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**PERCEPTIONS OF MOTHERS REGARDING EXCLUSIVE BREASTFEEDING AT
BUFFALO CITY HEALTH DISTRICT IN THE EASTERN CAPE**



**A MINI-DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH**

IN THE DEPARTMENT OF HEALTH

FACULTY OF HEALTH SCIENCE

FORTHARE UNIVERSITY

SUPERVISOR: DR. D. MURRAY

DATE: JULY 2022

DECLARATION

I **NTOMBIZETHU SOBUZA** hereby declare that the research “PERCEPTIONS OF MOTHERS REGARDING EXCLUSIVE BREASTFEEDING AT BUFFALO CITY HEALTH DISTRICT IN THE EASTERN CAPE”. in submission for the degree of Master of Public Health at the Fort hare University is my own work and all sources used or quoted have been recognized by a completed reference list.

Signature:



Date signed: 10th July 2022



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CERTIFICATION

This mini-dissertation entitled “PERCEPTIONS OF MOTHERS REGARDING EXCLUSIVE BREASTFEEDING AT BUFFALO CITY HEALTH DISTRICT IN THE EASTERN CAPE” meets the guidelines outlining the award of the postgraduate degree MASTER OF PUBLIC HEALTH at the Fort Hare University and is approved for contribution to scientific knowledge and literary presentation.

SUPERVISOR: Dr Daphne Murray

SIGNATURE : 

DATE: 16 July 2022



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DEDICATION

I dedicate this academic work to my late parents who worked very hard with nothing to support and assist me in building my career and to be where I am today: without them, I would not be this grown woman in my academic career path. I also want to appreciate the support from my beautiful three children, they supported me through this journey when I was about to give up.



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I wish to thank God who gave me strength and wisdom and allowed me to complete my academic journey. This study would not have been imaginable without his grace.

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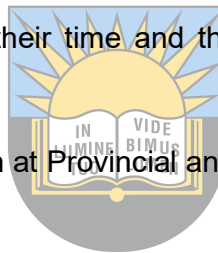
To Ms. Mbatha, the independent coder who assisted in getting my themes organized.

To the external editor, thank you very much for your assistance in finalizing my document.

To the participants who offered their time and their own opinions to make this study successful.

To the Department of Health, both at Provincial and District for permitting to conduct the study in health facilities

To operational managers of the clinics who provided assistance and help with space provision suitable when interviews were conducted.



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ABSTRACT

The research study aimed to explore and describe the perceptions of mothers with infants 0-6 months of age regarding exclusive breastfeeding. Breastfeeding is the most convenient way of feeding infants as it strengthens the bond between the mother and baby. The study also compiled recommendations to improve breastfeeding practices and ensure that mothers choose exclusive breastfeeding.

A qualitative, descriptive, exploratory, and contextual design was employed for this research study to achieve the research objectives. A non-probability convenience sampling method was used.

Mothers with babies 0-6 months of age attending well baby clinic for their routine growth and development during their appointment dates in 13 clinics at Buffalo City Metro Health District in the Eastern Cape Province were targeted because they met the criteria. Thirteen participants were interviewed regarding exclusive breast feeding. An audio recorder was used to record the interviews with the participants consent and was later transcribed by the researcher. Ethical principles were maintained during interviews and concepts of trustworthiness were applied throughout this study. Data analysis was done using Thematic analysis for the study. A total of four themes and nine sub-themes were identified during the analysis of the data and were discussed in detail.

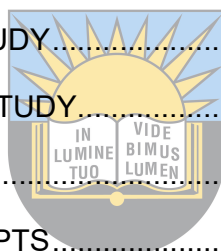
All the mothers acknowledged the importance of exclusive breast-feeding during the 1st 6 months of life in new-born babies. The participants that were interviewed even understood the full benefits of exclusive breastfeeding and had a clear understanding of how to deal with challenges regarding exclusive breastfeeding.

In conclusion, training of healthcare workers on exclusive breastfeeding seems important and need continuous attention so that they can acquire effective counselling skills that will support and encourage breastfeeding practices. Mothers should be always encouraged regarding exclusive breastfeeding.

Keywords: Counselling, Exclusive breastfeeding, Mothers, Participant, Perceptions

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Despite World Health Organization (WHO) guidelines recommending that all infants 0-6 months be exclusively breastfed before introducing solidfood, about 77 million out of 140 million infants worldwide do not start breastfeeding within first hour after birth, instead they wait more than an hour before breastfeeding begins. As a results three out of five infants under six months missed out on the protective benefits of exclusive breastfeeding such as building strong and reducing risk of getting diarrhoea, pneumonia, and mother to child transmission. Breast milk provides essential vitamins and nutrients needed during the first six months of life.

Breastfeeding is most convenient and cost-effective and strengthens the bond between mother and baby, however, delays in initiating breastfeeding have led to a 33% decrease in breastfeeding rates between 12 and 23 months of age, highlighting the need for further research (Riberio and Antunes,2018)

In August 2011, Minister of Health Dr Aaron Motsoaledi made a media statement affirming “Overwhelming scientific evidence shows the benefits of exclusive breastfeeding and continued breastfeeding for all children including those born to HIV positive mothers, therefore efforts must be made to promote breastfeeding to reduce under 5-year child mortality effectively”. (National Department of Health, South Africa, 2011).

The Tshwane Declaration calls on all Health Care Providers to make breastfeeding the standard practice for feeding infants and young children. The declaration also stresses the importance of understanding the risks associated with artificial feeding and its long-term impact on a child's health and development. Promoting breastfeeding should be crucial for immediate health benefits and reducing disease later in life.

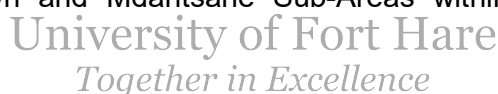
The infant and Young Feeding Policy highlights exclusive breastfeeding in the first six months of life as the key nutritional intervention that should be promoted in all health delivery platforms such as community nutrition programmes, PHC, Hospital settings, Community campaigns targeting pregnant women and families of children from 0-6 months of age Duplessis, (2013). At a conference held by health officials from all provinces the minister of health, Dr Aaron Motsoaledi called all attendees to promote exclusive breastfeeding for all mothers and to end the practices of distributing free infant

formula hence there is a great need for adherence to exclusive breastfeeding for six months for all mothers. (National Department of Health South Africa, 2011)

The Prevention of Mother-to-Child Transmission (PMTCT) programme (2015) highlights that all women, regardless of their HIV status, should receive counselling on safe infant feeding. They should be informed that exclusive breastfeeding for the first six months is the best option. This commitment to proper infant feeding is reinforced by the Negotiated Service Delivery Agreement (NSDA, 2014), which prioritizes the reduction of maternal and child mortality as a key goal for the health sector. Achieving significant reductions in child mortality depends on prioritizing infant and young child feeding in national policies and strategies (Kuhn, 2015).

Launched in May 2012, the Campaign for Accelerated Reduction of Maternal and Child Mortality in South Africa (CARMMA) stresses the need for coordinated efforts and effective implementation of breastfeeding strategies. It focuses on promoting exclusive breastfeeding for at least six months as a key strategy to improve child survival and reduce maternal, newborn, and child mortality.

The lack of adherence to these strategies led to this study, which aims to understand mothers' perceptions of exclusive breastfeeding. The research was conducted in the Bisho/King Williamstown and Mdantsane Sub-Areas within the Buffalo City Health District, Eastern Cape.



The Tshwane Declaration was introduced in response to concerns about extremely low breastfeeding rates in South Africa, which are among the lowest in the world at just 8%. This low rate contributes to high child mortality rates and increases the risk of death from diarrhoea and pneumonia. Given that these conditions are major causes of infant and child mortality in South Africa, it is important to explore mothers' perceptions of exclusive breastfeeding.

Mphasha and Skaal (2019) report that exclusive breastfeeding rates in South Africa remain very low. Obstacles include beliefs about insufficient milk supply, the marketing of breast milk substitutes, and concerns about HIV transmission. Breastfeeding should be initiated at all delivery health facilities to address these challenges. However, while these facilities may follow the policy during the mother's hospital stay, breastfeeding practices often change once the mother is discharged, leading to interruptions in

breastfeeding. Therefore, this study is essential to identify gaps and recommend improving breastfeeding practices.

According to the United Nations International Emergency Fund, infants should ideally be breastfed within the first hour after birth and exclusively breastfed for the first six months. After six months, breastfeeding should be combined with the introduction of safe, age-appropriate solid, semi-solid, and soft foods. The Child Problem Identification Programme (CHIPIP), established in 2009, aims to enhance clinical care for children and reduce child mortality. This programme has highlighted that about 50% of deaths among children under six months are due to severe acute malnutrition, often resulting from failure to adhere to exclusive breastfeeding. Antenatal clinical records show that over 80% of mothers, including those who are HIV-positive, agree to exclusive breastfeeding before delivery. However, these records also indicate that some mothers either breastfeed for only a few weeks or mix-feed their babies with other fluids alongside breast milk (Rhoda et al., 2014).

While numerous studies on breastfeeding exist, most focus solely on HIV-positive mothers and exclude those who are HIV-negative. Additionally, no studies have been conducted in the Buffalo City Health District. Therefore, the researcher believes that the findings from this study could provide valuable recommendations for the communities of Bisho/King Williamstown and the Mdantsane area within the Buffalo City Metro Health District.

1.2 RESEARCH PROBLEM

According to the District Barometer 2017/18, the Buffalo Health district performed the worst regarding exclusive breastfeeding rates, with only 28,2% of infants exclusively breastfed, compared to the national target of 50%. Provincial exclusive breastfeeding at Hexavalent 3, Buffalo City Health district has been reported as the worst performing District, it is the lowest in all 52 Districts nationally with infant exclusively breastfed rate at 28.2% (3 195) against the National target of 50%.

The Web DHIS report 2018/19 and 2019/20 poor district performance, with rates of 13,6% for 2018/19 and 40% of 2019/20, indicating significant issues with adherence to exclusive breastfeeding. The lack of adherence has led to an increase in severe acute malnutrition admissions and high case fatality rates among infants under six month was of 13.6 % for 18/19 and 40% for financial year 19/20, this performance is evidence that

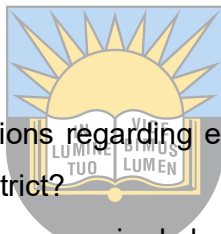
there is poor/non-adherence to exclusive breast feeding. This result of non-adherence to exclusive breastfeeding within the district is manifested by an increase severe acute Malnutrition admissions and high case fatality rate among infants under six months. Internal clinic audits have identified that poor nutrition status in infants is linked to non-adherence to exclusive breastfeeding. Therefore, this study is crucial, as its findings could help promote exclusive breastfeeding and reduce rates of severe acute malnutrition fatalities.

1.3 AIM OF THE STUDY

The study aimed to explore the perceptions of mothers with infants aged 0-6 months about exclusive breastfeeding. the goal was to develop recommendations for enhancing breastfeeding practices and encouraging mothers to exclusively breastfeed their babies for the first six months. additionally, the study sought to identify barriers and challenges that mothers face in maintaining exclusive breastfeeding.

1.4 RESEARCH QUESTIONS

- What are mothers' perceptions regarding exclusive breastfeeding at the Buffalo City Municipality Health District?
- What support systems are required by mothers to strengthen exclusive breastfeeding?


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1.5 OBJECTIVES OF THE STUDY

- To explore mothers' perceptions regarding exclusive breastfeeding at Buffalo City Municipality Health District.
- To identify support systems required by mothers to strengthen exclusive breastfeeding.

1.6 SIGNIFICANCE OF THE STUDY

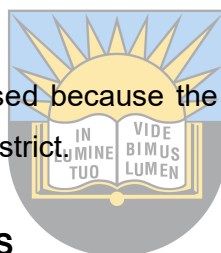
The Findings will guide the Health Department in assessing whether current strategic policies need revision. They may reveal need to enhance strategies for increasing exclusive breastfeeding rates, such as supporting mother and baby friendly institutions, and improving monitoring systems. The study might also lead to the development of new approaches. As outlined in the negotiated service agreement for Health

(Outcome2), improving governance involves promoting a long and healthy life for all SouthAfricans.

The findings will contribute to provincial and district efforts to meet Sustainable Development Goals (SDG 2030) by enhancing exclusive breastfeeding a key intervention for reducing child mortality and ensuring policy adherence .Co-effectiveness will improve at the district and hospital levels due to fewer admissions under one year ,which will lower costs related treatment , equipment and other resources .Local clinics may develop sustainable breastfeeding strategies ,including support groups , which will benefit health facilities ,communities ,and families by providing valuable information and empowerment . Additionally, the findings will help reduce postnatal HIV transmission associated with mixed feeding, dispel myths about breast milk, and support mothers in adhering to breastfeeding practices, thereby promoting the health of both infants and mothers.

1.7 LIMITATION

The findings cannot be generalised because the research was conducted only in the Buffalo City Municipality Health District.



1.8 DEFINITIONS OF CONCEPTS

- **Exclusive Breastfeeding:** Noel-Weiss, Boersman and Kujawa-Myles (2012) refers to exclusive breastfeeding as situation whereby the infant receives breastmilk including expressed breastmilk only, in this study exclusive breastfeeding refers to infants who are exclusively breastfed for 6 months.
- **Breast Feeding:** According to Noel-Weiss, Boersman, and Kujawa-Myles (2012), exclusive breastfeeding means the infant receives only breast milk, including expressed breast milk, with no other foods or liquids. In this study, exclusive breastfeeding specifically refers to infants who are breastfed exclusively for the first six months of life.
- **Breastfeeding:** For this study, breastfeeding includes any instance where an infant receives breast milk—whether directly from the mother, expressed milk, or milk from a wet nurse—and may involve solids or semi-solids. It encompasses both suckling directly from the mother's breast and receiving expressed milk (Noel-Weiss, Boersman, and Kujawa-Myles, 2012).

- **Mother:** Robbins (2020) defines a mother as the female parent of a child who may or may not be biologically related. In this study, a “mother” is any woman who exclusively breastfeeds her baby for six months, regardless of her age.
- **Infant:** Merriam-Webster Dictionary (1995) defines an infant as a child in the earliest stage of life. In this study, an infant is specifically a baby who is exclusively breastfed from birth to six months of age.
- **Perceptions:** Rusher and Harhammer (1994) describe perceptions as recognizing and interpreting impressions and intuitions about things. In this study, perceptions refer to mothers' attitudes, beliefs, and behaviors regarding exclusive breastfeeding in the Bisho/King and Mdantsane Sub-Area of the Buffalo City Metro Health District.

1.9 RESEARCH METHODOLOGY AND DESIGN

A qualitative descriptive approach was selected for this study to describe and explore mothers perceptions regarding exclusive breastfeeding at Buffalo City Health District.

1.10 QUALITATIVE APPROACH

A qualitative study will deepen understanding of people's feelings regarding exclusive breastfeeding, the researcher aimed to cover all aspects through interviews in order to explore and describe mothers perceptions regarding exclusive breastfeeding and further develop recommendations to ensure effective adherence to exclusive breastfeeding as the best feeding option (Marie, 2013).

1.11 DESIGN

The research design used in this study was a qualitative, exploratory, descriptive, and contextual research design. The researcher seeks to describe characteristics of the population which in this study refer to mothers regarding exclusive breastfeeding.

1.12 POPULATION

Mothers with babies attending a well-baby clinic at Bisho/King Williams Town and Mdantsane in BCMHD.

1. 12.1 Target population

Mothers of childbearing age (between –18 and 35) with infants from 0- 6 months irrespective of their HIV status. All participants attended a well-babyclinic for growth monitoring and development immunization services so that the researcher could understand their experiences and feelings regarding exclusive breastfeeding.

13 SAMPLING

Sampling refers to the process of selecting a subset from a larger population to participate in a study. In essence, this does not necessarily denote a specific number of people but could involve selecting specific cases or subjects relevant to the research (Abubakar Alkasin and Etican, 2016). According to Kumar (2011), sampling involves choosing a few individuals from a larger group to estimate the prevalence of unknown information, situations, or outcomes. In this study, both purposive and convenience sampling methods were utilised. Specifically, purposive sampling was employed to select various community clinics, while convenience sampling was used to identify participants who met the inclusion criteria.

