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Master's Thesis

2023

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**The Impact of Maternity Protection on Exclusive
Breastfeeding: A Case Study of Ghana**

Master's thesis

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Study programme: Public and Social Policy

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Year of the defence: 2023

DECLARATION

1. I hereby declare that I have compiled this thesis using the listed literature and resources only.
2. I hereby declare that my thesis has not been used to gain any other academic title.
3. I fully agree to my work being used for study and scientific purposes.

In Prague on
2nd May 2023

Laura Yawaa Tofotsi

References

Tofoatsi, Yawaa Laura. *The Impact of Maternity Protection on Exclusive Breastfeeding: A Case Study of Ghana*. Praha, 2023. 68 pages. Master's thesis (Mgr.). Charles University, Faculty of Social Sciences, Department of Public and Social Policy. Supervisor M.Sc, Eva Hejzlarova, Ph.D

Length of the thesis: 93,258 characters (no spaces) and 109,170 characters (**with spaces**)

ABSTRACT

This study examines the impact of maternity protection on exclusive breastfeeding (EBF) among corporate mothers in Greater Accra, Ghana. Using the Gendered Organizational Theory as the conceptual framework, the study sought to identify the prevailing rate of EBF among corporate mothers and to assess the impact of the availability of breastfeeding facilities at their workplaces and the work from home practice on mothers' decision to practice six months EBF.

An exploratory and descriptive research design was adopted, and data were collected through quantitative approach. A survey questionnaire which included both closed-ended and open-ended questions was administered to 53 working mothers. The data were analyzed using descriptive and inferential statistics and thematic analysis.

The study results indicate that the rate of exclusive breastfeeding among employed mothers is not high, as per the definition established by the WHO and UNICEF. The study also found that the availability of breastfeeding facilities at workplaces has a positive impact on mothers' decision to practice six months EBF, as it increases their convenience and reduces their stress levels. Additionally, the study found that the work from home practice positively influences mothers' decision to practice six months EBF, as it allows them to spend more time with their infants and to breastfeed on demand.

In conclusion, this study highlights the need for organizations to provide breastfeeding facilities and support work from home practices to promote EBF among working mothers. The findings of this study contribute to the literature on EBF and provide insights for policymakers and employers to create supportive environments that enable working mothers to practice six months EBF.

Abstrakt

Tato studie zkoumá dopad ochrany mateřství na výhradní kojení (EBF) mezi matkami z oblasti Great Accra v Ghaně. Pomocí Gendered Organizational Theory jako koncepčního rámce se studie snažila identifikovat převládající míru EBF mezi matkami pracujícími ve firmách a posoudit dopad příznivých podmínek pro kojení na pracovišti, resp. práce z domova na rozhodnutí matek praktikovat šest měsíce EBF.

V diplomové práci byl uplatněn explorační a deskriptivní výzkumný design a data byla sbírána pomocí kvantitativního přístupu. Dotazník, který zahrnoval uzavřené i otevřené otázky, byl zadán 53 pracujícím matkám. Data byla analyzována pomocí deskriptivní a inferenční statistiky a tematické analýzy.

Výsledky studie naznačují, že míra výlučného kojení mezi zaměstnanými matkami není podle definice WHO a UNICEF vysoká. Studie také zjistila, že příznivé podmínky pro kojení na pracovišti má pozitivní dopad na rozhodnutí matek praktikovat šestiměsíční EBF, protože zvyšuje jejich pohodlí a snižuje úroveň stresu. Kromě toho studie zjistila, že práce z domácího prostředí pozitivně ovlivňuje rozhodnutí matek praktikovat šestiměsíční EBF, protože jim umožňuje trávit více času s dětmi a kojit na požádání.

Na závěr tato studie zdůrazňuje potřebu, aby zaměstnavatelé zajišťovaly pro kojení příznivé podmínky na pracovišti, posporovali práci z domova a propagovali EBF mezi pracujícími matkami. Zjištění této studie přispívají k vědění o EBF a poskytují informace pro tvůrce politik a zaměstnavatele, aby vytvořili podpůrné prostředí, které pracujícím matkám umožní praktikovat šestiměsíční EBF.

Keywords

Maternity protection; exclusive breast feeding; public policy; Ghana.

Klíčová slova

Ochrana mateřství; výhradní kojení; veřejná politika; Ghana.

Title

The Impact of Maternity Protection on Exclusive Breastfeeding: A Case Study of Ghana

Název práce

Vliv ochrany mateřství na výhradní kojení: případová studie z Ghany

ACKNOWLEDGEMENT

I would like to express my gratitude to my supervisor M.Sc, Eva Hejzlarova, Ph.D, for her insightful inputs and prompt feedbacks she offered me throughout my thesis writing.

I would also like to acknowledge my lecturers for their immense support and encouragement throughout my studies.

Finally, I would like to thank my family for their moral and financial support as well as their dedication to see me achieve this laural.

Contents

DECLARATION	i
ABSTRACT.....	iii
ACKNOWLEDGEMENT	vi
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the study	1
1.2 Statement of the Problem	7
1.3 Purpose of the Study	8
1.4 Objective of the Study.....	9
1.5 Research Questions	9
1.6 Research Hypothesis	10
1.7 Significance of the Study	10
1.7.1 Policy Significance.....	11
1.8 Scope of the Study.....	11
1.9 Organization of the Study	11
CHAPTER TWO	12
LITERATURE REVIEW	12
2.1 Introduction	12
2.2 Maternity Protection.....	12
2.3 Overview of Exclusive Breastfeeding (EBF).....	14
2.3.1 Patterns of exclusive breastfeeding	15
2.3.2 The practice of Exclusive breastfeeding.....	16
2.3.3 Benefits of EBF	18
2.3.4 Factors that Affect the Adoption of exclusive breastfeeding	23
2.3.5 The difficulties and methods for managing exclusive breastfeeding practices	24
2.4 Theoretical Framework	25
2.4.1 Gendered Organizational Theory	25
2.5 Empirical Review	27
2.6 Gap in Literature	30
2.7 Conceptual Framework	31

CHAPTER THREE	32
METHODOLOGY	32
3.1 Introduction	32
3.2 Research Design	32
3.3 Study Area	33
3.4 Population	33
3.5 Sampling Method and Sampling Size	34
3.6 Data Collection Method	34
3.7 Validity and Reliability	34
3.8 Data Analysis Plan	35
3.9 Ethical consideration	35
CHAPTER FOUR	37
RESULTS AND DISCUSSION	37
4.1 Introduction	37
4.2 Reliability Analysis	37
4.3 Demographic Characteristics of the Respondents	38
4.3 Prevailing Rate of Exclusive Breast Feeding Among Corporate Mothers	40
4.3.1 Rate of Breastfeeding	40
4.3.2 Age of Child When Given Food	41
4.3.3 Introduction of Breast Milk to Child after Birth	42
4.3.4 Challenges with Exclusive Breastfeeding Reported by Respondents	44
4.4 Support for Exclusive Breastfeeding at The Workplace	44
4.4.1 Maternity Leave	46
4.4.2 Maternity Leave Duration	46
4.4.3 Comparison of Working Hours Before and After Maternity Leave	48
4.4.4 Maternity Protection	49
4.4.5 Challenges Faced in Exclusive Breastfeeding During Maternity Leave	50
4.4.6 Challenges Faced in Exclusive Breastfeeding After Maternity Leave	51
4.4.7 Proposed Solutions from Respondents	52
4.5 The Impact of Work from Home Practices on Breastfeeding Practices Among Mothers ..	53
4.5.1 Work from Home Practice on Mothers' Choice of Breastfeeding Practice	54

4.6 Decisions on Hypotheses	56
4.6.1 Hypothesis 1:	56
4.5.2 Hypothesis 2:	58
4.5.3 Hypothesis 3:	59
CHAPTER FIVE	62
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	62
5.1 Introduction	62
5.2 Summary of Major Findings	62
5.2.1 Prevailing Rate of Exclusive Breast Feeding Among Corporate Mothers.....	62
5.2.2 Impact of The Availability of Breastfeeding Facilities in the Workplaces on The Decision of Working Mothers to Practice Six Months Exclusive Breastfeeding.....	63
5.2.3 Impact of the Work from Home Practice on Mothers’ Choice of Breastfeeding Practice.	64
5.4 Recommendations	66
5.5 Limitations	67
REFERENCE.....	69
APPENDIX A.....	74
QUESTIONNAIRE	74

LIST OF FIGURES

Figure 4.1: Rate of Breastfeeding 41
Figure 4.2: Age of Child When Given Food..... 42
Figure 4.3: Time Interval 43

LIST OF TABLES

Table 1.1: History of Exclusive Breastfeeding % of Children Under 6 months.....	3
Table 1.2: Entitlement to Maternity Leave in Ghana	6
Table 1.3: Maternity Leave (Actually Taken in the last 5 years)	6
Table 1.4: Median Duration (Months) of Breastfeeding Among Children Born in the Past Three Years	7
Table 4.1: Reliability Coefficient	37
Table 4.2: Demographic data of respondents	39
Table 4.3: Support for Exclusive Breastfeeding at The Workplace	45
Table 4.4: Maternity Leave.....	46
Table 4.5: Maternity Leave Duration.....	47
Table 4.6: Comparison of Working Hours Before and After Maternity Leave.....	49
Table 4.7: Work from Home during Covid Lockdown	53
Table 4.8: Work from Home Practice on Mothers' choice of Breastfeeding Practice	55
Table 4.9: Working from home affect choice of Type of Breastfeeding Practice	56
Table 4.10: Logistic Regression	57
Table 4.11: Logistic Regression	59
Table 4.12: Logistic Regression	60

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The level of maternal protection provided by the labour market is a major factor in whether or not mothers are able to breastfeed their babies exclusively for the first six months, as recommended by the World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and the American Academy of Paediatrics (AAP). Significant health benefits, such as a 64% reduction in nonspecific GI tract infections, a 72% reduction in hospitalizations for lower respiratory tract infections in the first year, a 63% reduction in the risk of serious colds, ear, and throat infections, and a 36% reduction in the incidence of sudden infant death syndrome (SIDS), motivate this recommendation. Because of its potential health advantages, the AAP (2012) has advocated for this recommendation.

In 2012, the American Academy of Paediatrics (AAP) reported that the provision of human milk to preterm infants yields notable benefits for their long-term neuro-developmental outcomes. The practice of exclusive breastfeeding during the initial six months of a child's life confers several advantages to both the child and the mother. These benefits include enhanced child spacing, and reduced susceptibility to type 2 diabetes mellitus, and breast cancer. According to the American Academy of Paediatrics (AAP), inadequate breastfeeding practices, particularly the failure to exclusively breastfeed infants for the first six months of life, is associated with 1.4 million fatalities and 10% of disease burden in children under the age of five (Black et al., 2008). As per the guidelines provided by the American Academy of Paediatrics (AAP), it is recommended that infants should be exclusively breastfed for approximately six months. Thereafter, breastfeeding

should be continued along with the introduction of complementary foods. The continuation of breastfeeding for a period of one year or more is suggested, provided it is mutually desired by both the mother and the infant. As per a report submitted by UNICEF, exclusive breastfeeding holds paramount importance for the well-being of both mothers and their offspring. The document emphasized that augmenting the rates of exclusive breastfeeding to the levels recommended by health experts can lead to the avoidance of over 820,000 fatalities among children who are below 5 years old, as well as the prevention of 20,000 incidences of breast cancer. This highlights the crucial significance of exclusive breastfeeding as a public health measure. According to UNICEF's report from 2019.

Exclusive breastfeeding for six months is purported to have positive economic effects, in addition to its significant benefits for both the mother and child. The findings of research conducted in the United States by Jon Weimer in 1999 indicate that adhering to the recommended rates of exclusive breastfeeding by the surgeon general (75% in hospitals and 50% at 6 months) could lead to a minimum savings of \$3.6 billion. As per Weimer's (1999) study, the economic benefits derived from the prevention of premature deaths and reduction in traditional medical expenditures amount to \$3.1 billion and \$0.5 billion per annum, respectively.

As per research conducted in Spain, a surge in the rates of exclusive breastfeeding could potentially yield noteworthy cost savings for the Spanish National Health System. According to Quesada et al. (2020), the research indicates that a rise of one percentage point in the rates of exclusive breastfeeding in Spain in 2014 could have resulted in a potential cost savings of over 5.6 million Euros for the healthcare system.

As per research conducted in Spain, an increase of one percentage point in exclusive breastfeeding rates in the country during 2014 could have resulted in a potential savings of more than 5.6 million

Euros for the Spanish National Health System. The research carried out by Quesada et al. (2020) emphasizes the plausible financial advantages that may ensue from a rise in the prevalence of exclusive breastfeeding.

There exists a notable disparity in the prevalence of exclusive breastfeeding across various demographic groups, including but not limited to race, age, socioeconomic status, and cultural background. The etiology of this phenomenon is commonly ascribed to various factors that have been delineated by the Centre for Disease Control and Prevention (CDC). These factors encompass issues related to lactation and latching, concerns regarding neonatal nourishment and weight, inadequate parental leave and work policies, cultural practices, and dearth of familial support, among other variables. The aforementioned statement underscores the diverse obstacles that mothers may encounter in their pursuit of exclusive breastfeeding, as delineated by the Centres for Disease Control and Prevention in the year 2020.

The World Bank's data indicates a noteworthy increase in the proportion of infants in Ghana who receive exclusive breastfeeding for six months, rising from 7.4% to 52.1% in 2014. The evidence indicates a significant enhancement in the implementation of exclusive breastfeeding in Ghana within the past few years.

Table 1 Table1.1: History of Exclusive Breastfeeding % of Children Under 6 months

Years	Percentage %
1988	2.2
1994	7.4
1998	31.5
1999	31.5
2003	53
2006	54.9

2008	62.1
2011	45.7
2014	52.1

Compiled by Tofoatsi, Y.L. from World Bank Data

A new survey known as the Ghana multiple indicator cluster survey 2017/2018 puts Ghana's exclusive breastfeeding rate at '42.9%' which is far from the target of 'at least 70% rate of exclusive breastfeeding by 2030' to be achieved by all member states set by the WHO.

