ENABLERS AND BARRIERS OF EXCLUSIVE BREAST FEEDING AMONG ADOLESCENT MOTHERS AT CHANIKA MATERNITY HOSPITAL, DAR ES SALAAM, TANZANIA

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ENABLERS AND BARRIERS OF EXCLUSIVE BREAST FEEDING AMONG ADOLESCENT MOTHERS AT CHANIKA MATERNITY HOSPITAL, DAR ES SALAAM, TANZANIA

By

Neema Shabani

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science in Midwifery and Women's Health at Muhimbili University of Health and Allied Sciences.

October, 2024

CERTIFICATION

The undersigned certify that she has read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation titled **"Enablers and Barriers of Exclusive Breast Feeding Among Adolescent Mothers at Chanika Maternity Hospital, Dar Es Salaam, Tanzania"** in partial fulfillment of the requirements for the degree of Masters of Science in Midwifery and Women's Health.

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Date

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Mr. Gift Lukumay

Co-Supervisor

_____

Date

DECLARATION

I, Neema Shabani, declare that this dissertation report is my own original work. It is being submitted for the Degree of Masters of Science in Midwifery and Women's Health in the MUHAS. It has not been presented and will not be presented to any other university for a similar or any other degree award.

Signature …….Date ……

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Lastly, I am indebted to my children for their patience and understanding throughout this endeavor. Their love and encouragement have been a source of strength and motivation for me.

DEDICATION

This dissertation is dedicated to my husband and my children, who have been unwavering pillars of support and inspiration throughout my academic journey. My husband has been my constant source of encouragement, believing in my abilities and providing unwavering support in every step of my educational pursuit. Their sacrifices, guidance, and unconditional love have shaped me into the person I am today.

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I dedicate this dissertation to my husband and my children with profound gratitude and love, acknowledging that their unwavering support and sacrifices have been instrumental in my academic success.

ABSTRACT

Background: Exclusive breast feeding is key in preventing diarrhea and acute respiratory infections, which are the main causes of newborn deaths**.** However, only 40% of infants less than 6 months are breast fed exclusively. Adolescent mothers are commonly receiving least attention, and most do not adhere to exclusive breastfeeding. Therefore, it is essential to understand the barriers to and facilitators of exclusive breastfeeding in this vulnerable group.

Objectives: To explore the enablers and barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam.

Methodology: The study used explorative qualitative study design of 10 adolescent mothers who were conveniently recruited for the study. In-depth interviewing was used as data collection method. While thematic analysis technique was used to analyze qualitative data. In-depth interviewing was employed as data collection method. While content analysis techniques were used to analyses qualitative data.

Results: The study revealed that cost of breast feeding, advice from care providers and support from family and friends enables practice of exclusive breastfeeding among adolescent mothers. Also, fear, tight work schedule, inadequate nutrition and misunderstanding with in-laws were the barriers to exclusively breastfeed among Adolescent mothers at Chanika Maternity Hospital.

Conclusion and recommendations: The study show that cost breast feeding, advice from health care providers, and support from family and friends enablers practice of exclusive breastfeeding. However, pressure from family members to supplement breastfeeding with formula milk, fear, tight work schedule and inadequate nutrition were the barriers to exclusive breastfeeding among Adolescent mothers. The study recommended education programs for adolescent mothers and their families about the benefits of exclusive breastfeeding. Also, counseling services to address the specific concerns of adolescent mothers should be available I promote exclusive breast feeding among adolescent mothers.

Key Words: Exclusive breastfeeding, Adolescent mothers, Maternity Hospital.

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ABBREVIATIONS

AFASS	Acceptable, Feasible, Affordable, Sustainable and Safe.
BFHI	Baby-friendly Hospital Initiative
CMH	Chanika Maternity Hospital
EBF	Exclusive Breast Feeding
HIV	Human Immunodeficiency Virus
IDI	In Depth Interview
IYCF	Infant and Young Child Feeding
MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
MUHAS	Muhimbili University of Health and Allied Sciences
TDHS	Demographic and Health Survey
UNICEF	United Nations Children's Fund
WBW	World Breastfeeding Week
WHO	World Health Organization

DEFINITION OF TERMS

An adolescent mother	A female who gives birth between the ages of 10 and 19 years old. This period encompasses the teenage years, which are a critical developmental stage characterized by physical, emotional, and social changes. Adolescent motherhood poses unique challenges and considerations due to the young age of the mother, including potential impacts on health, education, socioeconomic status, and maternal and child well-being. Strategies to support adolescent mothers typically focus on comprehensive healthcare, education, social support, and empowerment to ensure positive outcomes for both mother and child.
Exclusive breastfeeding	The practice of feeding an infant solely with breast milk, without the addition of any other liquids or solids, for the first six months of life. During this period, exclusive breastfeeding provides infants with all the necessary nutrients, antibodies, and fluids essential for healthy growth and development. This practice is recommended by health authorities worldwide, including the World Health Organization (WHO) and UNICEF, as it offers numerous health benefits for both the infant and the mother (1).

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Breast milk is widely recognized as the ideal food for infants, providing essential nutrients, immunological protection, and promoting optimal growth and development (1). Exclusive breastfeeding for the first six months of life is recommended by leading health organizations including WHO and UNICEF (WHO 2017). As breast milk contributes to 100% of the daily nutritional needs of infants and young children below 6 months, 50% of those between ages 6 and 12 months, and 35% of those between ages 12 and 24 months.

Globally only 40% of infants under the age of 6 months are exclusively breastfed. Exclusive breastfeeding rates at 6 months differ across the globe, varying from 1% in the UK, 2.1% in Australia, 7% in Norway, 17% in Netherlands and Denmark, 24.9% in the USA to 69% in Peru (3,4). A study in Colombia found that 39.2% of adolescent mothers exclusively breastfed their child to six months. Only 68% of Danish mother's adhered to EBF in the first two months of the child (5). In Africa the prevalence of EBF has also varied with 16.2% in Ghana, 23% in Nigeria, 31.6% in South Africa, 58% in Ethiopia and 70% in Zambia (6–10). In Tanzania, the Tanzania Demographic and Health Survey (TDHS) indicates that 64% of infants under six months of age were exclusively breastfed, another study found that in general the prevalence of breastfeeding was 59% and among those adolescent mothers aged 15 - 19 years old were highly associated with lower odds of adhering to exclusive breastfeeding (17,18).

Several studies reported that EBF supports the best possible neonatal and infant growth and reduce infant mortality due to diarrhoea and acute respiratory infections, which are two of the most common causes of neonatal and child fatalities (7,13). EBF helps to lower the chance of HIV transmission from mother to child (4,12,13). In Africa, where the risk of contracting HIV is high and many HIV-positive women lack access to replacement feeding that is acceptable, reasonable, affordable, sustainable, and safe (AFASS), this is a major advantage. Despite the abundant benefits of maintaining EBF several factors have been reported to be influencing EBF in developed countries. Maternal age being one of the factors

associated with breastfeeding practices in several studies (1,9). Naanyu et al in Kenya found that mothers aged lesser than 20years lacked experience, information and were unprepared with motherhood tasks including feeding hence they did not adhere to EBF (9,11). Teen mothers struggle to balance the demands of motherhood with their wish to maintain their social status (12).

Over the course of thirteen years, EBF in Tanzania risen from 23% in 1992 to 59% in the current fiscal year, several interventions have been established and implemented to reduce maternal and new-born mortality through improved nutrition, they include; World Breastfeeding Week (WBW), Baby-Friendly Hospital Initiatives (BFHI), and national strategies on Infant and Young Child Feeding (IYCF) and Nutrition while Health Support Program III (2008–2012), Primary Health Service Development Program (2007–2017), and the National Road Map Strategic Plan (2008–2018) are the newer approaches (18).

Human breast milk is proven to provide the necessary nutrients for the proper growth and development of an infant in the first six months (9,10). Yet breastfeeding among adolescent mothers is generally less prevalent compared to the adult mothers, understanding the experiences, barriers and facilitators of exclusive breastfeeding in this specific population is of essential importance.

1.2 Problem Statement

Adolescent mothers may find it difficult to start and maintain exclusive nursing practices due to certain obstacles and problems. Just 40% of infants under six months old are exclusively breastfed worldwide (9). Although the trend of EBF among infants under 6 months in Africa grew during a span of fifteen years, from 33% in 1995 to 39% in 2010, most African countries still have low EBF rates (6). According to the most recent statistics from the Tanzania Demographic and Health Survey (TDHS) for 2022, 64% of infants who were younger than six months old were breastfed exclusively (17). The prevalence of exclusive breastfeeding in the particular setting of Muheza, Tanga, was reported to be 24.1%, which is low compared to the prevalence nationwide (13). It has been demonstrated that EBF can enhance a child's immune, nourish the youngster, aid in healthy growth and development, and save money. High rates of new-born mortality from diarrhoea and severe respiratory infections are linked to noncompliance with EBF (7,13). Therefore, the

government has worked with foreign organisations to establish a number of programmes and efforts to encourage breastfeeding practices (9, 19, 20). These include community-based breastfeeding support programmes and the Baby-Friendly Hospital Initiative (BFHI).