1.13.1 Inclusion criteria

Inclusion Criteria are defined as a set of predefined characteristics used to identify subjects eligible for inclusion in the research study (Salkind, 2010). For this study, the criteria included mothers of childbearing age between 15 and 35 years with infants aged 0-6 months, regardless of their HIV status. By adhering to these criteria, the researcher ensured that the participants were representative of the target population and could provide valuable insights into the research focus.

- For this study, Breastfeeding mothers of childbearing age (15 and 35) with infants 0-6 months irrespective of their HIV status were included.

1.13.2 Exclusion criteria

Exclusion criteria specify the conditions under which individuals are not included in the study or may be excluded after initial inclusion (Salkind, 2010). In this study, mothers with sick babies were excluded to avoid confounding variables that could affect the research outcomes. This exclusion criterion was essential to ensure that the study

results were not influenced by the health status of the infants, thereby maintaining the integrity and focus of the research.

- For this study, all mothers with sick babies requiring medical attention were excluded irrespective of HIV status.

1.14 RECRUITMENT STRATEGY

The proposal was first submitted to the Fort Hare Ethics Committee for approval. Once approved, it was then sent to the Department of Health. The researcher sent a letter to the District Manager requesting permission to use their facilities, including a copy of the Ethics Committee's approval. The study's purpose and benefits were clearly explained in this letter. Clinic supervisors were notified and given a schedule for the interviews. The researcher also informed the clinic manager to ensure a private room was set up for the interviews, maintaining confidentiality and minimizing disturbances.

Each participant willing to participate in the study must sign a consent form. The researcher then called each participant the day before their scheduled clinic visit to remind them of the interview details, including its duration and purpose. Participants were reminded that their involvement was voluntary and that they could withdraw at any time. The researcher provided participants with contact information for any queries about the study.



1.15 DATA COLLECTION

Semi structured individual interviews were conducted, to explore and describe mothers' perceptions regarding exclusive breastfeeding (Harrell 2009). An interview schedule was developed with the assistance of the supervisor. The schedule consisted of a few open-ended questions. Data collection is explained in detail in Chapter 3.

1.16 DATA ANALYSIS

A Thematic analysis was done using a thematic - related approach. Thematic analysis is a method used to define, analyse and report patterns within data. The thematic analysis focuses on examining themes /patterns of data meaning, specifically used to discover themes and concepts found throughout qualitative data. Brown and Clarke (2006).

Data analysis is explained in detail in Chapter 3.

1.17 TRUSTWORTHINESS) OF THE STUDY

Trustworthiness of the study in research involves evaluating the quality of a study based on criteria such as validity, reliability, and objectivity, which are commonly used in conventional positivists research. Yan Zhang and Wildemuth (1976) suggest an interpretive approach to assessing trustworthiness for a qualitative content analysis.

Morse (2015) identified four key criteria: Credibility, dependability, confirmability, and transferability. This study applies these criteria, as detailed in Chapter 3, to ensure trustworthiness.

1.17.1 Credibility

Credibility is the primary criterion for assessing how accurately the study represent the data. To enhance credibility, the researcher will ensure that findings are closely linked to the actual data, fosters confidence in the study's truthfulness, value, and interpretation.

1.17.2 Dependability

Dependability refers to the consistency of the findings. To achieve this, an external audit will be conducted by an independent reviewer who will examine the research process and data analysis. The audit will check for carelessness and errors and access whether the techniques used adhered to standards of credibility and transferability.

1.17.3 Confirmability

Confirmability pertains to the study's objectivity. The researcher will provide clear justifications for the decision made throughout the research process to ensure that the findings are not biased. At the objectivity of the study, the researcher will provide rationale for the decision made during the research process.

1.17.4 Transferability

Transferability concerns the extent to which the study's results can be applied to other settings.

Details of transferability is addressed in Chapter 3.

1.18 ETHICAL CONSIDERATIONS

The researcher will first submit the research proposal and application to the ethics committee at fort hare university to obtain ethical clearance. following this, approval will

be sought from the provincial department of health research unit and the buffalo city metro health district ethical committee to conduct the study.

Next, the researcher will request permission from the clinic supervisors at the selected clinics where interviews will occur. According to Crossman and Noma (2019), ethical considerations involve norms and standards that distinguish between right and wrong, guiding acceptable and unacceptable behaviour. the research will adhere to fundamental ethical principles throughout.

1.18.1 Respect for participants

Respecting participants means acknowledging their right to self-determination and allowing them to choose whether or not to participate in the study without facing any penalties or discrimination (Brink, Van der Walt, and Van Rensburg, 2015). The researcher will not use any form of coercion and will uphold participants' autonomy throughout the study. Respect will be demonstrated in all interactions, ensuring participants are not judged or discredited and their views are accurately recorded and considered (Alowihare-Semaranayake, 2012).

1.18.2 Informed Consent

Informed consent involves providing participants with comprehensive information about their rights and the research study. Participation will be voluntary and based on understanding the research's purpose, procedures, potential risks, and benefits. Consent will be documented in writing and the local language (IsiXhosa), and each participant will receive a copy of the consent form. Specific permission will be obtained for audio recordings, which will be included in the consent form (Frank, James, and Nicholas, 2013).

1.18.3 Confidentiality and Anonymity

Participants' privacy will be protected throughout data collection, analysis, and reporting. Anonymity will be maintained to ensure that information cannot be traced back to individual participants. The researcher will separate or modify any personal identifying information from the data to safeguard confidentiality. The study will avoid identifying named individuals, ensuring a free flow of information between the researcher and participants (Frank, James, and Nicholas, 2013).

1.18.4 Voluntary Participation

Participation in this study will be entirely voluntary, with no coercion or threats. Participants will have the right to withdraw at any time, and their data will be removed from analysis upon request (Frank, James, and Nicholas, 2013). This approach respects the participants' freedom of choice and ensures they do not feel pressured to continue if they wish to withdraw.

1.18.5 Avoiding Harm

The researcher will prioritize the well-being of participants, addressing any physical, emotional, spiritual, economic, social, or legal concerns (Brink, Van der Walt, and Van Rensburg, 2015). Interviews will be conducted with sensitivity to avoid causing distress. Questions will be framed to be non-invasive and non-aggressive, and participants will be monitored for signs of distress. If needed, debriefing will be provided, and participants can ask questions or express concerns. Referrals for counselling will be made if necessary, ensuring the participants' safety and protection.

1.19 OUTLINE OF THE CHAPTERS

Chapter 1: Introduction and background

Chapter 2: Literature Review

Chapter 3: Research methodology and design

Chapter 4: Presentation of results and literature control

Chapter 5: Conclusion, Limitations, and recommendations

1.20 DATA MANAGEMENT

The study records will be kept in the district archiving room and listed in the archiving register for at least a period of 5 years by the unit of registry in Buffalo City Health District or at the University of Fort Hare. The data will be stored in a computer file to which the researcher will have access. The hard copies of the transcribed audio interviews will be kept in a safe to which the researcher and supervisor will have access. The audio interviews will be destroyed once are fully transcribed.

1.21 DISSEMINATION OF RESULTS

The research results will be published and disseminated through workshops, awareness campaigns and the management of the different institutions at the provincial and district levels where the research was conducted. A copy of the report will be forwarded to the University of Fort Hare and kept in the library for public use. Articles will also be submitted to accredited journals for publication and will be presented at conferences.

1.22 CHAPTER SUMMARY

In this chapter, the scientific foundation of the study was introduced with a brief description of the introduction, background, problem statement, purpose, objectives, research question and significance of the study, the definition of terms, the research methodology, and ethical considerations. Exclusive breastfeeding as reflected both by international and national studies and statistics discussed above is still a great problem among mothers generally.



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CHAPTER 2:LITERATUREREVIEW

2.1 INTRODUCTION

In the previous chapter, the researcher focused on the need for the study, highlighting the problem, aim, and objectives, and explaining the methodology for data analysis. Moving forward, this chapter will shift focus to the literature review, which encompasses the perspectives of previous researchers on the topic. Specifically, an organized written presentation of the existing scholarly work on this subject will be discussed.

A literature review, by definition, is a summary of the opinions and findings of previous researchers on a given topic, providing the foundation upon which the current research is built. In this regard, the literature review describes, summarizes, objectively evaluates, and clarifies earlier studies. Furthermore, acknowledging the researcher's earlier work is crucial for understanding what has been previously explored in this field, as evidenced by the research conducted by Efron and David (2018).

To begin with, the literature search involves a meticulous examination of books, journals, and reports. Subsequently, once key terms were identified, relevant keywords that help to define the limitations of the chosen research area were noted. With this in mind, one can search electronic databases for previously published work in the field, as suggested by Bryman (2016:91).

In this context, a literature review was conducted to develop research ideas and ascertain the perceptions of mothers with infants aged 0–6 months regarding exclusive breastfeeding. Therefore, the literature review specifically focused on several key areas: perceptions of exclusive breastfeeding, assessment of breastfeeding practices, the link between poor breastfeeding and childhood malnutrition, knowledge, attitudes, and training related to exclusive breastfeeding, and various regional studies. For instance, it examined exclusive breastfeeding and associated factors among mothers in Rural Bangladesh, as well as issues such as exclusive breast feeding's impact on diarrheal morbidity and all-cause mortality in infants of both HIV -Infected and HIV -Uninfected mothers. Moreover, it addressed the low rate of exclusive breastfeeding in four South African Provinces and investigated adherence to infant and young child feeding policies among primary health care nurses in Limpopo. Additionally, it considered the broader context of infant and young feeding in South Africa.

2.2 PERCEPTIONS OF EXCLUSIVE BREASTFEEDING AMONG POSTNATAL MOTHERS AT PRIMARY HEALTH CENTRES IN MALAYSIA.

In a study conducted in Malaysia 2018,(Marzo (2018) toinvestigatethe knowledge and practice of exclusive breastfeeding among babies 6-12 months attending primary health, care centres. According to the study results, although 53% of mothers were breastfeeding and 71% had a positive attitude towards breastfeeding, only 52% practiced exclusive breastfeeding post-delivery.

Specifically, the study found that whilst most mothers were knowledgeable about and recognized the importance of breast milk during the first six months of life, challenges arose when some participants had to return to work. Consequently, they experience difficulties with expressing breast milk. In the light of these challenges, the participants recommended that health care workers should provide practical demonstrations on how to express breast milk within their clinics and maternity departments.

2.3 PERCEPTIONS AND BARRIERS OF EXCLUSIVE BREASTFEEDING IN MANICALAND, ZIMBABWE.

In a study conducted in Zimbabwe among rural women in 2015, (Mhlanga 2015) explored perceptions and barriers to exclusive breastfeeding. The results of the study indicated that the prevalence of exclusive breastfeeding among infants aged 0-6 months was 66.8% to explore perceptions and barriers to exclusive breastfeeding reflected that prevalence of exclusive breastfeeding 0-6 months infants were 66, 8% with,32,5%of infants being initiated within 6 hours of birth and 63% starting immediately after birth.

However, several barriers to exclusive breastfeeding were identified. These included a lack of support from partners and family, cultural, religious beliefs, and insufficient knowledge about breastfeeding. In response to these challenges, the study highlighted that increasing knowledge and empowering both men and women were crucial for improving breastfeeding practices.

2.4 Assessment of Breast-Feeding Practices and Infant Feeding Patterns among Mothers in Mauritius.

A study conducted by Matee (2013) indicatedthat only 17% of mothers breastfed their babies exclusively for six months. Although 60.6% of mothers-initiatedbreastfeeding, the practice of exclusive breastfeeding was relatively low at 17, 9%. Although 60,6% of

mothers-initiated breastfeeding, the practice of exclusive breastfeeding was relatively low at 17%. In particular, the study, identified factors influencing this low rate, including early introduction of formula feeding (Matee., et al 2013). Similarly, this study findings revealed that mothers frequently introduced formula and other feeds before the babies reached six months of age. Thus, both studies underscore the challenge of maintaining exclusive breastfeeding during early months.

2.5 POOR BREASTFEEDING AS PROBABLE CAUSE OF CHILDHOOD MALNUTRITION:

Exploring mothers' and Caregivers' views on breastfeeding.

In a study conducted by Amini., et al (2013) which aimed to understand mothers' and caregivers' experiences in the context of persistent paediatrics malnutrition in Iran, it was found that exclusive breastfeeding was not consistently practiced. Specifically, the study revealed that issues such as a lack of knowledge and misinformation about reasons for stopping breastfeeding contributed to this problem. Consequently, the study recommended that educating both mothers and caregivers is crucial for addressing and overcoming breastfeeding challenges in Iran. Therefore, targeted educational interventions are necessary to improve breastfeeding practices and mitigate malnutrition in children.



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2.6 KNOWLEDGE, ATTITUDES, AND PRACTISE OF EXCLUSIVE BREASTFEEDING AMONG LACTATING MOTHERS IN MIZAN AMAN TOWN, SOUTHWESTERN ETHIOPIA.

Knowledge, attitudes, and practices with regard to exclusive breastfeeding among lactating mothers in Mizan Aman Town, South Western Ethiopia were that 93, 6% of mothers heard about exclusive breastfeeding revealed that, only 34, 7% knew of the recommended period, 89, 5% had positive attitudes but only 59, 3% believed that exclusive breastfeeding is sufficient during the first six months of life and only 26 that is 4% of infants that were exclusively breastfed for six months (Tadele et al., 2016). The study recommended the need to further access information for mothers concerning exclusive breastfeeding.

2.7 EXCLUSIVE BREASTFEEDING AND ASSOCIATED FACTORS AMONG MOTHERS IN RURAL BANGLADESH.

In a study that was conducted by Joshi., et al (2014) in Bangladesh, it was found that the prevalence of Exclusive Breast Feeding (EBF) remained unchanged at a rate of 43% over a two-year period. Specifically, the results indicated that the lack of change in EBF rates was due to various factors associated with EBF and its possible predictors at the 0,05-alpha level. Nonetheless, some associations were evident between EBF and Caesarean section deliveries. Consequently, the study concluded that the low prevalence of EBF, which fell short of the national target of 64% highlighted the need for enhanced support for breastfeeding in health care facilities. In line with this, the researchers findings aligned with other studies emphasizing the crucial role of health care providers in supporting exclusive breastfeeding. Therefore, improving support within health care settings is essential for achieving better breastfeeding outcomes.

2.8 EXCLUSIVE BREASTFEEDING EXPERIENCES AMONG MEXICAN AMERICAN WOMEN.

The results of the study conducted by Warmbach., et al (2016) among Mexican American Women revealed that 66% of mothers exclusively breastfed their infants, with few resorting to early supplementation for insufficient milk production. In addition, the study showed that some of the challenges related to non-adherence to breastfeeding were also attributed to issues with milk production from the mother. Therefore, these findings underscore the importance of addressing milk production concerns to improve breastfeeding rates. The study showed similarities in the researchers findings as some challenges related to non-adherence to breastfeeding practise was also due to insufficient milk production from the mother.

2.9. EXCLUSIVE BREASTFEEDING, DIARRHOEAL MORBIDITY, AND ALL -CAUSE PURPOSE MORTALITY IN INFANTS OF HIV-INFECTED AND HIV -UNINFECTED MOTHERS, KZN

In a study conducted in KZN, which examined mothers of both HIV-positive and HIV-negative infants using data on diarrheal morbidity, it was found that out of 2,589 infants with detailed feeding data and vital status, there were 1,082 HIV-exposed infants and 1,555 non-exposed infants. Specifically, among those who were exclusively breastfed,

9.4% had diarrheal days per 1,000 children, whereas non-breastfed infants experienced 15.6% diarrheal days per 1,000 children. Furthermore, the study identified that few acute diarrheal events were associated with exclusive breastfeeding, and persistent or total diarrheal events were more common in infants who were either mixed-fed or not breastfed, regardless of their HIV status.

Moreover, the rate of mortality by 12 months was significantly higher in infants who were never breastfed compared to those who were exclusively breastfed (EBF). thus, the study's results highlight the need for strong justification for investments that promote and improve exclusive breastfeeding during the first six months of life, particularly for HIV-exposed infants, to enhance HIV-free survival rates. In alignment with this, the study's findings are consistent with existing literature, which also emphasizes the importance of supporting exclusive breastfeeding, even among infants born to HIV-positive mothers (Collins et al., 2013). Therefore, promoting exclusive breastfeeding remains a crucial strategy for improving infant health outcomes across varying conditions, purpose mortality in infants of HIV infected and HIV uninfected mothers, KZN.