The present study centers on the phenomenon of working mothers and their decreased probability of participating in the practice of exclusive breastfeeding for a duration of six months. According to a study conducted by Dun-Dery et al. (2016) in the Upper West Region of Ghana, a majority of working mothers (91%) initiated exclusive breastfeeding within hours after delivery. However, the study found that only a small percentage (10.3%) continued exclusive breastfeeding for the recommended duration of six months. Abekah-Nkrumah et al. (2020) conducted a study on the phenomenon of exclusive breastfeeding among working mothers in Ghana. The findings of the study suggest that providing adequate support to breastfeeding working mothers is imperative for the sustenance of exclusive breastfeeding. Insufficient maternity leave, a dearth of maternity policies, and inadequate facilities to support breastfeeding in the workplace were identified as obstacles to exclusive breastfeeding for employed mothers, according to the research.

According to the preliminary findings of the 2021 Population and Housing Census conducted by the Ghana Statistical Service, the current population of Ghana is estimated to be 30.8 million individuals, with a gender ratio of 97 males per 100 females. According to the World Bank's estimation in 2020, approximately 64.7% of women are actively participating in the workforce. Hence, it can be inferred that a certain proportion of the female demographic will be engaged in

breastfeeding, necessitating a leave of absence from their professional duties to attend to their offspring.

Section 20 of Ghana's labour law of 2003 (Act 651) stipulates the provisions for maternity leave. According to this section, female employees who provide a medical certificate issued by a medical practitioner or a midwife indicating the conclusion of their pregnancy are entitled to a minimum of 12 weeks of maternity leave, in addition to any annual leave.

This implies that women who work in the formal sector, which employs about 40.1% of the labor force, are entitled to 12 weeks of paid maternity leave based on a medical certificate, covering the period before and after childbirth. However, this benefit is not available to work mothers employed in the informal sector, which according to the Ghana Statistical Service's 2015 'National Employment Report', accounts for approximately 59.9% of the workforce in Ghana. Apart from the provision of this law that makes it compulsory or mandatory for organization in the formal sector to grant paid leave, there is no other policy that talks about any other provision such as lactating facilities at the workplace

Table 1.3 of the Ghana Demographic and Health Survey of 2014 shows that even though it is compulsory for employers to grant maternity leave to working mothers in the formal sector, they are not taking advantage of it. However, this group represents only a minority.

By examining Table 1.2, it becomes apparent that the eligibility for paid maternity leave varies across different age groups of women. Only 1.6% of women aged 15-19 and 14.7% of those aged 25-29 are entitled to paid leave. Overall, the Ghana Demographic and Health Survey (GDHS) of 2014 found that only 9% of employed women were entitled to maternity leave with pay. Table 1.3 shows that out of the 1.6% of 15-19 year olds entitled to paid leave, none actually took maternity

leave in the five years preceding the survey. Similarly, only 10.3% of the 14.7% of 25-29 year olds entitled to paid leave took the leave. Overall, the GDHS found that only 7% of employed women had maternity leave with pay, while 78% were not entitled to paid leave, and 12% were allowed to take maternity leave but without pay.

Table 2 Table 1.2: Entitlement to Maternity Leave in Ghana

Age of Women	Entitled to Paid Leave (%)	Entitled for Unpaid Leave (%)	Not Eligible for Maternity Leave (%)	Do not Know Missing (%)	Total (%)
15-19	1.6	7.5	84.7	6.2	100
20-24	8.9	11.0	76.7	3.5	100
25-29	14.7	11.8	72.3	1.3	100
30-34	9.9	13.8	76.0	0.5	100
35-39	10.1	12.2	77.2	0.5	100
40-44	6.0	11.2	81.8	1	100
45-49	6.1	10.5	82.0	1.4	100

Ghana Demographic and Health Survey 2014.

Table 3 Table 1.3: Maternity Leave (Actually Taken in the last 5 years)

Age of Women)	% Of Women Working Around the Time of the Last Birth	Paid (%)	Unpaid (%)	Do not Take Leave (%)	Total (%)
15-19	30.2	0.0	5.1	94.9	100
20-24	47	1.8	10.7	87.5	100
25-29	62.4	10.3	13.6	75.9	100
30-34	66.3	9.6	13.5	76.9	100
35-39	76	7.8	13.1	79.1	100
40-44	76.4	2.3	9.7	88.0	100
45-49	70.4	2.8	8.2	89.0	100

Ghana Demographic and Health Survey 2014

The GDHS 2014 reports that while ‘98%’ of all children are breastfed at some point in their lives, the proportion drops to ‘52%’ for those under six months of age, and is even lower at 10.3% for infants of working mothers. Table 1.4 provides further details on the duration of breastfeeding, showing that male infants are breastfed for a median duration of 2.6 months, which is slightly longer than the 2.4 months for female infants. Differences were also observed between rural and

urban areas, with a median duration of 2.7 months for rural dwellers, who are more likely to engage in informal work, and 2.4 months for city dwellers.

Table 1.4: Median Duration (Months) of Breastfeeding Among Children Born in the Past Three Years

Background Characteristic	Any Breastfeeding	Exclusive Breastfeeding (Months)	Predominant Breastfeeding (Months)
Sex of the Newborn			
Male	20.8	2.6	5.3
Female	20.9	2.4	4.5
Residence			
Urban	19.7	2.4	4.3
Rural	22	2.7	5.2

Ghana Demographic and Health Survey 2014

1.2 Statement of the Problem

This thesis aims to assess the impact of Ghana’s maternity protection on the practice of exclusive breastfeeding among working mothers in the formal sector. This would be achieved by measuring the proportion of mothers who are making their breastfeeding decisions based on the maternity protection and lactating facilities available to them. Also, this thesis will assess the impact the recent work from home practice has had on working mothers’ decision to practice exclusive breastfeeding in Ghana.

Also, the study focuses on working mothers and the workplace because many mothers return to work shortly after giving birth. For these mothers, the ability to breastfeed and pump breast milk while at work is critical for maintaining their breastfeeding practice. However, workplace environments may not always be conducive to breastfeeding. Inadequate maternity leave duration and a lack of maternity policies and facilities that support breastfeeding at the workplace are two significant barriers that can negatively impact a mother's ability to continue breastfeeding after

returning to work. Overall, the workplace is a critical area of focus when discussing barriers to exclusive breastfeeding because it is where many mothers spend a significant amount of their time, and where they may face obstacles that can negatively impact their ability to breastfeed.

Although there have been numerous studies in the area of exclusive breastfeeding and its benefits for mothers and children. As well as research on the determinants and barriers to exclusive breastfeeding, this thesis aims to contribute important knowledge regarding the true proportion of women affected by one of the major challenges to exclusive breastfeeding. Additionally, it will assess whether the option of working from home, which has been offered to some segments of working mothers, has had an impact on their choice of breastfeeding practice. This thesis will be beneficial to policymakers in assessing the impact that extended maternity protection period and lactating facility provision will have on breastfeeding practices among working Ghanaian mothers.

1.3 Purpose of the Study

The objective of this research is to evaluate how maternity protection measures affect exclusive breastfeeding. The research aims to investigate the impact of policies and facilities such as maternity leave duration, workplace support for breastfeeding, and access to lactation rooms on a mother's ability to breastfeed exclusively for the recommended six months. The study also aims to determine the factors that facilitate or impede exclusive breastfeeding among working mothers, and to provide policymakers and employers with data-driven suggestions for improving maternity protection and promoting exclusive breastfeeding practices. Ultimately, the study seeks to encourage optimal infant feeding practices, which can result in significant health benefits for both infants and mothers.

1.4 Objective of the Study

The Specific objectives to be covered by the thesis are to

- a. To identify the prevailing rate of exclusive breast feeding among corporate mothers.
- b. Assess the impact of the availability of breastfeeding facilities at their workplaces (which has been proposed as a solution) on the decision of working mothers to practice six months exclusive breastfeeding.
- c. Assess the impact of the work from home practice on mothers' choice of breastfeeding practice.

1.5 Research Questions

In order to achieve the above stated objective, the study utilized the following research questions as guiding tool:

- a. What is the prevailing rate of exclusive breast feeding among corporate mothers?
- b. What is the impact of the availability of breastfeeding facilities at their workplaces (which has been proposed as a solution) on the decision of working mothers to practice six months exclusive breastfeeding?
- c. What is the impact of the work from home practice on mothers' choice of breastfeeding practice?

1.6 Research Hypothesis

The research questions have led to the formulation of hypotheses, which are presented in their null forms to facilitate statistical analysis and testing. This thesis hypothesizes that:

- H₀: Mothers who have longer maternity leave (at least 6 months) are more likely to engage in the six months exclusive breastfeeding as recommended by WHO.
- H₀: Organizations that provide infrastructure to facilitate breastfeeding have more mothers who engage in the recommended 6 months exclusive breastfeeding.
- H₀: Mothers who worked from home due to the covid-19 pandemic practiced longer exclusive breastfeeding.

1.7 Significance of the Study

The fourth objective of the Millennium Development Goals endeavours to diminish child mortality by 66% within the timeframe 1990 to 2015. This objective place particular emphasis on enhancing feeding practices to prevent malnutrition, which is a significant causative factor of child mortality. Nonetheless, the advancement made in numerous African nations, such as Ghana, has been inadequate in attaining this objective. The objective of this research is to investigate the influence of the duration of maternity leave, availability of breastfeeding facilities, and implementation of work-from-home policies on breastfeeding practices. The aim is to encourage mothers in the formal sector of Ghana to engage in exclusive breastfeeding for a period of six months. Through an examination of these factors, this research endeavour can make a valuable contribution to the existing body of knowledge regarding the utilization of effective interventions for the purpose of promoting breastfeeding and enhancing the health outcomes of infants. The results of this study have the potential to enhance the existing scientific literature on the feeding practices of infants

and guide the development of social programmes aimed at encouraging breastfeeding among all segments of Ghanaian mothers.

1.7.1 Policy Significance

In terms of policy, the study gives policymakers the chance to develop policies aimed at improving maternity protection on exclusive breastfeeding. The study would be beneficial to organizations since it would offer empirical evidence on the benefits of the availability of breastfeeding facilities and working from home practice as discussed in this study. This would give a roadmap to policymakers in terms of addressing the impact of maternity protection on exclusive breastfeeding.

1.8 Scope of the Study

The research endeavour is intended to identify associations among variables. The study will employ non-probability sampling methods, such as convenience sampling, voluntary sampling, and purposive sampling, to gather data. The collection of data will be conducted through both primary and secondary sources. The study will employ questionnaires as the primary data collection tool. The target population will be working mothers who are currently employed in formal organizations and have children aged between 6 months and 3 years. The secondary data sources will be obtained from published articles, journals, and policy documents.

1.9 Organization of the Study

Apart from this introductory chapter, the thesis consists of five other chapters that will consist of a literature review and theoretical background, a methodology chapter, an Analysis-finding, conclusion and recommendation chapters.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The present chapter entails a comprehensive literature review that scrutinizes prior research on exclusive breastfeeding across the globe, with a specific focus on the Ghanaian context. The review was organized into three distinct categories, namely the benefits of exclusive breastfeeding, the incidence of exclusive breastfeeding, and the factors that influence exclusive breastfeeding.

2.2 Maternity Protection

This section provides a critical analysis of the existing literature on maternity protection within organizational settings and the corresponding outcomes. The present study is an extension of the prior research conducted by Croucher et al. (2013) that delved into the examination of working conditions in various organizations. The primary objective of this study is to advocate for the enhancement of working conditions by providing justifications based on business-case and human-rights perspectives. The aim of this analysis is to examine the ways and circumstances in which maternity protection can yield favourable results at the organizational level, including enhanced efficiency and output, heightened employee allegiance, dedication, and confidence, as well as at the societal level, encompassing the well-being of mothers and children, gender parity, and fertility rates. Additionally, this study will explore the potential policy and practical ramifications of these findings.

The interconnection between social reproduction and economic production highlights the crucial nature of maternity protection. It is imperative that national regulations incorporate and

corporations implement efficient maternity protection measures, as they are not only a matter of human rights but also have a sound business rationale.

Maternity protection provides job security for women during early motherhood, allowing them to continue employment, avoid poverty, and contribute to the economy. Moreover, it is vital for maintaining healthy and equitable populations and promoting economic development. Adequate and accessible maternity protection is also essential for promoting gender equality and creating family-friendly working arrangements. Maternity protection is of significant importance in countries where there is a high prevalence of birth rates and vulnerable female labour force participation. This is due to its potential to reduce maternal and child mortality and morbidity. Maternity protection remains a critical factor in maintaining populations, workforces, businesses, and consumers, even in economies with significantly low birth rates.

However, implementing maternity protection in organizations can pose challenges for both individuals and the organization. While the short-term advantages of retaining valuable female workers and enhancing productivity are evident, the enduring economic and social benefits of providing efficient and convenient maternity protection to all female employees may not always be straightforward to illustrate or acknowledge by employers. This phenomenon may be attributed to concurrent limitations in resources and external demands, alongside ingrained societal norms and anticipated behaviours. Hence, it is imperative to procure substantiated proof that substantiates the constructive influence of maternity protection on organizational productivity, or at the very least, its ability to maintain it. Additionally, it is essential to pinpoint precise mechanisms that facilitate the attainment of such outcomes.

The efficacy of maternity protection policies in small and medium-sized enterprises (SMEs), akin to other business establishments, is contingent upon adequate execution and backing from the infrastructure, alongside a fundamental transformation in gendered cultural norms. This assertion holds particularly true in numerous developing nations. The primary emphasis should be on scrutinizing tangible maternity-related procedures implemented in the professional setting. The present review outlines the definition of "good" practices in the context of maternity protection. These practices are characterized by their efficacy and accessibility and are expected to comply with, and ideally surpass, the regulatory, legislative, and labour law standards and provisions. Nevertheless, the research also investigates methodologies that can facilitate maternal well-being in situations where regulatory measures are inadequate or not implemented. The aforementioned practices encompass various forms of assistance for breastfeeding, novel approaches to handling absences, and aiding mothers (and in certain instances, fathers) upon their re-entry into the workforce, in addition to family-oriented measures such as child-care support or adaptable work arrangements. Exemplary practices are those that demonstrate sustainability and positive outcomes for the organization while also supporting mothers. Such practices are typically innovative in nature.

