



## COMPETENCY AND COMPLIANCE TO EXCLUSIVE BREASTFEEDING AMONG YOUNG ADULT FIRST TIME WORKING MOTHERS IN SELECTED BARANGAY IN MONTALBAN, RIZAL

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### Abstract

Exclusive breastfeeding means giving an infant only breastmilk for the first six months of their life. It benefits both the mother and baby. However, factors can impact a mother's ability to continue exclusive breastfeeding and may cause her to stop. This study aimed to determine the level of competency and compliance with exclusive breastfeeding among young first-time working mothers in a selected barangay in Montalban, Rizal. The study utilized descriptive-correlational research conducted in selected barangays in Montalban, Rizal. The study involved 80 young adult working mothers who met the specified criteria and were selected through purposive sampling. The data was collected via questionnaires, and ethical principles were followed throughout the research process. The study results showed that there was no significant difference in the level of competency on exclusive breastfeeding among the participants when grouped according to age and civil status ( $F=3.12$ ,  $P=0.71$ ,  $F=3.12$ ,  $P=0.10$ ). However, there was a significant difference found between the participants' level of competency on exclusive breastfeeding when grouped according to salary/socio-economic status ( $F=2.34$ ,  $P=0.09$ ). Additionally, a significant difference was observed in the level of compliance on exclusive breastfeeding among the participants when grouped according to age ( $F=3.12$ ,  $P=0.02$ ). No significant difference was found between the level of compliance on exclusive breastfeeding and the participants' civil status, work, and socio-economic status ( $F=3.12$ ,  $P=0.59$ ,  $F=3.12$ ,  $P=0.22$ ,  $F=2.72$ ,  $P=0.03$ ). Lastly, the study revealed that there was no significant relationship between the level of competency and compliance with exclusive breastfeeding among working mothers ( $T=1.55$ ,  $P=0.13$ ). This study indicates that young working mothers are knowledgeable, skilled, and compliant with exclusive breastfeeding.

**Keywords:** Competency, Compliance, Exclusive Breastfeeding, First-time, Young adults

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## INTRODUCTION

According to World Health Organization (2022), exclusive breastfeeding recommends mothers to exclusively breastfeed their infants in the first six months of their life. Exclusive breastfeeding is defined as infant feeding by breast milk only, except water and with no other substance entering an infant's mouth for feeding purposes, excluding any medically necessary vitamins or mineral supplements and drugs. Exclusive breastfeeding is highly recommended to mothers for its undeniable benefits and advantages to infants. Mother's milk helps your baby grow and develop, it has immunity for sickness and disease, breastfeed babies have higher intelligence IQ test, provides closeness and comfort for the infants, saves money, time, and effort and economical which also saves the environment.

According to Ruth Petersen et.al (Breastfeeding Report Card United States, 2022), Among infants born in 2019, most (83.2%) started out receiving some breast milk, and 78.6% were receiving any breast milk at 1 month. At 6 months, 55.8% of infants received any breast milk and 24.9% received breast milk exclusively. Families can face many challenges when it comes to breastfeeding. Yet data show that most infants start out breastfeeding, and many are still receiving some breast milk at 6 months. Even some breast milk is beneficial to infants. However, many families do not breastfeed for as long as they intend to and breastfeeding disparities by race and ethnicity persist. The steady decline in any and exclusive breastfeeding from month-to-month indicates that breastfeeding families may need stronger systems of support to reach their breastfeeding goals.

A study done by Ilana Azulay Chertok et.al. (2022), their study aimed to examine intrapersonal, interpersonal, organizational, and community/society factors associated with maternal report of exclusive breastfeeding at the time of discharge. Study was done in 17 WHO European Region countries, among mothers, 72.4% exclusively breastfed and 26.6% did not exclusively breastfed at discharge. There was a significantly lower rate following the publication of the WHO breastfeeding guidelines on 2020. Factors significantly associated with exclusive breastfeeding outcomes in the logistic regression analysis included maternal age, parity, education, health insurance, mode of birth, inadequate breastfeeding support, lack of early breastfeeding initiation, lack of full rooming-in, birth attendant, perceived healthcare professionalism and attention, facility room cleanliness, timing of birth, and location of birth.

