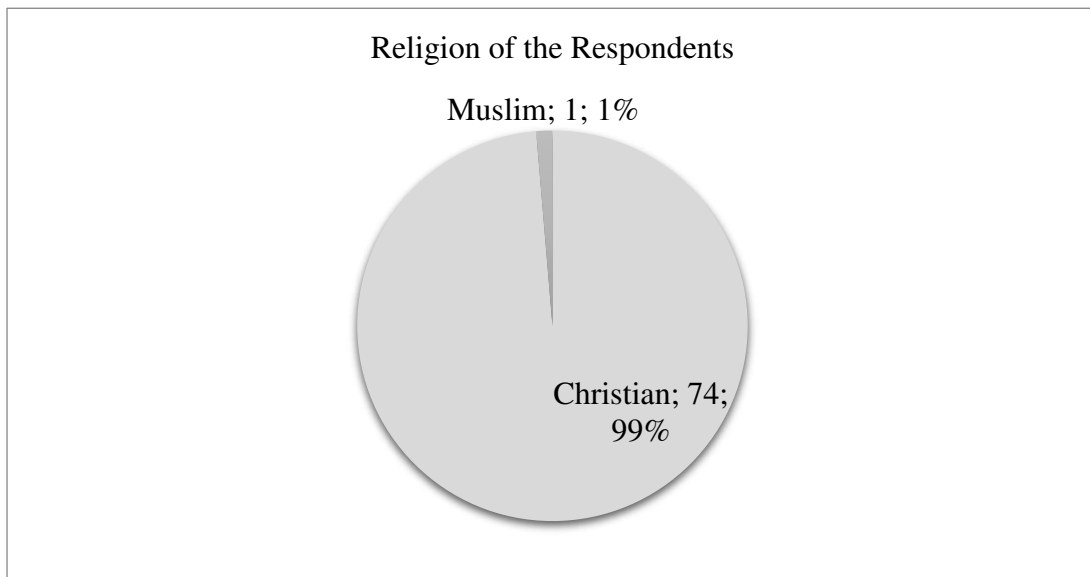


Figure 4.4: Religion of the Respondents

As per findings shown in Figure 4.4, 99% of the respondents were Christians while one was a Muslim. This finding implies that the majority of the professional mothers working at Safaricom Ltd were Christians. Thus, the Christian culture with regards to breast-feeding is probably adopted.

Number of children

This study's focus was on exclusive breast-feeding, thus, the number of children a mother had, informed her experience with exclusive breast-feeding and its importance. Therefore, the study asked the participants to indicate their number of children. Findings were as shown in Figure 4.5.

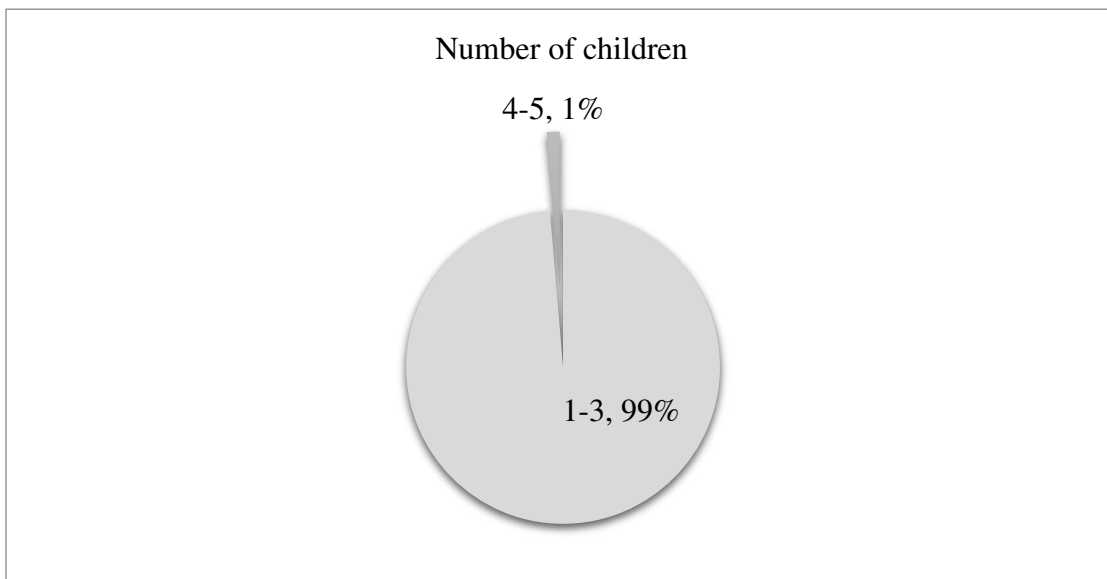
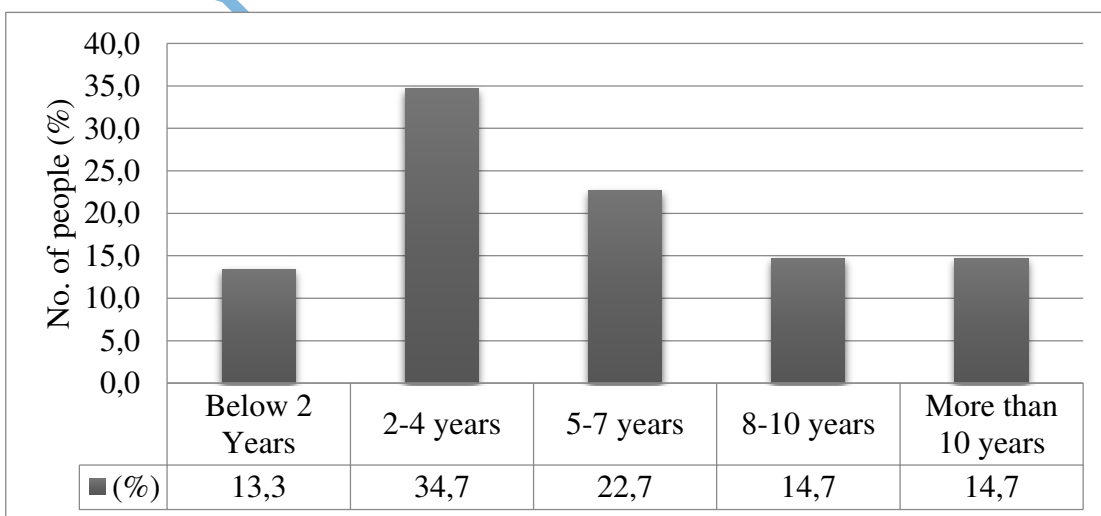


Figure 4.5: Number of Children Respondents Had

As displayed in Figure 4.5, 99% of the participants had 1 to 3 children while 1% had 4 to 5 children. This finding implies that most of the professional working mothers at Safaricom Ltd had few children and it might be attributed to family planning, their age, among other factors.

Period respondents had worked at Safaricom Ltd

The study sought to find out the period the participants had worked with Safaricom Ltd to establish their experience with the organization. Study findings were as



presented in Figure 4.6.