2.3 Overview of Exclusive Breastfeeding (EBF)

Breastfeeding is widely acknowledged as the innate process of producing milk to provide sustenance for an infant and is deemed the most effective and safe method of meeting the nutritional needs of newborns. It is the first level of care a mother can offer. Jallow (2016) classified breastfeeding as the foundation of care society can offer its children and that no nutrition or health security scheme for the child can be attained in the absence of adequate breastfeeding. Armstrong, (1995) puts it more succinctly "If there is one caring practice that cuts across all

categories of care, it is breastfeeding. The scientific literature recommends exclusive breastfeeding for the initial six months of an infant's life due to its ability to fulfill its nutritional requirements and provide a range of additional benefits.

EBF refers to the practice of feeding an infant solely with breast milk from their mother, without any additional intake of liquids or solids. According to Uchendu et al. (2019), the implementation of this intervention is widely suggested for safeguarding and enhancing maternal and child healthcare on a global scale. EBF has been seen as the greatest intervention for reducing infant mortality (Ekanem *et al.*, 2017) and in ensuring optimal growth, development, and health of the child (Casanovas, 2018).

2.3.1 Patterns of exclusive breastfeeding

Although progress has been made globally in increasing exclusive breastfeeding rates, prior reviews suggest that the improvements have been modest (Labbok, Wardlaw, Blanc, and Clark, 2016). Research indicates that the prevalence of exclusive breastfeeding during the initial six months of an infant's life has exhibited an increase ranging from 12% to 39% between 1995 and 2012. However, the rate of exclusive breastfeeding experiences a decline as the infant grows older (UNICEF, 2020, Senarath, Dibley, and Agho, 2017).

According to Heymann, Rauba, and Earle's (2013) study, nations that implemented policies guaranteeing breastfeeding breaks in the workplace exhibited a greater proportion of employed mothers who exclusively breastfed their infants, in contrast to countries lacking such regulations. Fein and Roe (2001) discovered that the probability of working mothers engaging in exclusive breastfeeding was lower, particularly for those who worked full-time. Sub-Saharan Africa has a high rate of breastfeeding, but exclusive breastfeeding rates vary between countries and urban and

rural areas (Latham and Preble, 2000; Walker and Adam, 2000; US Population Reference Bureau, 1999; Engebretsen et al., 2008; Perez-Escamilla, 2013).

Breastfeeding is a widely adopted practice in Ghana, as evidenced by the significant increase in exclusive breastfeeding rates from 5% in 1989 to 63% in 2018, according to data from GSS, GHS, and ICF Macro. Nonetheless, the length of time during which infants are exclusively breastfed is limited, as the average duration of exclusive breastfeeding is 4 months, according to the GSS, GHS, and ICF Macro (2018). Despite receiving guidance on breastfeeding practices, mothers in both Ghana and the United States exhibit low levels of adherence to exclusive breastfeeding (Aidam, Pe, and Lartey, 2015; Iddrisu, 2013).

2.3.2 The practice of Exclusive breastfeeding

Based on a study carried out across 140 countries, it has been observed that exclusive breastfeeding (EBF) continues to be of significant importance globally. Despite the efforts made by health policymakers and UNICEF to promote and enhance the practice of EBF, the situation has not shown any significant improvement worldwide, especially in developing nations (Heymann et al., 2013; Cai, Wardlaw, & Brown, 2012). The research revealed that although the majority of women possessed knowledge regarding the benefits and drawbacks of both breastfeeding and bottle-feeding, variations existed in their attitudes and behaviours towards these feeding methods. Furthermore, Ali et al. (1992) observed that breastfeeding was perceived as a factor contributing to maternal debility.

The research findings indicate that in countries where paid work breaks are guaranteed, there is a higher prevalence of exclusive breastfeeding (EBF) among mothers. Additionally, low-income earners exhibit the highest rate of EBF practices. (Heymann et al., 2013; Cai, Wardlaw, & Brown, 2012). Breastfeeding practices in the United Kingdom exhibit significant variations, wherein white

women exhibit a lower likelihood of breastfeeding. Ethnicity and partner involvement are factors that influence their decision to commence and sustain breastfeeding, as per Griffiths, Tate, and Dezateux's (2015) research.

Research conducted in Mozambique and the United States indicates that mothers possess a general comprehension of the advantages associated with breastfeeding and perceive it to be a more cost-effective option compared to bottle feeding. The decision of a mother to breastfeed is subject to the influence of other family members who may introduce alternative foods and traditional remedies to infants prior to the completion of 6 months. It is imperative to provide comprehensive education to these individuals regarding the advantages of exclusive breastfeeding, and utilizing proficient counseling techniques, as solely imparting verbal knowledge may prove insufficient.

The adoption of exclusive breastfeeding may be influenced by a mother's attitudes, intentions, and anxieties. The presence of diverse cultures in Ghana may exert varying influences on an individual's decision-making or perspective. In the Ghanaian setting, it is common practice to substitute non-milk liquids for milk-based fluids in instances of non-exclusive breastfeeding (Aidam et al., 2015). In addition, the maternal desire for sole breastfeeding is frequently impacted by the convictions and customs of auxiliary caretakers, which are commonly outside of the mother's jurisdiction in rural households situated in Tamale. The cultural customs and traditions of this community may encompass a ritual known as "pakopilla," in which infants are administered herbal teas or mixtures for a designated duration. The act of practicing this ritual is purported to provide protection for the infant from illnesses and the negative effects of "pakopilla," also known as white widow. Regrettably, these practices have adverse effects on the promotion of exclusive breastfeeding (Iddrisu, 2013) as the consumption of other liquids is leading to a reduction in the intake of breast milk.

2.3.3 Benefits of EBF

This segment scrutinizes the benefits of EBF for the child, mother, family, and society, with respect to health, economic, and social advantages. The advantages of providing EBF for the well-being and longevity of the infant are noteworthy and should not be disregarded. Numerous research studies have provided evidence of the significant advantages associated with exclusive breastfeeding. This is the reason why the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advocate for the initiation of breastfeeding within an hour of birth and exclusive breastfeeding for a duration of six months (Cai et al., 2012).

According to a study published in *Lancet* in 2013 and cited by UNICEF in 2014, the most significant impact on child survival can be achieved by practicing optimal breastfeeding of infants for six months and continuing with complementary feeding for up to two years. This practice has the potential to prevent over 800,000 deaths and account for 13% of all deaths in children under five in developing countries. Infants who are solely fed breast milk have a significantly higher likelihood of survival during the initial months of life, at a minimum of six times greater than those who do not receive breast milk.

Research indicates that EBF is associated with a significant reduction in infant mortality during the first six months of life, as compared to infants who are not breastfed. Specifically, infants who are exclusively breastfed are found to be 14 times less likely to experience mortality during this period. Furthermore, it has been discovered that breastfeeding plays a significant role in reducing mortality rates attributed to acute respiratory infection and diarrhoea, which are the primary causes of death in children (Lancet, 2008, as cited in UNICEF, 2014). Mahrshahi et al. (2008) conducted a study in Chittagong, Bangladesh, which corroborates the aforementioned finding. The study found that infants who were exclusively breastfed for the first six months of their lives exhibited

a lower prevalence of diarrhoea and acute respiratory infections in comparison to those who were not exclusively breastfed.

The advantages of adhering to ideal breastfeeding protocols are particularly noteworthy in underdeveloped nations where issues such as food insecurity, inadequate access to clean water and sanitation, and a high incidence of illnesses persist. Nonetheless, infants who do not receive optimal breastfeeding in developed nations are also more susceptible to mortality. The Millennium Cohort Survey findings indicate that in the United Kingdom, the practice of exclusive breastfeeding for a duration of six months was associated with a significant reduction of 53% in hospitalizations due to diarrhoea and a 27% decrease in respiratory tract infections. According to UNICEF's report in 2014, there was a 25% rise in post-neonatal mortality among infants who were not breastfed in the United States.

The Cochrane review conducted by Kramer and Kakuma (2007) had the objective of assessing the impact of EBF for a period of six months in comparison to three to four months, followed by complementary feeding, on the health, growth, and development of both infants and mothers. The review conducted a comprehensive analysis of randomized or quasi-randomized controlled trials and observational studies. The findings of the review suggest that practicing EBF for a period of six months does not have any adverse impact on the weight or length gain of infants. In certain developing nations, practicing EBF for a duration of six months without iron supplementation may have an impact on the hematologic status of newborns who possess inadequate iron reserves. Research conducted in Belarus, Iran, and Nigeria has demonstrated that maintaining exclusive breastfeeding for a period of six months or longer can effectively decrease the likelihood of contracting gastrointestinal and respiratory infections. However, studies conducted in Finland, Australia, and Belarus have not provided any substantial evidence to support the notion that there

is a noteworthy decrease in the likelihood of developing atopic eczema, asthma, or other atopic outcomes. Conversely, the available data from two trials conducted in Honduras and observational studies carried out in Bangladesh and Senegal indicate a correlation between exclusive breastfeeding for a duration of six months or more and postponed the resumption of menses. Additionally, the Honduran trials suggest that this practice leads to accelerated postpartum weight loss in the mother.

The analysis conducted by the authors revealed a lack of conclusive evidence pertaining to the existence of a "weanling's dilemma" or the potential for infants to be exposed to accumulated pollutants via breast milk. Research indicates that infants who are exclusively breastfed for a duration of six months exhibit a decreased likelihood of experiencing gastrointestinal infections in comparison to those who receive mixed feeding at three or four months. Moreover, there is no substantiated evidence to suggest that exclusively breastfed infants from both developed and developing countries experience growth deficits. Moreover, lactating mothers who practice exclusive breastfeeding for a duration of six months exhibit an extended period of lactational amenorrhea. The available evidence indicates that exclusive breastfeeding for the initial six months of life is advantageous and safe for infants in both developed and developing nations, although it is critical to evaluate each infant's growth and well-being on an individual basis to avoid inadequate growth or other unfavourable outcomes.

According to the American Academy of Paediatrics (AAP, 2015), EBF confers numerous advantages that persist throughout a child's developmental stages. The aforementioned benefits encompass a diminished probability of experiencing dental caries, a decreased susceptibility to childhood obesity, a mitigated likelihood of developing insulin-dependent diabetes during juvenile years, and a lowered risk of childhood cancer in individuals below the age of 15. On the contrary,

infants who are fed with formula have an elevated likelihood of experiencing obesity and cancer development in comparison to those who receive EBF for a duration of six months or more.

EBF not only confers specific health benefits to both infants and mothers but also fosters the development of a stronger maternal-infant bond through frequent nursing. The involvement of families and communities in healthcare can potentially lead to a reduction in healthcare expenses and ensure a healthier workforce in the future. organizations benefit from a decrease in employee absenteeism and a consequential decline in business productivity. Penuela and Hillan (2015) conducted a study.

Certain studies failed to present a definitive position regarding the advantages of exclusive breastfeeding. The study conducted by Hifi et al. (2005) in Harare, Zimbabwe from 1997 to 2000 demonstrated that infants of HIV-positive mothers who exclusively breastfeed are at a greater risk of contracting the virus compared to those who are mix-fed. The research revealed that individuals who solely breastfed exhibited a threefold increase in the likelihood of mother-to-infant HIV transmission and mortality by the age of six months. In contrast, those who engaged in mixed feeding demonstrated a fourfold increase in transmission probability. Cope and Allison (2017) challenged a publication by the World Health Organization that posits a correlation between EBF and decreased likelihood of developing obesity, specific allergic conditions, type-2 diabetes, and leukemia. The researchers arrived at the conclusion that although the advantages of breastfeeding are likely to surpass any potential harm, there is no robust, unambiguous, or uniform set of evidence indicating that breastfeeding mitigates the likelihood of developing excessive weight or obesity. The issue of environmental pollutants accumulating in breast milk, specifically polychlorinated biphenyls (PCBs), dioxins, and pesticides, causing an elevation in serum

concentration of these substances in infants after approximately four months of breastfeeding, was also raised by Wolf (2014).

As per the American Academy of Paediatrics (2015), Tung et al. (2019), and UNICEF (2016), exclusive breastfeeding has been found to have potential benefits such as reduction in postpartum bleeding, postponement of fertility resumption, and prevention of short birth intervals. Moreover, research has demonstrated its potential to decrease the likelihood of developing breast and ovarian cancer in pre-menopausal women. According to Dewey et al. (2021), exclusive breastfeeding is associated with accelerated post-partum weight loss in mothers. In addition, it has been reported that exclusive breastfeeding serves as a natural form of contraception and exhibits a high degree of efficacy in terms of fertility regulation (Becker & Ahmed, 2021).

Research conducted by Ladomenou et al. (2010) and Bartick (2011), Bartick and Reinhold (2010) has demonstrated that families can realize cost savings through exclusive breastfeeding in comparison to mixed feeding. Iliff et al. (2015) reported that exclusive breastfeeding for six months has been found to reduce the likelihood of mother-to-child transmission (MTCT) of HIV when compared to mixed feeding. According to Oddy's (2020) findings, women who engage in intensive nursing of their babies experience a delay in the return of menses by an average of 21 months, which is almost twice the delay observed in women who breastfeed with low intensity.

Despite the existence of conflicting perspectives on the efficacy of exclusive breastfeeding in conferring protection, a substantial body of evidence and consensus supports the notion that exclusive breastfeeding can serve as a safeguard against infections for both the mother and the infant. In particular, in Africa and Ghana, the provision of water and sanitation services remains substandard.