Studies have also revealed a strong correlation between the mother's young age and her failure to practice EBF (9,11,12). In order to further improve EBF rates, continued efforts are still required to address the barriers and promote the enablers, particularly among specific populations like adolescent mothers, even though the statistics show positive progress in efforts to encourage and uphold EBF practices across the nation. Also adolescents mother left behind hence no separate data about them despite the increasing rate of young age mothers in Tanzania,

All nursing mothers who attend prenatal and postnatal appointments at CMH receive breastfeeding education and counselling from the healthcare professionals there; yet, there is a dearth of information regarding the enablers and barriers of EBF among adolescent mothers. This qualitative study intends to investigate the EBF enablers and barriers of CMH's adolescent mothers in order to provide a more comprehensive understanding and a representative sample of this specific population's enablers and barriers to EBF adherence.

1.3 Conceptual Framework

This study will employ Pender's Health Promotion model to explain the experiences adolescent mothers go through while breastfeeding exclusively. Pender believed that the goal of nursing care was to help patients achieve optimal health and well-being (21). The health promotion model claims that each individual's characteristics and life experiences have a direct impact on their actions and decisions regarding their health. This model has three major categories and makes four assumptions. The categories include individual characteristics and experiences, behaviour-specific cognitions and affect and lastly, the behavioural outcomes (14,21). The idea that every person has a unique set of traits and experiences that in turn influence their actions is explored under the area of individual characteristics and experiences. Pender underlined that an individual's willingness to engage in future practices that promote health is directly related to their prior behaviour. In this study, these variables included self-esteem, perceived health status, body image and sociocultural elements include socioeconomic position, degree of education, and family

Behaviour-specific cognition and affect are unique to behaviour are those that have an immediate impact on a person's desire to change. These elements can be considered while designing nursing interventions to help bring about good improvements. In this study, these are things like expected advantages and disadvantages of exclusive breastfeeding, subjective feelings of positivity or negativity towards exclusive breastfeeding, social norms, and family support. The first stage in the category of behavioural outcomes is making the decision to change and then taking the necessary action. For the individual to engage in exclusive breastfeeding, a beneficial behaviour that promotes health, support must be provided during this phase.

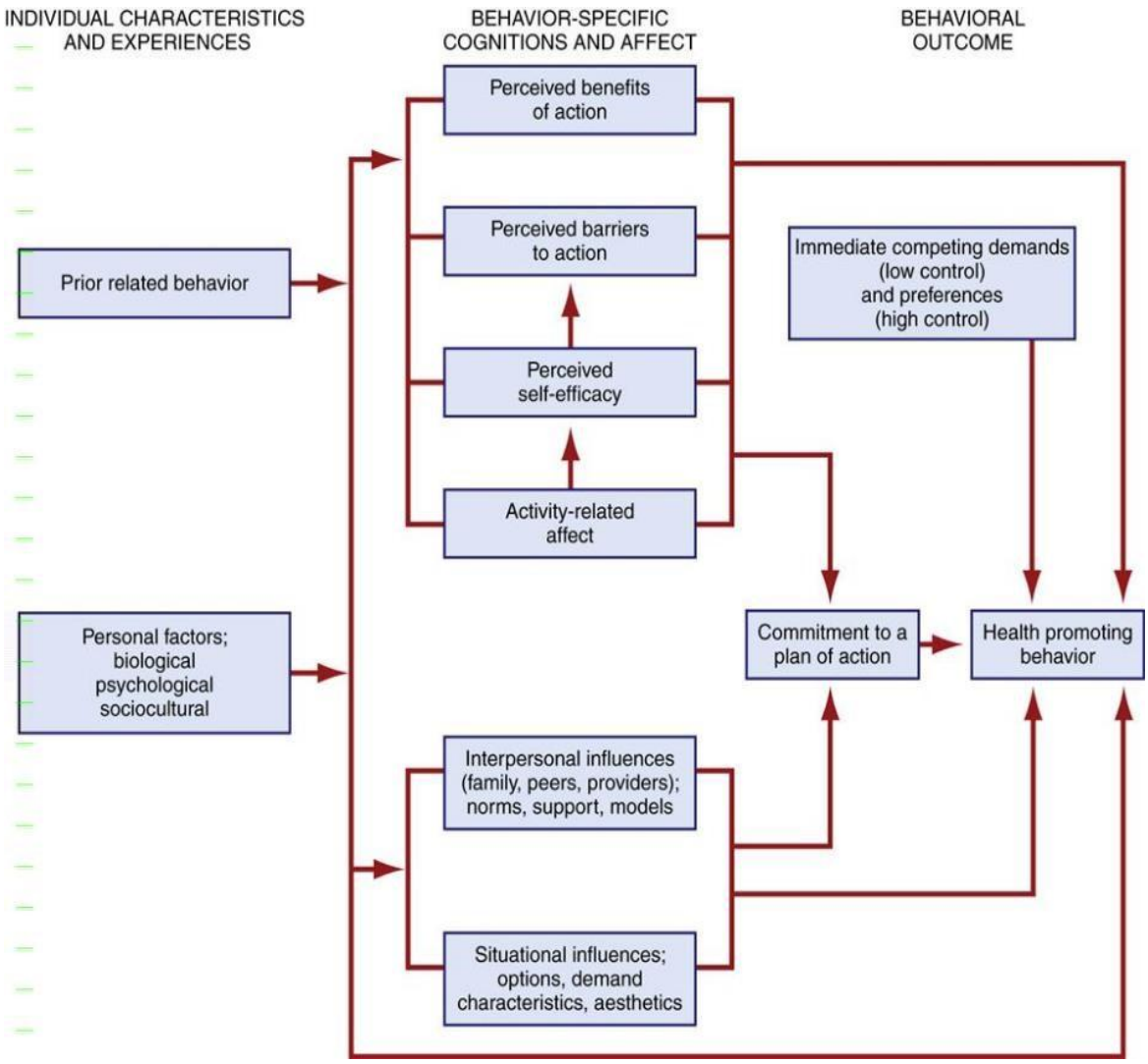


Figure 1: Adopted Pender's Health Promotion Model illustrating the experience of adolescent mothers on exclusive breastfeeding.

1.4 Rationale

Adolescent mothers face many challenges compared to older mothers due to their physical, emotions, and social circumstances. Therefore, Identifying the enablers and barriers of exclusive breastfeeding among adolescent mothers will facilitate developments of interventions that would promote exclusive breastfeeding among adolescent mothers. The findings will also add to the existing body of knowledge, inform policy makers, health care providers (nurses in particular) and the community in general about the experience of adolescent mothers on exclusive breastfeeding.

1.5 Research questions

1.5.1 Main research question

What are the enablers and barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam?

1.5.2 Specific research question(s)

1. What are the enablers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital?
2. What are the barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital?

1.6 Research objectives

1.6.1 Broad objective

To explore the enablers and barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam.

1.6.2 Specific objectives

1. To describe the enablers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam
2. To describe the barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital Dar es Salaam.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The chapter reviewed the literature relating to breast feedings, enablers of exclusive breastfeeding among adolescent mothers, barriers of exclusive breastfeeding among adolescent mothers.

2.2 Breast Feedings

Breastfeeding has long been recognized as the optimal feeding method for infants, providing numerous health benefits and contributing to their overall development Adolescent mothers face unique experiences and challenges that may influence their ability to exclusively breastfeed their infants. Consequently, understanding the specific experiences, barriers and facilitators that adolescent mothers encounter in maintaining exclusive breastfeeding is essential in promoting successful breastfeeding practices and improving the health outcomes of both the mother and the child. This literature review aims to examine existing studies on the experience of exclusive breastfeeding among adolescent mothers and identify the factors that influence their ability to engage in this practice.

Pender's Health Promotion is among the many models that have been used to explain the experiences of EBF in breastfeeding mothers (14). This model views the factors influencing EBF into behavior specific cognition factors such as age and pain, individual characteristics or psychological factors such as self-motivation, self-esteem and body image changes and social cultural factors such as family and significant other support, stigma of public breastfeeding, tribal customs and beliefs (6,8,12,14–16).

2.3 Enablers of exclusive breastfeeding among adolescent mothers

2.3.1 Positive beliefs about breastfeeding

Literature states that the positive believes about the advantages of breastfeeding their baby had influenced the mothers of all ages to adhere to EBF, some beliefs being breastfeeding makes the baby happy, strong, healthy, intelligent and is an action which strengthens mother to child love and bonding (5–7). According to several studies breastfeeding mothers have also pointed out that breastfeeding is good for family economy because there is no need to

buy cow and or formula milk, therefore most adolescent mothers can be motivated to EBF their infants due to lack of money to support an alternative infant feeding method (6–8).