2.10 LOW RATE OF EXCLUSIVE BREASTFEEDING IS STILL EVIDENT IN FOUR SOUTH AFRICAN PROVINCES

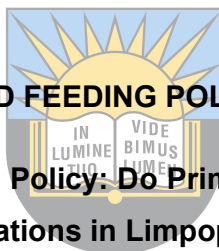
The results of the study conducted by Siziba et al. (2015) in South Africa revealed that the exclusive breastfeeding (EBF) rate for infants aged up to 6 months was only 12%. Specifically, this rate was observed among those who were delivered as full-term babies; although breastfeeding was initiated, it was often discontinued around one month. In addition, the study identified several factors influencing this low rate. These included the necessity for mothers to return to work (29%), educational commitments (12%), health status (25%), and perceptions of insufficient milk (13%).

Consequently, the findings highlighted a significant need to address gaps in knowledge through targeted breastfeeding awareness messages, with a focus on community involvement and participation. furthermore, similar challenges faced by mothers, as indicated in this study, underscore the urgent need for educational interventions to improve breastfeeding knowledge and practices. Therefore, enhancing education and community support remains essential to overcoming the barriers to exclusive breastfeeding identified in this study.

2.11 INFANT AND YOUNG FEEDING POLICY

Do primary Health Care nurses adhere to HIV breastfeeding recommendations in Limpopo Infant and Young Feeding Policy:

A study conducted in Limpopo aimed to assess the implementation of the Infant and Young Feeding Policy (2013) in relation to exclusive breastfeeding for HIV-exposed babies. The results of this study indicated that infants who were not exclusively breastfed had more than twice the risk of dying from diarrhoea and pneumonia compared to those who were exclusively breastfed for six months. This finding underscores the critical importance of adhering to breastfeeding recommendations to ensure child survival in Limpopo. Therefore, the study highlights the need for stringent adherence to the policy and enhanced support for breastfeeding practices among primary health care nurses.



2.12 INFANT AND YOUNG CHILD FEEDING POLICY

Infant and Young Child Feeding Policy: Do Primary Health Care Nurses Adhere to HIV Breastfeeding Recommendations in Limpopo Province?

In a study conducted by Mphasha and Skaal (2019) in Limpopo Province, the focus was on determining the knowledge and practices of primary healthcare workers regarding the implementation of the Infant and Young Child Feeding Policy, particularly in the context of HIV breastfeeding. The findings revealed that 97.1% of participants were knowledgeable about the Infant and Young Feeding recommendations related to HIV. However, 68% of participants had not received training on HIV and the policy, and only 33% were found to be actively implementing the guidelines.

As a result, the study concluded that there is a critical need for training, monitoring, and regular updates on new policies for nurses. Therefore, ensuring that primary health care workers are well-informed and up to date is essential for proper implementation of the breastfeeding guidelines and improving overall adherence to the policy.

2.13 CHAPTER SUMMARY

In this chapter, it is evident that many African countries face significant challenges related to breastfeeding practices, resulting in poor compliance with prescribed policies and guidelines. Specifically, although numerous studies have been conducted on this topic, there remains a lack of clarity regarding the necessary steps to assess mothers' perceptions and the support needed to enhance breastfeeding practices. Moreover, it is apparent that the Eastern Cape has made limited progress in exploring this issue further. However, these gaps will be addressed in the next chapter, where the researcher will delve into potential solutions and recommendations for advancing breastfeeding support in the region.



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CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, the researcher reviewed existing literature to become acquainted with the current body of knowledge related to the research topic. This process was crucial for ensuring that each operational step in the research process contributes meaningfully to the study, as emphasized by Kumar (2011). Moving forward, Chapter Three will focus on the research design and methodology.

To begin with, research methodology encompasses the specific procedures or techniques employed to identify, select, process, and analyze information on a topic. Consequently, it enables the reader to critically assess the overall validity and reliability of the study. Specifically, research methodology seeks to address two main questions: how data was collected and how it was analyzed, as outlined by Gounder (2012).

There are two main types of research methodology: qualitative and quantitative. In this study, the emphasis is not on numerical data. Instead, the qualitative method is utilized to explore mothers' understanding of exclusive breastfeeding, aiming to gather their perceptions to address the issue of non-adherence to exclusive breastfeeding, as noted by Bhandari (2020). Ultimately, the study's findings are intended to provide recommendations to enhance breastfeeding practices and ensure that mothers recognize exclusive breastfeeding as the optimal choice for their infants during the first six months of life.

3.2 RESEARCH DESIGN AND METHODS

Research design is essentially the plan or framework for conducting an investigation to effectively address the research problem. This approach is procedural and must be developed to ensure that answers to research questions are obtained in a valid, objective, and accurate manner, while also being cost-effective. In addition, research design guides the researcher in determining the methods for data collection, participant selection, data analysis, and dissemination of findings.

In qualitative research, this design is particularly effective for exploring the complexities and variations in social phenomena, as noted by Kumar (2011). Furthermore, Creswell (2017) suggests that a well-structured research design should include the organization of the research setting, the procedures for measurement, the sampling strategy, the

analytical framework, and the time frame for the study. Consequently, this study adopted a qualitative, exploratory, descriptive, and contextual design to investigate mothers' perceptions of exclusive breastfeeding within the Buffalo City Health District, aiming to provide a detailed understanding of their views and experiences.

3.2.1 Qualitative Approach

Qualitative research involves a process of repeatedly examining data to deepen understanding within the scientific community, aiming to identify new significant distinctions and get closer to the phenomenon being studied (Aspers and Corte, 2019). In essence, qualitative research is concerned with descriptive phenomena and focuses on delving deeper into non-numerical data, offering a more natural and nuanced perspective. Unlike quantitative research, which often seeks to quantify data, qualitative research aims to uncover the underlying causes of experiences and decisions within the participating group, providing insights into their cultures, beliefs, values, and experiences (Kalu and Bwalya, 2017). In this study, a qualitative approach was employed to explore mothers' perceptions of exclusive breastfeeding.

3.2.2 Exploratory Design

Exploratory design involves using various sources to gain insights and information that can shed light on ongoing occurrences or underlying phenomena. Specifically, in an exploratory research design, the researcher must maintain a flexible attitude towards data collection and continuously question what may lie beneath surface observations. This flexibility is crucial as it enables the researcher to probe deeper, asking follow-up questions that might not be part of the original interview guide but can reveal significant issues related to the topic, as noted by Colen and Wrenn (2013). Thus, this research utilized an exploratory design to investigate and comprehend mothers' perceptions of exclusive breastfeeding at the Buffalo City Health District.

3.2.3 Descriptive Design

Descriptive design is used to outline the characteristics of a population, focusing on what, when, and how aspects of a specific group. Indeed, this design is particularly useful when there is limited prior knowledge about a topic, as it helps in understanding the how, when, and where aspects before delving into why something occurs (McCombes, 2019). Given this, a descriptive design was relevant to this study as it

aimed to articulate the perceptions of mothers regarding exclusive breastfeeding, thereby identifying the support systems needed to enhance breastfeeding practices.

3.2.4 Contextual Design

Contextual design involves systematically collecting in-depth field data to inform the design of technical products or services. In this approach, techniques are applied to interpret data in a structured manner, and the data is used to create prototype products or services. Essentially, contextual design requires researchers to observe and engage with users in their natural environments to understand their practices and experiences (Beyer and Holtzblatt, 2014). In this study, the researcher investigated and captured interpretations of exclusive breastfeeding practices as experienced and understood by mothers in their everyday settings. Interviews were conducted in two sub-districts within the Buffalo City Health District, including rural and urban clinics in Mdantsane and King Williams Town, with a focus on Xhosa/English-speaking communities.

3.3 STUDY SETTING

The study setting encompasses the physical, cultural, and experiential environment in which research is carried out (Fonseca, 2023). In particular, cultural behaviors significantly influence such studies, making it essential to understand the phenomenon within its specific context. For this reason, the study was conducted in primary healthcare settings within the Buffalo City Health District clinics, which are part of the Buffalo City Metropolitan Municipality located on the East Coast of the Eastern Cape Province, as delineated by an independent authority responsible for geographic demarcation.

According to the district profile (2019), Buffalo City includes key areas such as East London, Mdantsane, and King William's Town. Notably, the district is served by 79 clinics and five community health centres that offer primary healthcare services. Furthermore, with a substantial population of 893,157, the district encompasses Mdantsane, which is the second-largest township in the Eastern Cape and the 17th largest in South Africa, boasting over 160,000 residents according to the 2011 Census. This significant population size highlights the potential impact of the study on the community.

in addition, Mdantsane has a demographic composition of 70.1% black and 30.1% coloured individuals. regarding language, 90.0% of the population speaks Xhosa, while 20.1% speak English, the area is equipped with 17 clinics, one community health centre, a TB-specialized hospital, and one regional hospital. Interviews for this study were conducted in 12 clinics in Mdantsane and one clinic in King William's Town/Bisho. Importantly, interviews targeted mothers who attended their scheduled appointments at the clinic for growth monitoring and immunization, focusing solely on those who agreed and consented to participate. a separate room within each clinic was designated for conducting the interviews.

3.4 STUDY POPULATION

For the purpose of this study, the term 'population' refers to the group of breastfeeding mothers within the Buffalo City Health District. In general, whether this group consists of a nation or a collection of individuals with a common characteristic, the term 'population' denotes the pool of individuals from which a statistical sample is drawn for the study. As such, any group selected based on a shared feature can be considered a population.

According to Kumar (2011), defining the population is a crucial aspect of social sciences research. Once the research problem is selected, the researcher must clearly and specifically identify who will be included as study participants. In this study, the population comprised mothers regardless of their HIV status who were attending well-baby clinics and bringing their babies for scheduled growth monitoring and immunization appointments in Bisho/King William's Town and Mdantsane within the Buffalo City Metropolitan Health District (BCMHD).

3.4.1 Target Population

The target population is defined as the group of individuals on whom the research intervention is focused and from whom conclusions are drawn; thus, the characteristics of this population should be clearly described (Barnsbee and Nghiem, 2018). In this study, the researcher specifically targeted mothers of childbearing age between 15 and 35 years with infants aged 0-6 months who were attending well-baby clinics within the Buffalo City Health District. Importantly, this selection was irrespective of HIV status and was aimed at those attending clinics for growth monitoring and immunization. By

focusing on this group, the researcher aimed to gain insights into their perceptions and views regarding exclusive breastfeeding.

3.5 SAMPLING

Sampling refers to the process of selecting a subset from a larger population to participate in a study. In essence, this does not necessarily denote a specific number of people but could involve selecting specific cases or subjects relevant to the research (Abubakar Alkasin and Etican, 2016). According to Kumar (2011), sampling involves choosing a few individuals from a larger group to estimate the prevalence of unknown information, situations, or outcomes. In this study, both purposive and convenience sampling methods were utilized. Specifically, purposive sampling was employed to select various community clinics, while convenience sampling was used to identify participants who met the inclusion criteria.

3.5.1 Inclusion Criteria

Inclusion criteria are defined as a set of predefined characteristics used to identify subjects eligible for inclusion in the research study (Salkind, 2010). For this study, the criteria included mothers of childbearing age between 15 and 35 years with infants aged 0-6 months, regardless of their HIV status. By adhering to these criteria, the researcher ensured that the participants were representative of the target population and could provide valuable insights into the research focus.

3.5.2 Exclusion Criteria.

Exclusion criteria specify the conditions under which individuals are not included in the study or may be excluded after initial inclusion (Salkind, 2010). In this study, mothers with sick babies were excluded to avoid confounding variables that could affect the research outcomes. This exclusion criterion was essential to ensure that the study results were not influenced by the health status of the infants, thereby maintaining the integrity and focus of the research.

3.6 RESEARCH INSTRUMENT

Francisco and Sandoral (2017) define research instruments as tools used to gather, measure, and analyse data related to research interest. The research usually decides on the research instrument, which is generally linked to the methodology and type of research instrument, including observations, questionnaires and interviews in a qualitative study.

A semi-structured interview guide with open-ended questions facilitated the interview process. A semi-structured interview is a method used to collect data whereby predetermined set of open-ended questions are asked to get responses and explore a particular theme George (2022).

The open-ended nature of the questions further allows the researcher and the participants to discuss certain topic in more details.

3.7 DATA COLLECTION

Data collection involves gathering and measuring information on targeted variables within an established system to answer relevant questions and evaluate outcomes (Jayanto and Rosalina, 2018). This process varies across different fields of study and depends on the type of information required. In essence, effective data collection is crucial as it maintains the integrity of the research, supports informed decision-making, and ensures the overall quality of the study (Laughlin, 2017). Moreover, it allows researchers to obtain first-hand knowledge and insights into the research problem, thus providing a comprehensive understanding of the topic (Brandan, 2020).

Before commencing data collection, the researcher submitted a research proposal outlining the identified problem to the Faculty of Health Sciences at Fort Hare University. As part of the ethical review process. Iphofen and Tolich (2018) describe an ethical committee as one that scrutinizes principles of protection, informed consent, confidentiality, and anonymity throughout the research process. Following the receipt of ethical clearance (Ethical clearance number 100118-054 the researcher sought and obtained approval from the Eastern Cape Department of Health epidemiology section. Subsequently, permission was also requested from the Buffalo City Health District Manager in writing, which was granted.

Once permission was secured, the researcher forwarded the approval letter to the clinic supervisors at the sub-district level, who then informed clinic managers about the upcoming research. To ensure ethical compliance, participants were assured that their involvement was voluntary, and they could withdraw at any stage if they wished. In addition, informed consent was obtained by providing participants with written information about the study and following it up with a verbal explanation, as outlined by Brinkman and Kale (2015). This process ensured that participants understood the purpose and design of the investigation before agreeing to participate.

During the interviews, questions were open-ended, with probing and clarity-seeking questions tailored to the participants' responses. To maintain confidentiality and anonymity, participants' names were not used; instead, codes were employed during the interviews. Furthermore, the researcher noted similarities and differences in participants' responses and grouped them accordingly. Prior to the interviews, the researcher requested and received consent to use an audio recorder, which was used to capture the interviews with participant approval. The interviews were conducted according to a semi-structured schedule, with each interview lasting between 45-50 minutes, focusing on exploring mothers' perceptions regarding exclusive breastfeeding. Interviews continued until data saturation was reached and all Covid-19 protocols were adhered to throughout the process. The interview questions passed to participants were designed to elicit detailed responses and included: What are your views regarding exclusive breastfeeding for the first six months of life? Explain problems you experienced during or when you were breastfeeding your baby. What are your opinions regarding the information you receive about exclusive breastfeeding at the clinic? What form of support would you recommend to assist in improving breastfeeding practices?

3.8 DATA ANALYSIS

Data analysis involves the processes of cleaning, transforming, and modelling data to uncover useful information, ultimately guiding decision-making based on the analysis (Johnson, 2021). To achieve this, thematic analysis was employed as the primary method to identify and interpret themes within the data. Thematic analysis, as a method, is recognized for its utility, accessibility, and flexibility in qualitative research, making it a valuable tool for uncovering patterns and meanings within qualitative data (Kiger and Varpio, 2020). There are two main approaches to thematic analysis: one focuses on coding and reliability, while the other advocates for a more flexible, qualitative approach

to theme development (Crosley, 2021). Thus, thematic analysis in this study aimed to examine and organize patterns of meaning across the data set, offering insights into the data.

The process of data analysis began with familiarization with the data. This initial step involved engaging deeply with the data collected during the study, which can often be overwhelming. To mitigate this, it was crucial for the researcher to pay close attention and ensure thorough understanding at this stage; neglecting this could lead to challenges during later stages of analysis (Kumar, 2011). Consequently, the researcher immersed herself in the participant responses, listened repeatedly to recorded audio, and reviewed transcribed notes to make sense of the data before moving on to detailed analysis.

Following familiarisation, the next step was generating initial codes. This phase involved identifying relevant data within each item and tagging it with brief words or phrases to facilitate understanding and interpretation. The researcher highlighted sections of the data, noting key points, concepts, and recurring themes, and then grouped these codes to form a coherent overview of the main points and common meanings throughout the data set. Thus, the process of coding helped in organizing the data into manageable segments for further analysis.