Figure 4.6: Period Respondents Worked at Safaricom Ltd

As can be seen Figure 4.6, 34.7% of the respondents had worked with Safaricom Ltd for 2 to 4 years, 22.7% had worked for 5 to 7 years, 14.7% had worked for 8 to 10 years, another 14.7% had worked for more than 10 years, while those working for less than 2 years was presented by 13.3%. These findings imply that cumulatively the majority of the respondents (86.8%) had worked with Safaricom Ltd for at least 2 years as compared to 13.3% who had worked with Safaricom Ltd for less than 2 years. Therefore, the majority of the respondents of this study have had adequate experience with Safaricom Ltd, thus, they understood most of its operations and activities with regards to promoting breastfeeding exclusively among women who are working.

Prevalence of EBF among Professional Working Mothers

The initial objective of this research was to scrutinize the prevalence of EBF among expert employed mothers at Safaricom Ltd. The researcher simply sought to know the extent to which professional working mothers preferred exclusive breast-feeding with their babies especially when the babies are below 6 months. To achieve the first objective, the researcher started by seeking to know whether respondents have had a child since they joined Safaricom Ltd. Findings were as shown in Table 4.2.

Table 4.2: Whether Respondents have had a Child since Joining Safaricom Ltd

Whether the mothers have had a child since joining Safaricom Ltd	Frequency	Percent
Yes	75	100.0

The findings outlined in Table 4.2 show that all at 100% of the professional working mothers at Safaricom Ltd, who participated in this study, indicated that they have had a child in the time that they have been employees of Safaricom Ltd. This shows that

the sampled population was the target population of this study. Thus, the findings of this study are relevant and valid. The findings also show that all the respondents have had experience with breastfeeding; hence, they understood what was meant by EBF. The respondents were then asked to indicate whether they had a plan to breastfeed before giving birth. Their responses were as shown in Table 4.3.

Table 4.3: Whether Respondents Had a Plan to Breastfeed before Delivery

Whether the mothers had a plan to breastfeed before delivery of their baby	Frequency	Percent
Yes, I planned to breastfeed for a few weeks	6	8.0
Yes, I planned to breastfeed for several months or more	69	92.0
Total	75	100.0

As depicted in Table 4.3, 92% of the respondents agreed that they had planned to breastfeed for several months or more before giving birth while 8% had planned to breastfeed for a few weeks. The findings imply that most of the professional working mothers at Safaricom Ltd understand the need to breast-feed their babies for several months or more after delivery. Based on this finding, it is probable to infer that majority of the professional working mothers prefer breastfeeding of their babies, thus, the prevalence of EBF among professional working mothers is quite high.

The study further sought to know how long it took respondents after birth before their babies first latched on their breasts for breastfeeding. Table 4.4 presents the study findings.

Table 4.4: How Soon After Birth, the Baby First Latched On the Breast

How soon after birth, the baby first latched on the breast?	Frequency	Percent
Not at all	2	2.7
Within the first hours after delivery	24	32.0
Within the first day	26	34.7
After the first day but before the end of day 2	16	21.3
On the third day or later	7	9.3
Total	75	100.0

The findings provided in Table 4.4 reveal that babies first latch on their mothers' breasts for breast-feeding at different periods soon after birth. For instance, the findings show that 32% of the respondents had their babies latch on their breasts within the first hours after delivery, 34% had their babies latch on their breasts within the first day after delivery, 21.3% had their babies latch on their breasts after the delivery day but before the end of the second day, while 9.3% had their babies latch on their breasts on the third day after delivery or later. Only 2.7% of the respondents indicated that their babies never latched on their breasts for breastfeeding.

Respondents were further asked to indicate the day colostrum changed to milk. The findings are presented in Table 4.5.

Table 4.5: The Day Colostrum Changed to Milk

The day colostrum changed to milk	Frequency	Percent
During the first 24 hours	12	16.0
After the first 24 hours but before 48 hours	17	22.7
After 48 hours but before 72hours	29	38.7
After 72 hours	17	22.7
Total	75	100.0

As per the findings covered in Table 4.5, 16% of the respondents shows that colostrum changed to milk during the first 24 hours after delivery, 22.7% said colostrum changed to milk after the first 24 hours, but before 48 hours, 38.7% said colostrum changed to milk after 48 hours but before 72 hours, while 22.7% said colostrum changed to milk after 72 hours. The findings imply that in most mothers, colostrum changes to milk for at most 72 hours from the time they give birth.

The study further sought to know whether babies had any new troubles latching on their mothers' breasts when colostrum changed to milk. The responses of the mothers were as shown in Table 4.6.

Table 4.6: New Trouble Latching on when Colostrum Changed to Milk

Whether babies had new trouble latching on when Colostrum	Frequency	Percent
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changed to milk		
No, no new trouble, same as the previous day	40	53.3
Yes, but it was resolved without the help	15	20.0
Yes, and it was resolved with the help	16	21.3
Yes, and it was not resolved and ended my breastfeeding	4	5.3
Total	75	100.0

As depicted in Table 4.6, most (53.3%) of the babies did not have challenges latching on their mothers' breasts when colostrum changed to milk. They just latched the same as they did when cholesterol had not changed to milk. Some mothers at 20% of mothers indicated that their babies experienced trouble latching on their breasts when colostrum changed to milk. However, the problem was resolved without help. Only 21.3% of the mothers indicated that the trouble of latching among their babies was resolved with help, while 5.3% said that the trouble was not resolved at all. These findings show that the majority at 73.3% of the babies do not experience any challenge latching on their mothers' breasts when colostrum changes to milk; if any trouble is experienced, the baby does not need any help. These findings imply that change of cholesterol to milk among mothers does not seriously affect the latching of babies during breastfeeding.

The study also sought to establish the frequency of breastfeeding mothers' absence from work since reporting from their maternity leave of four months as per the Safaricom Ltd policy. Findings were as tabulated in Table 4.7.

Table 4.7: Period Breastfeeding Mothers were Absent from Work after Leave

Number of times	Frequency	Percent
Never	19	25.4
Once	22	29.3
3 times	28	37.3
More than 5 times	6	8.0
Total	75	100.0

As shown in Table 4.7, 29.3% of the professional working mothers at Safaricom Ltd indicated that they had been absent from work once since reporting from their

maternity leave, 37.3% indicated they had been absent three times, while 8% had been absent for more than five times. Only 25.4% of the mothers indicated that they had never been absent from work since reporting from their maternity leave. In total, 74.6% of the professional mothers working at Safaricom Ltd had been absent for at least once from work since reporting from their four months' maternity leave.

To establish whether the absenteeism from work after the four months' leave was associated with the child's well-being, mothers were asked to indicate the number of absences that were related to the child's health. Their responses were as shown in Table 4.8.