Few studies have already been done to identify factors that affects exclusive breastfeeding to working mothers. According to Cecile Leah T. Bayaga et al., (2020), The questionnaire used in their study was able to capture more information regarding socio-demographics, food intake, and family composition. However, the focus was only on employment status, educational attainment, and civil status. The other variables may be explored, therefor we must also take into consideration the civil status and/or

the support from husbands or partner of the breastfeeding young adult mothers to further provide more insight into what affects the breastfeeding practices of mothers. This study shows that there are many possible variables to be explored, therefore many factors may take into consideration especially the external factors, such as the support from the husband or partner of the breastfeeding mothers or even their family can affect the breastfeeding practices of mothers.

In addition to that, limited studies investigated the effect of civil status in the willingness of the mother to practice breastfeeding, employment status, and educational attainment, inability to exclusively breastfeed is a problem to most mothers and this study aims to find out which other factors are the reason for the cessation of exclusive breastfeeding among working mothers in selected barangay in Montalban, Rizal, whether it is internal factor or external factor that are considered by the researchers.

Thus, this study aimed to identify the level of competency and compliance of young adult working mothers on exclusive breastfeeding and factors that might affect their competency and compliance to exclusive breastfeeding.

This study aimed at identifying or exploring the Competency and Compliance to Exclusive Breastfeeding Among Young Adult First Time Mothers in Selected Barangay in Montalban, Rizal. The results of this study will contribute to nursing practice, policy, education, and research. The outcome of this study will add to the existing literature and may be used to further improve nursing practice in relation to exclusive breastfeeding.

## **MATERIALS AND METHODS**

This study is design as a quantitative descriptive correlational study. Under the descriptive design, the researchers aim to use this design for the level of competency and level of compliance of young adult first time working mothers to exclusive breastfeeding. In addition, the researchers would like to know the correlation between the level the level of competency and level of compliance to the factors affecting exclusive breastfeeding of young adult first time working mothers.

## **RESULTS AND DISCUSSION**

The study found that young adult working mothers are highly competent in their knowledge, skills, and aptitude regarding exclusive breastfeeding. They apply their knowledge and skills in exclusively breastfeeding their babies, as well as complying with this practice. The level of competency on exclusive breastfeeding did not differ significantly among respondents when grouped according to age or civil status. However, there was a significant difference in competency based on salary or

socio-economic status. Compliance level, on the other hand, significantly differed according to age but not civil status or work. There was no significant relationship found between compliance level and work or salary. Lastly, there was no significant relationship between the level of competency and compliance on exclusive breastfeeding among working mothers.

## PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

### What is the profile in terms of:

#### Age

Table 1.1: Demographic profile of respondents in terms of age

Indicators	Frequency	Percentage
a. 18-20 years old	18	22.50%
b. 21-23 years old	29	36.25%
c. 24-25 years old	33	41.25%
Total	80	100.00%

Table 1.1 Shows the frequency statistics of age of the respondents. Most respondents are aging 24-25 years old with the frequency of 33 and percentage of 41.25

#### Civil Status

Table 1.2: Demographic profile of respondents in terms of civil status

Indicators	Frequency	Percentage
a. Single	55	68.75%
b. Married	24	30.00%
c. Annulled	0	0
d. Separated	1	1.25%
Total	80	100.00%

The table 1.2 demonstrates the demographic profile of respondents in terms of civil status. The majority of respondents are single with the frequency of 55 which is 68.75% from the total respondents.

#### Work Set-up

Table 1.3: Demographic profile of respondents in terms of work set-up

Indicators	Frequency	Percentage
a. On-Site	56	70.00%
b. Work from Home	16	20.00%
c. Hybrid	8	10.00%
Total	80	100

Table 1.3 shows the statistical frequency of the respondents in terms of work set-up. Most respondents are in an on-site work set-up with the frequency of 56 and percentage of 70%.

#### *Socio-economic status*

*Table 1.4: Demographic profile of respondents in terms of socio-economic status*

Indicators	Frequency	Percentage
a. 109,200 -182,000 pesos/month	4	5.00%
b. 63,700- 109,200 pesos/month	1	1.25%
c. 36,400- 63,700 pesos/ month	7	8.75%
d. 18,200- 36,400 pesos/month	33	41.25%
e. 9,100-18,200 pesos/ month	29	36.25%
f. Less than 9,100 pesos/month	6	7.50%
Total	80	100.00%

Table 1.4 illustrates the frequency statistics of the socio-economic status of the respondents. 18,200-36,400 pesos/month got the frequency of 33 and the percentage of 41.25%.