2.3.2 Social support from family members, significant other and a history of EBF in the family

Adolescent mothers have also been influenced to breastfeed due to presence of supportive family and significant other, such that the new mothers were more likely to take advise from the elderly women on whether to stop or continue breastfeeding and add other foods or not, the husbands were also involved in decision making about feeding of the infant (4,5,9,10). Dede also reports that given in most societies household chores and childcare are considered roles to be done by a woman, it was found that not only being supportive but also the size of the family had an influence on the rates of EBF. Mothers in a household with more than five people had three times more odds of performing EBF as compared to those in households with less than five people, this is because they are likely to have other members help with housework of the family and therefore get time to pay attention to the child's breastfeeding (11–14). Other studies also found that a positive history of breastfeeding in the family has motivated the adolescent mothers to breastfeed exclusively as they had witnessed it from their closest relatives (9,15).

2.3.3 An expert's opinion

An expert's opinion on EBF was reported to be among the enablers of EBF maintenance among adolescent mothers, the advice given by healthcare workers was seen as more valuable by some husbands due to evidence of healthy kids on EBF, this motivated them to follow the healthcare workers advice (5,7,10,12).

2.4 Barriers of exclusive breastfeeding among adolescent mothers

2.4.1 Socioeconomic status

Studies have shown that mothers living in families with low SES face nutritional deficiencies due to lack of food, this leads to an insufficient production of milk for their nursing babies, although this was in contrary to what was found in a study done by Dede et al(9,13,16,17). Other studies also reported that mothers were concerned with the quality of their milk such that it was too light and had bad odor thus would not make the baby feel satiated and mothers hesitate to express breast milk respectively (6).

2.4.2 Cultural practice influences

The mother's culture can stand as a barrier to maintaining EBF. A study done by Mosha in Morogoro, Tanzania found that the matrilineal culture fostered preference of favored child by sex, such that female infants were breastfed for extended periods of time as compared to the male infants (18). However, in cultures with son preference it was found that the male infants were more likely to be fed for longer duration as compared to the female infants (11).

2.4.3 Physical changes

A study in Kilimanjaro, Tanzania found that mothers were concerned with physical changes that occur during breast feeding such as gaining or losing weight and sagging breasts, this would have made them unattractive to men and therefore some prefer to abandon EBF so that they preserve their looks (6).

2.4.4 Breast pain

Several studies have reported that among the barriers to maintaining EBF is excruciating pain due to swollen/ sore breasts and sore/cracked nipples (12)(7).Yulyani et al reports that the mothers experienced severe pain and frustration to the point of wanting to use formula milk instead (19).

2.4.5 Pressure from family and neighbors to initiate other foods early

Pressure from the family and neighbors to start mixing food for the infant before six months, has been a challenge faced by most breastfeeding mothers, a study in Kenya reports that mothers have been told by neighbors that breast milk alone was not enough and some mothers reported that they had been accused of starving their child with thirst and hunger(13).

Pender's Health Promotion is among the many models that have been used to explain the experiences of EBF in breastfeeding mothers (14). This model views the factors influencing EBF into behaviour specific cognition factors such as age and pain, individual characteristics or psychological factors such as self-motivation, self-esteem and body image changes and social cultural factors such as family and significant other support, stigma of public breastfeeding, tribal customs and beliefs (6,8,12,14–16).

2.4.6 Lack of knowledge

Lack of knowledge concerning EBF and appropriate skills to use during breastfeeding so as to enhance proper child sucking reduced discomforts due to improper placement of the child has also been associated with poor EBF practices among adolescent mothers (20). According to Joshi et al mothers from wealthier families had a better educational level also had easy access to media and health services this increased their awareness and made them more conscious however other studies are in contrary to this suggesting that mothers from higher SES do not prefer EBF because they can afford formula milk (16). A systematic review reports prenatal education during the three prenatal session and supportive teen clubs with peer counselors has proven effective in promoting for EBF (21).

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The study presented research design, study setting study population, inclusion criteria exclusion criteria, sample size, sampling procedure, data collection procedure, data collection tools, data analysis, ethical considerations, trustworthiness of the study, study limitations and mitigations, and dissemination of findings.

3.2 Research design

This study used an explorative qualitative study design (22) to explore enablers and barriers of exclusive breastfeeding Exclusive Breast Feeding among Adolescent Mothers at Chanika Maternity Hospital. Gaining a thorough understanding of a particular phenomenon was the goal of a phenomenological design, which was based on the lived experiences of that phenomenon as addressed in the designed research objectives or questions (29,30). With the use of this design, the researcher could get more detailed information from the adolescent breastfeeding mothers on their lived experiences concerning what enabled and hindered them from adhering to exclusive breastfeeding. To do this, the researcher had to focus and connect with the adolescent mothers in a way that suited their personalities, and asked probing questions (31).

3.3 Study setting

The study was carried out at Chanika Maternity Hospital in the Dar es Salaam Region, Tanzania. Chanika is ward under the administrative control of Tanzania's Dar es Salaam Region's Ilala municipal Council, with a population of 75,271(23). The northern boundary of the ward was surrounded by Majohe ward. To the south was Tambani Ward in the Mkuranga District of the Pwani Region; to the east was Msongola. Chanika Maternity Hospital provided maternal and new-born care services. Chanika Maternity Hospital was chosen as the study setting because it provides specialized care for adolescent mothers in Dar es Salaam. With approximately 30-35 adolescent mothers attending postnatal check-ups and under-five clinics per month, the hospital offers a focused environment to explore factors influencing exclusive breastfeeding practices among this specific demographic.

Additionally, the hospital's capacity of accommodating 12 beds and managing about 750 deliveries monthly, reflects its significant role in maternal and newborn healthcare within the region (MTUHA, 2023). This high volume of services ensures a diverse and ample sample size for studying breastfeeding practices among new mothers, including adolescents. The hospital's comprehensive maternal and newborn care services also provide a conducive setting to investigate both enablers and barriers to exclusive breastfeeding, offering valuable opportunities for observing healthcare practices and their impacts on breastfeeding outcomes.

3.4 Study population

The study population including adolescent mothers attending postnatal and under five children follow up clinics at Chanika Maternity Hospital (CMH). This specific population was selected due to the regular attendance of approximately 30-35 adolescent mothers at clinics each month at CMH. This targeted population allowed the study to thoroughly explore the enablers and barriers of breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam.

3.5 Inclusion criteria and Exclusion Criteria

3.5.1 Inclusion criteria

The study included breastfeeding adolescent mothers aged 10-19 years, because enabled the study to explore breastfeeding practices among adolescent mothers known to face barriers in maternal and infant health. This inclusive criterion allowed the study to collect information that is directly relevant to the experiences and needs of adolescent mothers in the study area.

Additionally, the study included mothers whose children were nine months old or below, the study focused on a critical period for breastfeeding initiation and continuation, capturing data that is timely and relevant to understanding early breastfeeding experiences. This ensures that the study examines the barriers and enablers of breastfeeding practices during the crucial early months of infancy, where maternal behaviors have a significant impact on infant health and development. Furthermore, the study included in the study respondents who can speak either Swahili or English Language so as to ensure effective communication

and comprehension during data collection, thereby minimizing potential barriers to participation and enhancing the quality and accuracy of information gathered. Moreover, obtaining assent from the adolescent mothers themselves and consent from parents of those under 18 years ensured ethical considerations are met, respecting the rights of the participants while adhering to ethical consideration for research.

3.5.2 Exclusion criteria

Adolescent mothers whose children had a diagnosed chronic medical condition necessitating formula feeding were excluded from participation. This criterion was essential to maintain a homogeneous study population of adolescent mothers whose infants did not have medical conditions that would significantly impact breastfeeding practices. Similarly, infants with low birth weight requiring intensive care were also excluded, as their healthcare needs might influence feeding methods and outcomes in ways that could confound the study's findings on exclusive breastfeeding. Furthermore, mothers residing outside the Dar es Salaam region were excluded from the study. This geographic exclusion ensured that the research remained relevant to adolescent mothers attending clinics at at Chanika Maternity Hospital (CMH) in Dar es Salaam region.

3.6 Sample size

The data saturation point determined the study's sample size. Data saturation refers to the point in qualitative research where no new themes, concepts, or information are emerging from the data, indicating that the sample size is adequate to address the research questions comprehensively. (34,37). To determine the data saturation point, the study followed a systematic approach of continuously collecting and analyzing qualitative data. Initially, a purposive sampling strategy was employed to select participants who met the inclusion criteria, the adolescent mothers attending postnatal and under-five children follow-up clinics at the hospital were included. As data collection progressed, transcripts from interviews were reviewed. During the analysis phase, the researcher compared new data with existing data to identify themes. The researcher continuously assessed whether additional interviews or data sources were yielding new insights or confirming existing findings. Saturation was considered achieved when no new themes or information relevant to the study's objectives were emerging from subsequent data collection (33,34).