Table 4.8: Number of Absences Related to Child's Health

Number of absences related to a child's health	Frequency	Percent
None	24	32.0
One	17	22.7
All	34	45.3
Total	75	100.0

According to the findings given in Table 4.8, 45.3% of the mothers indicated that all the days they had been absent from work after their maternity leave was related to their child's health. In comparison, 22.7% indicated that one of the days they were absent was related to their child's health. Some mothers at 32% indicated that none of the days they were absent was related to their child's health. These findings imply that most of the absences at work by professional mothers at work are related to the child's health.

Breastfeeding Knowledge and Attitudes among Working Mothers

The second objective of this study was to investigate the breastfeeding knowledge and attitudes among working mothers at Safaricom Ltd. Respondents were first asked whether they had received information on breastfeeding before giving birth. Table 4.9 shows their responses.

Table 4.9: Whether Mothers Received Information on Breastfeeding before Birth

Whether mothers received information on breast-feeding before giving birth	Frequency	Percent
Yes	65	86.7
No	10	13.3
Total	75	100.0

The findings shown in Table 4.9 show that the majority of the mothers (86.7%) agreed that they had received information on breastfeeding before giving birth to their children. Only 13.3% indicated that they did not receive any information on breastfeeding before giving birth. Hence, the majority of the mothers are given information about breastfeeding before they give birth; thus, they probably understand baby latching and the benefits of EBF to themselves and the baby.

The mothers who agreed that they had received information on breast-feeding before giving birth were further asked to highlight the sources of information on breast-feeding. Findings were as shown in Table 4.10.

Table 4.10: Source of Information on Breast-Feeding (n=65)

Source of information on breastfeeding	No. of responses	Percentage
Relatives	61	81.3
Friends	25	33.3
Media	24	32.0

As shown in Table 4.10, most of the breastfeeding mothers working at Safaricom at 81.3% obtained information on breastfeeding from relatives, 33.3% obtained information on breastfeeding from relatives. In comparison, 32.0% obtained the same information from media. These findings show that relatives play an important role in informing expectant mothers about breastfeeding, how it can be done effectively, and its importance to the baby and even to the mothers themselves. The low score of media calls for all media platforms to come up with programs and adverts that educate and inform mothers about breastfeeding and its importance to the health of the baby and the mother.

The research went further and asked the mothers whether they received any information on breastfeeding from health workers immediately they gave birth. Their responses were as shown in Table 4.11.

Table 4.11: Any Information on Breast-Feeding from Health Workers

Whether mothers received any information on breastfeeding from health workers after delivery	Frequency	Percent
Yes	62	82.7
No	13	17.3
Total	75	100.0

As outlined in Table 4.11, the majority (82.7%) of the respondents had received some information on breastfeeding from health workers after delivery, while 17.3% indicated that they did not receive any information on breastfeeding after delivery. The findings signify that most health workers provide breastfeeding information to mothers upon successfully giving birth to their children. Such information includes the advantages of exclusive breastfeeding, among others.

Respondents were asked to provide the specific type of information they received from health workers on breastfeeding after delivery of their children. Table 4.12 summarizes the findings.

Table 4.12: Type of Information Mothers Received From Health Workers (n=75)

Type of information mothers received from health workers	No. of responses	Percent
Exclusive breastfeeding and its advantages	37	49.3
Breast holding to avoid giving the baby the nipple alone	14	18.7
None	13	17.3
Diet and proper nutrition that improves milk supply and hygiene	8	10.7
Taking a lot of fluids	5	6.7
Baby latching, good position for the baby to stimulate milk well	5	6.7
Signs of the baby when hungry	3	4.0
Pumping breast milk while at work and choosing to work from home	3	4.0
Storage of pumped milk	1	1.3
Maintenance of milk supply	1	1.3
How to improve the immunity of mother and child	1	1.3
Importance of being mentally stable to improve milk production	1	1.3

The responses provided in Table 4.12 demonstrate that most of the information mothers received from health workers after giving birth included exclusive breastfeeding and its advantages (49.3%), breast holding to avoid giving the baby only the nipple (18.7%), and diet and proper nutrition that improve milk supply and hygiene (10.7%). Other information mothers obtained from health workers on breastfeeding include taking a lot of fluids, baby latching, good position for the baby to stimulate milk well, signs of the baby when hungry, pumping breast milk while at work, and choosing to work from home. The findings demonstrate that, indeed health workers provide quite important information to mothers after successfully delivering.

The study further sought to establish the importance of breastfeeding to both the infant and the woman. Therefore, the researcher designed various statements regarding the importance of breastfeeding to both the mother and the infant and asked respondents to show the level to which they agreed or disagreed with the views. Findings were as presented in Table 4.13.

Table 4.13: Benefits of Breast-feeding to Both Mother and Child

Benefits		Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Breast milk is hygienic and safe for the baby	N	60	8	0	0	7	75
	%	80.0	10.7	0	0.0	9.3	100.0
Helps to protect baby from diseases	N	59	8	1	0	7	75
	%	78.7	10.7	1.3	0.0	9.3	100.0
Needed for healthy growth and development of the baby	N	61	7	0	0	7	75
	%	81.4	9.3	0.0	0.0	9.3	100.0
Breastfeeding may protect against breast and ovarian cancer	N	22	4	34	3	5	75
	%	31.4	5.3	54.6	4.0	6.7	100.0
Aids uterine involution and prevents excessive bleeding after delivery	N	21	5	44	2	3	75
	%	28.0	6.7	58.6	2.7	4.0	100.0
Reduces the cost of feeding and preparation time	N	54	9	4	0	8	75
	%	72.0	12.0	5.3	0.0	10.7	100.0
Enhances bonding between mother and child	N	61	7	0	0	7	75
	%	81.3	9.3	0.0	0.0	9.3	100.0

The findings shown in Table 4.13 reveal that most of the respondents (more than 75%) 'agreed' and 'strongly agreed' that EBF is very beneficial. It is hygienic and safe for the baby (90.7%), helps to protect the baby from diseases (79.4%), it is needed for healthy development and growth of the baby (90.7%), reduces the cost of feeding and preparation time (84%), and it enhances bonding between mother and child (90.6%). However, more than half of the respondents at 54.6% were not sure that breastfeeding might protect mothers against breast and ovarian cancer; only 36.7% 'agreed' and 'strongly agreed' to the same. Also, most of the respondents at 58.6% were not sure that breastfeeding aids uterine involution and prevents excessive bleeding after delivery; only 34.7% 'agreed' and 'strongly agreed' to the same. These findings show that most mothers understand that EBF has various benefits to them and their babies; thus, the need to encourage and promote the practice to working mothers regardless of the the kind of job they do.

Consequently, the researcher sought to establish breastfeeding attitudes and understanding among working women at Safaricom Ltd. To achieve this, the researcher set various statements regarding breastfeeding knowledge and attitudes among working mothers and asked the mothers to agree or disagree with the statements. Findings are as shown in Table 4.14.