#### **Factors affecting exclusive breastfeeding.**

##### *Internal Factors*

*Table 2.1: Factors Affecting Preference for Exclusive Breastfeeding in Terms of Internal Factors*

Confidence	WM	SD	VI
I am confident in breastfeeding my baby	3.33	0.80	SA
I can breastfeed in lactation areas in public places	3.04	0.89	A
Milk Supply			
I can produce enough milk for my baby	3.31	0.72	SA
My baby is satisfied with only breastmilk	3.28	0.79	SA
Intention			
I plan to exclusively breastfeed my baby	3.25	0.80	SA
I breastfeed on demand	3.36	0.71	SA
Capabilities			
I can exclusively breastfeed my baby until he/she is six months old	3.20	0.73	A
I can balance work and breastfeeding	3.16	0.77	A
Decision			
It is the right decision to exclusively breastfeed my baby	3.50	0.67	SA
It is my choice to exclusively breastfeed my baby	3.26	0.72	SA

Table 2.1 shows the weighted mean score of the respondents on each scenario as to internal factors. In terms of confidence, Respondents strongly agree that they are confident in breastfeeding their baby with weighted mean of 3.33 and respondents agree that they can breastfeed in lactation areas in public places with weighted mean of 3.04. The respondents' confidence in breastfeeding is a great factor to

help them continue in exclusive breastfeeding, lactation areas in public places will help them have more privacy to breastfeed

### External Factors

*Table 2.2: Factors Affecting Preference for Exclusive Breastfeeding in Terms of External Factors*

Maternity Leave	WM	SD	VI
I have enough maternity leave to attend to my newborn infant's needs	3.10	0.94	A
I use my maternity leave to exclusively breastfeed my infant	3.08	0.95	A
Socio-economic status			
It is cost-efficient to exclusively breastfeed rather than buy formula milk	3.69	0.66	SA
I have access to suitable facilities outside the home	3.31	0.75	SA
Support from partners/spouse			
My partner is willing to help with other chores so I can focus on taking care of the baby	3.14	0.86	A
My partner and I take turns in looking after the baby's needs	2.98	0.95	A
Support from other family members and/or peers			
I get useful advice on taking care of my baby from other family members	3.32	0.79	SA
I have a great supportive social network that helps me balance work, family, chores, and taking care of my baby	3.23	0.77	A
Support in workplace			
My workplace has private space for breastfeeding or manual expression	2.89	1.06	A
My workplace has a refrigerator where I can store my expressed milk	2.94	1.03	A
I have nursing breaks from when I need to pump or express milk	2.79	1.06	A

Table 2.2 shows the weighted mean score of the respondents on each scenario as to external factors. In terms of maternity leave, respondents agrees that they have enough maternity leaves to attend their infant's needs with the weighted mean of 3.10 and the respondents also agrees that they use their maternity leaves to exclusively breastfeed their infant.

### Level of competency on exclusive breastfeeding among working mothers.

#### Knowledge

*Table 3.1: Level of Competency on Exclusive Breastfeeding in terms of Knowledge*

Skin to Skin Contact	WM	SD	VI
I am aware that skin to skin contact keeps my baby calm and warm	3.58	0.70	UC
I know that skin to skin contact promotes bonding of mother and baby	3.53	0.71	UC
I understand that skin to skin contact helps breastfeeding get started	3.50	0.74	UC

Early Initiation of Breastfeeding				
I know that early initiation of breastfeeding will build my confidence as a mother	3.53	0.72	UC	
I know that early initiation of breastfeeding promotes breast milk production and maintenance	3.58	0.67	UC	
I am aware that early initiation of breastfeeding prevents unnecessary use of milk formula that may lead to drying up the mother's breast milk due to low demand from baby	3.64	0.58	UC	
Baby-Led Feeding and Feeding Cues				
I know that breastfeeding will prevent painful breasts	3.70	0.53	UC	
I am aware that breastfeeding will lessen baby's crying and may avoid temptation to supplementary feeding	3.64	0.55	UC	
I know that baby-led feeding can hasten milk supply, provide my baby with vitamin-rich colostrum, and hasten weight gain for my baby	3.63	0.56	UC	
Benefits of Breastfeeding				
I know that breast milk provides the best nutrition to boost the cognitive and physical development of my baby	3.45	0.72	UC	
I am aware that breastfeeding is the safest and healthiest feeding method for infants	3.69	0.49	UC	
I understand that breastfeeding is less expensive and cost effective	3.83	0.38	UC	
Good Positioning and Good Attachment				
I know the different breastfeeding positions	3.89	0.32	UC	
I am aware of the signs of good attachment of the baby to the breast and that proper attachment helps the baby gets lots of milk without making the mother's nipples sore	3.26	0.83	UC	
Manual Milk Expression and storage				
I know how to perform manual milk expression	3.33	0.79	UC	
I am aware of proper storage techniques for expressed breast milk	3.24	0.86	CC	
Duration of breastfeeding				
I know that exclusive breastfeeding means feeding the baby with only breastmilk for up to 6 months ( <i>every 2 hours or on demand</i> )	3.30	0.77	UC	