3.7 Sampling procedure

Potential study participants were recruited using a convenient sampling technique. This technique was chosen to facilitate the ease and practicality of participant selection within the study setting, Chanika Maternity Hospital in Dar es Salaam. Convenient sampling allowed the researcher to approach adolescent mothers attending postnatal and under-five follow-up clinics who were readily accessible and willing to participate in the study. This technique was selected to streamline participant recruitment and ensure a sufficient number of participants who could provide valuable insights about the enablers and barriers of exclusive breastfeeding (EBF) practices. By opting for convenient sampling, the study was able to collect diverse information from adolescent mothers who had direct experience with EBF.

3.8 Data collection procedure

In-depth interviewing is a popular qualitative research technique that aims to elicit detailed information on participants' perspectives, understandings of their lives, and ways in which they gave meaning to certain experiences, events, and topics (35, 36). The data was collected by the researcher at CMH's postnatal and under five follow-up clinics, in a room that was prepared for data collection. The adolescent breastfeeding mothers were approached after receiving services they needed or were required to get. Adolescent breastfeeding mothers participated in face-to-face interview that were performed in separate rooms, away from noise and distraction, and after gaining their written assent and consent from their parent or guardian. To maintain uniformity between interviews and boost the reliability of the results, the interviews were performed using an interview guide that had been translated into Kiswahili. The interviewee was greeted and formally welcomed by the researcher in order to build rapport. The researcher then fully explained the study's objectives, risks, and benefits, how the information would be kept confidential, the interviewer's right to withdraw at any time, and the duration of the interview. Additionally, using an audio recorder to capture the interview and taking notes were both part of the data gathering methods. Throughout the interviews, notes were taken to aid in case recording failed and to record nonverbal cues. After gathering demographic data, the informed consent was verbally confirmed while the recorder was active. Once saturation was reached, the interviewee was thanked for their participation.

3.9 Data collection tools

An in-depth interview guide with broad open-ended questions was utilized for collecting data. The questions were informed by a literature review of enablers and barriers of exclusive breastfeeding continuation among adolescent mothers. Using open-ended questions allowed the researcher to ask follow-up probes thereby exploring participants' unique perspectives and experiences in detail (29).

3.10 Data analysis

Audio recordings were transcribed verbatim and a qualitative thematic analysis was performed as described by Braun and Clarke (39). This included (i) reading transcripts repeatedly to gain immersion and grasp meanings, (ii) generating initial codes from transcripts, (iii) searching for overarching themes encompassing several codes, (iv) reviewing and refining themes, (v) defining and naming themes, and (vi) writing up findings. Transcripts were coded in Kiswahili to prevent language bias. The transcripts were read several times for enhanced comprehension and discovery of probable significance. The coded transcripts were then used to produce summarized meaning units through the use of data reduction. The latter were separated into categories that represented the content in order to compare and group similar codes into subcategories. In the end, the categories were abstracted to create themes. NVivo software was utilized to systematically organize and support qualitative analysis. As there were no pre-set hypotheses, an inductive approach was followed.

3.11 Ethical considerations

To conduct the study, ethical approval was sought from MUHAS Institute Review Board. Additionally, permission was sought from CMH's head of training and research. **The** participants who were below 18 years were considered as emancipated minors and therefore they provided written consent (30). The emphasis was on voluntary participation, with no repercussions for declining to join or withdrawing consent at any point while the study was ongoing. Since anonymity was used to ensure confidentiality, codes were provided to participants to safeguard their identities. Additionally, the data was saved in a password-protected laptop, a secure folder, and a closed file. The only people with access were the research supervisors and the researcher only.

3.12 Trustworthiness of the study

The study's trustworthiness depended on the availability of comprehensive, pertinent, and well-saturated data. The first step in enhancing the study's reliability was detailed planning ahead of time, which called for highly developed abilities in data collection, analysis, and reliability (40). Credibility, reliability, confirmability, and transferability were all components of trustworthiness (41,42). These were ensured and kept up as outlined below.

3.12.1 Credibility

Before beginning the actual fieldwork of data collecting, the researcher became familiar with the in-depth interview guide to ensure credibility. Through interaction in an environment intended to replicate the reality of the research subjects being researched, the researcher established rapport with staff members and participants. A digital recorder was used to capture the interviews, and soon after, they were verbatim transcribed. In order to confirm or deny the accuracy of the information provided by the participants, the researcher asked them to define words that were unfamiliar to her. Field notes and audiotapes were used as source material to evaluate and assess the suitability of the data gathered. Additionally, the researcher dedicated additional effort to comparing the transcribed data with audiotapes to gain a better understanding of the data.

3.12.2 Confirmability

Confirmability is the extent to which other researchers could verify the findings of the research work (43). By doing so, it was ensured that the study's conclusions were based only on the experiences of its participants and did not include the researcher's subjective opinions (42). The researcher provided justification for the methodology, theoretical framework, and analysis strategy to be sure of this. The researcher also employed direct quotes to ensure that conclusions were drawn from participant experiences and ideas rather than personal preferences and individualisms.

3.12.3 Transferability

Transferability is the ease with which the results can be applied to a different but comparable setting or population. The research environment and the analysis methodologies were thoroughly analyzed to ensure that the results could be applied to other contexts. After that,

it was feasible to extend the results in order to generalize and apply them to a range of contexts.

3.12.4 Dependability

It confirmed that the research study's conclusions were reliable and consistent. To ensure this, the researcher provided sufficient information on the design of the study and the complete research process so that another researcher could use the same procedures and arrive at the same conclusions. Each stage of data collection and analysis was also logically examined, reviewed, and accurately documented, along with the outcomes.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

The purpose of the study was to explore the enablers and barriers of exclusive breast feeding among adolescent mothers at Chanika Maternity Hospital, Dar Es Salaam, Tanzania. The study findings presented based on the specific study objectives: enablers of exclusive breastfeeding among adolescent mothers, and barriers to exclusive breastfeeding among adolescent mothers. The chapter included demographic characteristics of respondents and empirical findings.

4.2 Demographic characteristics of Respondents

4.2.1 Educational Level

The study findings in Table 4.1 revealed that 60% of adolescent mothers involved in the study had primary education, 40% had secondary education and 10% had diploma.

4.2.2 Age

The study findings in Table 4.2 revealed that, 10% of respondents aged on 16 years old, 17 years, and 18 years. While 70% aged on 19 years old.

4.2.3 Business / Work

The study findings in Table 4.1 revealed that, 20% of the adolescent mothers participated in the study engaged in tailoring activity, 10 engaged in counselling, 20% engaged in printing works, 30% were entrepreneurs, and 20% were un employed.

Table 1: Demographic Characteristics of Respondents (N= 10)

S/N	Characteristics	Frequency	Percent (%)
	Level of Education		
1.	Primary Education	6	60
	Secondary education	4	40
	Diploma	1	10
2.	**Age**		
	16 years old	1	10
	17 years old	1	10
	18 years old	1	10
	19 years old	7	70
3.	**Work/ Business**		
	Tailoring (self-employment)	2	20
	Counseling (employed)	1	10
	Entrepreneurship (self- employment)	3	30
	Printing work (employed)	2	20
	Unemployed	2	20

Source: Field Data (2024)

Table 2: Research findings

THEMES	SUB-THEMES
Enablers of Exclusive Breastfeeding Among Adolescent Mothers	• Cost Effective of Breast Feeding • Healthcare Providers' Advice • Support from family members and friends
Barriers to Exclusive Breastfeeding Among Adolescent Mothers	• Pressure of family members • Fear of breastfeeding • Time balance between breast feedings and work • Nutritional needs for adolescent mothers

4.3 Empirical Findings

4.3.1 Enablers of Exclusive Breastfeeding Among Adolescent Mothers at Chanika Maternity Hospital

Three enablers were reported by participants regarding to exclusive breastfeeding among adolescent mothers. The enablers including cost effective of breast feeding, health care providers' advice, Support from family members and friends.

4.3.1.1 Breast Feeding is cost effective

Participants reported that cost effective of breast feeding influenced exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. The participants specifically mentioned the economic advantage of mother's milk, emphasizing its affordability compared to formula feeding. This aspect resonated with many mothers, emphasizing their choice to exclusively breastfeed as a practical and sustainable option. The breast feeding reduces the need to purchase formulae was reported by one of the participants:

> *"In my experience, breastfeeding has been a financial blessing. It eliminates the need to buy formula regularly, which saves a significant amount of money over time. It's not just about cost savings; it's about providing the best nutrition for my baby naturally."* (Adolescent mother 7)

Participants also acknowledged that breastfeeding reduces the necessity to purchase bottles, nipples, and sterilizing equipment, which are essential for formula feeding. This not only saves money on initial purchase costs but also ongoing expenses related to maintenance and replacement. Moreover, they emphasized the convenience of breastfeeding, as it eliminates the time and effort spent on preparing bottles and cleaning equipment, making it a practical and cost-effective choice for adolescent mothers.