As the coding progressed, the researcher proceeded to search for themes. This process entailed delving deeper into the data to create building blocks for analysis. During this stage, similarities and patterns began to emerge, allowing for broader codes to be developed into themes while discarding vague or irrelevant codes (Kumar, 2011). Therefore, this step was crucial for identifying significant patterns that could be further explored and interpreted.

The next stage involved reviewing the themes, where the researcher assessed whether the themes accurately represented the data and had meaningful descriptions (Kumar, 2011). To ensure accuracy, data sets were reviewed to check for completeness, and any missing data was addressed. In this process, themes were verified for their relevance and the researcher made necessary adjustments, discarding any data that was not applicable.

Following the review, defining and naming themes was the next critical step. At this point, the researcher developed a comprehensive analysis, listing and naming each theme, and attaching meaning to them to facilitate a better understanding of the data (Kumar, 2011). This stage helped in structuring the final analysis and determining how each theme contributed to the overall interpretation of the data.

Finally, writing up the results marked the conclusion of the data analysis phase. This final stage involved effectively communicating how the thematic analysis was conducted, providing a detailed account of the methods used and the findings derived. Thus, the writing up phase ensured that the results of the thematic analysis were clearly presented and comprehensively explained. It is a process of cleaning, transforming and modelling data to discover useful information from the collected data and taking decisions based upon data analysis Johnson (2021).

- **Writing up**

This was the final stage of analysing the data, where a detailed indication of how thematic analysis was conducted and was effectively communicated.

3.9 TRUSTWORTHINESS OF THE STUDY

Trustworthiness is crucial in research, as it determines the degree of confidence in the data interpretation methods used to ensure the study's quality (Connell, 2016). In essence, this concept encompasses the validity, reliability, and objectivity of the research, ensuring that the study's findings are credible and can be relied upon by readers. To establish trustworthiness, various protocols and procedures are employed to evaluate the quality of the research and ensure it meets rigorous standards.

In the context of this study, the researcher adhered to the four criteria of trustworthiness identified by Morse (2015): credibility, dependability, confirmability, and transferability.

To ensure these criteria were met, the researcher implemented rigorous methods throughout the study. For credibility, techniques such as member checking and triangulation were used to verify the accuracy of the findings. Dependability was addressed by maintaining a detailed audit trail of the research of the results to other settings.

3.9.1 Credibility

Credibility is a critical aspect of ensuring that the research findings accurately reflect the participants' perspectives and present a true picture of what is being investigated (Pittman, 2016). To establish credibility, the research must show that there is a strong consistency between the participants' views and the researcher's interpretation of those views (Steven and Wren, 2013). In practice, this means that the findings should align closely with the respondents' opinions and feelings, enhancing the validity of the study (Kumar, 2011).

In this study, credibility was achieved by dedicating sufficient time to interviewing participants, with each interview lasting between 40 and 45 minutes. During these interviews, the researcher engaged in in-depth discussions, focusing on specific areas of concern to elicit detailed responses. This approach ensured that participants' opinions and experiences were thoroughly explored, which contributed to precise coding and a more accurate representation of their views.

3.9.2 Dependability

Dependability relates to the consistency and reliability of the research findings, ensuring that the research procedures are well-documented and can be audited or scrutinised by others (Adams et al., 2016). To achieve dependability, researchers need to document their research design, methodology, and data collection processes thoroughly. This documentation allows for transparency and reduces potential biases, making it easier for others to follow and evaluate the research process.

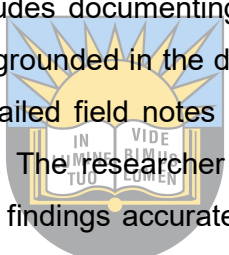
In this study, dependability was ensured through meticulous documentation of the research design and methodology. The researcher maintained an audit trail by securely storing all raw data from the interviews for future reference. This thorough approach supported the reliability of the research findings and facilitated an external review of the research process.

3.9.3 Transferability

Transferability refers to the extent to which the study's findings can be applied beyond the immediate research setting (Steven and Wren, 2013). For findings to be considered transferable, they should offer insights that are applicable to other contexts or settings, providing a broader understanding of the phenomenon under investigation. Achieving transferability involves detailed documentation and a clear presentation of the study's context and methods.

3.9.4 Confirmability

Confirmability involves demonstrating that the research findings are based on the data and not influenced by researchers' biases or dispositions (Steven and Wren, 2013). To ensure confirmability, the research must show that credibility, transferability, and dependability have been vigorously applied, so the findings can be verified by others (Pittman, 2015). The process includes documenting how data analysis was conducted and ensuring that the results are grounded in the data itself. In this study, confirmability was achieved by maintaining detailed field notes and engaging in reflective practices throughout the research process. The researcher repeatedly reviewed recorded data and reflections to ensure that the findings accurately emerged from the data, by doing so, the study demonstrated that its results are credible and verifiable by other researchers.

The logo of the University of Fort Hare, featuring a shield with a sunburst at the top, a book in the center, and the motto 'IN VIDE' and 'TUI LUMEN' on either side. Below the shield, the text 'University of Fort Hare' and 'Together in Excellence' is displayed.
University of Fort Hare
Together in Excellence

3.10 ETHICAL CONSIDERATIONS

The ethical framework for this study was rigorously established to ensure that all procedures were in line with ethical standards and principles. Initially, the University of Fort Hare Health Research Ethics Committee (HREC) granted ethical approval with the clearance number [REC-100118-054]. Following this, approval to conduct the study was sought from the Eastern Cape Department of Health. Upon receiving their approval, the researcher then requested and obtained permission from the Buffalo City Health District Manager. Subsequently, the researcher forwarded the letter of approval to the clinic supervisors at the sub-district level, who then informed the clinic managers about the research study.

Ethical considerations encompass several crucial principles and values essential for ensuring that research does not cause harm to either the community or the individuals

involved (Bhasin, 2020). Throughout the study, the researcher adhered to key ethical principles including respect for persons, beneficence, voluntary participation without coercion, anonymity, confidentiality, and informed consent. To ensure these principles were upheld, participants were provided with a comprehensive explanation of the study's purpose, objectives, and the interview process. They were informed about the benefits, the handling of data, and assured that there were no financial incentives or risks involved. Participants were also made aware that their information would contribute to improving breastfeeding practices.

In preparation for the interviews, participants received a reminder a day before their scheduled appointments to confirm their availability. On the day of the interviews, the consent process was revisited with participants, who were again briefed on the study before signing the written consent forms. Additionally, one of the clinic staff members witnessed the consent process to further ensure its validity. This thorough approach to ethical considerations helped to maintain the integrity of the research and safeguard participants' rights.

3.10.1 Respect for persons

Human dignity refers to respecting individuals. It requires researchers to safeguard study participants autonomy while ensuring the complete disclosure of all relevant study related information. This study adhered to those principles.



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3.10.2 Voluntary Participation and No Coercion

Voluntary participation ensures that individuals are involved in the study-based respect for persons involves treating participants as autonomous individuals capable of making their own decisions. This principle includes not making judgments about them, ensuring their views are accurately recorded, and giving due consideration to their perspectives during the assessment process. Moreover, it recognizes that participants who may lack decision-making capacity require additional protections (Baines, Nicholas, and Vanclay, 2013). In this study, participants were informed of their right to make informed decisions and were encouraged to exercise their discretion in how they participated and responded to questions. Additionally, they were given the option to withdraw from the study at any time if they felt uncomfortable and were offered the opportunity to ask questions at the end of the interviews, ensuring their autonomy and comfort were respected throughout the process.

3.10.3 Beneficence

Beneficence refers to the researcher's obligation to avoid causing harm and to maximise participants' well-being by ensuring no exploitation occurs throughout the study (Baines et al., 2013). This principle requires the researcher to safeguard participants' physical, emotional, spiritual, economic, social, and legal welfare. In practice, the research questions were carefully structured to facilitate clear answers from the mothers, and participants were closely observed for signs of discomfort or distress. Furthermore, the researcher explained that the potential benefits of the study outweighed any risks involved. If distress was observed, appropriate measures, such as providing counselling, would be considered during the interviews to maintain participants' well-being.

n their own willingness and are not subjected to any form of coercion or threat (Weinbaum et al., 2019). In this study, participants were assured that their involvement was entirely voluntary and that they could withdraw at any time without facing any consequences. Moreover, participants were informed that any data collected before their withdrawal would be discarded and not included in the analysis, thereby reinforcing their freedom to participate without coercion.

3.10.4 Anonymity and Confidentiality

Anonymity and confidentiality are fundamental ethical practices designed to protect participants' privacy during data collection, analysis, and reporting (Allen, 2017). Confidentiality involves keeping personal and identifying information separate from the research data, while anonymity ensures that participants' identities are kept secret (Kitzinger and Saunders, 2015). In this study, to uphold these principles, interviews were conducted in a private room to protect participants' privacy. Participants were referred to by codes rather than names to maintain anonymity, and it was explained that their information would be kept confidential and only used for research purposes. All Covid-19 protocols were adhered to throughout the study to ensure the safety and privacy of participants.

3.10.5 Informed Consent

Informed consent is a critical process where participants are fully aware of what their involvement entails before agreeing to participate (Weinbaum et al., 2019). For this

study, all participants signed consent forms, and those under 18 years of age provided assent consent. The consent forms included a request for permission to use audio recordings of the interviews, which were also witnessed by clinic nurses. Before signing, participants were informed of their right to withdraw from the study at any time without facing any penalties, ensuring they were fully aware of their rights and the study's procedures.

3.11 DISSEMINATION OF RESULTS

Dissemination of results is a crucial component of any research study, as it involves effectively communicating findings to relevant stakeholders. To ensure broad and impactful communication, a summary of the research report will be shared with key entities such as the provincial Department of Health (DoH), the Buffalo City Health District Manager, and nurse managers at the community health centres where the study was conducted. Additionally, the research findings will be published and presented through workshops and awareness campaigns aimed at influencing management decisions at both provincial and district levels. Furthermore, a copy of the full report will be forwarded to the University of Fort Hare and stored in the library for public access. To reach a wider academic audience, articles derived from the study will be submitted to accredited journals for publication and presented at relevant conferences.

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3.12 CHAPTER SUMMARY *Together in Excellence*

This chapter provided an in-depth overview of the research methodology, detailing the design and methods used for data collection. The chapter also focused on the study's trustworthiness, outlining the steps taken to ensure the reliability and validity of the research. Additionally, ethical considerations were discussed to highlight the importance of adhering to ethical standards throughout the study. In the next chapter, the researcher will present the data analysis and review the literature to further contextualize and validate the study's findings.

CHAPTER 4: PRESENTATION OF RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

In the previous chapter, the research design and methods applied in the study were described including a detailed discussion of the population and sampling process. Additionally, the chapter covered data collection procedures and how trustworthiness was established, with thematic analysis being employed to interpret the data through six thematic approaches. Moving forward, this chapter will focus on presenting the data collection and analysis processes and will provide a discussion on the participants' characteristics. Furthermore, the chapter will thoroughly examine the identified themes that directly address the research question.

Each Theme will be discussed in depth, supported by relevant quotations from participants to enhance the discussions relevance. Moreover, literature control was employed to substantiate the identified themes and sub-themes ensuring academic rigor in answering the research questions: What are mothers' perceptions regarding exclusive breastfeeding at Buffalo City Health District? What support systems are required by mothers to strengthen breastfeeding?



4.2 OPERATIONALISING OF DATA ANALYSIS AND LITERATURE CONTROL

The following section will detail the operationalisation of data analysis outlining the methods used to analyse the collected data. In addition, the implementation of literature control will be discussed, explaining how the existing body of knowledge was used to substantiate and validate the findings. This approach ensures that the analysis not only reflects the data but is also grounded in relevant academic literature, providing a comprehensive understanding of the research topic.

4.3 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

In this study, 13 participants were interviewed, all mothers aged between 15 and 35. Of these participants, 12 were from Mdantsane and one from King Williams Town: 12 spoke Xhosa, while one spoke English. Furthermore, out of 13 mothers interviewed, 11 had completed their education up to grade 12. To ensure convenience, participants were selected based on their availability at the clinic for growth monitoring appointments. To maintain anonymity, participants' names have not been disclosed as

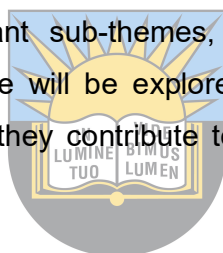
per their agreement. It is notable that all interviewed mothers had babies under six months old, with most practising breastfeeding while also introducing other foods.

4.4 INTERVIEWS

Individual face-to-face interviews were conducted with 13 participants, all of whom met the inclusion criteria as outlined in Chapter three. The interviews were conducted on the participants scheduled appointment dates and times, with each participant responding effectively to the researchers' questions. With the assistance of clinic managers, a separate room was designated in each clinic to ensure comfortable environment for the interviews. Throughout the process, adherence to Covid-19 protocols was strictly maintained to ensure safety.

4.5 PRESENTATION OF THE RESULTS

Following the analysis of the collected data, four main Themes arranged. These themes, along with their relevant sub-themes, are summarised in Table 4.1. In subsequent sections, each theme will be explored in detail, highlighting the insights gained from the study and how they contribute to the understanding of the research question.



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Table 4.1: Themes and sub-themes

NO	THEMES	SUB-THEMES
1	Positive Views Regarding Exclusive Breastfeeding	1.1 Exclusive Breastfeeding: Something Valuable 1.2 Breastfeeding has Benefits
2	Challenges:	2.1 Mother-related challenges 2.2 Baby - related challenges 2.3 Regarding Healthcare

		Professionals/workers
3	Support System Provided by healthcare Professionals/workers	3.1 Health education given.
4	Suggestions	4.1 Health education 4.2 Nurses to Practically Show Mothers 4.3 Education can even start while still at School.

4.5.1 Theme 1: Positive views regarding exclusive breastfeeding

Most participants interviewed expressed strong support for exclusive breastfeeding for babies aged 0 to 6 months. According to their views, they agreed that exclusive breastfeeding is the best feeding method for their infants. Additionally, mothers noted that breast milk offers significant benefits that are only available through exclusive breastfeeding. Some participants, including those with infants who had been exposed to HIV but were uncertain of their infection status, also echoed this sentiment. The Centre for Disease Control and Prevention (CDC) defines an exposed baby as one who has been in contact with the HIV virus but has not been confirmed as HIV-infected. The benefits of exclusive breastfeeding were particularly highlighted by mothers as crucial for their babies' health. Breastfeeding not only provides essential nutrients but also strengthens the infant's immune system, benefiting both mothers living with HIV and those who are HIV-negative. Therefore, support for successful breastfeeding is vital for all mothers (Mothers to Mothers, 2022).

Sub-theme 1.1: Exclusive Breastfeeding: Something Valuable

Participants overwhelmingly viewed exclusive breastfeeding as a valuable practice. The Cambridge Dictionary (2022) defines something valuable as being very helpful or important. Many mothers reported that breast milk plays a critical role in their babies' growth and health. They noted that breastfeeding helps to establish a strong bond

between mother and baby, with some mothers observing that their breastfeeding babies seemed to stay healthier and less prone to illnesses. For instance, participants highlighted that breastfeeding prevents common issues such as constipation and teething problems. Some responses from the participants included:

Experts such as Lowe (2014) corroborate these findings, stating that breastfeeding and providing colostrum up to six months of age offer optimal protection and foster better growth and developmental outcomes. The World Health Organisation's (WHO) Infant and Young Child Feeding Policy (2021) underscores the importance of exclusive breastfeeding during the first six months due to its extensive benefits for both mother and baby. Breast milk is particularly effective in protecting against gastrointestinal infections, which is critical in both developing and industrialised countries. WHO emphasises that early initiation of breastfeeding within the first hour after birth is essential to safeguard the newborn from infections, **Overall**, the importance and benefits of breastfeeding were consistently highlighted throughout the study.

Below are some of the responses from the participants:

"Breastfeeding babies grow fast; they don't experience constipation". (Participant 2).

"Babies become big and Healthy and also don't give problems when they are teething" (Participant 4).

"Because breastmilk is healthy than the milk that we buy". (Participant 6).

"I feel breastfeeding as right because formula is expensive". (Participant 12).