Table 4.14: Breastfeeding Knowledge and Attitudes among Working Mothers

Breastfeeding knowledge and attitudes		Yes	No	Total
Breastfeeding should be the first feed a baby is given after birth	N	72	3	75
	%	96.0	4.0	100.0
The baby should be put to the breast after more than one hour to allow the mother to rest	N	37	38	75
	%	49.3	50.7	100.0
The first yellowish milk/colostrum should be fed to the baby	N	71	4	75
	%	94.7	5.3	100.0
Breast milk alone without even water can sustain the baby for six months	N	66	9	75
	%	88.0	12.0	100.0
Breastfeeding protects the baby from illnesses	N	69	6	75
	%	92.0	8.0	100.0
Expressed breast milk should be fed to the baby when the mother is away	N	66	9	75
	%	88.0	12.0	100.0
Breastfeeding helps the mother not to get pregnant	N	14	61	75

	%	18.7	81.3	100.0
Semi-solid/solid foods should be introduced to the baby at six months of age	N	61	14	75
	%	81.3	18.7	100.0

As per the findings in table 4.14, working mothers at Safaricom Ltd agreed that: Breastfeeding should be the first feed a baby is given after birth at 96%, the first yellowish milk/colostrum should be fed to the baby at 94.7%, breast milk alone without even water can sustain the baby for six months at 88%, breastfeeding protects the baby from illnesses at 92%, expressed breast milk should be fed to the baby when the mother is away at 88%, and that semi-solid / solid food should be introduced to the baby at six months of age at 81.3%. On whether the baby should be put to the breast after more than one hour to allow the mother to rest, 49.3% of the mothers agreed, while 50.7% disagreed. Consequently, the majority of the mothers at 81.3% disagreed that breastfeeding helps the mother not to get pregnant while a few at 18.7% agreed. These findings have shown that was adequate breastfeeding knowledge and attitudes among working mothers at Safaricom Ltd.

Relationship between Maternal Anxiety and EBF among Working Mothers

The study sought to find out the relationship between maternal anxiety and EBF among working mothers at Safaricom Ltd. To achieve this, the researcher conducted Pearson's correlational analysis between indicators or attributes of maternal anxiety and those of EBF among the working mothers at Safaricom Ltd.

The maternal anxiety indicators used in this case comprised 12 items among the 31 items that were listed in the Perinatal Anxiety Screening Scale (PASS). The 12 items had a mean score of 2.0 (often) or 3.0 (almost always) since the Likert scale was between 0 and 3. The 12 items with a mean score of 2.0 or 3.0 included: 1) Worry about the baby/pregnancy; 2) fear that harm will come to the baby; 3) Worry about many things; 4) Worry about the future; 5) Feeling overwhelmed; 6) Sudden rushes of

extreme fear or discomfort; 7) Repetitive thoughts that are difficult to stop or control; 8) Having to do things in a certain way or order; 9) Wanting things to be perfect; 10) Needing to be in control of things; 11) Concerns about repeated thoughts, and 12) Being 'on guard' or needing to watch out for things.

The EBF indicators that were used in conducting the Pearson correlation analysis comprised of 5 items out of 7 items that were listed with regards to the benefits of EBF to both mother and child. The 5 items had a mean score of 4.0 (agree) or 5.0 (strongly agreed), an indication that the EBF prevalence was high, and they include: 1) Breast milk is hygienic and safe for the baby; 2) Breast-feeding helps to protect baby from diseases; 3) Breast-feeding is needed for healthy growth and development of the baby; 4) Breastfeeding reduces the cost of feeding and preparation time; and 5) Breastfeeding enhances bonding between mother and child.

As a rule of thumb, a Pearson correlation coefficient (r) of 0-0.2 implies that there is no relationship between two variables that are being measured; $r=0.3-0.4$ implies that there is a positive but weak relationship, $r=0.5-0.6$ implies that there is a positive but moderate relationship, $r=0.6-0.7$ implies that there is a positive and strong relationship, while 0.8-0.9 implies that there is a positive and very strong relationship between the two variables being measured. Any correlation between two variables is considered statistically significant if the statistical significance (p) is less or equal to 0.05. The findings of the Pearson correlational analysis between maternal anxiety indicators and EBF indicators were as shown in Table 4.15.

Table 4.15: Correlation Analysis between EBF Prevalence and Maternal

Correlations	
EBF Prevalence among working	Maternal Anxiety among working

		mothers	mothers
EBF Prevalence among working mothers	Pearson Correlation	1	.004
	Sig. (2-tailed)		.675
	N	75	75
Maternal Anxiety among working mothers	Pearson Correlation	.004	1
	Sig. (2-tailed)	.675	
	N	75	75

Pearson's correlation matrix results shown in Table 4.14 indicate a positive and strong relationship between EBF prevalence and maternal anxiety among professional mothers working at Safaricom Ltd ($r=0.675$). The relationship is statistically significant since the statistically significant coefficient at 95% confidence level is $p=0.004$, which is less than the acceptable significance coefficient value of 0.05. This finding implies that maternal anxiety among mothers is directly affected EBF among mothers. Therefore, mothers should minimize maternal anxiety since it affects their EBF thus affecting the development of both mother and child.

Relationship between Postpartum Depressive Symptoms and EBF among Working Mothers

The last objective of this study was to find the connection between postpartum depressive (PPD) symptoms and EBF among working mothers at Safaricom Ltd. Therefore, a Pearson's correlational analysis was conducted between indicators of PPD and indicators of EBF among the working mothers at Safaricom Ltd. The PPD symptoms were selected from the Perinatal Anxiety Screening Scale (PASS) items that were provided to the respondents to fill. Items that showed signs of PPD symptoms included: A sense of fear that something negative is going to happen; worry concerning many things; challenges when sleeping even when I have the

opportunity to sleep; disturbance about memories, dreams, or nightmares; assuming things which concern me; feeling disconnected like you're watching yourself in a movie; anxiety getting in the way of being able to do things; the dread of losing control; feeling agitated, and feeling panicky. On the other hand, EBF indicators are comprised of statements regarding the benefits of breastfeeding to both mother and child.

The findings of the Pearson correlational analysis between PPD symptoms and EBF among working mothers at Safaricom Ltd were as shown in Table 4.16.

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Table 4.16: Correlation Results between PPD Symptoms and EBF

		Correlations	
		EBF among working mothers	PPD symptoms
EBF among working mothers	Pearson Correlation	1	.000
	Sig. (2-tailed)		.867
	N	75	75
PPD symptoms	Pearson Correlation	.000	1
	Sig. (2-tailed)	.867	
	N	75	75

According to the Pearson's correlation matrix results shown in Table 4.16, the Pearson Correlation coefficient (r) is 0.867, while the statistical significance coefficient at 95% confidence level is 0.000. The results imply a positive and very strong relationship between EBF among mothers and PPD symptoms among professional mothers working at Safaricom ($r=0.867$). The relationship is statistically significant since the statistically significant coefficient at 95% confidence level is 0.000, which is less than the acceptable significance coefficient value of 0.05. This finding implies that PPD among working mothers has a direct association with EBF among mothers.

Suggestions/Recommendations towards Exclusive Breastfeeding among Professional Working Mothers at Safaricom Ltd

Finally, the researcher asked respondents to suggest or recommend what could be put in place towards exclusive breastfeeding among professional working mothers at Safaricom Ltd. The suggestions/recommendations the respondents gave are summarized in Table 4.17.