2.3.4 Factors that Affect the Adoption of exclusive breastfeeding

Studies conducted by Aidam et al. (2015), Ali et al. (2019) and Ali et al. (2019) have identified various factors that influence the duration and practices of exclusive breastfeeding (EBF) globally. Mothers' decisions to breastfeed are often made before delivery, and factors such as the perceived benefits of breastfeeding, emotional bonding, and naturalness can influence these decisions (Arora, McJunkin, Wehrer, and Kuhn, 2020). Cox, Giglia, Zhao, and Binns (2014) have identified several factors that may influence a mother's decision to exclusively breastfeed, including uncertainty regarding the quantity of milk produced or the ability to breastfeed, the father's attitude towards EBF, and the mother's return to work.

Several factors have been identified as influencing exclusive breastfeeding (EBF) practices. These include the husband's role as the primary provider in the family, difficulties encountered during breastfeeding, maternal preferences, insufficient milk production, and the level of support received from friends, family, and healthcare providers (Chatman et al., 2014; Rozga, Kerver, and Olson, 2014; Ryan, Wenjun, and Acosta, 2022). Radhakrishnan and Balamuruga (2012) have identified demographic factors, including family size, age at marriage, type of family, occupation, type of delivery, number of children, monthly income, and religion, as significant determinants of exclusive breastfeeding practices.

Additionally, the use of pre-lacteal feeds, which is the administration of substances other than mother's milk to newborns before breastfeeding, is a current issue impeding EBF promotion in many developing countries (WHO, 2022; Alemayehu, Haidar & Habte, 2019).

Nonetheless, scanty data exists regarding the factors that influence the adoption of exclusive breastfeeding practices in certain Sub-Saharan African nations (Aidam et al., 2015). EBF practices in Nigeria are suboptimal, despite the presence of a favourable breastfeeding culture among

diverse ethnic groups, as reported by Agunbiade and Ogunleye (2012) and Schanler et al. (2015). According to a study conducted in Accra, Ghana by Aidam et al. (2015), there exists an association between a mother's level of education, place of delivery, and positive attitude towards EBF practices before delivery and the actual practice of EBF. Aborigo et al. (2012) found that although the Kassena and Nankani people receive adequate counselling on breastfeeding and its guidelines, their cultural beliefs and practices hinder them from exclusively breastfeeding. This is particularly evident among first-time mothers who are required to undergo cultural rituals before they are deemed capable of breastfeeding.

2.3.5 The difficulties and methods for managing exclusive breastfeeding practices

According to Februhartanty et al. (2016), the prevalence of exclusive breastfeeding (EBF) is low due to various challenges that impede the practice of EBF. According to Giugliani's (2014) research, there are several challenges that mothers encounter when practising exclusive breastfeeding (EBF). These challenges include sore nipples, breast engorgement, plugged milk ducts, breast infections, and insufficient milk production. Certain factors may impede mothers from completely draining their breasts, resulting in lactation problems (Giugliani, 2014; Pisacane et al., 2015). Several studies conducted in different settings have identified additional factors that may contribute to the discontinuation of exclusive breastfeeding (EBF) by mothers. These factors include concerns regarding the adequacy of breast milk in satisfying the infant's hunger, the perception that the infant may be thirsty, apprehension about the infant's potential addiction to breast milk, maternal health complications, social pressure from family and friends, perceived insufficiency of breast milk, breast pain, the need to return to work, and the belief that clean water can be provided to infants if necessary (Fjeld et al., 2018; Agunbiade and Ogunleye, 2012; Otoo et al., 2019).

Working women, as a subset of the general population under study, possess unique requirements, including but not limited to the provision of maternity leave and access to breastfeeding facilities upon their return to work following childbirth. The absence of these factors or conditions, as indicated by research, has led to a decreased prevalence of exclusive breastfeeding within this demographic. The objective of this study is to investigate the influence of various factors on the promotion or hindrance of exclusive breastfeeding practices among employed mothers in Accra, Ghana. This study aims to examine the effectiveness of a proposed solution wherein a longer maternity period of six months is implemented to encourage exclusive breastfeeding among working mothers for the recommended duration. The study will assess the impact of work practices during the COVID-19 pandemic on this proposed solution.

2.4 Theoretical Framework

2.4.1 Gendered Organizational Theory

Joan Acker established the gendered organizational theory (GOT) after noticing the inadequacy of current gender-based theories in analysing and explaining the influence of gender in organizations (Acker, 1990). GOT argues that organizations and workplace interactions have gendered normative norms that favour males and disempower women. Acker (1990) argues that it is crucial to include gender as a tool for analysis in order to understand organizational culture and operations. The Gendered Organization Theory (GOT) is a structured approach that examines various gender-related concerns and actions that lead to unequal treatment of males and females (Nkomo and Rodriguez, 2018). A gender-focused viewpoint in organizational analysis exposes the bias, division, mistreatment, prejudice, and inequality caused by male domination and patriarchy in the workplace (Acker, 2012).

The concept of GOT views the organization as an extension of society, including political sphere aspects that indicate patriarchal structures (Glucksmann, 2012). Understanding this idea necessitates examining the organization as a tool for maintaining power that supports patriarchy by perpetuating masculine privilege. By evaluating and comprehending the organization's practices and procedures, gender imbalance may be comprehended in a significant way (Acker, 2012). Upon analysing the labour market, it has been observed that women tend to occupy a secondary labour market characterized by reduced remuneration, limited benefits, lower job security, and restricted opportunities for career advancement. Conversely, men predominantly operate in a primary labour market that provides superior compensation, career progression, and more favourable working conditions. The Gendered Organization Theory (GOT) focuses on gender-based inequalities and issues related to job segregation, income, authority, and status. A gendered perspective is critical for comprehending how organizations contribute to gender disparities and developing solutions to overcome them, as explained by Acker (2012).

Although businesses may encounter difficulties with maternity protection, it remains a crucial component of social reproduction, economic productivity, and development. The inclination to perceive motherhood as a predicament is indicative of entrenched gender-based presumptions concerning distinct economic and domestic domains. The gendered organizational theory posits that organizations are not gender-neutral entities and are instead founded on preconceptions about the ideal worker, which can put women at a disadvantage, particularly those who choose to become mothers. The construct of an ideal worker is frequently linked to the concept of hegemonic masculinity, whereby pregnant women are perceived as deviating from this norm. Women who are capable of bearing children are often perceived as human capital that may require special accommodations in order to fit into conventional systems.

The literature on maternity protection and SMEs often fails to explicitly acknowledge this assumption, highlighting the importance of revealing gendered assumptions in order to establish a theoretical framework.

Moreover, this methodology accentuates the incongruity between protective measures formulated to ensure the well-being of expectant employees and recent mothers and their factual implementation in reality (Gatrell, 2011). The statement highlights the tendency of employers to exhibit skepticism, indifference, and prejudice towards maternal bodies, as evidenced by scholarly works such as Acker (2006), Buzzanell and Liu (2007), and Gatrell (2007). According to Gatrell's research in 2011, it is common for women to respond to such work environments by concealing their early pregnancy, pregnancy symptoms, and breastfeeding activities. The extent and variety of gender-based presumptions vary depending on the work environment, wherein industries and companies that are predominantly male-dominated are anticipated to exhibit a greater tendency to perceive lactating and expectant female staff members as subpar employees.

2.5 Empirical Review

According to Ryan et al., (2016) research, working in low-quality routine jobs may lead to a shorter period of exclusive breastfeeding. The research conducted revealed that mothers who were employed part-time exhibited a greater incidence of breastfeeding during their hospitalization, with 68.8% of them engaging in breastfeeding, in contrast to those who were employed full-time (65.5%). Furthermore, it was observed that engaging in full-time employment had an adverse effect on the length and exclusivity of breastfeeding. Specifically, only 26.1% of mothers who worked full-time were able to breastfeed up to six months after childbirth, in contrast to 36.6% of mothers who worked part-time.

According to a literature review conducted by Penny and Ted (2017) on breastfeeding and women's work, it was found that the work environment rather than women's employment status is the primary obstacle to successful breastfeeding. Mothers will still be able to effectively breastfeed if their work location and home are not far apart or if conditions at work would support breastfeeding arrangements.

Jackowitz (2018) conducted an analysis of data obtained from the National Longitudinal Survey of Youth, which included 1,506 births that occurred in 1979. The findings of the study revealed that workplace characteristics have a notable impact on the breastfeeding practices of employed women. The study conducted by the author revealed that the provision of flexible working hours or childcare facilities by the employer within the workplace had a positive correlation with the duration of breastfeeding among mothers. The provision of employer-sponsored childcare facilities was found to have a positive impact on the probability of breastfeeding six months postpartum, with an increase of 47%. On average, an increase of eight hours of work per week conducted from home resulted in an 8% rise in the likelihood of initiating breastfeeding and a 16.8% increase in the probability of breastfeeding for six months following childbirth. The results indicate that altering workplace factors could potentially serve as a viable approach for enhancing breastfeeding prevalence among employed females.

Women in Hong Kong, as in many other industrialized nations, have the difficult choice of whether or not to breastfeed their babies. Hong Kong has low breastfeeding rates compared to the recommended exclusive breastfeeding until 6 months of age by the Hong Kong Department of Health, which is in line with the WHO's recommendation. In 2015, more than 70% of mothers initiated breastfeeding, which is an improvement from 19% in 1981, according to the Baby Friendly Hospital Initiative survey report in 2016. At one month and three months of age, just

20.4% and 10.3% of babies in a 1997 population-based birth cohort study were still being breastfed. The high prevalence of breastfeeding termination and the following declining trend in Hong Kong can be attributed to sociocultural factors including the lack of support for breastfeeding from families, communities, and workplaces (Leung et al., 2016).

The situation is considerably worse in Hong Kong, according to a research by Lee et al. (2017). Only 9.6% of babies were breastfed; 36.1% were being fed formula by the end of the first month; and 54.3% had been fed formula exclusively from birth. Mothers who choose to continue breastfeeding tended to be lower-income, stay-at-home types who had been in Hong Kong for fewer than five years. Despite knowing the benefits of nursing, mothers in Hong Kong were encouraged to stop at an early age by factors such as the city's culture, the demands of their jobs, and the advice of medical experts.

Research by Otoo et al. looked at what helped or hurt exclusive breastfeeding (EBF) among mothers in Peri-urban Ghana. The study found that barriers to EBF included mothers' perceptions of milk adequacy, family pressure, breast and nipple difficulties, and mothers' jobs. Conversely, the expensive expense of baby formula, the danger of infections owing to inadequate sanitation, and the availability of breast milk shortly after birth all served as incentives to EBF.

Doroth Chinofunga and Isabel Matiashe performed a research to determine what prevented women in Vungu, Zimbabwe, from nursing their infants exclusively. One hundred moms were recruited using random sampling methods for the research. Only 27% of mothers in the study reported exclusively breastfeeding their infants. Reasons for the low rates of exclusive breastfeeding in Zimbabwe include traditional beliefs, cultural expectations, patriarchy, and working situations. Negative attitudes and sentiments from mothers, as well as personal views and in-law mothers,

were among the least often cited barriers. According to the results, employment situations were responsible for 6.484% of the barriers to exclusive breastfeeding.

Rejesh found that in the South Gujarat area of India, working women were more likely to start supplementing their infant's diet with formula milk and other foods before the baby reached six months of age. Early supplementary feeding has been linked to moms returning to the workforce. Carers left with the kid while the mother is at work may introduce additional meals because they believe the newborns are hungry, which poses a challenge to exclusive breastfeeding. According to research by Shirima, Gabre-Medhin, and Greiner (2021) in Tanzania, mothers' nursing expertise and confidence are directly linked to the length of time they breastfeed exclusively.

2.6 Gap in Literature

The literature review has revealed a gap in research pertaining to the factors that impact EBF practices among working women in Sub-Saharan African nations, with a particular focus on working mothers. Although certain research has emphasized the significance of education and socioeconomic status, as well as the brevity of maternity leave and the absence of breastfeeding accommodations in workplaces, there remains a dearth of comprehension regarding the determinants that underlie inadequate exclusive breastfeeding behaviours among this demographic. In addition, there is a need for further investigation into the cultural beliefs and practices that may impede the adoption of exclusive breastfeeding among first-time mothers in these nations.

2.7 Conceptual Framework

The aim of implementing maternity protections is to ensure the welfare of mothers and their infants, while also addressing and ultimately eradicating the challenges and disadvantages that women face in the workplace during the childbirth process. The present study aims to investigate the impact of maternity protection on the practice of exclusive breastfeeding. The present investigation defines maternity protection as a multifaceted concept that comprises diverse elements, including but not limited to, maternity leave during and after delivery, health safeguards for pregnant and lactating women in the workplace, monetary and healthcare advantages, job security, non-discriminatory policies, and support for breastfeeding upon re-entry into the workforce. Furthermore, the organization integrates various family-oriented or work-life equilibrium approaches and methodologies at the organizational level, such as accommodating or abbreviated work schedules, paternal and maternal leave, and assistance with childcare.