Experts Lowe 2014 Agrees that benefits of providing colostrum and breastfeeding up to 6 months of age provides optimal protection and gives babies chance to better grow and have positive development outcomes.

Infant and young feeding Policy WHO (2021) recommends exclusive breastfeeding in the 1st 6 months of life because of its many benefits for both baby and mother. Most importantly among its benefits, breastmilk protects the baby against gastrointestinal infections not only in developing countries but also in industrialised countries. WHO emphasises the importance of early initiation of breastfeeding within 1 hour after delivery to protect the new-born from acquiring infections thus reducing new-born mortalities compared to risks of infections that are much higher in partially or non-breastfeeding infants.

Participants emphasized the importance of breastfeeding, and the benefits were highlighted throughout this research.

Sub-theme:1.2 Breastfeeding has benefits.

Most participants recognised and appreciated the various benefits of breast milk for their babies. They highlighted that breast milk is a natural, cost-effective option that saves time and effort in preparation. Since breastfeeding eliminates the need to purchase formula milk, it also results in financial savings. According to the World Health Organisation (WHO, 2022), breast milk provides essential nutrition for infants, offering an optimal blend of vitamins, proteins, and fats necessary for healthy growth. It is more easily digestible than formula milk and contains antibodies that help protect the baby from viruses and bacteria.

Participants provided the following comments:

“Breastmilk has everything; it’s rare that breastfeeding babies gets sick can’t have asthma and are healthy.” (Participant 1)

“Breastfeeding babies do not get sick; it has everything for the baby and all nutrients” (Participant 3).

“Breastmilk has vitamins.” (participant 4).

Motee and Jeewon (2014) highlight that exclusive breastfeeding for six months is the optimal feeding choice, offering numerous benefits. It significantly reduces the risk of gastrointestinal infections, pneumonia, otitis media, and urinary tract infections in infants. Additionally, it helps mothers return to their pre-pregnancy weight more quickly and lowers the risk of developing type 2 diabetes. Breast milk provides more than just basic nutrition; it is rich in vitamins and nutrients essential for the baby's first six months and contains disease-fighting substances that safeguard infants from various illnesses (Fuertez, 2019). Based on the participants' responses, it is clear that breast milk contains all the essential vitamins and nutrients needed to protect the baby from diseases.

4.5.2 Theme 2: Challenges:

Despite the recognition of breastfeeding as crucial and beneficial, particularly during the first six months of life, several challenges were highlighted by the mothers during the

interviews. These challenges were categorised into three main areas: mother-related, baby-related, and healthcare professional-related. Breastfeeding can present difficulties for any mother, ranging from getting the baby to latch correctly to ensuring a sufficient milk supply. Additionally, mothers may experience judgement when breastfeeding in public, and the lack of adequate, current information, combined with misconceptions and outdated beliefs, further complicates the situation for mothers living with HIV (Mothers to Mothers, 2022).

Subtheme: 2.1: Mother related challenges

Insufficient breast milk is another reason for nutrition deficiencies causing failed to thrive in young infants. It is one of the reasons why mothers stop breastfeeding early or decide to start other feeds before six months (Piccolo et., el (2022). Mother related challenges mentioned by participants included insufficient breast milk flow baby do not get enough.

“Myself I see breastmilk as not enough”. (Participant 2)

It’s difficult to continue because she does not feed enough” (Participant 9).

“She was crying, not getting enough of milk” (Participant 13)

Low milk supply is another significant challenge. This issue arises when mothers perceive that their babies are not receiving enough milk, leading them to discontinue breastfeeding. Often, the primary cause of this problem is the use of formula supplements or extended intervals between breastfeeding sessions, which can result in insufficient stimulation of the breasts to increase milk production (Levine, 2020).

Additionally, some mothers reported physical discomfort during breastfeeding, including sore or engorged nipples. One mother noted that her baby struggled to breastfeed due to flat nipples, while another mentioned that her small breasts and flat nipples hindered her ability to produce sufficient milk. These physical challenges contributed to their difficulties in maintaining successful breastfeeding.

Some participant’s responses:

“Nothing comes out, it swells “(Participant 3).

“Myself I heard late that I was supposed to continue pull and play with nipples because they are flat “. (Participant 5)

“My nipples become painful”. (Participant 6)

“My breast had no nipples”. (Participant 13)

“I don’t know when she pulls breast it becomes painful”. (Participant 8)

“I had painful breasts but that as time goes on it went away”. (Participant 12)

Breast engorgement commonly occurs three days after delivery, characterised by the breasts becoming so hard and swollen that it becomes painful for the mother to wear a bra. This condition typically subsides within a few days and should resolve completely within a few weeks (Levine, 2020). To alleviate swelling and discomfort, using warm compresses before feeding and cold compresses after breastfeeding can be beneficial. Additionally, massaging the breasts while feeding and wearing a well-fitting bra can help ease the symptoms.

Painful nipples, often resulting from poor latching, are another reason some mothers choose to stop breastfeeding. While this issue is usually temporary and can last a few weeks, it can be distressing. Murray (2020) describes latching as the way a baby attaches to the mother’s breast during breastfeeding. A proper latch involves the entire nipple and the surrounding areola being enclosed in the baby’s mouth. The most effective remedy for this discomfort is to educate the mother on achieving a correct latch.

Furthermore, some mothers expressed concerns about their health status, particularly those who were HIV-positive. They worried that their health conditions might negatively impact their ability to breastfeed or that breastfeeding might not be advisable for their situation.

“Yes, because it is said you must breastfeed for 6 months, and I can’t because of my status”. (Participant 4)

“My reason for not breastfeeding was my status that I can transmit to my baby”. (Participant 7)

“Our problems are many, I can say my reason for not giving breast was my status that I can transmit to my baby, but sometimes we are not working”. (Participant 8)

Mother-to-child transmission of HIV can occur during pregnancy, at birth, or through breastfeeding. Decisions about whether mothers should breastfeed their infants involve a careful assessment of the risks. These include the potential for HIV transmission

through breast milk versus the increased risk of mortality from malnutrition, diarrhoea, and pneumonia if infants are not exclusively breastfed (World Health Organization, 2019).

Working mothers often struggle with expressing milk while at work, making it difficult to ensure their babies receive breast milk consistently. Moreover, mothers living with HIV may face additional uncertainty regarding breastfeeding. They may be concerned about the potential risks to their infants and how their own health status might impact their ability to breastfeed effectively.

Working mothers also did not express their breast so that the baby receives breastmilk while mother is at work and being unsure whether to breastfeed when you are living with HIV, and some working mothers did not know about expressing breastmilk when going to work.

“I don’t have a problem with that, I did it with first baby but did not want this one to let her get used to breastmilk because many times I am at work”. (Participant 4)

“When I started breastfeeding, I was working, I stopped because of work and that she is gonna be left with grandmother because most of the time I am not around, I am a casual worker from 9 till 7 late so now is on formula “. (Participant 7)

:” I stopped breastfeeding because of work”. (Participant 9)

“I can’t breastfeed because sometimes I am working”. (Participant 11)

Kuhn and Kroon (2015) highlight that breastfeeding and breast milk are the optimal feeding methods for maximising health outcomes in the prevention of mother-to-child transmission (PMTCT) of HIV. Even when mothers do not succeed with first- and second-line HIV treatments, postnatal counselling should include support for breastfeeding. This support is crucial for fully benefiting from early HIV diagnosis and testing and for strengthening preventive measures.

Some mothers reported difficulties due to insufficient food intake, which impacted their ability to produce adequate milk. This lack of nutrition undermined their efforts to maintain a consistent milk supply. Additionally, a few mothers struggled with properly latching their babies onto the breast, lacking the necessary techniques to do so effectively.

"I wanted to breastfeed yes, but the problem was that my milk did not come up". (Participant 3).

"They should show you how to hold breast". (Participant 10).

According to Dewar (2018), while breast milk is a natural resource, it is not automatic; rather, it is a skill that both mothers and babies must learn. This is particularly challenging for first-time mothers who may lack competence in breastfeeding, leading to difficulties in managing it effectively (WHO, 2013). Consequently, it is crucial to encourage these mothers to adopt a comfortable position and to demonstrate how to hold the baby correctly, with the baby's head and body aligned towards the breast and the nose positioned opposite the nipple. Moreover, the mother should ensure that the baby is held close, supporting the entire body rather than just the neck and shoulders.

In this context, the breast pump has proven to be a valuable tool for mothers facing initial breastfeeding challenges. However, using a manual pump can be time-consuming, especially for working mothers. Despite these complications, the importance of breast milk remains undisputed, as expert doctors and lactation practitioners advocate for breastfeeding due to its nutritional benefits.

Furthermore, the primary advantage of a breast pump is that it allows mothers to provide their babies with nature's best defence even when they are away. For mothers with demanding work schedules who leave their babies under the care of a nanny or at a child daycare centre, a breast pump offers an effective solution. By extracting and storing milk, the pump ensures that the baby continues to benefit from breast milk while the mother is at work (Bashir, 2016).

Additionally, it is essential for mothers to be guided towards breastfeeding aids and materials that can help them become familiar with correct positioning and attachment. Continuous observation and encouragement during breastfeeding are crucial, and mothers should receive assistance as needed to ensure successful breastfeeding practices. Baby-related challenges were a significant concern among the participants, with one notable issue being babies refusing to breastfeed. In some cases, participants perceived constant crying as a sign that the baby was not receiving enough milk from the breast. This interpretation highlights a broader challenge, as some participants also reported instances where their babies outright refused to breastfeed. These difficulties

underscore the need for additional support and guidance to address such issues effectively.

Sub- Theme: 2.2 Baby - Related Challenges

Baby related challenges included babies refuse breastfeeding. Some challenges mentioned by participants relating to the baby who cry all the time which was interpreted by the participants as due to not getting enough milk from the breasts.

Few participants reported that babies refuse to be breastfed:

“Myself I see as not enough hence I thought I must give porridge because at night she would cry continuously but if I give porridge she would sleep”. (Participant 1)

“Challenge is that he refuses breastmilk”. (Participant 4)

“I see that they must not breastfeed only because they don’t get enough, these babies the way they cry they need something else because they don’t get enough”. (Participant 6)

“They don’t get enough, sister, I had more milk when I came out of hospital but now, they don’t get enough, I am not sure what is happening “. (Participant 11)

Many babies who cry when breastfeeding is because of flow of milk, breast compression to ease the flow of milk can assist. Babies that have urge to burp or release gas may cry during breastfeeding. Mothers need to gently rub their babies back before changing to another breast whilst breastfeeding though this is not a serious problem from 6 months as they can burp on their own.

Teething and general discomfort can cause significant pain for babies, leading them to cry frequently during breastfeeding. In addition to teething, factors such as tiredness, stress, and insufficient sleep can further exacerbate the baby’s distress, affecting their ability to feed comfortably. Changes in the taste of breast milk, growth spurts, acid reflux, and nasal congestion can also contribute to these challenges, making breastfeeding more difficult for both the baby and the mother (Nair, 2018).

Mohrbacher (2013) explains that a sudden loss of interest in breastfeeding, often termed a nursing strike, is not uncommon in younger babies. This behaviour does not necessarily mean that the baby is ready to wean but could indicate that they are experiencing some discomfort or dissatisfaction. Nursing strikes usually last from 2 to 4

days but can extend up to 10 days. To manage this issue, mothers might consider expressing breast milk to relieve breast discomfort and maintain milk production while offering the milk from a cup to ensure the baby continues to receive adequate nourishment.

Participants expressed their concerns regarding baby related challenges, their biggest concern was when baby cries all the time and refuses the breast.

Sub theme: 2.3 Regarding Healthcare Professionals/Workers

Sufficient information by the healthcare workers is important to support mothers during breastfeeding. Important information includes making mothers fully understand benefits of breastfeeding, importance of breastfeeding as long as the baby need, and explain risks involved when giving other foods or stop breastfeeding or giving breast milk.

Some of the participants indicated that health care professionals give inadequate information to them when attending clinic, especially about benefits of breastfeeding during the first 6 months and exclusive breastfeeding.

“Nurses don’t say anything at the clinic most of the time” (Participant 4)

“Health care professionals do not give enough information for us as mothers” (Participant 6).

“To answer you on the issue of getting information, I think I did not get enough”. (Participant 7)

“No information given, sometimes you use your mind” (Participant 9)

“I did not get full information because if ever I received information, like you doing now I would not end up going to formula”. (Participant 8)

“No explanation given to me about breastfeeding”. (Participant 11)

“If I heard more, I should have breastfed they should have given me information early; I should have breastfed my baby”. (Participant: 13).

Asleton (2021) defines information as something that can be shared with anyone, regardless of its relevance or necessity to them. This kind of information might not have a significant impact on the recipient's life. In the context of breastfeeding, a mother's understanding of the importance of exclusive breastfeeding is crucial to its success.

Effective support and accurate information are essential to enhance this knowledge and ensure better outcomes for both mothers and their infants (Hanyanti, Maria, and Rahawu, 2020).

The World Health Organization (2021) recommends that infants born to HIV-infected mothers should receive exclusive breastfeeding for the first six months. This guidance is particularly important for these infants, as Antiretroviral drugs can help reduce the risk of HIV transmission. Continued breastfeeding up to at least 12 months of age is advised, as it further lowers the risk of HIV transmission while providing significant health benefits to the infant.

Participants also highlighted challenges related to healthcare workers, noting that there was a lack of sufficient information about breastfeeding and HIV. This gap in knowledge among healthcare professionals can hinder the support provided to mothers, affecting their ability to successfully breastfeed. Addressing these informational deficiencies is critical for improving both maternal and infant health outcomes.

4.5.3 Theme 3: Support System Provided by Healthcare Professionals/Workers

Some participants reported that they received support and information from healthcare professionals when they first started attending the Ante Natal Clinic, as well as during and after delivery. They noted that they were advised to exclusively breastfeed their babies for six months. However, others mentioned that continued support is essential, particularly regarding exclusive breastfeeding and the benefits associated with it. In addition, counselling can play a vital role in empowering mothers to overcome challenges and avoid practices that might interfere with optimal breastfeeding. Improved access to skilled counsellors is crucial as it can extend the duration of breastfeeding, promote exclusive breastfeeding, and ultimately reduce costs for families (WHO and UNICEF, 2020).

Sub-theme 3.1: Health education given.

Several mothers indicated that they received health education and support related to exclusive breastfeeding during their clinic visits. They also mentioned that pamphlets were provided to enhance their understanding. Dasheka and Rala (2021) highlight the importance of professional, practical, and social support during both the initiation and

maintenance of exclusive breastfeeding. Such support is essential for ensuring successful breastfeeding practices during the first six months.

“They were only telling us what and what not to eat”. (Participant 5)

“Yes, they give us books to read” (Participant 4).

The WHO (2013) recommends that the mother hold the baby closer, supporting the whole body, not only the neck and shoulders. Furthermore, the mother should be observed while looking for signs of good attachment and effective sucking; she should be advised to reposition the baby should there be signs of poor attachment. Additionally, the mother should be shown how to remove the baby from the breast by putting her little finger in the corner of the baby's mouth. It is important not to rush the breastfeeding process, even if the baby is crying, but to keep reassuring and encouraging the mother.

Most newborn babies, through their instincts, know how to suck; however, getting their mouths latched to the nipple and being in the right position can sometimes be challenging. For instance, the nipple might slip out of the baby's mouth, or the baby might be sleepy after the delivery process. Therefore, mothers need to be encouraged by nurses and lactation consultants to assist them in finding the correct position (Fox, 2015).

Suggestions from participants were quite clear regarding the need for healthcare workers to demonstrate practically how to position babies on the breast and how to express breast milk. Ideally, breastfeeding should start in the hospital immediately after delivery, if possible, preferably with the assistance of a nurse or lactation consultant.

4.5.4 Theme 4: Suggestions

During interviews, several mothers offered suggestions that could help enhance their knowledge about exclusive and continued breastfeeding. Firstly, acquiring detailed information on the benefits of exclusive breastfeeding might encourage mothers to avoid introducing other foods before the six-month mark. As a result, this could potentially improve the overall success rates of exclusive breastfeeding. According to Asleton (2021), education is not only something that one learns and retains but also something that can be applied to various aspects of life or used to educate others.

Therefore, providing comprehensive educational support could empower mothers to make informed decisions and overcome challenges related to breastfeeding.