> *"Breastfeeding has really helped me cut costs. I don't have to buy bottles, nipples, or all the sterilizing gear needed for formula feeding. It's not just about saving money; it's also more convenient and it saves time spent preparing formula, washing bottles, and sterilizing equipment."* (Adolescent mother 4)

4.3.1.2 Healthcare Providers' Advice

Healthcare providers' advice was reported as one of for exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. Their advice and guidance were cited as pivotal factors in encouraging these young mothers to exclusively breastfeed their infants. One of the respondents argued that, she was advised on f initiating breastfeeding as soon after birth:

> *"I was advised by one of the nurses about the importance of breastfeeding my child as soon as possible after birth to promote bonding and ensure the baby receives colostrum, the nutrient-rich first milk. This advice resonated deeply with me as I realized that this initial act of breastfeeding not only establishes a strong emotional*

connection between me and my baby but also provides him with vital antibodies and nutrients crucial for the child's early development. I follow the advice and I have never stopped breast feeding my child." (Adolescent mother 2)

Another respondent shared that she was advised by the nurse on the importance of frequent breastfeeding to ensure both adequate milk production and meet the nutritional needs of the baby:

"The nurse advised me to frequent breast feeding my baby because it stimulates milk supply and help to provide a child with enough milk. The nurse also emphasized that frequent breast feeding provides essential nutrients and antibodies to my baby that support her growth and immune system." (Adolescent mother 5)

4.3.1.3 Support from Family Members and Friends

It was learnt from the participants that adolescent mothers have been receiving significant support from their families and friends. They explained that their family members contribute by assisting with household chores, providing reassurance and comfort during moments of challenges, and even waking up to help with late-night breastfeeding. This support played a crucial role in raising their confidence and alleviating the challenges they face as young mothers, one of the respondents argued that the family members helped her with household chore:

"The support from my family has been invaluable in my breastfeeding journey. Their encouragement and understanding have motivated me to persevere through challenges and prioritize my baby's health. Their practical help with household chores and childcare responsibilities has given me the time and peace of mind to focus on breastfeeding." (Adolescent mother 1)

Another respondent commented on the crucial role played by her friends in supporting and encouraging breastfeeding. She emphasized that her friends provided invaluable support by sharing their own experiences, offering advice, and cheering her on during challenging times. Their understanding and encouragement strengthened her resolve to continue breastfeeding, creating a supportive network that fostered confidence and commitment to providing the best nutrition for her baby.

"My friends have played a crucial role in supporting my decision to breastfeed. Their shared experiences and advice have been a source of comfort and reassurance during

moments of doubt. Their encouragement to seek professional lactation support and their willingness to listen and empathize have strengthened my resolve to continue providing the best nutrition for my baby." (Adolescent mother 9)

Furthermore, the respondent emphasized the support she received from her partner, particularly during nighttime feedings. She expressed gratitude for her partner's assistance in waking her up for breastfeeding, stressing how their teamwork made a significant difference in managing the demands of caring for their child. This support not only eased her workload but also strengthened their bond as they navigated parenthood together, reinforcing their commitment to providing the best care for their baby. The respondent had the following comments:

"The unwavering support from my partner has been instrumental in my breastfeeding success. From late-night feedings to words of encouragement, my partner has been my biggest cheerleader. Their willingness to learn about breastfeeding and their proactive involvement in caring for our baby has made this journey feel like a shared accomplishment, deepening our bond as a family." (Adolescent mother 7)

4.3.2 Barriers to Exclusive Breastfeeding Among Adolescent Mothers

Despite the enablers described for influencing the exclusive breastfeeding among adolescent mothers at chanika maternity hospital, the participants also acknowledged four barriers hindered the exclusive breastfeeding among adolescent mothers. The barriers including nutritional needs for adolescent mothers, pressure from family members, fear of breastfeeding, time balance between breastfeeding and work.

4.3.2.1 Pressure from Family Members

The pressure from family members was reported as the barriers affecting breastfeeding practices among adolescent mothers at Chanika Maternity Hospital. The participants noted that the adolescent mothers have been getting pressure from in-laws to supplement breastfeeding with formula because they believe the baby is not getting enough milk. One of the respondents had the following comment:

“When I shared with my in-laws that my child wasn't getting enough milk from breastfeeding because of my low milk supply, it sparked their insistence that I should switch to formula feeding. Despite their well-meaning advice, I made the decision to

continue breastfeeding because I firmly believe in its ability to provide essential immunity and support healthy growth for my child. However, this choice has strained our relationship, leading to misunderstandings. They now express concerns that my commitment to breastfeeding is somehow aimed at disadvantaging their relative's child by potentially making her malnourished." (Adolescent mother 9)

One more respondent had similar comment on how the pressure and misunderstanding with in-laws affected the breastfeeding among adolescent mothers:

"I constantly feel pressured by my in-laws who believe my baby isn't getting enough milk from breastfeeding alone. They insist I should introduce formula, which only adds to my stress. Balancing their concerns with my desire to do what's best for my child is challenging. It feels like I'm always on the defensive about my choice to breastfeed. I want to provide my baby with the benefits of breastfeeding, like natural nutrition, but the pressure from my in-laws creates doubt and anxiety. It's important to me to establish a nurturing environment where breastfeeding is supported and understood as a healthy choice for my baby's development." (Adolescent mother 4)

4.3.2.2 Fear of Breastfeeding

The respondents shared that had experienced fear regarding breastfeeding at certain points. This fear had stemmed from concerns about the babe choking during breast feeding, in adequate milk supply, the baby's health and lack of nutrition. One of the respondents had the following comment:

"Concerns about my milk supply not meeting my baby's needs which may cause her not to get enough nutrition, thus affecting her health caused me significant anxiety about breastfeeding, potentially pushing me towards considering formula milk. Thankfully, with gratitude to God, I now produce enough milk to exclusively breastfeed my child." (Adolescent mother 6)

Another respondent commented that she afraid to breastfeed her child because the baby has been choking during the breast feeding.

"I was initially afraid to breastfeed because my baby had choked during breastfeeding, which made me hesitant to continue breast feeding. However, I was committed to providing the best nutrition for my baby and recognized the importance of seeking advice to overcome these challenges. I am grateful to the nurses who guided me on

*proper techniques and helped me gain confidence in breastfeeding safely." (*Adolescent mother 8)

4.3.2.3 Time Balance Between Breastfeeding and Work

The study revealed that running of own business and breast feeding has been one of large challenges facing adolescent mothers. During the interview, one of the respondents had the following comment:

" Doing tailoring while breastfeeding presents a significant daily challenge. Balancing the demands of attending to customers and managing my workload with finding time to pump impacts the frequency of breastfeeding sessions with my baby. It's a delicate balancing act that demands careful planning. Each day, I navigate between tailoring and ensuring my baby receives the nourishment she needs, which sometimes means making difficult choices to maintain both my tailoring's success and my child's health." (Adolescent mother 10)

Likewise, another participant explained how they faced challenge on time balance between breast feeding and work:

"Being an entrepreneur of selling soap while breastfeeding presents a myriad of challenges. I find myself constantly multitasking, which can be overwhelming at times. Balancing the demands of running my business, dealing with clients, and the essential needs of my baby's feeding schedule is a continuous juggling act. There are moments when I must prioritize between urgent business matters and ensuring my baby receives adequate nutrition and bonding time. It requires careful planning, flexibility, and a supportive environment to navigate these dual responsibilities effectively. Despite the challenges, I am committed to making it work because both my business and my baby's well-being are equally important to me." (Adolescent mother 1)

4.3.2.4 Nutritional Needs for Adolescent Mothers

The respondents shared the view how their nutritional needs affecting breast feedings. The adolescent mothers have higher nutritional needs for themselves, and breastfeeding increases these demands. The respondents had the following comments:

> *"I want the best for my baby, but it's so hard when I don't have enough nutritious food for myself. I can feel it affecting my milk supply, and it breaks my heart. I wish there was more help for young mothers like me, so we could give our babies the healthiest start possible."* (Adolescent mother 3)

> *"It's incredibly challenging to breastfeed when I struggle to feed myself adequately. I constantly fear that my baby isn't receiving the nutrients she requires from my milk. I wish I had more support to ensure I can provide her with everything she needs to thrive. It's heartbreaking to feel like I'm not giving her the best start in life because of my own nutritional struggles."* (Adolescent mother 5)

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

The purpose of the study was to explore the enablers and barriers of exclusive breast feeding among adolescent mothers at Chanika Maternity Hospital, Dar Es Salaam, Tanzania. The study discussed about the cost effective of breast feeding, health care providers' advice, support from family members and friends as enablers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. Also, the study presented nutritional needs for adolescent mothers, pressure from family members, fear of breastfeeding, time balance between breastfeeding and work as barriers to exclusive breastfeeding among adolescent mothers.

5.2 Enablers of Exclusive Breastfeeding Among Adolescent Mothers at Chanika Maternity Hospital

The study found that cost effective of breast feeding, health care providers' advice, and support from family members and friends were the enablers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital.