Table 4.17: Recommendations/Suggestions towards EBF

Suggestions/recommendations	Frequency	Percent
One-hour lunch break instead of 40 minutes to provide more time for breastfeeding	12	16.0
Exclusive breastfeeding to be encouraged at work for at least 6 months	11	14.7
Extension of maternity leave to 6 months	11	14.7
Breastfeeding mothers to be given 20 minutes break in every 3 hours to breastfeed their babies	9	12.0
None	4	5.3
Provide creche at the Call center staff working at SCC	4	5.3
Provide a good diet for breastfeeding mothers to improve milk production for babies	3	4.0
Mothers with babies below 6 months to be given less working hours	3	4.0
Provision of articles from time to time on exclusive breastfeeding	3	4.0
Provide counseling services and professionals to ease overwhelming	2	2.7
Provide suggestion box for mothers who are breastfeeding	1	1.3
Provide a friendly breastfeeding environment e.g. a well-equipped room with grade pumps	1	1.3
Express breastfeeding to be encouraged when mothers are away	4	5.3
Mothers with babies of mothers and below to be given priority to work from home	5	6.7
Flexible work shifts for breastfeeding mothers	2	2.7
Total	75	100.0

The main suggestions/recommendations provided by the respondents, as shown in Table 4.16 were one-hour lunch break instead of 40 minutes to provide more time for breastfeeding (16%), EBF for at least six months to be encouraged at work (14.7%), an extension of maternity leave to six months (14.7%), and breastfeeding mothers to be given 20 minutes break every 3 hours to breastfeed their babies (12%). Other recommendations were as shown in Table 4.17 in descending order.

Summary of Key Findings

1. Ninety-two percent (92%) of the respondents agreed that they had decided to breastfeed for a number of months or more before giving birth, while 8% had planned to breastfeed for a few weeks. Latching of babies on breasts happened within the initial hours after birth (32%), within the first day after delivery (34%), after the first day but before the end of the second day (21.3%), and on the third

day after delivery or later (9.3%). Colostrum changed to milk during the first 24 hours after delivery (16%), after the first 24 hours but before 48 hours (22.7%), after 48 hours but before 72 hours (38.7%), and after 72 hours (22.7%). Most (73.3%) of the babies did not have any new trouble latching on their mothers' breasts when colostrum changes to milk; if any trouble was experienced, it did not need any help. Most of the working mothers at Safaricom (74.6%) had been absent from work for at least once since reporting from their four months of maternity leave. A total of 45.3% of the mothers were absent from work because of their child's health.

2. The majority (86.7%) of the mothers agreed that they had received information on breastfeeding before they gave birth to their children. On how they obtained the information, most (81.3%) mentioned health workers, 33.3% cited relatives, while 32.0% cited media. Information received from health workers included EBF and its advantages (49.3%), diet and proper nutrition that improve milk supply and hygiene (18.7%), and breast holding to avoid giving the baby only the nipple (10.7%).
3. Exclusively breastfeeding is hygienic and safe for the baby (90.7%), helps to protect the baby from diseases (79.4%), is needed for healthy growth and development of the baby (90.7%), reduces the cost of feeding and preparation time (84%), and it enhances bonding between mother and child (90.6%). Breastfeeding should be the first feed a baby is given after birth (96%), the first yellowish milk/colostrum should be fed to the baby (94.7%), breast milk alone without even water can sustain the baby for six months (88%), breastfeeding protects the baby from illnesses (92%), expressed breast milk should be fed to the baby when the mother

is away (88%), and that semi-solid / solid food should be introduced to the baby at six months of age (81.3%).

4. There is a positive and strong relationship between EBF prevalence and maternal anxiety among professional mothers working at Safaricom Ltd ($r=0.675$); the relationship is statistically significant since the statistically significant coefficient at 95% confidence level is $p=0.004$, which is less than the acceptable significance coefficient value of 0.05.
5. There is a positive and very strong relationship between EBF among mothers and PPD symptoms among professional mothers working at Safaricom ($r=0.867$); the relationship is statistically significant since the statistically significant coefficient at 95% confidence level is 0.000, which is less than the acceptable significance coefficient value of 0.05.

Summary

This chapter has presented the study findings obtained after analyzing and interpreting the data collected from the field. The findings have been presented in line with the research objectives and research questions of this study. The next chapter is on discussions, conclusions, and recommendations of the study.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The key findings of this research are discussed, taking into consideration existing general and empirical literature, as presented in chapter two. The chapter then presents the conclusions and recommendations of the study. The key findings are discussed based on the drive and the study objectives.

Discussions of Key Findings

The discussion of the key findings was done based on the study objectives. The aims of the research were; to assess the prevalence of EBF among expert employed mothers, investigate the breastfeeding knowledge and attitudes among working mothers, find out the relationship between maternal anxiety and EBF among working mothers, and investigate the relationship between PPD symptoms and EBF duration among working mothers at Safaricom Ltd.

Prevalence of EBF among Professional Working Mothers

According to the 1990 Innocenti Declaration in Italy, mothers should be encouraged to exclusively breastfeed their children for the first 6 months after birth, and to keep doing that until after 2 years in addition to complementary feeding (UNICEF, 1990). Consequently, WHO (2010) suggested that after breast-feeding for six months, mothers are allowed to introduce supplementary food. A systematic review commissioned by WHO supported the suggestion to examine the health results of the infant's mothers after six months of breastfeeding (Martinez-Delgado et al., 2010). These led to the present reference for select breastfeeding for the initial six months,

then introducing balanced food onward and keeping breastfeeding until two years and beyond (Muriithi, 2017).

About WHO's (2010) recommendations on EBF prevalence, the current study findings revealed that 92% of the working mothers at Safaricom Ltd had planned to breastfeed for several months or more before giving birth. Planning involves mothers seeking maternity leave and off-days from work to exclusively breastfeed their babies. This was affirmed by the fact that 74.6% of the working mothers who participated in this study agreed that they had been absent from work at least once since reporting from their four months of maternity leave. Also, the study established that 45.3% of the mothers were absent from work due to their child's health. These findings imply that majority of the working mothers value EBF, thus they take every necessary step to ensure that they exclusively breastfeed their babies. According to WHO (2010), there should be a 90% worldwide analysis target for EBF to prevent deaths of children aged five and below from middle-income nations, which account for 13% to 15% of 9 million child deaths yearly (Jones et al., 2013). However, the prevalence of EBF up to 6 months is still far from this target in both evolving and advanced nations.