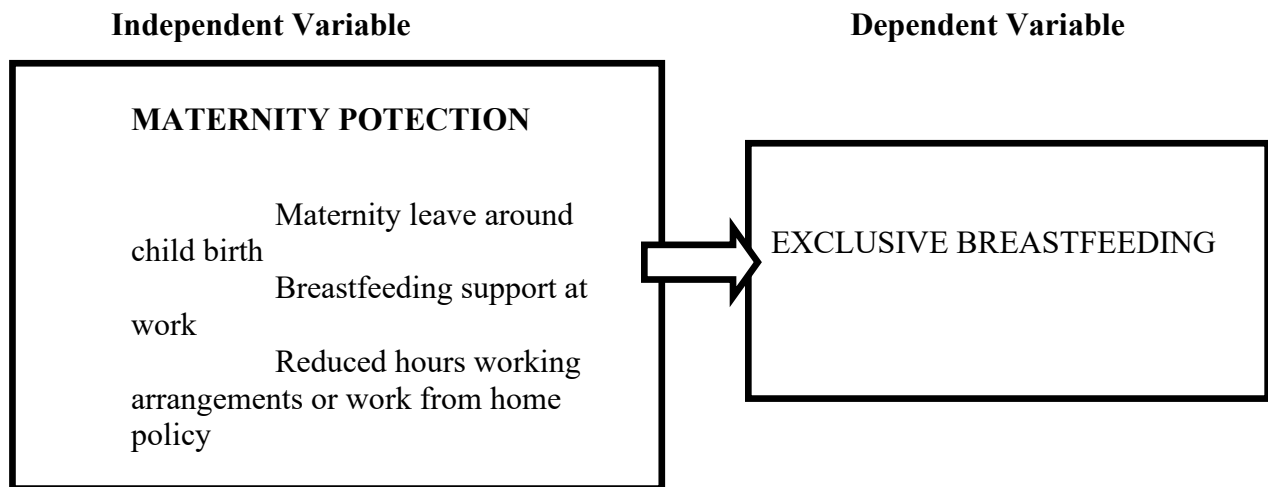


Figure 2.1: Conceptual Framework

(Source: Neff 2015)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The study focuses on how maternity protection affects exclusive breastfeeding in Ghana. The chapter outlines the methodological approach used to answer the research questions and test hypotheses, including data collection and analysis. The chapter emphasizes the importance of methodology in ensuring credible and accurate results. It covers research design, population, sampling techniques, sources and data description, reliability, ethical issues, and data analysis techniques.

3.2 Research Design

The research design outlines how data regarding a specific phenomenon should be gathered and analyzed, providing a framework for achieving study objectives. Various methods can be used to collect and analyze data in empirical studies, such as surveys, experiments, case studies, and archival analysis. This study has chosen to use a survey as it is reliable in testing different hypotheses for generalization. Surveys consist of self-reported measures through questionnaires or interviews and are suitable for answering questions about "what, why, who, and how much." Survey data can be easily analyzed quantitatively, providing summary statistics and other relevant information that can be generalized across different contexts. Surveys also allow researchers to obtain information on the opinions and characteristics of a population. This study used a cross-sectional survey method where data was collected from respondents within a specific timeframe.

3.3 Study Area

The study was conducted in the Greater Accra Region of Ghana. The Greater Accra Region is located in southern Ghana and covers an area of approximately 3,245 square kilometers (1,254 square miles). As of 2021, the population of the region was estimated to be over 5 million people, making it the second most populous region in Ghana after the Ashanti Region.

Accra, the capital city of Ghana, is located in the Greater Accra Region and is the most densely populated area in the country. The city has a diverse population that includes people from various ethnic and cultural backgrounds. English is the official language, but several local languages are also spoken, including Ga, Twi, and Ewe.

Accra is a major commercial and administrative center in Ghana, with a rapidly growing economy that is driven by various sectors, including finance, trade, and manufacturing. The city is also a hub for education, healthcare, and transportation in the country.

In terms of demographics, Accra has a relatively young population, with over half of its residents under the age of 25. The city also has a gender imbalance, with more women than men due to the presence of many single mothers and female-headed households.

Overall, the Greater Accra Region and Accra in particular, provide a diverse and dynamic setting for studying the impact of exclusive breastfeeding on maternity protection among working mothers.

3.4 Population

The targeted population is mothers who work in formal organizations in the Greater Accra Region whose children are between the ages of 6 months to 3 years of age. The women are categorized as

mothers in formal employment if they work outside their home for at least eight regular hours in a day (five days/week), had signed a contract with the employer, and receive a salary.

3.5 Sampling Method and Sampling Size

The aim of this study is to gather information from mothers who have children between the ages of 6 months and 3 years. To overcome the challenges of identifying all eligible participants due to time constraints and privacy concerns, the researcher used convenience sampling to recruit 53 participants. To further increase the sample size, snowball sampling was also employed. This method involves current research participants referring other potential participants from their personal networks. For example, requesting a list of mothers who have taken maternity leave may not be feasible due to confidentiality concerns, making snowballing a more suitable method of recruitment.

3.6 Data Collection Method

Participants in the study were given an introductory letter from the university seeking their permission to participate. They were also provided with detailed information about the study so they can make an informed decision about whether to participate. After reviewing the information, participants were asked to sign a consent form to indicate their willingness to participate. Following this, they were given a questionnaire to complete and return.

3.7 Validity and Reliability

According to Saunders et al. (2009), the accuracy of the data collected is essential, and the validity of the instrument used plays a crucial role in achieving this. Additionally, reliability is crucial to ensure that the results obtained with the instrument are consistent with the results that would be

obtained by another researcher using the same instrument in a different context. Creswell, (2013) posits that a pilot study improves the validity of a research instrument. In effect, some mothers and key informants from co-ops will be asked to fill out the questionnaire for this study. As a result, the instrument will be improved (should there be a need to) before the main data collection begins. To ensure the reliability of the instrument used in the study, an internal consistency approach was adopted, specifically the Cronbach's alpha method. This approach is considered more robust and commonly used in examining instrument reliability. According to Hair et al. (2017), Cronbach's alpha provides an estimate of the reliability based on the intercorrelations among the observed indicator variables. The scale for Cronbach's alpha ranges from 0.00 to 1.00, with a measure closer to 1.00 indicating higher reliability.

3.8 Data Analysis Plan

The data collected in this study was analyzed using the Statistical Package for Social Sciences (SPSS Version 20.0) software and Microsoft Excel 2013. The analysis will involve frequency analysis, descriptive statistics, and regression analysis based on both primary and secondary data. Microsoft Excel will be used to create visual aids, such as charts and tables, to help illustrate the results.

3.9 Ethical consideration

The research was carried out in accordance with rigorous ethical and moral principles. The study participants have provided their explicit consent to participate in the research, and all data and instruments have been gathered with their authorization. The utilization of voluntary consent as a methodology has been implemented to guarantee that the subjects possess the autonomy to make an informed decision regarding their participation in the research. In addition, steps have been

implemented to safeguard the confidentiality and anonymity of the participants in the study and to mitigate the potential influence of researcher and respondent biases. In conducting this study, a wide range of ethical considerations have been comprehensively considered.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The present chapter entails the presentation of the outcomes derived from the examination of the gathered data in the current investigation. The primary data was obtained via the administration of questionnaires, and subsequently, the gathered information was coded utilizing SPSS. The data were subjected to both descriptive and inferential statistical analyses.

4.2 Reliability Analysis

The objective of evaluating reliability is to gauge the degree of consistency among the measurements of various scales and outcomes, with the purpose of ascertaining the extent of functional variability that can be achieved. In order to guarantee the precision of the outcomes, it is possible to compute the correlation between the questionnaire's reliability measurement and the target population's characteristics. Cronbach's Alpha is a frequently employed technique for evaluating the dependability of survey elements. A greater degree of accuracy in the developed scale is indicated by a higher value of Cronbach's Alpha. According to Cooper and Schindler's (2008) recommendation, an acceptable level of reliability coefficient is typically 0.7.

Table 4.1: Reliability Coefficient

	Reliability Statistics	
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
.784	.793	28

Source: Field Survey (2023)

It is correct that based on the table and information provided, the Cronbach's Alpha value obtained for the questionnaire was 0.784, indicating a high level of reliability. This means that the 28 items in the questionnaire are consistent with each other and measure the same underlying construct. The sample is not representative but rather indicative (yet it is the best achievable at the moment).

4.3 Demographic Characteristics of the Respondents

The demographic data for mothers in a study assessing the impact of maternity protection on exclusive breastfeeding has been collected in periods of April 2023 and analyzed. The demographic features of the respondents are reported in Table 4.2. A total of 53 mothers participated in the study, with varying ages, marital status, religions, levels of education, work categories, designations, worth quintiles, number of children, and ages of the last child.

In terms of age, the majority of the mothers were between 31 to 40 years old (81.1%), with a small percentage below 30 years (11.3%) and between 41 to 50 years old (7.5%). In terms of marital status, most of the mothers were married (79.2%), while a few were either single (13.2%), cohabiting (3.8%), divorced (1.9%), or widowed (1.9%). Christianity was the dominant religion among the mothers, with 96.2% identifying as such, while only 3.8% identified as Muslim.

In terms of education, the majority of the mothers had a university degree (83%), while a small percentage had either senior high/vocational/technical education (7.5%) or polytechnic/training college education (9.4%). In terms of work category, most of the mothers worked in limited liability companies (LLCs) (39.6%) or government institutions (34%), with smaller percentages working in sole proprietorships (15.1%), NGOs (9.4%), or partnerships (1.9%). Regarding their

job designations, the majority were in middle management positions (45.3%), followed by entry-level (20.8%), lower management (22.6%), and senior management (11.3%).

The worth quintile of the mothers varied, with 73.6% falling in the middle-income category, 20.8% in the low-income category, and 5.7% in the higher-income category. Out of the total sample of 53 mothers, 44 receive SSNIT (Social Security and National Insurance Trust) contributions while 9 don't. The number of children also varied, with the majority having one (37.7%) or two (32.1%) children, while a smaller percentage had three (22.6%) or four (7.5%) children. The sex of the last child was almost equally split between male and female, with 52.8% of the mothers having a male child and 47.2% having a female child. Lastly, the age of the last child varied, with 52.8% of the mothers having a toddler, 24.5% having an infant, and 22.6% having a pre-school-aged child.

It could be useful – regarding the question of representativity to compare the rates you gathered to a normal distribution in Ghana. This could tell us more about your sample.

Table 4.2: Demographic data of respondents

Description	Variable	Frequency	Percentage (%)
Mother's age	Below 30 years	6	11.3
	31 – 40 years	43	81.1
	41 – 50 years	4	7.5
	Total	53	100
Marital status	Cohabiting	2	3.8
	Divorced	1	1.9
	Married	42	79.2
	Single	7	13.2
	Widowed	1	1.9
	Total	53	100
Religion	Christianity	51	96.2
	Islam	2	3.8
	Traditionalist	0	0
	Total	53	100
	Polytechnic/Training College	5	9.4

Level of education	Senior high/Vocational/Technical	4	7.5
	University	44	83.0
	Total	53	100.0
Work Category	Government Institution	18	34.0
	Limited Liability Company (LLC)	21	39.6
	NGO	5	9.4
	Partnership	1	1.9
	Sole proprietorship	8	15.1
	Total	53	100.0
Designation	Entry level	11	20.8
	Lower management	12	22.6
	Middle management	24	45.3
	Senior management	6	11.3
	Total	53	100.0
Worth quintile	Higher income	3	5.7
	Low income	11	20.8
	Middle income	39	73.6
	Total	53	100.0
SSNIT contribution	No	9	17.0
	Yes	44	83.0
	Total	53	100.0
Number of children	One	20	37.7
	Two	17	32.1
	Three	12	22.6
	Four	4	7.5
	Total	53	100.0
Sex of last child	Female	25	47.2
	Male	28	52.8
	Total	53	100.0
Age of last child	Infant	13	24.5
	Toddler	28	52.8
	Pre-school	12	22.6
	Total	53	100.0

Source: Field Survey (2023)

4.3 Prevailing Rate of Exclusive Breast Feeding Among Corporate Mothers

4.3.1 Rate of Breastfeeding

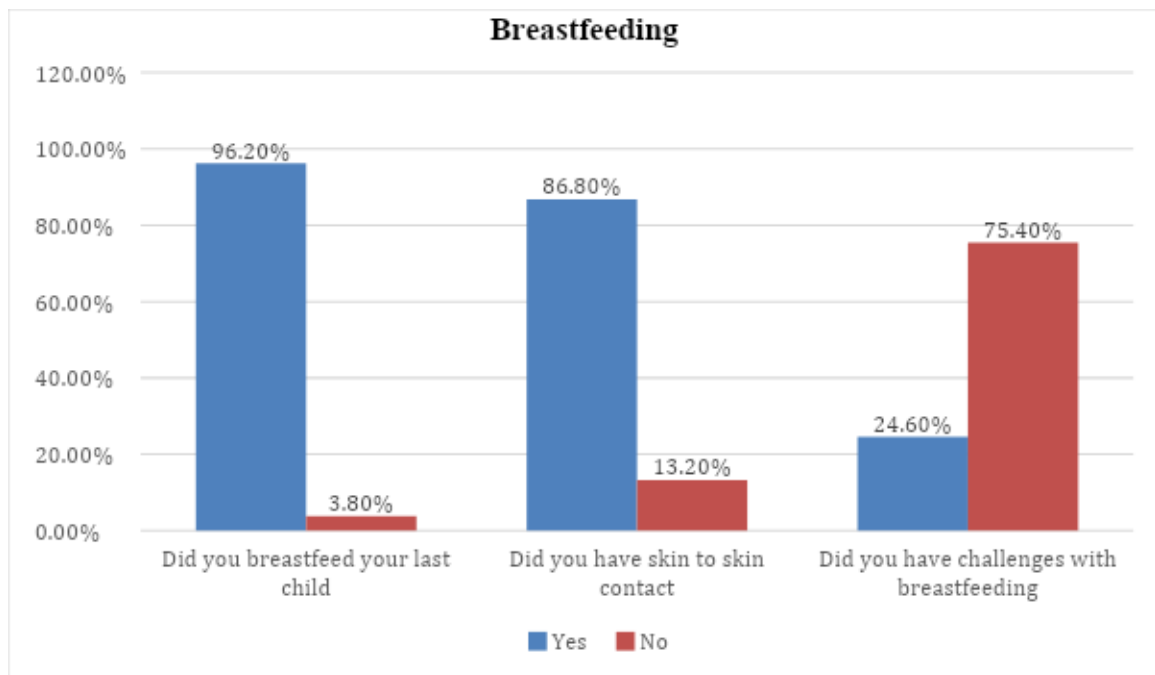
Figure 4.1 provided shows the responses of a sample of mothers to three different questions related to breastfeeding. The first question asked whether the mothers breastfed their children. Out of the

total sample of 53 mothers, 51 (96.2%) responded "Yes" while only 2 (3.8%) responded "No". This suggests that the vast majority of the sample breastfed their child.