4.1 Sub- theme: Health education

Participants suggested that nurses need to elaborate on health education regarding exclusive breastfeeding. Education must be consistent starting from pregnancy, labour and after delivery. Continuous education by nurses can play a big part to ensure that breastfeeding mothers are aware and understand full benefits of breastfeeding. Mothers need to know proper techniques for successful breastfeeding (Kellams,2024).

“Nurses need Time to teach you about breastfeeding, there is nothing they tell us, even in hospital after delivery they don’t teach, no explanation given to me about breastfeeding” (Participant 5).

“I think when someone come for ANC, someone like me with small breast or nipple must be told before giving birth like myself I heard late that I was supposed to continue pull and play with nipples.” (Participant 13)

According to Willumsen (2013), formal breastfeeding education should be provided in addition to standard antenatal care (ANC). This education can include individual, or group sessions led by peer counselors, health professionals, lactation consultants, home visits, and the distribution of printed materials and video demonstrations. Additionally, antenatal care is an optimal time to offer pregnant women, their partners, and their families information about the benefits of breastfeeding, especially when crucial decisions about infant feeding are being made. Evidence also indicates that educational interventions during pregnancy, such as peer counselling, lactation consultations, or formal breastfeeding education, can lead to improved breastfeeding duration (WHO, 2019). Nevertheless, some mothers felt that while they received health education on breastfeeding, the information provided was insufficient. Consequently, there is a need for more comprehensive and consistent education to fully support and empower mothers in their breastfeeding journey.

Sub- theme 4.2: Nurses to practically show mothers.

The WHO (2013) recommends that the mother hold the baby closer, supporting the whole body, not only the neck and shoulders. Furthermore, the mother should be observed while looking for signs of good attachment and effective sucking; she should

be advised to reposition the baby should there be signs of poor attachment. Additionally, the mother should be shown how to remove the baby from the breast by putting her little finger in the corner of the baby's mouth. It is important not to rush the breastfeeding process, even if the baby is crying, but to keep reassuring and encouraging the mother.

Most newborn babies, through their instincts, know how to suck; however, getting their mouths latched to the nipple and being in the right position can sometimes be challenging. For instance, the nipple might slip out of the baby's mouth, or the baby might be sleepy after the delivery process. Therefore, mothers need to be encouraged by nurses and lactation consultants to assist them in finding the correct position (Fox, 2015).

Suggestions from participants were quite clear regarding the need for healthcare workers to demonstrate practically how to position babies on the breast and how to express breast milk. Ideally, breastfeeding should start in the hospital immediately after delivery, if possible, preferably with the assistance of a nurse or lactation consultant.

Some participants mentioned that if nurses can practically show them how to put babies on the breasts and how to deal with the challenges when they happen. Some mothers mention the need to be shown or to be taught how to express breastmilk if they must leave the baby at home.

There are reasons for mothers to know why to express milk. Some of the reasons are when a baby requires more milk after being breast feed, when a baby cannot suck well and when the mother has to go back to work during the time when she is breastfeeding.

“Nurses must show us how to breastfeed sometimes”. (Participant: 5)

“Like maybe they should not do it when we start antenatal care but all the time to say why breastfeeding is important and after delivery, they should show you how to hold breast”. (Participant 6).

WHO (2013) views are that the mother should hold the baby closer, supporting the whole body, and not only neck and shoulders. The mother should be observed whilst looking for signs of good attachment and effective sucking, she should be advised to reposition the baby should there be signs of poor attachment. The mother should also be shown how to remove baby from the breast by putting babies little finger in the

corner of babies mouth .It is important not to rush breastfeeding process even if the baby is crying but to keep reassuring and encouraging the mother.

Most newborn babies through their instincts they know how to suck getting his mouth in the nipple and being in the right position though sometimes this might not be an easy process, nipple might slip out of the babies mouth or baby might be sleepy after delivery process, mothers need to be encouraged by nurses and lactation consultants to assist mothers to the correct position Fox (2015).

Suggestions were quite clear from the participants regarding the importance of the health care workers need to show practically how to put babies on the breast and how to express breastmilk. It is a good idea that breastfeeding starts in the hospital immediately after delivery if it can, preferably with the nurse or lactation consultant.

Sub -Theme 4.3: Education can even start while still at school.

One participant had a view that giving health education to school children might help to improve breastfeeding, without encouraging them to get pregnant but that would empower them to choose correct feeding option when they are ready to be mothers. According to Brown (2018) indicated that the idea of introducing breastfeeding to the schools in UK has been in the news and receiving different opinions. The answer to the question whether it should be taken seriously is that if school children are able to learn about other biological aspects such as child development, social sciences, they should be educated on how to feed babies and the impact that this may have.

“Like at schools, children do get pregnant like us. They cannot by themselves not give each other correct information. It is usually said when you are HIV positive you cannot breastfeed and that is not true, so at schools, they can be given information to explain, that if the viral load is down, you can breast feed your baby, mine has not been infected, you are not encouraging them to get pregnant but they need that information, so that when they grow up, they know already”. (Participant 5).

One participant suggested that integrating education about breastfeeding into primary and secondary school curricula might be highly effective in increasing knowledge and support for breastfeeding. This approach could foster positive attitudes towards breastfeeding, create an environment where it is the norm, and potentially enhance

future intentions to breastfeed. Such education could empower future mothers with the knowledge they need to make informed feeding choices when they are ready to start their own families.

Supporting this idea, a systematic literature review on school-based interventions highlights that modifying knowledge, attitudes, social norms, and intended future breastfeeding practices through educational programmes can significantly improve breastfeeding rates (Glaser, Roberts, and Grosskopf, 2015). This review suggests that early education about breastfeeding can lead to better outcomes for breastfeeding rates in the long term.

In addition, a study by Chetwynd et al. (2016) found a lack of breastfeeding knowledge and negative perceptions about breastfeeding in some schools. The study concluded that students were interested in obtaining more information on the topic, especially if healthcare professionals provided it. This indicates a potential benefit of incorporating breastfeeding education into school programs to address these gaps in knowledge and improve attitudes towards breastfeeding.

4.3 CHAPTER SUMMARY

This chapter presents four main themes and nine sub-themes derived from the research findings. These themes and sub-themes provide insight into mothers' knowledge and perceptions regarding exclusive breastfeeding and their understanding of how their babies benefit from breastfeeding. The participants expressed a clear need for further empowerment through enhanced breastfeeding skills and knowledge within and beyond the healthcare setting. Furthermore, the findings discussed in this chapter were cross-referenced with existing literature to ensure their validity and reliability. This literature control helped to confirm the data analysis results and reinforce the study's conclusions.

CHAPTER 5: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter provided a detailed presentation and discussion of the research findings, which were analyzed using a structured data analysis process. Each theme and sub-theme was corroborated through literature control to ensure the accuracy and relevance of the findings. This chapter aims to summarize the research process, offering conclusions based on the study, acknowledging its limitations, and presenting recommendations for future research.

Subsequently, this chapter underscores the importance of continuous research to develop more effective strategies for enhancing exclusive breastfeeding practices. By addressing these areas, the study aims to contribute to the ongoing improvement of breastfeeding support and education.

5.2 THE PURPOSE AND OBJECTIVES OF THE STUDY

This research aimed to explore and describe perceptions of mothers with infants 0-6 regarding exclusive breastfeeding to bring about recommendations to improve breastfeeding practise and ensure that mothers choose exclusive breastfeed as the best option for infants during the first six months of life. The study aimed to address the following objectives:

- To explore mother's perceptions regarding exclusive breast feeding at Buffalo City Municipality Health District.
- To identify support systems required by mothers to strengthen exclusive breastfeeding.

5.3 THEMES GENERATED FROM THE INTERVIEWS

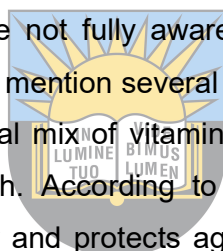
This study provided understanding and views of the mothers regarding practising exclusive breastfeeding at Buffalo City Metro Health District in the Eastern Cape.

5.3.1 Theme 1: Positive views regarding exclusive breastfeeding

Participants clearly understood the topic related to knowledge of exclusive breastfeeding. They demonstrated awareness that breastfeeding exclusively or giving only breast milk during the first six months of life, is considered the best feeding option

for babies. This understanding was reflected in their responses, which highlighted their view of breastfeeding as essential due to the various benefits it offers their babies. However, it was apparent that although participants recognized breastfeeding as beneficial, some felt that it alone might not be sufficient for their babies. This sentiment underscores a potential gap in their understanding of the full extent of exclusive breastfeeding's benefits. According to the Infant and Young Child Feeding Policy (WHO, 2021), exclusive breastfeeding is crucial during the first six months of life due to its comprehensive benefits. Moreover, breastfeeding exclusively provides babies with a valuable opportunity to remain healthy, as it is a natural source of essential nutrients and antibodies that protect against infections and diseases. Most participants acknowledged the value of exclusive breastfeeding, recognizing its role in helping babies grow well without issues. Additionally, breastfeeding fosters a strong bond between mother and baby, which is another significant benefit highlighted by participants.

Despite this, some mothers were not fully aware of all the benefits associated with exclusive breastfeeding. They did mention several advantages, such as the provision of essential nutrients and the optimal mix of vitamins, including proteins and fats, which are crucial for the baby's growth. According to WHO (2020), breast milk contains everything a baby needs to grow and protects against infectious diseases, reinforcing the importance of exclusive breastfeeding.



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5.3.2 Theme 2: Challenges

Participants expressed various challenges related to exclusive breastfeeding, which were categorized into three main areas: those experienced by mothers, those pertaining to babies, and those related to healthcare professionals and nurses. These challenges were identified as significant factors leading to interruptions in exclusive breastfeeding. Consequently, some participants decided to mix breast milk with other foods instead of exclusively breastfeeding or, in some cases, opted not to start breastfeeding at all due to these difficulties. Such challenges made it difficult for them to comply with and adhere to recommended breastfeeding practices.

Breastfeeding can be particularly challenging for mothers—from getting the baby to latch properly to ensuring an adequate milk supply and dealing with the judgement of breastfeeding in public. Furthermore, ongoing issues with inadequate information, as

well as misconceptions and outdated advice, compound these difficulties, particularly for mothers living with HIV. According to Mothers to Mothers (2022), these factors create additional challenges for these mothers.

Moreover, while some babies may latch well initially, the process is not always smooth. Many mothers require time to master breastfeeding skills, and during the first week after delivery, they may encounter struggles that interfere with successful breastfeeding. Even after breastfeeding is established, new problems may arise, which can be painful and distressing for mothers and may also cause fussiness and irritability in the baby. These issues can be frightening for mothers who feel unprepared to handle them; hence, understanding and preparing for such problems is crucial for successful breastfeeding management (Murray, 2020).

Challenges experienced by some participants included painful and swollen nipples. According to Levine (2020), one of the primary reasons many mothers decided to discontinue breastfeeding was due to pain caused by poor latching, which, although typically a short-term issue lasting a few weeks, can be quite distressing. Additionally, some mothers had to return to work, leaving their babies under the care of a family member or nanny, which further complicated their ability to breastfeed. A few mothers were concerned about their HIV status and felt that exclusive breastfeeding alone was insufficient, leading them to question whether their babies were receiving adequate nourishment (Kuhn and Kroon, 2015).

The World Health Organization (2016) advises that in countries that promote and support breastfeeding alongside anti-retroviral treatment (ART), mothers living with HIV who adhere to ART should breastfeed exclusively for the first six months. They are then encouraged to introduce complementary feeds until the baby reaches 12 months of age, with breastfeeding and complementary feeding potentially continuing up to 24 months and beyond. Breastfeeding, combined with complementary feeding, is recommended to optimise health outcomes and ensure the baby receives the necessary nutrients while managing HIV effectively.

Baby-related challenges mentioned by participants included instances where babies refused or cried during breastfeeding, suggesting they were not receiving enough milk. Wisner (2019) notes that such rejections are often temporary and can occur for various reasons, making it difficult to determine the exact cause. Babies may fuss, cry, or push

away from the breast for numerous reasons, which can be challenging for mothers to address effectively.

Despite being provided with information regarding exclusive breastfeeding, participants felt that the information was inadequate and did not fully cover the benefits of exclusive breastfeeding. According to Hanyanti, Maria, and Rahawu (2020), a mother's knowledge of the importance of exclusive breastfeeding is crucial for its success. Therefore, it is essential to enhance support and provide comprehensive information to improve mothers' understanding and practice of exclusive breastfeeding.

5.3.3 Theme 3: Support systems provided by Health care professionals/workers.

Challenges experienced by some participants included painful and swollen nipples. According to Levine (2020), one of the primary reasons many mothers decided to discontinue breastfeeding was due to pain caused by poor latching, which, although typically a short-term issue lasting a few weeks, can be quite distressing. Additionally, some mothers had to return to work, leaving their babies under the care of a family member or nanny, which further complicated their ability to breastfeed. A few mothers were concerned about their HIV status and felt that exclusive breastfeeding alone was insufficient, leading them to question whether their babies were receiving adequate nourishment (Kuhn and Kroon, 2015).

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5.3.4 Theme 4: Suggestions

Participants suggested the need to empower mothers with more knowledge regarding both exclusive and continued breastfeeding. They believed that acquiring comprehensive knowledge about the benefits of exclusive breastfeeding could help prevent early discontinuation or the premature introduction of other foods before the six-month mark. Asleton (2021) defines education as something that is learned, retained, and applied to various aspects of one's life or used to educate others, underscoring its importance in promoting effective breastfeeding practices.

Participants also recommended that health education be enhanced with more detailed information. This education should be consistent, starting from pregnancy and continuing through labour, delivery, and postnatal care, including visits to sick and well-baby clinics. Additionally, there was a call for practical demonstrations on how to position babies for breastfeeding, how to express breast milk, and how to encourage milk flow, which could help reduce challenges that might lead to unsuccessful breastfeeding.

The World Health Organization (WHO, 2013) advises that to assist a mother in learning to breastfeed, she should first be encouraged to assume a comfortable position. The healthcare provider should demonstrate how to hold the baby so that the baby's head and body are aligned with the mother's breast, with the baby's nose opposite her nipple. Another suggestion was to extend health education to schools to empower schoolchildren without promoting teenage pregnancy. The idea of introducing breastfeeding education in UK schools has generated various opinions, but it is argued that if schoolchildren can learn about child development and social sciences, they should also be educated about breastfeeding and its impacts (Brown, 2018)

5.4 LIMITATIONS OF THE STUDY

Methodological limitations refer to factors that may impact the validity and reliability of the study, affecting its ability to be generalised. These limitations could stem from issues related to study design, data collection, data analysis, or the interpretation of results (Von Daneir and Hermawan, 2024). In this study, the population was specifically limited to mothers with babies aged 0—6 months who had given permission and consented to participate. Consequently, not every mother with a baby within this age category was included, which may affect the broader applicability of the findings.

Another limitation was the sample size, which was restricted to only two sub-districts out of the three sub-districts within the Buffalo City Health District. Additionally, interviews were conducted with only 13 participants from this district, which further limits the scope of the study. Given these limitations, the findings of this study cannot be generalised beyond the sampled population and sub-districts.

5.5 RECOMMENDATIONS

Recommendations are defined as suggestions or advice's given to give guidance to the study researched about a certain topic. According to Nair, (2024) research recommendations play an important role in guiding the researchers to explore effectively. Recommendation are associated with actions to be taken and gives guidance on how to make decisions.

World Health organization (WHO) recommends that, all babies must be exclusively breastfed on demand from birth to six months of age without introducing any other feed.

5.5.1 Recommendations from the participants

- Continuous and consistent health education on exclusive breastfeeding by health care workers throughout ANC services and post-delivery until baby reaches six months.
- Emphasis on the full benefits of exclusive breastfeeding by Community Health care workers at community level and Healthcare providers at every clinic visit.
- Demonstrations of breastfeeding videos to show the parents how to put babies on the breast and how to express breast milk whilst waiting for service.

- Support Mothers that are both negative and those living with HIV about low- risk of breast-feeding option, putting more emphasis on dangers of mix feeding.
- Education on how to deal with breastfeeding challenges during clinic visits, health professionals need to encourage mothers to put babies on the breast and even show mothers how to express breast milk.
- Recommended that health- related topics that includes breastfeeding must be taught early at school level.