Contrary to this study's findings, a study by WHO (2010) on the status of breastfeeding found that only 35% of children were exclusively breastfed between birth and their fifth month of life. Further contrary to this study's findings, another study by Joshi et al. (2014) in Bangladesh found that 36% of the mothers exclusively breastfed their babies. Similarly, a study by Oluwafalahan, Olayinka, and Albert (2015) in Nigeria stated that the prevalence of EBF was wide-ranging from 67% in Jos, Lagos having 52.9%, and Anumba 37.3%. South-East; the state average was 17%. As per UNICEF (2008) between the year 2000 and 2007, the rate of infants globally who were below six months was 38%. At the same period in West Africa,

23% of infants were the only one were breastfed exclusively while the Middle East and North Africa recorded a slightly higher rate (26%) (UNICEF, 2008). In Eastern and Southern Africa, the EBF was 39%; East Asia recorded a 43% rate, while South Asia recorded a 44% exclusive breastfeeding rate (UNICEF, 2008). On the contrary, Cai et al. (2012) assessed the prevalence of EBF of infants 0-5 months from 1995 to 2010. The study concluded that 39% of the Prevalence of EBF were from developing nations. In Kenya, a survey by KNBS (2015) found EBF was high at 68%.

Relating this study's findings on the EBF prevalence with previous studies, it is obvious that the EBF prevalence of 92% among working mothers is high compared to previous EBF prevalence in Kenya and other countries in Africa. This shows that there has been progress among mothers since 2010 regarding ensuring their babies are exclusively breastfed. Such progress could be attributed to various campaigns that promote and encourage EBF, especially among working mothers. The benefits of EBF are now well understood by the majority of the mothers, thus EBF is highly valued by the government and most of the private employers.

Breastfeeding Knowledge and Attitudes among Working Mothers

The WHO (2010) recommended that mothers and healthcare bill payers should be able to access complete information about feeding habits without any control, such as commercial advertisements. Further, mothers must be able to access support from healthcare givers to assist them to handle the breastfeeding process. This, according to WHO (2010), implies that healthcare providers need to have adequate information to offer care and direction to mothers before and after birth.

In line with the above recommendations by WHO (2010), this study established that the majority (86.7%) of the working mothers at Safaricom Ltd agreed that they had

received breastfeeding information before they gave birth to their children. Most (82.7%) obtained the information from health workers, 81.3% from friends, 33.3% from relatives, and 32.0% from the media. This shows that WHO's (2010) recommendation that mothers should have access to breastfeeding information has been well implemented over time. For instance, this study established that working mothers at Safaricom Ltd received the following information from health workers: EBF and its advantages (49.3%), diet and proper nutrition that improve milk supply and hygiene (18.7%), breast holding to avoid giving the baby only the nipple (10.7%), among other information. These findings show that health workers have access to adequate information on breastfeeding. According to WHO (2010), healthcare providers must have sufficient information to offer essential information and direction on breast-feeding. To attain these ideals, WHO (2010) recommended that the ten steps to successful breastfeeding must be practiced in all the health facilities that offer maternity services. Additionally, the health care providers in these facilities should be taught about breastfeeding.

There are various benefits when mothers have access to unbiased, reliable, and comprehensive facts concerning suitable EBF practices. For instance, this study established that EBF is hygienic and safe for the baby (90.7%), helps to protect the baby from diseases (79.4%), is required for healthy development and growth of the baby (90.7%), reduces the cost of feeding and preparation time (84%). It enhances bonding between mother and child (90.6%). The study further found that after birth, breastfeeding has to be the first food a baby is given (96%) and that the baby should be fed the first yellowish/colostrum milk (94.7%). Also, without even water, breast milk can sustain the baby for up to six months (88%) as well as protect the baby from illnesses (92%). These findings concur with studies by WHO (2012) which found that

breast milk has the required nutrients, antibodies, and minerals necessary for the development and growth of the baby; it makes a perfect food for babies which is sustainable and safe. Similarly, Gao et al. (2012) found that breast milk is comprised of different types of protein, the major ones being whey and casein which help the development and growth of the baby. Apart from whey and casein, breast milk has antibodies, which aids in fighting against infectious and virus-related contagions (Castellote et al., 2011).

All these studies point out that mothers should be well-informed and knowledgeable about the benefits that EBF has on their babies, especially when given within the first six months of life. As noted by Adewale (2016) and Moore and Coty (2015), maternal prenatal understanding about the significance of breastfeeding affects the mother's approach to breastfeeding her baby. Therefore, the more the mother's knowledge about breastfeeding, the more extensive the period of breastfeeding (Kronborg & Vacht, 2014). Consequently, the mother's assertiveness to breastfeeding is linked with the purpose of breastfeeding their babies. Women who understood that breastfeeding is healthier for their babies were more likely to keep breastfeeding up to six months (Galler et al., as cited in Diez-Sampedro, Flowers, Olenick, Maltseva, & Valdes 2016).

Relationship between Maternal Anxiety and EBF among Working Mothers

Maternal nervousness has been linked to cut breast milk making by interfering with the discharge of oxytocin (an essential hormone needed for the milk ejection reflex) and perhaps other hormones involved in lactation such as prolactin (Stuebe, Grewen, Pedersen, Propper, & MeltzerBrody, 2012). This study's findings also indicated a positive and strong relationship between maternal anxiety and EBF prevalence among professional mothers working at Safaricom Ltd (Pearson's correlation coefficient,

$r=0.675$). This, therefore, implies that maternal anxiety among mothers should be prevented and avoided as much as possible. For instance, prenatal nervousness or nervousness that comes when in labor and delivery may abnormally influence or delay the commencement of lactation because of this hormonal imbalance. It is said that maternal anxiety might give rise to the perseverance of anxious symptoms in the postpartum season resulting in more nervousness and frustration when attempting to commence breastfeeding.

Stressed and anxious mothers are less likely to breastfeed frequently than relaxed and less anxious mothers. These mothers have a higher tendency to bottle feed and hence usually record lower EBF rates (Doulougeri et al., 2013). Research carried out among urban Guatemalan mothers has revealed that stress during labor and/or delivery characterized by high cortisol levels could lead to delayed onset of lactation (Grajeda & Pérez-Escamilla, 2012), which could eventually reduce breastfeeding frequency and duration. Additionally, stress triggered by the demands of caring for a sick infant could discourage the mother and may eventually lead to early termination of breastfeeding (Doulougeri et al., 2013). This clearly shows that maternal anxiety has a direct and strong relationship with EBF among mothers.

Relationship between PPD Symptoms and EBF duration among Working Mothers

Postnatal misery is a severe emotional health state that has emotional influences on an estimated 13% to 19% of mothers who have recently delivered (O'Hara & McCabe, 2013). This research revealed a positive and very strong connection between EBF among mothers and PPD symptoms among professional mothers working at Safaricom (Pearson correlational coefficient, $r=0.867$). This finding is in covenant with Buttner et al. (2012), who estimated that more than 80% of women susceptible to PPD experience signs of attitude disruption inside the first few days after giving birth.

Moreover, several postnatal women experience signs resulting in pregnancy that are symbolic of despair, such as loss in appetite, energy, and sleep (O'Hara et al., 2011).