5.2.1 Cost Effective of Breast Feeding

The study found that the cost-effectiveness of breastfeeding played a significant role in influencing exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. The participants shared their experiences, highlighting the financial and practical benefits of breastfeeding. One mother expressed, "In my experience, breastfeeding has been a financial blessing. It eliminates the need to buy formula regularly, which saves a significant amount of money over time. It's not just about cost savings; it's about providing the best nutrition for my baby naturally." Another participant added, "Breastfeeding has really helped me cut costs. I don't have to buy bottles, nipples, or all the sterilizing gear needed for formula feeding. It's not just about saving money; it's also more convenient and saves time spent preparing formula, washing bottles, and sterilizing equipment."

The study findings implying that, exclusive breast feeding was cost effective to adolescent mothers, as it reduced expenditures that would otherwise be incurred with formula feeding. Also, there was a relief in not needing to purchase bottles, nipples, and sterilization equipment, which are essential for formula feeding. This not only saved initial purchase costs but also alleviated ongoing expenses related to maintaining and replacing these items. Moreover, the study findings implying that, breastfeeding reduced the time and effort required for preparing bottles, ensuring they were properly sterilized, and washing feeding equipment.

The study findings align with those of Otieno and Byaruhanga, which revealed significant cost savings associated with breastfeeding compared to formula feeding in Uganda. Their study further revealed that saving cost related to purchasing formula, bottles, and sterilization equipment has been reducing burden to mothers from disadvantaged background, who often face financial constraints (47). Similarly, the study by Achieng and Mwangi found that mothers in Nairobi, Kenya save an average of KSh 10,000 per year by breastfeeding, reinforcing the financial benefits revealed in Otieno and Byaruhanga's study. These savings play a pivotal role in empowering young mothers, allowing them to invest in education, healthcare, and improved nutrition for their families. The correlation between breastfeeding and economic stability implying that there is the need for targeted support and education initiatives that advocate for breastfeeding practices. By fostering an environment that encourages breastfeeding, policymakers can significantly impact the financial and health outcomes for young mothers, contributing to healthier communities and more resilient families (48).

5.2.2 Healthcare Providers' Advice

The study found that healthcare providers' advice as a critical factor influencing exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. The guidance and support provided by nurses and other healthcare professionals played a pivotal role in encouraging these young mothers to initiate and maintain exclusive breastfeeding practices. The healthcare providers' advice positively impacted the adolescence mothers' breastfeeding decisions. The nurses advised the adolescent mothers about the importance of initiating breastfeeding soon after birth. The nurse emphasized the benefits of breastfeeding immediately, including promoting bonding between mother and baby and ensuring the

newborn receives colostrum, the nutrient-rich first milk. This advice resonated deeply with the adolescent mothers, who recognized that breastfeeding not only nurtured a strong emotional connection but also provided essential antibodies and nutrients crucial for the baby's early development. The study findings were aligned with the research conducted by Joseph and Earland, which highlighted the crucial role of expert advice in promoting and maintaining exclusive breastfeeding (EBF) among adolescent mothers. Joseph and Earland's study emphasized that healthcare workers' advice was perceived as highly influential in supporting EBF practices. In their findings, husbands of adolescent mothers particularly valued the advice of healthcare professionals because they observed positive outcomes in terms of their children's health when exclusively breastfed. This evidence-based approach motivated husbands to endorse and encourage their wives to adhere to healthcare workers' recommendations regarding EBF. The trust and credibility placed on healthcare workers' advice underscored its pivotal role in shaping breastfeeding practices among adolescent mothers and their families, fostering a supportive environment that prioritizes the health and well-being of both mothers and infants (5).

5.2.3 Support from Family Members and Friends

The study found that adolescent mothers at Chanika Maternity Hospital receive significant support from their families, friends, and partners, which plays a crucial role in their breastfeeding journey. One mother shared, “The support from my family has been invaluable. Their encouragement and understanding motivate me to push through challenges and prioritize my baby's health. They help with household chores and childcare, giving me the time and peace of mind to focus on breastfeeding.” Another mother commented on the role of her friends, saying, “My friends have been a crucial support system. Their shared experiences and advice have comforted me during moments of doubt. They encouraged me to seek professional lactation support and were always there to listen, which strengthened my resolve to provide the best nutrition for my baby.” A third participant emphasized her partner's support, stating, “My partner has been instrumental in my breastfeeding success. From late-night feedings to words of encouragement, they are my biggest cheerleader. Their willingness to learn about breastfeeding and actively care for our baby has made this journey feel like a shared accomplishment, deepening our bond as a family.”

The study findings implying that, the family members assisted the adolescent mothers with household chores and childcare responsibilities, thereby alleviating the mothers' burdens and allowing them the time and peace of mind to focus on breastfeeding. This practical help not only eased the daily demands but also helped the family's commitment to the well-being of both the mother and her baby. Such support was pivotal in reinforcing the mothers' determination to prioritize breastfeeding despite challenges. Friends also played a significant role in supporting adolescent mothers' breastfeeding decisions. They shared their own experiences, offered advice, and provided emotional encouragement during difficult moments. This camaraderie created a supportive network where mothers felt understood and empowered to seek professional lactation support and continue breastfeeding. The shared experiences and empathy from friends strengthened the mothers' resolve and commitment to providing optimal nutrition for their babies.

Furthermore, the study findings implying that, the partners emerged as crucial allies in the breastfeeding. They actively participated in caregiving, including wake up the mothers during the nighttime for breast feedings, which reinforced mothers' commitment to breastfeeding. Partners' involvement in the breast feedings strengthened the bond between parents as they navigated parenthood together. This collaborative effort emphasized the importance of teamwork in ensuring the well-being and health of their child.

The study findings align closely with the research conducted by Acheampong, Ganga-Limando, and Aziato, which explored the factors influencing breastfeeding practices among adolescent mothers in Ghana. Their study revealed the significant role of supportive family members in encouraging adolescent mothers to breastfeed. In Ghanaian culture, elderly women, often respected matriarchs within the family, play a crucial role in advising new mothers on breastfeeding practices. These experienced women provide guidance on whether to continue exclusive breastfeeding or introduce complementary foods, drawing on traditional knowledge and cultural practices that emphasize the importance of breastfeeding for infant health and development (10).

5.3 Barriers to Exclusive Breastfeeding Among Adolescent Mothers

Despite the enablers described for influencing the exclusive breastfeeding among adolescent mothers at chanika maternity hospital, the participants also acknowledged two barriers

hindered the exclusive breastfeeding among adolescent mothers. The barriers including emotional challenges and practical challenges.

5.3.1 Pressure of Family Members

The study found that pressure from family members posed substantial challenges to exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. One mother expressed, "My in-laws constantly push me to give my baby formula, which makes me doubt my ability to provide enough milk." These well-meaning intentions led to tension and strained relationships, adding emotional stress to the mothers. Another participant shared, "Every time they suggest formula, I feel more anxious about whether I'm doing enough. It really undermines my confidence in breastfeeding." Despite their commitment to breastfeeding for its health benefits, including enhancing their baby's immunity, many mothers found themselves battling doubts and anxiety.

The study findings implying that, adolescent mothers often faced intense pressure to supplement breastfeeding with formula milk, driven by concerns from their in-laws regarding perceived insufficient milk supply. Although these family members had well-meaning intentions, their insistence on introducing formula created tension and strained relationships between the mothers and their in-laws. This dynamic not only added emotional stress to the mothers but also undermined their confidence in their ability to breastfeed exclusively. The study findings also implying that, many mothers experienced heightened doubts and anxiety about their milk supply, despite being committed to breastfeeding due to its numerous health benefits, including enhancing their infants' immunity and supporting healthy growth. This conflict illustrates a critical need for better communication and education within families about the benefits of exclusive breastfeeding, as well as the challenges mothers face in navigating these pressures.

The study findings align with research conducted by Van Ryneveld et al., which examined the challenges faced by breastfeeding mothers, particularly regarding familial and community pressure to introduce complementary foods before six months of age. Van Ryneveld et al. highlighted that in various cultural contexts, including Kenya, neighbors and family members often express beliefs that breast milk alone is inadequate to meet an infant's nutritional needs. This misconception leads to widespread pressure on mothers to

supplement with additional foods or liquids, which can disrupt the exclusive breastfeeding process and compromise the health benefits associated with it. To address these challenges, it is essential to foster a supportive environment that encourages open dialogue about breastfeeding practices. Community education initiatives can play a crucial role in dispelling myths surrounding breastfeeding, informing families about the importance of exclusive breastfeeding for the first six months, and promoting a culture of support rather than pressure. By actively engaging families in these discussions, we can help create a more nurturing atmosphere for adolescent mothers, empowering them to maintain their breastfeeding goals without the burden of external pressure. Ultimately, strengthening familial support can significantly improve the breastfeeding experience and outcomes for both mothers and their infants (13).