5.5.2 Recommendations from the researcher

- The researcher suggests that the DOH trains and empower Health Care Workers on exclusive breastfeeding and continued breastfeeding so that they acquire counselling skills that will, support and encourage breastfeeding.
- All Health care professionals need to be capacitated on Infant, young and feeding policy, and clinic supervisors and programme managers must strengthen monitoring of its implementation.
- The use of breastfeeding information from the Road to Health booklets by nurses, encourages them to use the information and clarify any unclear information.
- Establish breastfeeding support groups at local clinics as a platform that will assist mothers to talk about breastfeeding issues and challenges.
- Health facilities should have access to videos showing effective breastfeeding techniques through proper attachment and positioning during breastfeeding.
- Health Education and support on breastfeeding must include partners and Families for support and sustainability.

5.5.3 Recommendations for the Department of Health

- DOH in collaboration with Department of Education must develop a strategy to integrate nutrition programme in school, which includes breastfeeding as the best option for child growth and development.
- Available teaching material in the clinics, such as television, videos that mothers can watch while awaiting to receive services in the health facilities.
- Collaborate with community structures and leaders to educate communities on importance of breastfeeding only in the first six months of life, and also in clarifying all myths regarding exclusive breastfeeding.

5.5.4 Recommendations for research

- Research on mothers' perception regarding exclusive breastfeeding within Buffalo City was just the foundation, more evidence is needed to establish more reasons for noncompliance with the practice. Ongoing research is crucial to get to the bottom of the problem related to the topic.
- Targeted research in the future might explore various aspects such as breastfeeding rural versus urban, why nurses /health care professionals are not giving information as expected about breastfeeding. Evidence to other research areas will permit the option of generalizing of the results in future.
- More research studies on topic still need to be conducted in future to determine whether findings similar to those of this study will be obtained.

5.6 CHAPTER SUMMARY

In summary, the researcher has successfully achieved the objectives of this chapter. Firstly, most participants responded positively regarding their views on exclusive breastfeeding, including their knowledge on the subject. Furthermore, the results of this study will assist in shaping plans, specifically at Buffalo City Health District, concerning exclusive breastfeeding. In particular, these findings will inform policymakers on how best to address breastfeeding issues, beginning at the community level with family involvement and extending up to the facility level to improve breastfeeding practices.

Therefore, this qualitative study aimed to explore and describe mothers' perceptions of exclusive breastfeeding within Buffalo City Health District. Notably, participants understood the importance of exclusive breastfeeding, recognizing how it contributes to a child's growth and development, as well as its broader benefits. Moreover, information was provided during antenatal care (ANC), at delivery, and, to a lesser extent, at clinics, often in the form of reading material.

However, a lack of comprehensive information, education, and insufficient support from nurses or healthcare practitioners contributed to noncompliance with recommended breastfeeding practices. As a result, some actions taken by mothers included stopping breastfeeding a few weeks or months after starting. In addition, challenges such as mixing breast milk with other foods before six months, and concerns related to HIV

transmission by mothers living with HIV, were significant barriers. Moreover, other issues, such as the misconception that babies were not receiving enough milk from breastfeeding alone, along with difficulties like flat nipples or babies refusing to breastfeed, were frequently raised and need to be addressed.

On the other hand, participants suggested several ideas that could be implemented. These included continued education throughout the breastfeeding period and support for working mothers who need to return to work. Furthermore, suggestions extended to educating schools in order to expand general breastfeeding knowledge. In conclusion, strategies to enhance, encourage, and sustain breastfeeding practices should involve developing approaches at all levels, from community to facility, and engaging other sectors. Ultimately, breastfeeding is not merely a health-related issue but a broader social problem that requires collaborative efforts for sustainable improvement.



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5.7 REFERENCES LIST

Acharya, AS et al. (2013) Sampling: Why and how of it. Indian Journal of medical specialities 4(2), pp.330-333: India

Alvi, MH (2016) A Manual of selecting sampling technique in Research. University of Karachi: Pakistan

Amini, M Salarkia, N and Djazayeri, A (2013) Poor breastfeeding as a probable cause of malnutrition. International Journal of medical sciences: Iran

Aluwinare-Semaranayake, D (2012) Ethics in qualitative Research: A view of the participants and researchers' world from a critical standpoint. International Journal of qualitative methods: 11 (2), pp .64-81: Canada

Asleson, K (2021) There is a difference between information and education: women at work. Razavi International Journal of medicine: 1(1), pp.30-34

Aspers, P and Corte, U (2019) What is qualitative in qualitative research. Qualitative sociology: 42(2),139-160

Banerjee, JC (1994) Encyclopedic dictionary of psychological terms.MD Publications: new Dehli

Bhandari, PJ (2020) A step-by-step guide to data collection

Braun, V and Clarke, V (2006) Using Thematic analysis Psychology. Qualitative research in Psychology :3(2).77-101

Bryman, A (2016) Social Research Methods. Oxford University Press

Brink, H Van der Walt, C and Van Rensburg, G (2015) *Fundamentals of research methodology for health care professionals*. Juta and Company Ltd: SA

Brown, A (2018) Breastfeeding is not" easy "stop telling new mothers that it is: Swansea University: United Kingdom

Callary, B Bradley, S R and Young W (2015) Insights on the process of using interpretive phenomenological analysis in a sports coaching Research project. Qualitative report: NSU: Canada

Connelly, LM (2016) Trustworthiness in qualitative research. Medsurg Nursing Journal:25 Issue 6

Creswell, J (2017) Research design: Qualitative, quantitative and mixed methods approach: SAGE:LA

Crosley, J (2021) What is thematic Analysis: A plain language explanation & definition (with examples).

Dasheka, ZT Mc Deline, and Rala, N (2021) The kind of support that matters to exclusive breastfeeding, a qualitative study. BMC Pregnancy Childbirth 9 (211).119DOI 10.1186/s12884-921-03590-2

Edmond, W and Kenned, TD (2016) An applied guide to research designs, Qualitative, Quantitative and mixed methods: Nova Southeastern University: Florida

ESR review, (2012) South African campaign for Accelerated reduction of maternal & child mortality in South Africa. Economic & social rights in South Africa: volume 13 Issue 3 Pg 17-18

Fonseca, M (2023) INFORGRAPHICS: Importance of describing the setting of a study in manuscripts.

Frank, V, et al (2013) Principles of ethical Research involving Humans: Ethical practice in impact assessment Part 1: Impact assessment and project appraisal 31(4). 243-253. DOI 10.1080/14615517.201.3.850307

Grag, R ((2016) Methodology for Research. Indian Journal of Anesthesia: 60(9). p. 640-645.DOI 10.4193/0019-5049.190619: India

Hayes, A (2021) A guide of principles designed to help professional conduct honesty and with integrity. Journal 8-1. Doc

Hussain, S (2021) James Momoh Smart Grid Fundamentals of design and analysis: Wiley IEEEPres:US

Joshi, PC et al (2014) Prevalence of mothers and associated factors among mothers in rural Bangladesh: a cross –sectional study: International breastfeeding journal 9(1). p7: Bangladesh

Karen, G (2019) What if your baby hates breastfeeding? (Or so you think).

Lambert, VA and Lambert, CE (2012) Qualitative descriptive research design. Pacific Rim International Journal of Nursing Research: Vol.16(4). pp 255-256: Thailand

Levine, H (2020) How to treat sore nipples and breastfeeding pain. La Leche League International

Lorenn, C and Steven, L (2013) Exploratory (Qualitative research)

Lynne, C (2016) Trustworthiness in qualitative research. Medsurg nursing journal: Issue 6. 435-436.

Maguire, M. and Delahunt B (2017) Doing a thematic analysis: A practical step-by-step guide for learning and teaching scholars. All Ireland Journal of Higher education: 9(3).

Maree, JG (2013) Latest developments in career counselling in South Africa: Towards a positive approach. South African Journal of Psychology: 43(1).409-421:SA

Marzo, RR et al (2018) Perceptions on exclusive breastfeeding among postnatal mothers at primary Health Centres in Malaysia. International journal of recent scientific: 910(B). pp.29299-29303: Malaysia

Mc Combes, S (2021). An introduction to sampling methods. Studocu

Mhlanga, M et al. (2015) Perceptions and barriers to exclusive breastfeeding in Manicaland, Zimbabwe. Journal of Public Health medicine: 21 (2422-8419) p.30

Mnyani, CN et al (2016) Infant feeding knowledge, perceptions and practices among women with and without HIV in Johannesburg, South Africa: a survey in healthcare facilities. International breastfeeding Journal: 12(1). p17

Motee, A and Jeewon, (2014) Importance of breastfeeding and complementary feeding among infants. Food and Nutrition Journal

Motee, A et al. (2013) An assessment of the breastfeeding practises and infant feeding pattern among mothers in Mauritius. Journal of Nutrition and metabolism: Mauritius

Momoh, O (2021) Fundamental analysis. Wiley IEEE Press

Mphasha, MH and Skaal L (2019) Infant and young child feeding policy: Do primary Health Care Nurses adhere to the HIV breastfeeding Recommendations in Limpopo Province. South African Journal of clinical nutrition: 32(3) pp .70-75.

Noel –Weiss, J Boersma, S and Kujawa-Myles, S (2012) Questioning current definitions of breastfeeding Research. International Breastfeeding Journal: 7(1). p 9

Patina, CM and Ferreira, JC (2018) Inclusion and exclusion criteria in research definitions and why they matter. *Journal of Brasileiro De Pneumologia* :44(2). 84-84.DOI 10.1590/s1806-37562018000000088

Pope, C Ziebeland, S and Mays N (2000) Analysing qualitative Data. *BMJ* 200 320 (7227). pp.114-116.

Rhoda, MR et al (2014) Experiences with perinatal death reviews in South Africa -the Perinatal Problem Identification Programme. *BJOG An international journal of obstetrics and Gynaecology*: 121.p160-166.

Riberio, JR and Antune, H (2018) World Health Organisation (WHO) recommends exclusive breastfeeding in the 1st 6 months of life. LYNNS Publishing group.

Robbins, SJ (1990) When is a mother not a mother? *Women and language*. 13(1) p. 41

Rollins, NC et al (2013) Exclusive breastfeeding, diarrheal morbidity and all-purpose cause mortality in infants of HIV- infected and HIV- uninfected mothers, KZN South Africa. *Plos 1 eight*: (12). e81307

Rusher, J and Harmmer, D (1994) Revising disrupted impressions through conversations. *Journal of personality and social psychology*: 66 (3) p. 530

Saari, Z (2016) WetNursing: A historical review and its ideal characteristics. *PerintiseJournal*: 6 (1)

Siziba, L P (2015) Low rates of exclusive breastfeeding are still evident in four South African Provinces. *South African Journal of clinical Nutrition*: 28(4). pp.170-179

Sridhar, C et al (2016) Automated diagnosis of coronary artery disease using nonlinear features extracted from ECG signal. *IEEE International* DOI 10.1109/SMC.2016.7844296

Streit, L (2019) What is colostrum, Nutrition, benefits and downsides. *Healthcare: United States*

Synder, H (2019) Consideration and Spell out in relation to relevant literature. *Journal of business Research*: p.104

Tadele, N et al. (2016) Knowledge, attitudes and practices towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia: Descriptive cross-sectional study. *International Breastfeeding Journal* :11(1), p 13

Valinda, RN (2020) 11 benefits of breastfeeding for both mom and baby. Healthline: SU

Vanclay, F (2013) Principles of ethical research involving human: ethical professional practice in impact assessment Part 1. Impact Assessment and Project Appraisal: Chicago

Warmbach, K et al. (2016) Exclusive Breastfeeding experiences among Mexican American women. Journal of lactation: 32(1). pp.103- 111.

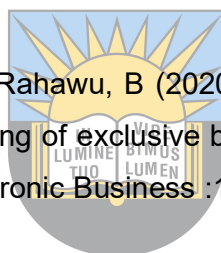
Williams, B (2015) How to evaluate qualitative research. American Nurse Today: 10 (11). pp.31-38

Wildemuth, BM (2015) Applications of Social Research methods to questions in information and library Sciences. ABC-CLIO.LLC

WHO, (2010) Guidelines on HIV and infant feeding 2010: principles and recommendations for infant feeding in the context of HIV and a summary of evidence. World Health Organisation.

Yulianti, D Dwihanyanti, M and Rahawu, B (2020) The series of leaflets as media for education promotion and monitoring of exclusive breastfeeding. International Journal of Information Engineering and electronic Business :12 (3).19-27. DOI 10.5815/ijieeb.2020 03.03

YanZhang, and Babara, M W (1996) Qualitative analysis of content



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ANNEXTURE A: UNIVERSITY OF FORT HARE ETHICAL APPROVAL



University of Fort Hare
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HEALTH RESEARCH ETHICS COMMITTEE

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7368
E-mail: dgoon@ufh.ac.za

ETHICAL CLEARANCE CERTIFICATE REC-100118-054

Certificate Reference Number: **Ref #2021=05=10=SobuzaN**

Project title: Perceptions of mothers with regard to exclusive breastfeeding at Buffalo City Health District in the Eastern Cape

Nature of Project: Masters of Public Health

Principal Researcher: Sobuza N

Student Number: 201716815

Supervisor: Dr D Murray

On behalf of the University of Fort Hare Health Research Ethics Committee (HREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the HREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the HREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.



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HEALTH RESEARCH ETHICS COMMITTEE

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The HREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principles or practices are revealed or suspected
 - relevant information has been withheld or misrepresented
 - regulatory changes of whatsoever nature so require
 - the conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principal investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to HREC monitoring@ufh.ac.za.

The Ethics Committee wishes you well in your research endeavours.

Yours sincerely

Professor DT Goon
Chairperson: HREC
5th May 2021

ANNEXTURE B: EASTERN CAPE DEPARTMENT OF HEALTH ETH



Enquiries: Yvonne Gixela

Tel no: 079 074 0859

Email: Yvonne.Gixela@echealth.gov.za / yvixela@gmail.com

Date: 19 July 2021

RE: Perceptions of mothers with regard to exclusive breastfeeding at Buffalo City Health District in the Eastern Cape (EC_202107_013)

Dear Mrs N. Sobuza

The department would like to inform you that your application for the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE



TOGETHER, MOVING THE HEALTH SYSTEM FORWARD

ANNEXTURE C: BCMHD PERMISSION TO CONDUCT RESEARCH STUDY



Province of the
EASTERN CAPE
HEALTH

BUFFALO CITY METRO HEALTH DISTRICT

OFFICE OF THE DISTRICT MANAGER

18 Sheffield Road • Westbank • East London • 5200, Eastern Cape
Private Bag X 9015 • Main Post Office, East London • 5200 • Eastern Cape
Tel.: +27 (0)43 708 1790 • Fax: +27 (0)43 708 1836/ 086 245 5023 • Website: www.ecdoh.gov.za
Enquiries: Ms. M Tshaka

INTERNAL MEMORANDUM

To:	BCMHD Health Facilities: Sub-District Manager Clinic Supervisor Mdantsane PHC Facilities King/Bisho PHC Facilities
From:	Acting District Manager
Subject:	Permission to conduct Research Study: Mrs. N Sobuza
Date:	16 August 2021

Purpose

The purpose of this memorandum is to inform relevant Buffalo City Metro Health District staff and patients of permission granted on research study to be conducted by Mrs. N Sobuza from the University Of Fort Hare.

Background and Exposition of Facts

Mrs. Sobuza is currently studying towards Masters Degree in Human Health study with the University Of Fort Hare. The title of her research study is **“Perceptions of mothers with regard to exclusive breastfeeding at Buffalo City Health District in the Eastern Cape.”**

She has requested for permission to do research at BCMHD Health Facilities. Mrs. N Sobuza has submitted all the required documents for a research study in the Eastern Cape Department of Health facilities and as such permission has been granted to her by the Research unit to conduct the study in terms of her research protocol and methodology.