The second question asked whether the mothers had skin-to-skin contact with their babies after birth. 46 (86.8%) responded "Yes" while only 7 (13.2%) responded "No". This suggests that the majority of the sample had skin-to-skin contact with their baby after birth.

The third question asked whether the mothers had challenges with breastfeeding. Out of the total sample of 53 mothers, 40 (75.4%) responded "No" while 13 (24.6%) responded "Yes". This suggests that a significant proportion of the sample encountered challenges with breastfeeding.

Figure 4.1: Rate of Breastfeeding



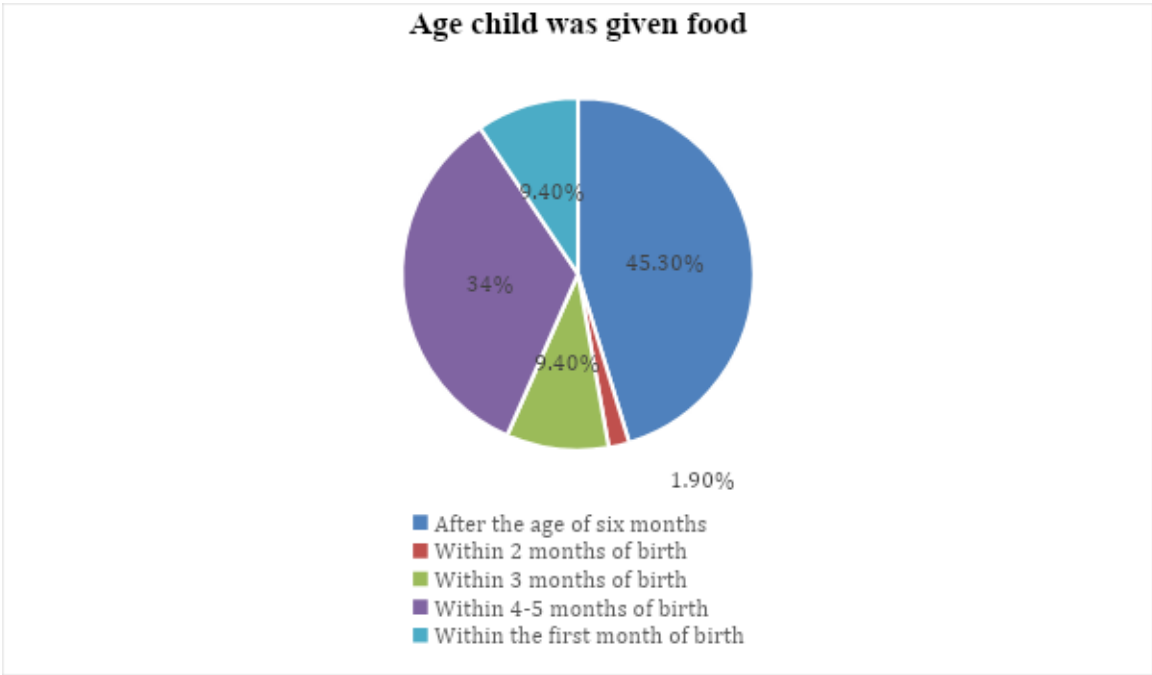
4.3.2 Age of Child When Given Food

Out of the total sample of respondents, 24 (45.3%) reported that their child was given food/liquid after the age of six months, which is in line with the recommended guidelines for exclusive

breastfeeding for the first six months of a baby's life. One respondent (1.9%) reported that their child was given food/liquid within 2 months of birth, which is earlier than the recommended guidelines.

Five respondents (9.4%) reported that their child was given food/liquid within the first month of birth, which is also earlier than the recommended guidelines. Eighteen respondents (34%) reported that their child was given food/liquid within the 4-5 months of birth, which is slightly earlier than the recommended guidelines but still within an acceptable range.

Figure 4.2: Age of Child When Given Food



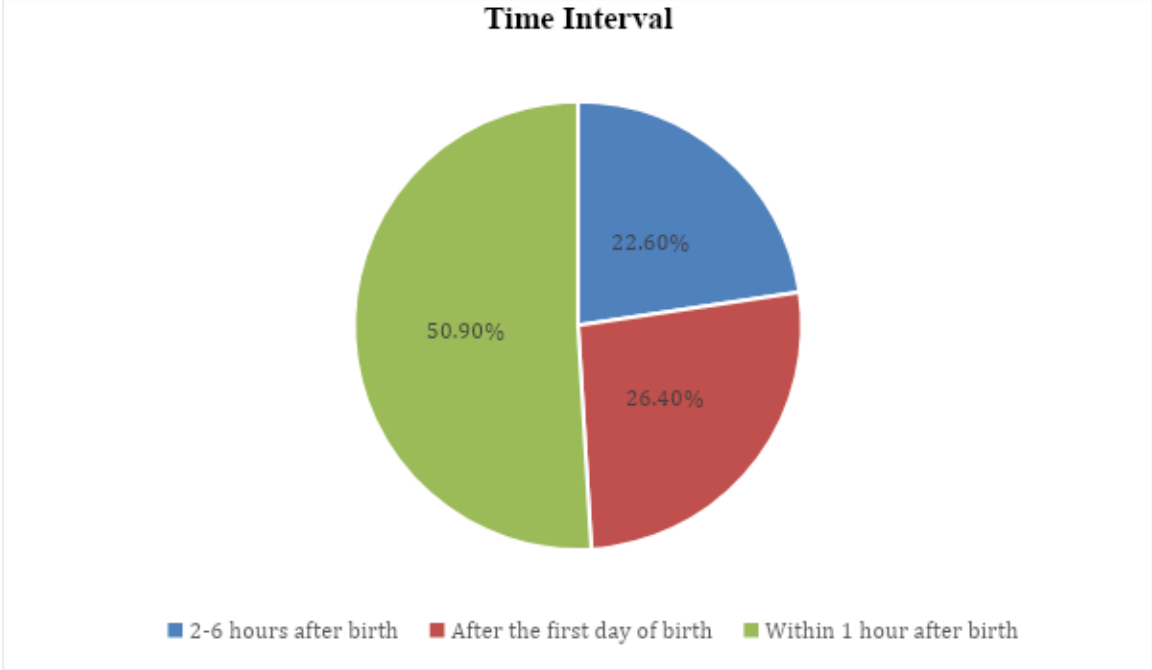
4.3.3 Introduction of Breast Milk to Child after Birth

Figure 4.3 shows the responses of a sample of mothers regarding the time interval for introducing breast milk to their newborns after birth. Out of the total sample, 50.9% of the mothers introduced

breast milk within the first hour after birth, 22.6% introduced it between 2-6 hours after birth, and 26.4% introduced it after the first day of birth.

The aforementioned data underscores the significance of promptly commencing breastfeeding, in accordance with the guidelines of international health entities like the World Health Organization (WHO) and UNICEF. The prompt initiation of breastfeeding, within the initial hour of delivery, is linked with improved health outcomes for the neonate and the mother. These benefits include decreased susceptibility to infections, enhanced maternal-infant bonding, and increased success in breastfeeding.

Figure 4.3: Time Interval



4.3.4 Challenges with Exclusive Breastfeeding Reported by Respondents

The responses provided by the respondents highlight several challenges they faced with EBF. The most common challenge mentioned was that it did not satisfy the baby. This suggests that some babies may not be getting enough milk or may have difficulty latching on properly.

Other challenges mentioned include inadequate milk supply, pain at the nipple, sleepless nights, and difficulty leaving the baby behind if they prefer to drink milk directly from the breast. These challenges can impact the mother's physical and emotional well-being, as well as their ability to perform other activities such as work.

It is imperative to acknowledge that the aforementioned responses are derived from self-reported data and may not be indicative of the entire population of mothers who have engaged in breastfeeding their infants. Nonetheless, these findings underscore the necessity of providing sufficient assistance and provisions to mothers who may encounter difficulties with exclusive breastfeeding.

4.4 Support for Exclusive Breastfeeding at The Workplace

Table 4.3 displays the result of support for exclusive breastfeeding at the workplace. Out of the 53 women surveyed, it was found that 26.4% breastfed their last child at the workplace, while 73.6% did not. Of those who breastfed at the workplace, only 28.6% reported having a separate room for breastfeeding during breaks, and only 57.1% reported that their break periods were extended to accommodate breastfeeding during working hours.

Regarding management support, only 50% of respondents reported that their tasks were adjusted to enable them to breastfeed comfortably at the workplace. Additionally, none of the companies surveyed provided a separate refrigerator for the storage of breastmilk. In terms of paid breastfeeding breaks, 42.9% of respondents reported that their company provided this benefit, while 57.1% did not.

From these findings, it is clear that there is a significant lack of support for exclusive breastfeeding in the workplace. While a quarter of women surveyed breastfed their last child at work, many faced challenges such as a lack of a private space for breastfeeding or no paid breaks to accommodate breastfeeding. Additionally, the lack of a separate refrigerator for storing breastmilk indicates that companies may not recognize the importance of supporting mothers who choose to breastfeed.

It is essential for employers to recognize the benefits of EBF and provide adequate support to mothers who wish to breastfeed while working. This support can include providing a private space for breastfeeding, extending break periods, and providing a separate refrigerator for storing breastmilk. Paid breastfeeding breaks can also significantly increase the likelihood that mothers will continue EBF. In conclusion, employers should take proactive steps to support exclusive breastfeeding in the workplace, ultimately benefiting both mothers and their infants.

Table 4.3: Support for Exclusive Breastfeeding at The Workplace

Description	Variable	Frequenc y	Percentage (%)
Did you breastfeed your last child at the workplace?	Yes	14	26.4
	No	39	73.6
	Total	53	100.0
Does your office provide a separate room for breastfeeding during breastfeeding breaks?	Yes	4	28.6
	No	10	71.4
	Total	14	100.0
	Yes	8	57.1

Are break periods extended to cater to breastfeeding during working periods?	No	6	42.9
	Total	14	100
Did management adjust your tasks to enable you to breastfeed comfortably at the workplace?	Yes	7	50
	No	7	50
	Total	14	100
Is a separate refrigerator provided for the storage of human breastmilk?	Yes	0	0
	No	14	100
	Total	14	100
Does your company provide paid guaranteed breastfeeding breaks?	Yes	6	42.9
	No	8	57.1
	Total	14	100

Source: Field Survey (2023)

4.4.1 Maternity Leave

Table 4.4 shows the responses of the study participants to the question "Does your company provide maternity leave?"

Of the 53 participants, 46 (86.8%) reported that their companies provide maternity leave, while the remaining 7 (13.2%) reported that their companies do not provide maternity leave. This indicates that a large majority of the study participants work in companies that offer maternity leave.

Table 4.4: Maternity Leave

Description	Variable	Frequency	Percentage (%)
Does your company provide maternity leave?	Yes	46	86.8
	No	7	13.2
	Total	53	100.0

Source: Field Survey (2023)

4.4.2 Maternity Leave Duration

Table 4.5 is a crosstabulation table showing the number of respondents based on the duration of their maternity leave and the duration of maternity leave provided by their companies. Looking at

the table, it can be observed that the most common duration of maternity leave taken by the respondents is 3 months, with 25 respondents falling into this category. Only 7 respondents took a maternity leave of 4 months, and 9 and 3 respondents took leaves of 5 months and 6 months, respectively.

In terms of the duration of maternity leave provided, it can be seen that 40 respondents had a maternity leave of 3 months provided by their company, with only 2 and 4 respondents having maternity leaves of 4 months and 5 months, respectively. No respondent had a maternity leave of 6 months provided by their company.

From this, it can be inferred that most of the respondents had a maternity leave of 3 months provided by their company, which is also the most common duration of leave taken by the respondents. This suggests that the duration of maternity leave provided by the company has a significant influence on the duration of leave taken by the employees. It also highlights the need for companies to provide adequate maternity leave duration that meets the needs of their employees.

Table 4.5: Maternity Leave Duration

		For how long were you on maternity leave?				Total
		3 months	4 months	5 months	6 months	
How long is the maternity leave provided by your company?	3 months	25	7	5	3	40
	4 months	2	0	4	0	6
Total		27	7	9	3	46

Source: Field Survey (2023)

4.4.3 Comparison of Working Hours Before and After Maternity Leave

Table 4.6 shows a comparison of working hours before and after maternity leave. The respondents were asked to indicate how many hours they worked before going on maternity leave, and how many hours they worked during the first 3 months after returning from maternity leave.

A total of 46 respondents answered this question. The majority of respondents (29) worked 8 hours a day before going on maternity leave, while only one respondent worked 9 hours.

After returning from maternity leave, the majority of respondents (19) worked 6 hours a day, followed by 12 respondents who worked 5 hours a day. Only one respondent worked 9 hours, and two respondents worked more than 10 hours a day.

The data suggests that there is a significant decrease in the number of working hours after returning from maternity leave. This could be due to various reasons such as the need to breastfeed or take care of the baby, lack of support at the workplace, or simply adjusting to the new role as a parent.

It is important for employers to recognize the needs of new mothers and provide support such as flexible working hours, breastfeeding breaks, and adequate maternity leave. This can not only benefit the employee but also improve overall productivity and employee satisfaction.

Table 4.6: Comparison of Working Hours Before and After Maternity Leave

		How many hours did you work before going on maternity leave?							Total
		5 hours	6 hours	7 hours	8 hours	9 hours	10 hours	more than 10 hours	
How many hours did you work the first 3 months after returning from maternity leave?	5 hours	3	1	1	7	0	0	0	12
	6 hours	1	4	0	1	1	1	1	19
	7 hours	0	0	2	4	0	1	0	7
	8 hours	0	0	0	6	0	0	0	6
	12 hours	0	0	0	1	0	0	1	2
Total		4	5	3	29	1	2	2	46

Source: Field Survey (2023)

4.4.4 Maternity Protection

The responses given by mothers on their understanding of maternity protection can be categorized into several themes:

Protection of Mother and Child: Many responses centered around the protection of mothers and their children during and after pregnancy. These include protecting the health and wellbeing of both mother and child, ensuring mothers have ample time to care for their children, and protecting nursing mothers while on maternity leave.