### Skills

Table 3.2: Level of Competency on Exclusive Breastfeeding in terms of Skills

Skin to Skin Contact	WM	SD	VI
Initiating skin to skin contact for the first 2 hours after the baby is born	3.64	0.55	UC
Constantly checking the baby's position to ensure the baby is breathing properly	3.58	0.82	UC

Early Initiation of Breastfeeding			
I started breastfeeding as soon as the baby displayed the desire to breastfeed	3.63	0.60	UC
Baby-Led Feeding and Feeding cues			
Able to identify the baby's feeding cues	3.64	0.66	UC
Able to identify when the baby is already satisfied with feeding	3.49	0.65	UC
Benefits of Breastfeeding			
Initiated exclusive breastfeeding noting its importance and benefits	3.43	0.69	UC
Good Positioning and Good Attachment			
Performed breastfeeding using different proper positioning in breastfeeding	3.61	0.58	UC
Able to identify signs of good attachment of baby to the breast	3.40	0.77	UC
Manual Milk Expression and storage			
Able to properly do manual breastmilk expression	3.40	0.75	UC
Able to properly store expressed breastmilk	3.33	0.88	UC
Exclusive breastfeeding			
Breastfeeding exclusively for the first 6 months of the baby and without any other supplementary formulas	3.41	0.74	UC

Table 3.2 shows the level of skills on exclusive breastfeeding of the respondents. In terms skin-to-skin contact, respondents are unconscious coherent in terms of initiating skin-to-skin contact for the first 2 hours after their baby is born with the weighted mean of 3.64, in relation to that respondents are unconscious competent in terms of skills in constantly checking the bay's position to ensure the baby is breathing properly with weighted mean of 3.58. Most respondents, initiated skin-to-skin contact after delivery of their baby while making sure the safety of their baby by constantly checking if their baby is breathing properly.

### Attitude

Table 3.3: Level of Competency on Exclusive Breastfeeding in terms of Attitude

Skin to Skin Contact	WM	SD	VI
I initiate early skin to skin contact during the first 2 hours after the birth of the baby	3.54	0.57	UC
Skin to skin contact helps me to bond with my baby	3.60	0.74	UC
Early Initiation of Breastfeeding			
I start breastfeeding my baby after he/ she shows the desire to breastfeed	3.60	0.68	UC



I ensure to attend the baby's needs immediately by staying with the baby in close proximity	3.63	0.60	UC
I plan to continue breastfeeding my baby up to 6 months or more to maximize the benefits of breastfeeding	3.50	0.70	UC
Baby- Led Feeding and Feeding Cues			
I know the different cues when to feed the baby	3.49	0.69	UC
I know if the baby is already satisfied with the feeding and I am aware when to stop	3.44	0.72	UC
I am aware that breastfeeding helps me to prevent breast pain	3.49	0.61	UC
Benefits of Breastfeeding			
I know the benefits of breastfeeding for my baby	3.63	0.48	UC
I am aware about the importance of breastfeeding for the both mother and baby	3.66	0.47	UC
I know that exclusive breastfeeding is less expensive and cost effective	3.61	0.49	UC
I know that breastfeeding is the safest method for infant feeding	3.84	0.37	UC
Good Positioning and Good Attachment			
I put my baby in proper positions that make him/ her comfortable when breastfeeding	3.79	0.41	UC
I ensure that my baby latches to me properly to get enough milk	3.56	0.54	UC
I assure that my baby's position and attachment won't leave me with sore nipples or sore breasts	3.39	0.75	UC
Manual Milk Expression and Storage			
I am able to express my breast milk properly	3.43	0.75	UC
I store my breast milk where it will last longer and won't spoil immediately	3.34	0.82	UC
I put my manually expressed breast milk where it won't get contaminated	3.43	0.68	UC
Exclusive Breastfeeding			
I will feed my baby with only breast milk until he/she is 6 months or more	3.46	0.46	UC
I won't give any other supplements (vitamins, water, and baby food) nor introduce formula milk to my baby until he/ she is beyond 6 months old	3.47	0.71	UC