According to Dennis and McQueen (2009), breastfeeding mothers had reduced postnatal misery rates, unlike formula-feeding females. Breastfeeding requires continued sessions of direct mother-baby contact, which depressed mothers find hard to do. Furthermore, anxiety associated with depression can alter the maternal milk production (Riordan, 2005), making the women feel like they have inadequate milk and need to change to the formula to ensure that their babies receive sufficient nutrition.

Similar to this study finding, a study by Seimyr et al. (2014) found that the connection between breastfeeding and postpartum despair is two-way, stating that while postpartum depression may lower breastfeeding rates, not engaging in breastfeeding may worsen the risk of postpartum depression. Additionally, it has been determined that breastfeeding may guard against postnatal despair, or it may aid a swifter recovery from symptoms of depression after birth (Figueiredo et al., 2014). This shows that the period of EBF has a strong relationship with PPD symptoms.

A study was done by Zubaran and Foresti (2013b) in Southern Brazil. It revealed that mothers present a high level of breastfeeding self-efficacy due to breastfeeding compared to those who use breast milk and other foods to feed their babies. Also, low levels of breastfeeding may be a result of depression during the postpartum period. Deprived practices of breastfeeding self-efficacy have to incite the clinician to screen for postpartum despair. The results also propose that employed mothers who experience PPD symptoms may lack the self-reliance to breastfeed their babies. This should be taken into consideration when giving healthcare services and information to women.

Conclusion

Exclusive breast-feeding is very important to both the mother and the growth and development of the child. This calls for working mothers to adequately plan for exclusive breastfeeding for several months or more before giving birth. Planning for EBF involves, but is not limited to working mothers taking at least a six months maternal leave, having access to reliable and comprehensive information about suitable EBF skills such as baby latching, baby holding, and taking the proper nutrition that enhance the health of the mother and milk supply, among others. Sources of breastfeeding information include; health workers, relatives, friends, and media.

Exclusive breastfeeding has many benefits: It is hygienic and safe for the baby, it helps to protect the baby from diseases, ensures healthy growth and development of the baby, reduces the cost of feeding and preparation time, and enhances bonding between mother and child. Therefore, after birth, the baby should be given breastfeeding as their first food consumption for six months without any other semi-solid food, including water.

There is an affirmative and solid association between EBF prevalence and maternal anxiety among professional working mothers. Maternal anxiety is linked to decreased breast milk production. As a result, stressed and anxious mothers are less likely to breastfeed frequently than relaxed and less anxious mothers. Such mothers report having a higher tendency to bottle feed and hence usually record lower EBF rates. Similarly, there is an affirmative and very solid association between EBF among mothers and PPD symptoms among professional working mothers. Thus, postpartum depression affects several women who have recently given birth.

Recommendations

1. The Ministry of Health and Private Health institution/organizations, in collaboration with policy experts, should come up with a policy that compels all organizations to give working mothers at least six months maternity leave starting from the time they give birth. This ensures that both the mother and the child enjoy all benefits of EBF including protection from diseases, healthy growth and development of babies, reduced cost of feeding babies and preparation time, and improved bonding between mother and child. In demanding situations, breastfeeding working mothers should be given a choice to work from home during the six months of maternity leave.
2. Employers need to ensure that there is a friendly environment for EBF. For example, organizations can set up a breastfeeding room that is well equipped with crèches, pump grades, and other breastfeeding facilities that promote EBF. Also, organizations should ensure that they have counselors for breastfeeding mothers to ease psychological distress caused by various factors, including fatigue.
3. Health facilities need to be well-equipped with nutritionists to provide adequate information to mothers on the right diet that enhances their health, the baby's health, and improved milk production.

Recommendation for Further Research

1. This was longitudinal research, which concentrated on one private organization, that is, Safaricom Ltd. Thus, the findings were from a private organization perspective. Consequently, further cross-sectional research is recommended to cover both private and public institutions. The findings of such a study would widen the perspective in which EBF is promoted and encouraged.

2. This study concentrated on EBF, its benefits, its relationship with maternal anxiety, and its relationship with PPD symptoms. However, factors influencing improper EBF among working mothers were not studied. Therefore, further research is recommended to establish the factors that influence EBF among working mothers, such as psychosomatic and ecological elements, affecting the verdict to breastfeed.
3. Last but not least, this study focused only on professional working mothers. Hence, further research in a broader scope, including all mothers, regardless of their employment status, is recommended. This is because the benefits of EBF are for all mothers and children and not for a selected few based on their employment status.

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DAYSTAR UNIVERSITY

APPENDICES

Appendix A: Consent Form

Title of Study: Examining Trends of Exclusive breastfeeding amongst working mothers in Safaricom Ltd, Kenya

Researcher Catherine Kiromo Phone:

Name:

Introduction

The purpose of the study is: to determine if professional working mothers in Safaricom ltd know the benefits of the exclusive breastfeeding practice.

Ultimately, this research may be published as a thesis as part of my Masters program. The thesis will be available publicly for review and use by other researchers.

This study is anonymous meaning that the records of this study will be kept strictly confidential. I will not include any information in any report I may publish that would make it possible to identify you.

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the researcher.

Participant's Name _____

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Appendix B: Structured Questionnaire

Introduction

Hello, my name is Catherine, and I am conducting a survey about Exclusive Breastfeeding Practices amongst Working Mothers in Safaricom Limited. Kindly complete the following questionnaire using the instructions provided for each set of question. Tick appropriately. Instructions: Please tick as appropriate. Do not write your name on this questionnaire.

Part A: Demographics

1. What is your age? _____
2. What is your education level (state the highest level)
 Certificate Diploma Undergraduate
 Post graduate PhD Other _____
3. What is your marital status?
 Married Single Widowed
 Divorced Separated Other _____
4. What is your religion?
 Christian Muslim Other _____
5. a) Do you have any children? Yes No
b) How many? _____
6. How long have you worked with Safaricom Limited?
Below 2 years 2 to 4 years 5 to 7 years
8 to 10 years More than 10 years
7. Since you joined Safaricom, have you had any child?
 Yes No

Part B: Examining Exclusive Breastfeeding and a Mother's Mental Health

8. Did you plan to breastfeed prior to delivery/birth of your baby?
 No, I did not plan to breastfeed
 Yes, I planned to ONLY pump and give breastmilk in bottles
 Yes, I planned to breastfeed for a few days
 Yes, I planned to breastfeed for several weeks
 Yes, I planned to breastfeed for several months or more

9. How soon after birth, did your baby FIRST latch on to your breast?

- Not at all
- Within the first hour after delivery
- Within the first day
- After the first day but before the end of day 2
- On the third day or later
- My baby had breast milk ONLY in bottles

10. On what day post-partum did your colostrum change to milk. Another way to ask

this is: On what day after delivery did your breasts fill up with milk?

- During the first 24 hours
- After the first 24 hours but before 48 hours
- After 48 hours but before 72 hours
- After 72 hours
- I do not know

11. When your milk came in (colostrum changed to milk), did your baby have any

NEW trouble latching on?

- No, no new trouble-- same as previous day
- Yes, but it was resolved without help
- Yes, and it was resolved with help
- Yes, and it was not resolved and ended my breastfeeding

12. How many times have you been absent from work since you reported after your 4

months maternity leave?