United in achieving quality health care for all

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za



PERMISSION TO CONDUCT RESEARCH STUDY: MRS. SOBUZA

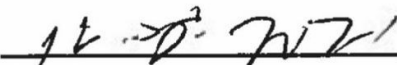
Approval by the District

1. Kindly note that this memorandum serves as an approval at District level for Mrs. Sobuza to conduct her research study in terms of the approved research protocol, ethical clearance and permission letter from the research unit subject to producing all necessary supporting documentation on request to prospective participants in the research study and Management of the District.
2. All posters advertising the research must first be tabled with the Hospital CEOs, Clinic Supervisors & CHC Facility Managers to ensure compliance with Departmental policies.
3. Patient details and addresses will only be provided to the researcher on those who have consented to participate in the research subject to the terms and condition of the letter of approval from the Research Unit of the Eastern Cape Department of Health.

APPROVED



MS NT SOPISEKA
ACTING DISTRICT MANAGER
BUFFALO CITY METRO HEALTH DISTRICT



DATE



ANNEXTURE D: INFORMED CONSENT



University of Fort Hare
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PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: PERCEPTIONS OF MOTHERS REGARDING EXCLUSIVE BREASTFEEDING AT BUFFALO CITY METRO HEALTH DISTRICT, EASTERN CAPE.

PRINCIPAL INVESTIGATOR: Ntombizethu Sobuza

ADDRESS: Faculty of Health Sciences, East London

CONTACT NUMBER: 0605603210; +27 (0) 43 708 1700

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary**, and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you did agree to take part. This study has been approved by the University of Fort Hare Faculty of Health Sciences Research Ethics Committee (UFH FHREC) (Ref No:.....) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics Committee members or relevant authorities to inspect the research records.

WHAT IS THIS RESEARCH STUDY ALL ABOUT?

- This study is all about perceptions of mothers regarding exclusive breastfeeding at Buffalo City Metro Health District, Eastern Cape. The research *will be conducted at the Buffalo City clinics and will involve answering of open-ended question that are presented in an interview guide. Individual interviews will be conducted to eligible participants who those mothers are bringing babies to clinics for their growth and development (babies with 0-6 months), interviews will be conducted until data saturation is reached. The interviews will be for 45-60 minutes.*

The objectives of this research are:

- ✓ *Objective 1:* To explore perceptions of mothers regarding exclusive breast feeding at Buffalo City Municipality Health District.
- ✓ *Objective 2:* To identify support systems required by mothers to strengthen exclusive breast feeding.

Why have you been invited to participate?

- You have been invited to participate because you are responsible to ensure that your infants get adequate nutrients for her growth and development.
- You have also complied with the inclusion criteria which is mothers of childbearing age 15-35 years with infant 0-6 months.
- The researcher will exclude mothers with sick infants' aged 6 months

WHAT WILL YOUR RESPONSIBILITIES BE?

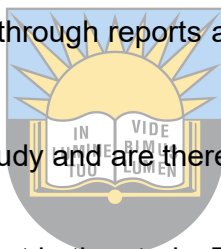
- You will be expected to:
 - ✓ Answer all the questions as appearing in the interview guide as much as you can.
- *Will you benefit from taking part in this research?*
- *The direct benefits for you will be that you will acquire more knowledge on the topic concerned and outcome of this research study may influence policy review by addressing important areas to focus on in the topic concerned.*
- *The indirect benefit will be: The information generated by the study is intended to contribute to new knowledge regarding this topic.*

ARE THERE RISKS INVOLVED IN YOUR TAKING PART IN THIS RESEARCH?

- *There are no risks involved in this study*
- *The benefits outweighs the risk*
- Who will have access to the data?

Anonymity will be maintained with codes instead of participants' names during the interview. Confidentiality will be ensured by saving all the data in password protected computers. Only the researcher and the supervisor will have access to the data. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for five years.

- What will happen with the data/samples?
- This is a once off collection of data which will be analysed communicated to participants, management through reports and articles which will be published in peer-reviewed journals.



Will I be paid to take part in this study and are there any costs involved?

No. You will not be paid to take part in the study. There will thus be no costs involved if you participate.

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Who can you contact for additional information regarding the study?

The primary investigator Ntombizethu Sobuza can be contacted during office hours at Tel: 27 (0) 43 708 1771 or on her cellular phone at 0605603210. Should you have any questions regarding the ethical aspects of the study, you can contact the Acting Chairperson of the UFH FHREC, Prof D Goon, during office hours you can contact the Supervisor, Dr Daphne Murray and she can be reached at 082 224 0489 or can be emailed at DMurray@ufh.ac.za

How will you know about the findings?

- The findings of the research will be shared with you by an invitation to a feedback session which will held at either the hospital or any other alternative venue.

Declaration by participant

By signing below, I agree to take part in a research study titled:

TITLE OF THE RESEARCH PROJECT: MOTHERS PERCEPTIONS REGARDING EXCLUSIVE BREASTFEEDING AT BUFFALO CITY METRO HEALTH DISTRICT, EASTERN CAPE.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) On (*date*) 20....

Do you agree to participate in this study?

Yes, I consent.

No

Declaration by person obtaining consent.

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not use an interpreter.

Signed at (*place*) ... on (*date*) 20....



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Signature of person obtaining consent

Signature of witness

Declaration by person obtaining consent.

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not use an interpreter.

Signed at (*place*) ... on (*date*) 20....



Signature of person obtaining consent **Signature** **of** **witness**

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Declaration by researcher

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not use an interpreter.

Signed at (*place*) ... on (*date*) 20....



Signature of researcher

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Signature of witness

ANNEXTURE E: LETTER FROM TECHNICAL EDITOR

TO WHOM IT MAY CONCERN

I hereby confirm that I have provided technical editing services for the following mini-dissertation:

“Perceptions of Mothers Regarding Exclusive Breastfeeding at Buffalo City Health District in the Eastern Cape” By Ntombizethu Sobuza | Student No: 201716815

The technical editing services included:

- Standardising fonts and font sizes throughout the document.
- Inserting page numbers, including Roman numerals for the preliminary pages and Arabic numerals for the main content.
- Adjusting spacing to ensure consistency and readability.
- Applying structured heading styles (Heading 1, Heading 2, Heading 3) for consistency and ease of navigation.
- Ensuring that no headings began at the bottom of a page.
- Setting up a dynamic Table of Contents based on applied heading styles.
- Replacing the UFH logo with the most recent official version.
- Adding and formatting appendices and sectional divisions as required.

These corrections and formatting enhancements were made to ensure that the document meets the professional standards required for academic submission and presentation.



ANNEXTURE F: LETTER FROM THE INDEPENDENT CODER

Name of the Co-coder: Mrs AN Mbatha

Highest Qualification Master's Degree (Nursing Education) Responsive Nursing Education curriculum

Date: 2021/ 12 /15

Work Done: Analysis and co-coding of data provided in 13 interviews and a proposal. These had pages that ranged from 4-5 pages. The proposal has about 20 pages

Work done: Went the through Proposal to capture to understand the title, problem statement, objectives and questions.

- Read through the objectives of the study to understand what the study is all about
- Read the questions to examine if they answered the objectives set.
- Went through the responses of various participants and then analysed them and put data into relevant codes. (Coding was done independently of the primary coder)
- Picked up the codes and wrote them on separate pages in a notebook
- Thereafter types the codes as I arranged them into relevant themes and sub-themes
- Did not receive the codes from the primary coder to compare with.
- Wrote the report and then calculated the number of hours taken to do the above work.



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ANNEXTURE G: LETTER FROM THE LANGUAGE EDITOR



EDITING CERTIFICATE

15 September 2024

To whom it may concern

DECLARATION OF LANGUAGE EDITING

Re: PERCEPTIONS OF MOTHERS REGARDING EXCLUSIVE BREASTFEEDING AT BUFFALO CITY HEALTH DISTRICT IN THE EASTERN CAPE

This serves to confirm that I, Tanya-Lee R Stewart, a SATI-registered language editor and translator, undertook the language editing of the above-mentioned document (mini-dissertation) on behalf of S SOBUZA (UFH student number: 201716815).

Do note that I make no claims to the substantive matter covered by the document and have not altered the intent or research content drafted by the author(s). Furthermore, I can only provide a guarantee of linguistic accuracy, provided the relevant track changes were accepted and my advice followed. All changes and corrections were suggested by means of "track changes", comments, and e-mails. However, the implementation thereof was left entirely up to the author.

As such, I do not accept responsibility or liability for any inaccuracies, both linguistically and content-related, that may be present. In addition, it is assumed that the student has been advised to refrain from any form of plagiarism.

Should you have any queries, please contact me through the email address and telephone number provided in the above letterhead.

Yours sincerely

TR Stewart
Member: South African Translators' Institute
SATI registration no: 1003470



ANNEXTURE H: INTERVIEW GUIDE

SECTION A: DEMOGRAPHIC DATA

Name of the institution	
Participants number	
Age	
Educational qualification	
Employment	
Duration of breastfeeding	



SECTION B

RESEARCH TOPIC: PERCEPTIONS OF MOTHERS WITH REGARD TO EXCLUSIVE BREASTFEEDING AT BUFFALO CITY METRO HEALTH DISTRICT, EASTERN CAPE

AIM OF THE STUDY: To explore and describe mothers' perceptions regarding exclusive breastfeeding in infants aged 0-6 months to bring about recommendations to improve breastfeeding practice and encourage mothers to exclusively breastfeed their babies during the first six months of life

OBJECTIVES OF THE STUDY

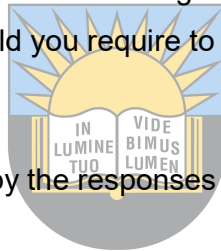
- To explore mothers' perceptions regarding exclusive breastfeeding at Buffalo City Municipality Health District.
- To identify support systems required by mothers to strengthen exclusive breast feeding.

Individual interviews will take place for 30—45 minutes for each participant until data saturation.

INTERVIEW QUESTIONS

- What are your perceptions of mothers regarding exclusive breastfeeding?
- What support systems would you require to strengthen exclusive breastfeeding?

Probing questions will be guided by the responses of the participants.



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ANNEXTURE I: INTERVIEW WITH PARTICIPANT 11

Name of the Clinic: NU 3 Clinic (Bezek)

Date: 8 October 2021

Interviewer: (Greetings): Are you Okay today sister.

Interviewee: (Responding) I am Okay

Interviewer: Mhmm! Ok sister let me start again, let me thank you first for opportunity you gave me to speak to you and talk about breastfeeding I will introduce myself formally again, my name is Zethu Sobuza I am doing project with Fort Hare , so as you are participating in the project I want to say this project you participate voluntarily ,also everything that we discuss in the meeting is confidential hence it's the two of us so that we are not disturbed. In addition, the study has no risk, as you know that some projects might have risks, but this one is more beneficial even if not directly to you. Purpose of the study is to understand mother's views with regard to exclusive breastfeeding in the 1st 6 months of life and to understand what form of support is needed to improve breastfeeding practises.

Lastly, I will ask to record our conversation so that at the end I am able to transcribe it properly.

Before we continue may I know who am I talking to?

Interviewee: I am Thandi, I am staying around

Interviewer: Where do you live Thandi?

Interviewee: In NU 3

Interviewer: Do you work?

Interviewee: Yes I work

Interviewer: Oh, you say you work.

Interviewee: Yes, I am working sister, but I am on maternity leave now.

Interviewer: Maternity leave for how long? Where are you working? You have beautiful twins dear, how old are they?

Interviewee: Is the last months now going back first of December.

Interviewee: They are two months old sister

Interviewer: Do you have other children?

Interviewee: Only one sister

Interviewer: Where do you work?

Interviewee: Hemingways Sister

Interviewer: Are you married?

Interviewee: No, I am not sister

Interviewer: So how are feeding them

Interviewee: I breast feed them

Interviewer: What are you feeding them, Breast milk?

Interviewee: Yes

Interviewer: is there anything else you give them?

Interviewee: Yes, bottle feeding

Interviewer: Ok sister which formula are you using?

Interviewee: I'm using NAN Sister.

Interviewer: When did you start to introduce then on the Formula?

Interviewee: When they were two months

Interviewer: Two months nee! While they were two, is there any reason for you to add Formula on breast-feeding?

Interviewee: They do not give enough sister, I had more milk when I came out of Maimane but now they do not get enough I am not sure what is happening.

Interviewer: Ok I hear you, so I want to know "What are your views with feeding babies with breastmilk only for six months".

Interviewee: Yes Sister it was said in hospital, but they do not get enough sister.

Interviewer: OK I hear you when you say they do not get enough and how you do it, but I want to know your views with the notion that babies must be given breast milk only from birth – six months how do you see it.



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Interviewee: I see it right sister, breast milk is right even when teething, everything is not easy to happen to her if breastfeeding only, even in hospital they say breast milk is good give it for six months you can give other things after six months, even in community but to me it was not enough. They are 2 sisters.

Interviewer: As you are saying they are not getting enough breast milk, have you tried getting help from the clinic to explain the problem that babies are not getting enough to get advice:

Interviewee: No sister I did not do that

Interviewer: You never came nee, I hear you when you say milk is not enough how often are you breastfeeding them, How many times?

Interviewee: 4 -5 times a day

Interviewer: Because it might happen sometimes that you don't breastfeed enough there is no demand so maybe you were not breastfeeding enough, if maybe you can put the baby every 2-3 hours, breast milk needs demand the more you breastfeed the more it is produced but if that is not happening breast milk is will not come out well.

Interviewee: Ok sister, I hear you now, never thought of that.

Interviewer: You said this is the 2nd child, what happened with the first child?

Interviewee: he also breastfeed

Interviewer: Ok you breastfed for these months.

Interviewee: Yes sister I'm also suspecting age sister as well

Interviewer: whose age, how old are you?

Interviewee: I am 41 sister

Interviewer: So, you think that us as **Health care** workers, us the nurses, we give you enough information.

Interviewee: No sister.

Interviewer: Why do you say that? What do you think?

Interviewee: They should have time to teach you sister, there is nothing they tell us, even in hospital after delivery they don't teach us you see for yourself, No one is telling us

Interviewer: Whilst attending Antenatal Client was there information given.

Interviewee: No sister, no explanation given to me about breastfeeding

Interviewer: At delivery?

Interviewee: No sister I it is only said breastfeed, nothing more.

Interviewer: Ok when you are attending clinics what are they saying about breastmilk?

Interviewee: No sister it is my first time I'm attending clinic today

Interviewer: Is it your first time? No, the baby was supposed to come at 6 weeks; you said they are 2 months now?

Interviewee: Yes, they are 2 months, I was asked to come 15 November

Interviewer: Your books are not here maybe I would check

Interviewee: My books are here sister

Interviewer: Ok my friend will check them, ok let's continue, so for mothers to see the importance of breast milk especially in the six months what support would you need?

Interviewee: To be taught sister, when you attend clinic because really even in the location it is said we need to breastfeed so that you do not get problems, no teething no problems even myself I know with my first child I never got problems because I was breastfeeding.

Interviewer: So mam in other words you are suggesting that Dept of health whilst you are pregnant you supposed to be told, during delivery and as you attend clinic after birth to be told, told all the time. In addition, touch on challenges you have they are supposed to explain them to you.

I think even on your side you need to visit clinics when you have problems so that you do not just stop on your own, in other words you are saying each time we should talk about breastfeeding? At home, what support you get? who are staying with? What support are you getting?

Interviewee: I stay with mine and sisters child, they are still small sister, know nothing they have no children yet.

Interviewer: Oh Ok I understand I think breast milk is still important like now you are going back to work you are supposed to express breast milk so that the person looking

after the baby just warm expressed milk when you come back from work you continue with breastfeeding so you don't even when working ,because these bottles are not trusted ,will you have someone to look after them (interviewee agreeing) they are lazy you are not sure whether they will clean bottles thoroughly. So I want to understand something else you are aware of HIV in mothers, you think they can also breastfeed.

Interviewee: Yes, it's all right sister

Interviewer: While it is said virus can be transmitted to baby?

Interviewee: No sister I do not think so with breast milk. I think what is important is not to mix feed as it causes problems whether negative or positive, in positive mothers is to be on treatment, there is treatment that is given if in compliance with treatment every mother can breastfeed in the first six months of life.

Interviewer: At this point, after all, we discussed, do you have questions to ask?

Interviewee: No sister, I heard

Interviewer: Are you sure as you are free to ask anything

Interviewee: No sister

Interviewer: So I think we have come to end of our talk, I am not sure if you want to ask anything but feel free to ask.

Interviewee: nothing sister

Interviewer: I hope that you will look after your babies, next time breastfeed and do not hesitate do contact you clinic for advice.

Interviewee: Thank you sister

End



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