Presented in table 3.3 is the attitude of the respondents to exclusive breastfeeding, in terms of skin-to-skin contact, respondents are unconscious competent in initiating early skin to skin contact during the first 2 hours after the birth of the baby with the weighted mean of 3.54, in relation to that, respondents are also unconscious competent in skin-to-skin contact helps them to bond with my baby with the weighted mean of 3.60. This indicated that the respondents have the ability to do skin-to-skin contact during the first 2 hours after the delivery of the baby and noting that skin-to-skin contact is important in building their bond with their baby.

## Compliance in Exclusive Breastfeeding

Table 4: Extent of Compliance in Exclusive Breastfeeding among Working Mothers

Skin to Skin Contact	WM	SD	VI
I practiced skin to skin contact immediately after birth and continue frequent skin to skin contact at home	3.46	0.72	UC
Early Initiation of Breastfeeding			
I initiated breastfeeding immediately after birth of the baby	3.53	0.81	UC
Baby-led feeding and Feeding Cues			
I made sure to observe and identify the feeding cues of the baby	3.63	0.66	UC
I breastfeed the baby as soon as the baby displayed the feeding cues	3.59	0.52	UC
I look for signs if the baby is already satisfied with feeding	3.56	0.54	UC
Good Positioning and Good Attachment			
I observe proper positioning while breastfeeding	3.50	0.61	UC
I observe proper attachment of the baby to the breast during breastfeeding	3.45	0.69	UC
I breastfeed alternately from left and right breasts	3.40	0.74	UC
Manual Milk Expression and Storage			
I do manual expression of milk properly	3.54	0.55	UC
I made sure to properly store expressed breast milk in a proper container and at the right temperature	3.33	0.82	UC
Duration of breastfeeding			
I feed the baby with only breastmilk without introducing or using formula milk as a form of supplementary feeding	3.49	0.71	UC

Table 4 shows the level of compliance of respondents in exclusive breastfeeding in terms of skin-to-skin contact, respondents are unconscious competent in practicing skin to skin contact immediately after birth and continue frequent skin to skin contact at home with weighted mean of 3.46. This means that the respondents continued skin-to-skin contact at home frequently to further build the bond between the mother and the baby.

## Is there a significant difference between the level of competency on exclusive breastfeeding of the respondents when grouped according to demographic profile?

### Level of Competency when Grouped According to Age

Table 5.1: Significant Difference Between the Level of Competency on Exclusive Breastfeeding of the Respondents when Grouped According to Age

Source of Variation	SS	df	MS	MS	P-value	F crit	Remarks
Between Groups	0.27	2.00	0.14	0.35	0.71	3.12	Not Significant
Within Groups	30.21	77.00	0.39				
Total	30.48	79					

Level of Significant @ 0.05

Table 5.1 shows that there is no significant difference between the level of competency on exclusive breastfeeding of the respondents when grouped according to age. Mothers who are aging 18-20, 21-23, and 24-25 can all have the same level of competency regardless of their age. An 18 years old mother can have the same knowledge, skill, and attitude of a 24 years old mother. As the age of the respondent increases the level of competency will not significantly increase.

#### *Level of Competency when Grouped According to Civil Status*

*Table 5.2: Significant Difference Between the Level of Competency on Exclusive Breastfeeding of the Respondents when Grouped According to Civil Status*

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>	<i>Decision</i>
Between Groups	1.75	2.00	0.88	2.36	0.10	3.12	Not Significant
Within Groups	28.27	76.00	0.37				
Total	30.02	78.00					

*Level of Significant @ 0.05*

As presented in table 5.2 there is no significant difference between the level of competency on exclusive breastfeeding of the respondents when grouped according to civil status. Mothers who are single, married, separated, and widowed can all have the same level of knowledge, skill, and attitude. It is not significant that a married mother has more level of competency compared to a separated mother. Competency on exclusive breastfeeding will not be affected by the civil status of the mother.