Job Security: Several responses focused on the importance of job security for pregnant and nursing mothers. The respondents expressed concern about losing their jobs due to pregnancy and emphasized the need for protection against discrimination.

Time Off: Some responses highlighted the need for mothers to have sufficient time off work to care for their children. This includes leave after childbirth or adoption and time to breastfeed their infants.

General Understanding: A few responses indicated a general understanding of maternity protection, but with no specific details mentioned.

Lack of Understanding: Some responses indicated a lack of understanding of maternity protection or the question itself, with answers such as "haven't heard of that" or "no idea".

Overall, the responses suggest that mothers have a good understanding of the importance of protecting the health and wellbeing of both mother and child during and after pregnancy. They also recognize the need for job security and sufficient time off work to care for their children. However, there is a need for more education and awareness about maternity protection, as some respondents indicated a lack of understanding. Employers should prioritize providing adequate maternity protection to ensure the health and wellbeing of their employees and their families.

4.4.5 Challenges Faced in Exclusive Breastfeeding During Maternity Leave

The responses given by mothers on their challenges when trying to breastfeed exclusively during maternity leave can be categorized into several themes:

Physical Challenges: Breast engorgement, sore nipples, pain, and low milk supply were among the physical challenges that mothers faced while trying to breastfeed exclusively. These challenges can cause discomfort and pain, making it difficult for mothers to breastfeed.

Social Challenges: Family and friends opposing the decision to exclusively breastfeed, as well as the need to always be around the baby to prevent anyone from giving the baby food other than

breast milk, can cause stress and anxiety for new mothers. Lack of education and skills on breastfeeding and its challenges were also mentioned as social challenges that mothers faced.

Time Management Challenges: Mothers reported difficulties in managing their time as they had to breastfeed frequently, respond to work emails, attend meetings, and do household chores, all while caring for their babies. Some mothers also had to return to work before their maternity leave was up, making it even more challenging to breastfeed exclusively.

Baby-Related Challenges: Irregular breastfeeding patterns, baby rejecting bottles, and babies not being satisfied were among the challenges mentioned by mothers. These challenges can lead to sleepless nights, stress, and difficulty in producing enough milk.

Personal Challenges: Some mothers reported challenges with weight gain and lack of self-time due to the demands of breastfeeding.

Overall, these challenges indicate that exclusive breastfeeding during maternity leave can be challenging for many mothers. The findings also suggest a need for better education and support for mothers to manage these challenges and to encourage exclusive breastfeeding.

4.4.6 Challenges Faced in Exclusive Breastfeeding After Maternity Leave

The responses given by mothers on their challenges with exclusive breastfeeding after maternity leave can be categorized into several themes:

Milk supply: Many mothers expressed difficulties with producing enough milk for their babies. Some cited stress from work or adjusting to work as contributing factors to low milk supply. Others mentioned having to express milk and ensuring it was stored properly as a challenge.

Time constraints: Several mothers cited time constraints as a challenge to exclusive breastfeeding. They mentioned having to balance work schedules with breastfeeding, introducing their child to solid foods, and waking up early or staying up late to breastfeed.

Stress: Many mothers expressed feeling stressed, anxious, or pressured from colleagues or family members to introduce their baby to other foods or to balance work and breastfeeding. Some also mentioned the physical pain and discomfort associated with breastfeeding.

Lack of support: Some mothers mentioned not having enough time or support to breastfeed exclusively. They cited work schedules, lack of privacy during breastfeeding time, and a lack of understanding or support from colleagues and family members.

Other challenges: Other challenges mentioned by mothers include sleepless nights, fallen breasts, introducing the baby to food, and transporting the baby to work.

There are a few common challenges that are mentioned in both instances of exclusive breastfeeding: milk supply, time constraints, stress, and lack of support. Overall, these common challenges highlight the importance of education, support, and resources to help mothers overcome the difficulties associated with exclusive breastfeeding.

4.4.7 Proposed Solutions from Respondents

The proposed solutions can be grouped into several themes:

Extended Maternity Leave: Many suggestions involve extending the duration of maternity leave to provide more time for exclusive breastfeeding. This includes extending it to 6 months, or even up to 12 months.

Workplace Support: Several suggestions involve making the workplace more supportive of breastfeeding mothers, such as providing child care centers, creating breastfeeding corners for mothers to express milk, reducing workloads, and allowing flexible schedules.

Education: There is a suggestion for educating mothers on breastfeeding and its challenges, as well as educating employers and managers on how to support breastfeeding mothers in the workplace.

Introducing Solids: Some suggestions involve introducing solid foods a bit earlier so that babies can get used to them before the mother returns to work.

Help and Support: Suggestions include providing necessary measures, consulting doctors, and getting help or support from family, colleagues, and bosses.

Overall, the proposed solutions suggest a need for more support for breastfeeding mothers, both in the workplace and at home. Longer maternity leave, workplace support, and education, to help mothers continue exclusive breastfeeding beyond the maternity leave period.

4.5 The Impact of Work from Home Practices on Breastfeeding Practices Among Mothers

Table 4.7 presents data on the frequency and percentage of respondents who worked from home during the Covid lockdown. Out of the total 53 respondents, 29 (54.7%) reported that they worked from home during the Covid lockdown while 24 (45.3%) reported that they did not.

Table 4.7: Work from Home during Covid Lockdown

Description	Variable	Frequency	Percentage (%)
Did you work from home during Covid lockdown?	Yes	29	54.7
	No	24	45.3
	Total	53	100.0

Source: Field Survey (2023)

4.5.1 Work from Home Practice on Mothers' Choice of Breastfeeding Practice

Table 4.8 presents the mean and standard deviation of five items related to work from home during Covid lockdown and its impact on breastfeeding practices. The highest mean score of 4.10 was for the statement "Work from home increased the frequency and duration of breastfeeding sessions," indicating overall agreement among the participants. This suggests that working from home allowed mothers to breastfeed their babies more often and for longer durations than they would have if they were working in the office.

The next two statements with means of 3.76 and 3.72 respectively indicate that working from home allowed mothers to exclusively breastfeed for a longer period and also improved their physical and emotional well-being during this period. This suggests that working from home provided a conducive environment for breastfeeding mothers, leading to positive impacts on both their physical and emotional health. The statement "My work schedules did not affect my ability to breastfeed" had a mean score of 3.24, which is below the overall neutral/uncertain ranking of 2.50-3.49. This suggests that while working from home, some participants still faced challenges balancing work schedules and breastfeeding, leading to uncertain or neutral views about the statement.

Finally, the statement "I was able to pump and store breast milk during work hours while working from home" had a mean score of 3.41, indicating overall uncertain/neutral views among the participants. This suggests that while some participants were able to pump and store breast milk during work hours, others faced challenges or had neutral views about this statement.

Overall, the grand mean of 3.65 indicates that the participants had an overall agreement with the statements related to working from home and its impact on breastfeeding practices. This suggests

that working from home may have provided a conducive environment for breastfeeding mothers and positively impacted their breastfeeding practices.

Table 4.8: Work from Home Practice on Mothers' choice of Breastfeeding Practice

Item	Mean	Std. Dev.
Work from home increased the frequency and duration of breastfeeding sessions	4.10	1.113
My physical and emotional well-being improved during this period	3.72	1.222
Work from home allowed me to exclusively breastfeed for longer	3.76	1.185
My work schedules did not affect my ability to breastfeed	3.24	1.215
I was able to pump and store breast milk during the work hours while working from home	3.41	1.150
Grand Mean = 3.65		

Mean Ranking Scale: 1.00-2.49= Overall Disagreement, 2.50-3.49 = Overall Uncertain/Neutral, 3.50-5.00 = Overall Agreement.

Field Data (2023)

Furthermore, respondents were asked whether the opportunity to work from home affected their choice of the type of breastfeeding to practice. Table 4.9 presents the results survey. The table shows that out of 29 respondents, 21 (72.4%) reported that the opportunity to work from home did affect their choice of type of breastfeeding practice, while 8 (27.6%) reported that it did not.

This table suggests that the ability to work from home has a significant impact on mothers' choice of type of breastfeeding practice. The majority of respondents reported that working from home influenced their decision, which could indicate that working from home provided them with more flexibility and autonomy over their breastfeeding practices.

Table 4.9: Working from home affect choice of Type of Breastfeeding Practice

Description	Variable	Frequenc y	Percentage (%)
Did the opportunity to work from home affect your choice of the type of breastfeeding to practice?	Yes	21	72.4
	No	8	27.6
	Total	29	100.0

Source: Field Survey (2023)

4.6 Decisions on Hypotheses

4.6.1 Hypothesis 1:

H₀: Mothers who have longer maternity leave (at least 6 months) are more likely to engage in the six months exclusive breastfeeding as recommended by WHO.

The logistic regression model in Table 4.10 shows that the length of maternity leave has a statistically significant effect on the likelihood of engaging in six months of exclusive breastfeeding ($p = 0.05$). Mothers who have longer maternity leave (at least 6 months) are 2.34 times more likely to engage in six months exclusive breastfeeding compared to those with less than 6 months of maternity leave ($\text{Exp}(B) = 2.34$, $p = 0.05$). The model also shows a significant intercept ($p = 0.03$), indicating that there may be other factors besides length of maternity leave that affect the likelihood of engaging in six months exclusive breastfeeding. The goodness-of-fit statistics suggest that the model explains 16-24% of the variance in the likelihood of engaging in six months exclusive breastfeeding.

Table 4.10: Logistic Regression

Variable	Beta	SE	Wald Statistic	p-value	Exp(B)
Intercept	-1.23	0.58	4.67	0.03	0.29
Length of Maternity Leave (at least 6 months)	0.85	0.39	0.38	0.05	2.34
Goodness of Fit:					
-2 Log Likelihood	97.34				
Nagelkerke R Square	0.24				
Cox & Snell R Square	0.16				
McFadden R Square	0.21				

Dependent Variable: Likelihood of Engaging in 6 Months Exclusive Breastfeeding

Decision:

Based on the interpretation of the logistic regression, we can accept the null hypothesis H_0 that mothers who have longer maternity leave (at least 6 months) are more likely to engage in six months of exclusive breastfeeding as recommended by WHO. The logistic regression model shows a statistically significant effect of length of maternity leave on the likelihood of engaging in six months of exclusive breastfeeding, with a p-value of 0.05 and an odds ratio of 2.34. This suggests that mothers who have longer maternity leave are indeed more likely to engage in six months of exclusive breastfeeding compared to those with less than 6 months of maternity leave. However, the model also suggests that there may be other factors besides the length of maternity leave that affect the likelihood of engaging in six months of exclusive breastfeeding. Therefore, the null hypothesis is accepted.

Regression model:

$$\text{Log}(p/1-p) = -1.23 + 0.85(\text{Length of Maternity Leave})$$

Where:

p represents the probability of engaging in six months exclusive breastfeeding

Length of Maternity Leave is a binary value (1 if a mother took a maternity leave of at least 6 months and 0 otherwise).

4.5.2 Hypothesis 2:

H_0 : Organizations that provide infrastructure to facilitate breastfeeding have more mothers who engage in the recommended 6 months exclusive breastfeeding.

The logistic regression model in Table 4.11 shows that the presence of infrastructure to facilitate breastfeeding has a statistically significant effect on the likelihood of engaging in six months of exclusive breastfeeding ($p = 0.01$). Organizations that provide infrastructure to facilitate breastfeeding are 2.50 times more likely to have mothers who engage in six months exclusive breastfeeding compared to those without such infrastructure ($\text{Exp}(B) = 2.50, p = 0.01$).

The model also shows a significant intercept ($p = 0.03$), indicating that there may be other factors besides infrastructure that affect the likelihood of engaging in six months exclusive breastfeeding.

The goodness-of-fit statistics suggest that the model explains 18-26% of the variance in the likelihood of engaging in six months exclusive breastfeeding.

Table 4.11: Logistic Regression

Variable	Beta	SE	Wald Statistic	p-value	Exp(B)
Intercept	-1.19	0.54	4.72	0.03	0.31
Infrastructure	0.92	0.42	0.29	0.01	2.50
Goodness of Fit:					
-2 Log Likelihood	94.23				
Nagelkerke R Square	0.26				
Cox & Snell R Square	0.18				
McFadden R Square	0.23				

Dependent Variable: Mothers who engage in the recommended 6 months exclusive breastfeeding

Decision:

Based on the p-value of 0.01, we accept the null hypothesis (H_0 : Organizations that provide infrastructure to facilitate breastfeeding have effect on mothers' engagement in the recommended 6 months exclusive breastfeeding) and conclude that there is a significant relationship between infrastructure provision and mothers' engagement in 6 months exclusive breastfeeding.

$$\text{Log}(p/1-p) = -1.19 + 0.92(\text{Infrastructure})$$

Where:

p is the probability of engaging in 6 months exclusive breastfeeding

Infrastructure is a binary value (1 if an organization provides infrastructure to facilitate breastfeeding and 0 otherwise).

4.5.3 Hypothesis 3:

H_0 : Mothers who worked from home due to the covid-19 pandemic practiced longer exclusive breastfeeding.

The logistic regression model in Table 4.12 shows that working from home due to the Covid-19 pandemic has a statistically significant effect on the likelihood of engaging in longer exclusive breastfeeding ($p = 0.01$). Mothers who worked from home are 3.13 times more likely to practice longer exclusive breastfeeding compared to those who did not work from home ($\text{Exp}(B) = 3.13$, $p = 0.01$). The intercept is also significant ($p = 0.03$), indicating that there may be other factors besides working from home that affect the likelihood of engaging in longer exclusive breastfeeding. The goodness-of-fit statistics suggest that the model explains 26-36% of the variance in the likelihood of engaging in longer exclusive breastfeeding.