5.3.2 Fear of Breastfeeding

The study found that the fear of breastfeeding significantly impacted the breastfeeding practices of adolescent mothers. One mother shared, “I often worry if my baby is getting enough milk, and it makes me doubt my ability to breastfeed exclusively.” These anxieties created substantial challenges to the mothers’ confidence, leading them to question their breastfeeding capabilities. As another participant explained, “Sometimes, I feel so anxious about breastfeeding that it makes me hesitant to try, even though I know it’s important for my baby.” This psychological barrier not only affects their willingness to breastfeed but can also impact their overall well-being and their infants' health.

Despite these fears, the mothers showed remarkable resilience and a strong commitment to providing optimal nutrition through breastfeeding. Many actively sought out resources and support to help ease their worries. “I’m determined to make this work,” one mother stated, reflecting a deep understanding of the importance of breastfeeding and a desire to overcome the challenges they face. This determination underscores the need for targeted support and education to help alleviate these fears and empower adolescent mothers in their breastfeeding journeys.

The study findings imply that, adolescent mothers faced fears about inadequate milk supply, worries regarding their baby's nutrition and health, and specific incidents such as the baby choking during breastfeeding. Such anxieties created substantial challenges to the mothers’

confidence, often leading them to question their ability to breastfeed exclusively. This psychological barrier can inhibit their willingness to engage in breastfeeding fully, potentially affecting both their own well-being and their infants' health. The findings also implied that, despite the challenges, the adolescent mothers exhibited remarkable resilience and a strong commitment to providing optimal nutrition for their babies through breastfeeding, often seeking out resources and support to alleviate their fears. This determination reflects a deep understanding of the importance of breastfeeding and a desire to overcome the obstacles they face.

The study findings closely align with research conducted by Rhodes et al., which delved into the fears and challenges adolescent mothers encounter related to breastfeeding. Rhodes et al. identified that many young mothers experience significant anxiety and apprehension about breastfeeding, largely stemming from a perceived lack of proper breastfeeding skills. This insecurity often manifests in uncertainties about how to position their infants correctly for optimal latch and sucking, leading to discomfort and difficulties in establishing successful breastfeeding. Such fears are compounded by societal pressures and the lack of accessible support systems, making it even more challenging for these young mothers to seek help or guidance. Addressing these fears requires a multifaceted approach, including educational programs that enhance breastfeeding skills, peer support groups that foster sharing experiences, and increased access to lactation consultants. By creating an environment that reassures and empowers adolescent mothers, we can help mitigate their fears and bolster their confidence in breastfeeding. Ultimately, this support not only benefits the mothers but also promotes healthier feeding practices and outcomes for their infants (20).

5.3.3 Time Balance Between Breas feedings and Work

The study found that the balance between breastfeeding and work posed significant barriers to breastfeeding among adolescent mothers at Chanika Maternity Hospital. One adolescent mother who sells soap shared, “It’s tough trying to help customers while also finding time to feed my baby. I often feel stressed about whether I’m doing enough for both my business and my child.” This juggling act created considerable pressure, raising concerns about the quality and consistency of breastfeeding, which are vital for their infants' health and

development. Another mother involved in tailoring expressed, “I worry that I’m not breastfeeding as often as I should, and it makes me anxious about my baby’s nutrition.”

Despite these difficulties, the mothers exhibited remarkable dedication to both their entrepreneurial efforts and breastfeeding. Many found creative ways to integrate breastfeeding into their busy lives. As one mother explained, “I try to use flexible hours and set specific times to nurse. It helps me feel more in control.” This determination highlights the need for supportive measures that can help these young mothers manage their dual roles effectively, ensuring that they can thrive both as business owners and as breastfeeding mothers.

The study findings implying that adolescent mothers who are entrepreneurs encounter significant challenges in balancing their business responsibilities with the demands of breastfeeding. For example, mothers engaged in tailoring and soap selling often struggled to attend to customers while also trying to find time to breastfeed their infants. This constant juggling created stress and raised concerns about the quality and consistency of breastfeeding, which are essential for their children's health and development. Nevertheless, these young mothers showed impressive dedication to both their entrepreneurial endeavors and breastfeeding. They frequently found innovative ways to integrate breastfeeding into their busy routines, such as adopting flexible work hours or setting aside specific times for nursing.

These findings align closely with the research conducted by Rhodes, Kiptoo, and Muthoni, which highlighted that adolescent mothers in Kenya face significant challenges when attempting to balance breastfeeding with entrepreneurial activities. Their study noted that mothers engaged in similar businesses reported persistent difficulties in managing customer interactions while ensuring that their infants received adequate breastfeeding. This struggle illustrates a broader societal issue where young mothers must navigate the dual pressures of economic participation and maternal responsibilities. Despite these barriers, the commitment exhibited by these mothers underscores their resilience and determination to provide for their families while maintaining the essential bond of breastfeeding. To support these adolescent mothers, there is a pressing need for community-based interventions that provide resources, education, and workplace accommodations. Such measures could include flexible work arrangements, breastfeeding-friendly environments in the marketplace, and peer support

networks that encourage sharing strategies for balancing these critical aspects of their lives. Ultimately, fostering a supportive ecosystem can empower adolescent mothers to thrive both as entrepreneurs and as caregivers, promoting healthier outcomes for both themselves and their children (46).

5.3.4 Nutritional Needs for Adolescent Mothers

The study found that inadequate nutritional intake among adolescent mothers significantly impacted their milk supply and their ability to provide sufficient nutrients to their babies through breastfeeding. One adolescent mother expressed, “I want the best for my baby, but it’s so hard when I don’t have enough nutritious food for myself. I can feel it affecting my milk supply, and it breaks my heart. I wish there was more help for young mothers like me, so we could give our babies the healthiest start possible.” Another adolescent mother shared, “It’s incredibly challenging to breastfeed when I struggle to feed myself adequately. I constantly fear that my baby isn’t receiving the nutrients she needs from my milk. I wish I had more support to ensure I can provide her with everything she needs to thrive. It’s heartbreaking to feel like I’m not giving her the best start in life because of my own nutritional struggles.” The study findings implying that, many adolescent mothers experience challenges to afford nutritious food for themselves, which may have intensified their worries about their breastfeeding capabilities. The particular challenges not only affect their physical health but also creates psychological stress, leading to feelings of inadequacy and concern over their ability to breast feed their children properly.

The study findings align with those conducted by Dede, who identified similar nutritional challenges faced by adolescent mothers that can adversely impact breastfeeding. Dede's research highlighted that adolescent mothers often experience nutritional deficiencies, primarily due to inadequate access to sufficient and nutritious food. These deficiencies can directly affect breast milk production, leading to insufficient milk supply for their nursing infants. Dede emphasized that the vulnerability of adolescent mothers in terms of nutrition is exacerbated by social and economic factors, including poverty and lack of education about proper dietary practices. As a result, it becomes imperative to implement comprehensive support systems that not only educate young mothers about nutritional needs but also provide resources to ensure access to healthy food. Addressing these nutritional barriers is essential

for improving breastfeeding outcomes and promoting the health of both mothers and infants. By creating a supportive environment that includes community programs, subsidies for nutritious food, and mental health resources, we can empower adolescent mothers to succeed in their breastfeeding journey, ultimately benefiting their children's health and development (9).

CHAPTER SIX

6.0 SUMMERY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The purpose of the study was to explore the enablers and barriers of exclusive breast feeding among adolescent mothers at Chanika Maternity Hospital, Dar Es Salaam, Tanzania. The chapter presented summery of the study, conclusions, recommendations and area for further studies.

6.2 Summary of the Study

The study used explorative qualitative study design to explore the enablers and barriers of exclusive breast feeding among adolescent mothers at Chanika Maternity Hospital, Dar Es Salaam, Tanzania. The used purposive sampling technique to select 10 respondents for the study. In-depth interviewing was use as data collection method. While content analysis techniques were used to analyses qualitative data. The study found that the cost-effectiveness of breastfeeding played a significant role in influencing exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. Breastfeeding represented a substantial financial advantage by eliminating the regular expense of purchasing formula. The study also found that the healthcare providers' advice positively impacted the adolescence mothers' breastfeeding decisions. Moreover, the study found that adolescent mothers at Chanika Maternity Hospital receive significant support from their families, friends, and partners, which plays a crucial role in their breastfeeding journey. In addition, the study found that pressure from family members to supplement breastfeeding with formula milk posed substantial challenges to exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital. Additionally, the fear of breastfeeding among adolescent mothers affected their breastfeeding. Furthermore, time balance between breastfeeding and work posed significant barrier to breastfeeding among adolescent mothers. The adolescent mothers who were entrepreneurs faced substantial challenges in balancing breastfeeding with their business activities. Lastly, found that in adequate nutritional intake among adolescent mothers affected their milk supply and ability to provide sufficient nutrients to their babies through breastfeeding.