#### *Level of Competency when Grouped According to Socio-economic Status*

*Table 5.3: Significant Difference Between the Level of Competency on Exclusive Breastfeeding of the Respondents when Grouped According to Salary*

<i>ANOVA</i>							
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>	<i>Decision</i>
Between Groups	3.61	5.00	0.72	2.00	0.09	2.34	Significant
Within Groups	26.41	73.00	0.36				
Total	30.02	78.00					

*Level of Significant @ 0.05*

As shown in table 5.3 there is a significant difference between the level of competency on exclusive breastfeeding of the respondents when grouped according to salary. The level of knowledge, skill, and attitude may differ when it come to the salary of the mother. Mothers who have more income can also have more resources to improve their level of competency in comparison to mothers who have lower income. The availability of resources can be more accessible to mothers with higher income, things such as reading materials (books, e-books, blogs, etc.) and by attending seminars and/or lectures.

**Is there a significant difference between the compliance on exclusive breastfeeding of the respondents when grouped according to demographic profile?**

*Level of compliance When Grouped According to age*

*Table 6.1: Significant Difference Between the Level of Compliance on Exclusive Breastfeeding of the Respondents when Grouped According to Age*

Source of Variation	SS	df	MS	F	P-value	F crit	Remarks
Between Groups	2.68	2.00	1.34	4.32	0.02	3.12	Significant
Within Groups	23.92	77.00	0.31				
Total	26.60	79.00					

*Level of Significant @ 0.05*

Table 6.1 shows the significant difference between the level of compliance on exclusive breastfeeding of the respondents when grouped according to age. The respondents' age can affect their compliance on exclusive breastfeeding. Respondents who are younger tend to be less compliant than the respondents who are on the higher age bracket, respondents on the higher age bracket can be more compliant and can have more stability in balancing work and exclusive breastfeeding compared to respondents on the lower age bracket.

*Level of Compliance When Grouped According to Civil Status*

*Table 6.2: Significant Difference Between the Level of Compliance on Exclusive Breastfeeding of the Respondents when Grouped According to Civil Status*

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.37	2.00	0.18	0.54	0.59	3.12
Within Groups	26.24	77.00	0.34			
Total	26.60	79.00				

*Level of Significant @ 0.05*

As presented in table 6.2 there is no significant difference between the level of compliance on exclusive breastfeeding of the respondents when grouped according to civil status. Table indicates that the civil status of the respondents has no relationship to their competency on exclusive breastfeeding, mothers who are married, single, separated, and widowed can all be compliant and can still breastfeed

*Level of Compliance when Grouped According to Work*

*Table 6.3: Significant Difference Between the Level of Compliance on Exclusive Breastfeeding of the Respondents when Grouped According to Work*

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>	<i>Remarks</i>
Between Groups	1.04	2.00	0.52	1.56	0.22	3.12	Not Significant
Within Groups	25.30	76.00	0.33				
Total	26.34	78.00					

*Level of Significant @ 0.05*

As shown in table 6.3 there is no significant difference between the level of compliance on exclusive breastfeeding of the respondents when grouped according to work set-up. On-site work set-up of the respondents will not significantly affect their compliance to exclusive breastfeeding. Manual expression of milk is an effective way to exclusively give breastmilk to infants, if mothers are able to express milk and store the expressed milk properly, mothers can still be compliant to exclusive breastfeeding.

*Level of Compliance when Grouped According to Salary*

*Table 6.4: Significant Difference Between the Level of Compliance on Exclusive Breastfeeding of the Respondents when Grouped According to Salary*

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>	<i>Remarks</i>
Between Groups	2.90	3.00	0.97	3.10	0.03	2.72	Significant
Within Groups	23.70	76.00	0.31				
Total	26.60	79.00					

*Level of Significant @ 0.05*

Table 6.4 shows the significant difference between the level of compliance on exclusive breastfeeding of the respondents when grouped according to socio-economic status. Respondents who tend to have bigger salary also tends to be having a better working situation or environment, this may enable them to have an employer or company that provides them the necessary facilities supporting exclusive breastfeeding. Respondents with bigger salary can also afford paying for a support in taking care of the baby while working unlike respondents with lower income.

## CONCLUSION

This study revealed that respondents are unconscious competent in terms of knowledge, skills, and attitude on exclusive breastfeeding which indicates that young adult working mothers are always applying their knowledge, skills, attitude and compliance on exclusively breastfeeding their baby.

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## Declaration of Interest Statement

The authors declare that they have no conflict of interests.

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