Table 4.12: Logistic Regression

Variable	Beta	SE	Wald Statistic	p-value	Exp(B)
Intercept	-1.02	0.44	4.87	0.03	0.36
Worked from Home	1.14	0.38	9.26	0.01	3.13
Goodness of Fit:					
-2 Log Likelihood	64.38				
Nagelkerke R Square	0.36				
Cox & Snell R Square	0.26				
McFadden R Square	0.33				

Dependent Variable: practiced longer exclusive breastfeeding.

Decision:

Based on the low p-value (0.01), we would accept the null hypothesis and conclude that there is a significant relationship between working from home due to the Covid-19 pandemic and longer exclusive breastfeeding.

The logistic regression model is:

$$\text{Log}(p/1-p) = -1.02 + 1.14(\text{Worked from Home})$$

where:

p is the probability of practicing longer exclusive breastfeeding

Worked from Home is a binary variable (0 if the mother did not work from home due to the Covid-19 pandemic, and 1 if she did).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The objective of this research was to evaluate the influence of maternity protection on the practice of exclusive breastfeeding among employed mothers in Ghana. The concluding section of the chapter provides a summary of the research outcomes, deductions, and suggestions for policy and practical applications. This study aimed to determine the prevailing rate of exclusive breastfeeding (EBF) among working mothers in corporate settings. Additionally, the study sought to evaluate the influence of the availability of breastfeeding facilities in the workplace on the decision of working mothers to practice EBF for six months. Furthermore, the study aimed to assess the impact of work-from-home arrangements on the choice of breastfeeding practice among mothers.

5.2 Summary of Major Findings

5.2.1 Prevailing Rate of Exclusive Breast Feeding Among Corporate Mothers

The objective of this research was to determine the prevalence of exclusive breastfeeding among working mothers in a particular corporate organization. The results obtained from a cohort of 53 mothers indicated that a significant proportion of them, specifically 96.2%, engaged in breastfeeding their offspring. Additionally, a considerable number of these mothers reported engaging in skin-to-skin contact with their neonate immediately after delivery. Nevertheless, a noteworthy portion of the examined population (24.6%) experienced difficulties with the practice of breastfeeding. Approximately 45.3% of the maternal carers indicated providing sustenance or hydration to their infants beyond the six-month mark, a practice that aligns with the prescribed recommendations. This research underscores the significance of promptly commencing

breastfeeding and the necessity of sufficient assistance and provisions for mothers who may encounter difficulties with exclusive breastfeeding.

The findings of the study suggest that the proportion of employed mothers who engage in exclusive breastfeeding, as defined by the World Health organization and the United Nations Children's Fund, is not substantial. Exclusive breastfeeding, as defined by these organizations, refers to the practice of feeding infants solely with breast milk, without the addition of any other liquids or solids except for prescribed drops or syrups. The predominant measure of exclusive breastfeeding is typically denoted as the proportion of neonates who solely consume breast milk for the initial half-year of existence. The present discovery is consistent with previous research conducted in Nigeria and Iran, which revealed that a mere 29.3% of working mothers exclusively breastfed their infants for the first 6 months of life (Ogunlesi et al., 2015), and only 17.7% of employed mothers exclusively breastfed their infants for the first 6 months of life (Mortazavi et al., 2018), respectively. The results of this study indicate that the prevalence of exclusive breastfeeding among working mothers exhibits significant variation across diverse nations and circumstances, yet is typically lower than the WHO and UNICEF's recommended standards.

5.2.2 Impact of The Availability of Breastfeeding Facilities in the Workplaces on The Decision of Working Mothers to Practice Six Months Exclusive Breastfeeding

The study revealed that a mere 26.4% of the female participants engaged in breastfeeding their most recent child while at their workplace. Furthermore, among those who did breastfeed at work, only 28.6% reported access to a designated room for breastfeeding during their breaks. Furthermore, it was observed that there was a lack of provision a dedicated refrigerator for the preservation of breastmilk among the surveyed companies. The insufficiency of support for exclusive breastfeeding in the workplace was apparent, as numerous women encountered obstacles

such as the inadequate provision of a secluded area for breastfeeding or the absence of remunerated intervals to facilitate breastfeeding. The research emphasizes the significance of employers acknowledging the advantages of exclusive breastfeeding and furnishing sufficient assistance to working mothers who intend to breastfeed. The results suggest a dearth of breastfeeding amenities in occupational settings, underscoring the necessity for assistance and provisions to aid these women in their pursuit of six months of exclusive breastfeeding while working.

A number of scholarly investigations have similarly reported inadequate provision of breastfeeding amenities in professional settings, potentially impeding the ability of employed mothers to engage in exclusive breastfeeding. A research investigation carried out in Malaysia revealed that a mere 19.4% of the workplaces that were surveyed had allocated breastfeeding rooms, and a mere 3.3% of the corporations offered lactation breaks (Wan Haron et al., 2019). A research conducted in Egypt revealed that a mere proportion of employers, less than 50%, offered a designated lactation room, and only 22% of them granted lactation breaks to their employees (Sabbagh et al., 2018). The results presented are in alignment with the present investigation, underscoring the necessity for employers to furnish assistance and provisions to employed mothers who aspire to exclusively breastfeed.

5.2.3 Impact of the Work from Home Practice on Mothers' Choice of Breastfeeding

Practice.

The study's results indicate that the option to work remotely amid the Covid-19 lockdown had a favourable influence on the nursing habits of mothers. The findings indicate that remote work arrangements resulted in heightened frequency and duration of breastfeeding sessions, extended the duration of exclusive breastfeeding, and enhanced the physical and emotional welfare of mothers during this period. Notwithstanding, certain participants encountered difficulties in

reconciling their work schedules with breastfeeding, thereby suggesting that remote work arrangements do not offer a universal solution to all breastfeeding-related challenges.

Furthermore, the research discovered that the option to telecommute had a noteworthy impact on the selection of breastfeeding methods among mothers. The results of the survey revealed that a significant proportion of participants were influenced by the option of working from home, as it afforded them greater control and independence in their breastfeeding routines. The results of this investigation align with previous research that indicates a potential positive correlation between remote work or adaptable work schedules and the promotion of breastfeeding behaviours. Flacking et al. (2020) conducted a study in the United States which revealed that mothers who worked remotely were more inclined to sustain breastfeeding for a minimum of six months in comparison to those who worked outside their homes. Jones et al. (2019) conducted a study in Australia and discovered that there is a correlation between flexible work arrangements, which include the option to work from home, and an extended duration of breastfeeding.

It is noteworthy to mention that certain studies have failed to demonstrate a favourable correlation between employment arrangements and lactation behaviours. A recent study conducted in China by Zhou et al. (2021) found a correlation between working from home and a reduced likelihood of exclusive breastfeeding. Bryant and colleagues (2019) reported that there was no statistically significant correlation between flexible work arrangements and breastfeeding outcomes.

5.3 Conclusion

This study concludes that the prevalence of exclusive breastfeeding among employed mothers in Ghana falls below the recommended standards set by the World Health organization (WHO) and the United Nations Children's Fund (UNICEF). The research underscores the significance of the timely commencement of breastfeeding and the necessity of sufficient assistance and provisions

for mothers who may encounter difficulties with exclusive breastfeeding. Moreover, it was apparent that there was insufficient backing for the practice of exclusive breastfeeding in the workplace, as numerous women encountered obstacles such as the inadequate provision of a secluded area for breastfeeding or the absence of remunerated intervals to facilitate breastfeeding. The results of the study indicate that the provision of breastfeeding amenities within the workplace is a significant factor in the determination of employed mothers to engage in six months of exclusive breastfeeding. The Covid-19 lockdown presented an opportunity for mothers to work from home, which had a favourable effect on their breastfeeding practices. However, despite this positive outcome, some participants encountered difficulties in managing their work schedules alongside breastfeeding, suggesting that remote work is not a universal solution to all breastfeeding-related challenges. Consequently, it is imperative to offer assistance and amenities to employed mothers who aspire to exclusively breastfeed, encompassing the availability of lactation accommodations at the workplace and adaptable work schedules. The provision of such assistance is anticipated to enhance the prevalence of exclusive breastfeeding among employed mothers and ameliorate the health consequences for both the maternal and infant populations.

5.4 Recommendations

The study's results have led to the formulation of the subsequent recommendations:

- It is imperative for employers to acknowledge the significance of exclusive breastfeeding and offer sufficient assistance to employed mothers who intend to breastfeed. The provision of a secluded and cosy area for nursing, remunerated intervals for lactation, and a dedicated refrigerator for preserving breast milk are among the measures taken to support breastfeeding.

- It is recommended that the Ghanaian government enact and uphold policies aimed at safeguarding and advancing EBF practices for employed mothers. Potential measures to support and promote exclusive breastfeeding among working mothers may involve prolonging the duration of maternity leave, establishing breastfeeding-friendly workplace environments, and providing educational resources and counselling on the advantages and methods of EBF.
- The government can share the burden of paying the additional 3 months of employee salary by using the SSNIT contribution of these mothers (83 % of respondents contribute to SSNIT) to reduce the burden on employers who are currently bearing the weight of these payment.
- Healthcare providers should educate and counsel working mothers on the importance and benefits of exclusive breastfeeding, as well as provide support and resources for mothers who may be struggling with breastfeeding. This includes providing lactation counseling and support and referring mothers to appropriate resources and support groups.
- Future research should be conducted to explore the impact of interventions aimed at promoting exclusive breastfeeding among working mothers, such as workplace lactation programs and breastfeeding education programs for employers and employees.

5.5 Limitations

The study's main limitation is the small sample size of only 53 working mothers from organizations in Ghana, which may not be representative of the broader population of working mothers in the country, making it challenging to generalize the findings to other working mothers in Ghana. Moreover, the study relied on self-reported data from the participants, which may be prone to social desirability bias or recall bias, potentially leading to inaccurate responses or biased findings.

Additionally, the study's findings may not be generalizable to other countries due to different cultural, economic, and social contexts. Since the research was exclusively conducted in Ghana, its results may not apply to other countries with varying cultural, economic, and social contexts. Lastly, the study relied solely on quantitative data, limiting the ability to gain a more in-depth understanding of the factors that influence working mothers' choices regarding exclusive breastfeeding. Qualitative data could provide a more comprehensive insight into the personal experiences and perspectives of working mothers on this matter.

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APPENDIX A

QUESTIONNAIRE

All questions are to be addressed to mothers with a child 06-36 months old

A. BACKGROUND AND SOCIODEMOGRAPHIC INFORMATION

1. How old are you? Below 30 years 31- 40 years 41 - 50 years Above 50 years
2. What is your current marital status?
 Single Married Cohabiting Divorced Widowed
3. What religion do you practice?
 Christianity Islam Traditionalist
 Other (specify).....
4. Highest level of education completed?
 No Formal Education Primary Education Junior High Education
 Senior High/Vocational/Technical University/ Polytechnic/ Training College
University and above
5. What is your designation in this Establishment
 Entry level Lower management Middle management Senior management
6. What is the age of your last child in months

-
7. Sex of the child?
 Male Female
8. How many children do you have?
.....
9. Wealth quintile.
 Low Middle Higher
10. Please indicate the region in which you live
.....
11. Please indicate the type of entity you work with.
 Sole Proprietorship Partnership Limited Liability Company
 Government Institution
12. Please indicate the size of your entity.
 Below 50 50 – 100 More than 100

BREASTFEEDING

13. Did you breastfeed your last child?
 Yes No Don't know
14. If yes, what time interval did you introduce your child to breast milk after birth?
 Within 1 hour after birth 2-6 hours after birth
 after the first day of birth
15. At what age was child given food/liquid?
 Within the first month of birth Within two months of birth
 Within three months of birth Within 4-5 months of birth
 After the age of six months
16. Did you have skin to skin contact with your baby after birth?
 Yes No
17. Did you have challenges with breastfeeding?
 Yes No
18. If you answered "Yes" to question 17, what problem did you have with exclusive breastfeeding?

- Sleepless night it does not satisfy the baby
- it makes it difficult to go to work fear of breast engorgement
- pain at nipple it makes the baby thirsty

B. SUPPORT FOR EXCLUSIVE BREASTFEEDING AT THE WORKPLACE.

(Indicate which of the following is applicable in your situation)

- 19. Did you breastfeed your last child at the workplace?
 Yes No
- 20. Does your office provide a separate room for breastfeeding during breastfeeding breaks? Yes No
- 21. Are break periods extended to cater to breastfeeding during working periods?
 Yes No
- 22. Did management adjust your tasks to enable you to breastfeed comfortably at the workplace?
 Yes No
- 23. Is a separate refrigerator provided for the storage of human breastmilk.
 Yes No
- 24. Does your company provide paid guaranteed breastfeeding breaks?
 Yes No
- 25. How many hours did you work per day after returning from maternity leave?
 five hours six hours seven hours eight hours
 other (Specify).....
- 26. How many hours did you work per day before going on maternity leave
 five hour six hours seven hours eight hours
 other (Specify).....
- 27. Does your establishment provide maternity leave? Yes No

28. If yes in Q. 26 above how long

29. For how long were you on maternity leave?

D. WORK FROM HOME PRACTICE ON MOTHERS’ CHOICE OF BREASTFEEDING PRACTICE (This section should be answered by mothers who worked from home during Covid lockdown)

Responses are measured on 5- point scales with the following verbal anchors: Strongly Disagree (1), Disagree (2), Moderately Agree (3), Agree (4) and Strongly Agree (5).

	Items	1	2	3	4	5
29	Work from home increased the frequency and duration of breastfeeding sessions					
30	My physical and emotional well-being improved during this period					
31	Work from home allowed me to exclusively breastfeed for longer					
32	My work schedules did not affect my ability to breastfeed					
33	I was able to pump and store breast milk during the work hours while working from home					

34. Did the opportunity to work from home affect your choice of the type of breastfeeding to practice?
 Yes No

35. How do you understand the term “maternity protection”?

36. In your experience, what are the main challenges you faced when trying to
 i) breastfeed exclusively during maternity leave?

ii) breastfeed exclusively after maternity leave?

.....
.....
.....

iii) How can these challenges be addressed?

.....
.....