- Never
- Once
- 3 times
- More than 5 times

13. How many of these absences were related to your child's health?

- None
- One
- All

Part C: Breastfeeding knowledge and attitudes among working mothers

14. a) Had you ever received information on breast-feeding before delivery of your

baby? Yes No

b) Where did you get the information?

- Relatives Friends Health care providers
 Media Other _____

15. Please indicate the extent to which you agree or disagree with the following statements benefits of breast-feeding to both mother and child? Indicate your response based on a 5-point scale by using a tick (√) or X to mark the applicable box.

Benefits	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Breast milk is hygienic and safe for the baby					
Helps to protect baby from diseases					
Needed for healthy growth and development of baby					
Breast feeding may protect against breast and ovarian cancer					
Aids uterine involution and prevents excessive bleeding after delivery					
Reduces cost of feeding and preparation time					
Enhances bonding between mother and child					

16. a) Did you receive information on breast-feeding from health workers after delivery?

- Yes No

b) If yes which information? _____

17. Kindly indicate your level of agreement to the following statements regarding breastfeeding knowledge and attitudes among working mothers.

	Yes	No
Breastfeeding should be the first feed a baby is given after birth		
The baby should be put to the breast after more than one hour to allow the mother to rest		
The first yellowish milk/colostrum should be fed to the baby		
Breast milk alone without even water can sustain the baby for six months		
Breastfeeding protects the baby from illnesses		
Expressed breast milk should be fed to the baby when the mother is away		
Breastfeeding helps the mother not to get pregnant		
Semi-solid/solid foods should be introduced to the baby at six months of age		

18. Please give suggestions/recommendations towards trends of exclusive breastfeeding among professional working mothers in Safaricom Ltd.

THANK YOU FOR YOUR TIME AND COOPERATION!

Appendix C: Perinatal Anxiety Screening Scale (PASS)

Antenatal Post Natal Date _____

Weeks Pregnant [] Baby's age []

Over the past month, how often have you experienced the following? Please tick the response that most closely describes your experience for every question.

		Not at all (1)	Some-times (2)	Often (3)	Almost always (4)
1.	Worry about the baby/pregnancy				
2.	Fear that harm will come to the baby				
3.	A sense of dread that something bad is going to happen				
4.	Worry about many things				
5.	Worry about the future				
6.	Feeling overwhelmed				
7.	Really strong fears about things, e.g. needles, blood, birth, pain, etc.				
8.	Sudden rushes of extreme fear or discomfort				
9.	Repetitive thoughts that are difficult to stop or control				
10.	Difficulty sleeping even when I have the chance to sleep				
11.	Having to do things in a certain way or order				
12.	Wanting things to be perfect				
13.	Needing to be in control of things				
14.	Difficulty stopping checking or doing things over and over				
15.	Feeling jumpy or easily startled				
16.	Concerns about repeated thoughts				
17.	Being 'on guard' or needing to watch out for things				
18.	Upset about repeated memories, dreams or nightmares				
19.	Worry that I will embarrass myself in front of others				
20.	Fear that others will judge me negatively				
21.	Feeling really uneasy in crowds				
22.	Avoiding social activities because I might be nervous				
23.	Avoiding things which concern me				
24.	Feeling detached like you're watching yourself in a movie				
25.	Losing track of time and can't remember what happened				
26.	Difficulty adjusting to recent changes				
27.	Anxiety getting in the way of being able to do things				
28.	Racing thoughts making it hard to concentrate				
29.	Fear of losing control				
30.	Feeling panicky				
31.	Feeling agitated				

Appendix D: Ethical Clearance



REF: DU-ERB/17/09/ 2019 /000335

Date: 17-09-2019

TO: **Catherine Kiromo**

Dear Catherine,

RE: EXAMINING THE RELATIONSHIP BETWEEN EXCLUSIVE BREAST FEEDING AND A MOTHER'S MENTAL HEALTH: A CASE OF PROFESSIONAL WORKING MOTHERS IN SAFARICOM LIMITED, NAIROBI, KENYA


This is to inform you that Daystar University Ethics Review Board has reviewed and approved your above research proposal. Your application approval number is **DU-ERB-000335**. The approval period is **17th September, 2019 – 16th September, 2020**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by Daystar University Ethics Review Board
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Daystar University Ethics Review Board within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to Daystar University Ethics Review Board within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to Daystar University Ethics Review Board.

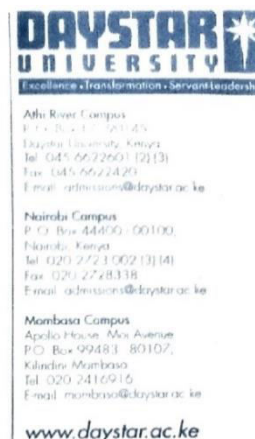
Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,


Purity Kiambi
Secretary, ERB

"...until the day dawn and the daystar
arise in your hearts"
2 Peter 1. 19 KJV

Appendix E: Approval Letter from Daystar University



25th November 2019

National Commission for Science, Technology and Innovation
P. O. Box 30623, 00100
Nairobi
KENYA

Dear Sir/Madam,

RE: CATHERINE KIROMO (16-1896)

The above named is a student in the Master of Arts, Counseling Psychology at Daystar University Nairobi Campus. She is about to complete her coursework for the master's program and is required to do research as part of her final requirements.

The topic of study is '*Examining the relationship between exclusive breast feeding and a mother's mental health: A case of professional working mothers in Safaricom Limited, Nairobi, Kenya*'. Her proposal has been passed and approved by the Department of Psychology & Counseling and Daystar University Ethics Review Board.

She is hereby authorized by the University to carry out her study by collecting data from the field. She requires your authorization to facilitate the same.

Thank you in advance for your willing to give this opportunity. We are truly grateful for your partnership in this, and for your organization's contribution in the education of Daystar University students.

If you have any queries, please do not hesitate to contact me.

Yours faithfully,

Dr. Susan Muriungi
HOD. PSYCHOLOGY & COUNSELING

Ref:hd/ministry letter

Appendix F: Research Permit


REPUBLIC OF KENYA


**NATIONAL COMMISSION FOR
 SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **517337** Date of Issue: **28/November/2019**

RESEARCH LICENSE



This is to Certify that Ms.. Catherine Kiromo of Daystar University, has been licensed to conduct research in Nairobi on the topic: EXAMINING THE RELATIONSHIP BETWEEN EXCLUSIVE BREASTFEEDING AND A MOTHER'S MENTAL HEALTH: A CASE OF PROFESSIONAL WORKING MOTHERS IN SAFARICOM LIMITED, NAIROBI, KENYA for the period ending : 28/November/2020.

License No: **NACOSTI/P/19/3033**

517337
 Applicant Identification Number


 Director General
**NATIONAL COMMISSION FOR
 SCIENCE, TECHNOLOGY &
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Appendix H: Plagiarism Report

Catherine Kiromo thesis - 01.11.2020

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