6.3 Conclusions

The study found that enablers of exclusive breastfeeding among the adolescent mothers were perceived cost effectiveness of breast feeding, advice from health care providers and support from family members and friends. Moreover, pressure from family members to supplement breastfeeding with formula milk, fear to breast feed, balance between breastfeeding and work and inadequate nutrition were the barriers to exclusive breastfeeding among Adolescent mothers at Chanika Maternity Hospital.

6.4 Recommendations

6.4.1 Clinical Practice

The study recommends training healthcare providers to improve exclusive breastfeeding among adolescent mothers. Healthcare providers should receive comprehensive education on the benefits of exclusive breastfeeding, along with effective counseling techniques tailored specifically for adolescent mothers. This training should include understanding the unique challenges that adolescent mothers face, enabling providers to offer relevant and empathetic support. Additionally, offering personalized one-on-one counseling sessions can be instrumental in helping young mothers overcome their fears and address specific barriers to breastfeeding. By creating a safe space for open dialogue, healthcare providers can empower adolescent mothers to make informed decisions about breastfeeding.

6.4.2 Policymakers

The study recommends public awareness campaigns for promoting exclusive breastfeeding and addressing misconceptions about formula feeding. Launching educational initiatives that highlight the numerous benefits of exclusive breastfeeding can help inform the general public and specific communities. These campaigns should focus on dispelling common myths surrounding formula feeding, thereby fostering a more supportive environment for breastfeeding. Additionally, developing targeted messaging specifically for adolescents can effectively address their unique challenges and encourage them to choose breastfeeding. By providing relatable and accessible information, these campaigns can empower young mothers and their families to prioritize exclusive breastfeeding.

6.4.3 Areas for Further Studies

The study was conducted in one material hospital (CMH), which used qualitative approach and sample size of 10 respondents. Therefore, with this small sample size, one case study and qualitative approach, the findings of this study cannot be generalized for all maternity hospitals in Tanzania. Therefore, the similar study is recommended, which will include more maternital hospitals, employ both quantitative and qualitative approaches and use large sample size so as to have a wider understanding about the adoption of electronic record keeping for Human Resource Management in public organisations in Tanzania. Further study is recommended to explore the effective strategies in enhancing breastfeeding practices among adolescent mothers in Tanzania.

6.4.4 Study limitations and Areas for Further Studies

The study was conducted in Dar es Salaam region at Chanika Maternity Hospital, which used qualitative approach and sample size of 10 respondents. Therefore, with this small sample size, one case study and qualitative approach, the findings of this study cannot be generalised for all adolescent mothers who attending clinics in other Maternity Hospitals in Dar es Salaam region, this provides importance for conducting the similar study which will include more maternity hospitals, employ quantitative approach and use large sample size so as to have a wider understanding about the enablers and barriers of exclusive breastfeeding among adolescent mothers in Dar es Salaam region.

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8.0 APPENDANCES

8.1 Appendix I: In-depth Interview Guide (English Version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED HEALTH SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

This is a guide to an in-depth interview between the researcher and the patient to explore

Part I: Introduction

I have chosen you among others hoping that you have a wealth of information and can answer my questions. Your answers are and will be accepted without hesitation, so feel free. I would also like to remind you that, this interview will be recorded to easily remember what you shared, and it will last 30-45 minutes.

Part II: Demographic

Information 1) Age:

2) Marital status

a. Single [ ]
b. Are you married [ ]
c. You live together [ ]
d. You broke up [ ]
e. Widow [ ]

3) Occupation

a) You are self-employed [ ]
b) You are employed [ ]

4) What is your education?

a. Basic education [ ]
b. Secondary education [ ]

Part III: In depth Interview Guide

5. Tell me about your experiences of breastfeeding.
6. Tell me how you make the decision to breastfeed your baby.
   Were you advised or forced by someone?, why did you make that decision?
7. What benefits have you experienced with breastfeeding?
   Can you describe in detail with examples?
8. What difficulties have you experienced with breastfeeding?
   Can you describe in detail with examples?
9. How has your current lifestyle supported your ability to breastfeed your baby?
   Can you describe in detail with examples?
10. How has your current lifestyle challenged your ability to breastfeed your baby?
    Can you describe in detail with examples

8.2 Appendix II: Mwongozo wa Mahojiano ya Kina (Kwa kiswahili)

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

KURUGENZI YA UTAFITI NA MACHAPISHO

Huu ni mwongozo wa mahojiano ya kina kati ya mtafiti na mgonjwa kwa ajili ya kutafiti juu ya

Sehemu ya I: Utangulizi

Nimekuchagua miongoni mwa wengine nikitumai kuwa una habari tele na unaweza kujibu maswali yangu. Majibu yako yanakubaliwa na yatakubaliwa bila kusita, kwa hivyo jisikie huru. Ningependa pia kukukumbusha kwamba, mahojiano haya yatarekodiwa kwa urahisi wa kukumbuka mchango wako, na itachukua muda wa dakika 30-45.

Sehemu ya II: Taarifa Binafsi **1) Umri: 2) Hali ya ndoa**

i. Hujaoa/hujaolewa [ ] ii. Umeoa/umeolewa [ ] iii. Mnaishi pamoja [ ] iv. Mmeachana [ ] v. Mjane [ ]

3) Kazi

i. Umejiajiri [ ] ii. Umeajiriwa [ ] 4) Je, elimu yako ikoje i. Elimu ya msingi [ ] ii. Elimu ya sekondari [ ]

SEHEMU YA TATU: Maswali ya kina

5. Niambie kuhusu uzoefu wako wa kunyonyesha mtoto maziwa yako tu

6. Nieleze ulifanyanye maamuzi yako ya kunyonyesha.

Je ulishauriwa au kushinikizwa na mtu?, kwanini ulichukua maamuzi hayo?

7. Umepata faida gani katika uzoefu wako wa kunyonyesha?

Je unaweza kutoa maelezo ya kina na mfano wa tukio?

8. Umepata changamoto gani katika uzoefu wako wa kunyonyesha?

Je unaweza kutoa maelezo ya kina na mfano wa tukio?

9. Unajisikiaje kuhusu wewe mwenyewe toka umeanza au ulipo mnyonyesha mtoto wako? 10. Ni jinsi gani mtindo wako wa sasa wa maisha umeunga mkono uwezekano wa wewe kumnyonyesha mtoto wako?

Je unaweza kutoa maelezo ya kina na mfano wa tukio?

11. Ni jinsi gani mtindo wako wa sasa wa maisha umepinga uwezekano wa wewe kumnyonyesha mtoto wako?

Je unaweza kutoa maelezo ya kina na mfano wa tukio?

8.3 Appendix III: Assent form (English version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED HEALTH SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

ID. NO438/2022 Consent Form for Participating in a Research Study

My name is **NEEMA SHABANI,** a postgraduate student, pursuing a Master of Science in Midwifery Nursing at Muhimbili University of Health and Allied Sciences (MUHAS) in the School of Nursing. I am exploring the experience of exclusive breastfeeding among adolescent mothers' at Chanika Maternity Hospital, Dar es Salaam.

The aim of the Study

Aim of the study is explore the experience of exclusive breastfeeding among adolescent mothers' at Chanika Maternity Hospital, Dar-Es-Salaam, Tanzania.

The findings of this study will provide rich information for enhancing the strategies to overcome barriers or challenges of adhering to exclusive breastfeeding and hence improving health outcomes of both the adolescent mother and her child around the country.

Procedure

I would like you to participate in this study. You are selected because you are among the patient with coronary heart disease. If you choose to participate you will be interviewed for about 30-45 minutes and will be audio recorded in order not to miss any information and the researcher can't be quick enough to write everything you say.

Confidentiality

All responses will be kept confidential. This means that your responses will only be used for research and shared with MUHAS when necessary. I will ensure that any information included in my report does not identify you as the respondent. No names will be included both during the interview and reporting findings. **Right to refuse or withdraw**

It is your choice to participate in this study. Also, you don't have to talk about anything you don't want and you may stop the interview at any time for any reason without repercussions. However, I encourage you to participate because your experience is very important in this study. **Benefits**

Participating in this study may not benefit you personally, but might provide useful information that will benefit others and improve the level of satisfaction and positive health outcomes for you and the health care system.

Risks

There will be no harm to you as a result of participation in this study although some questions may be personal.

Whom to Contact

In case of any inquiry please contact the researcher, **NEEMA SHABANI**from MUHAS, P. O. BOX 65001, Dar es Salaam, mobile number **0769582007**. If you ever have questions about your rights as a participant, you may contact the Director of Research and Publications, at MUHAS. P.O. Box 65001, Dar es Salaam-Tanzania. **Signature**

Do you agree to participate? ……..

I, ... have read the contents of this form and understood. My questions have been answered; I agree to participate in this study.

Signature of participant..... Date.....

Signature of researcher ..... Date.....

8.4 Appendix IV: Fomu ya Ridhaa (Kwa kiswahili)

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

KURUGENZI YA UTAFITI NA MACHAPISHO

Namba ya utambulisho **438/2022**

Fomu ya Ridhaa ya Kushiriki Katika Utafiti

Jina langu ni **NEEMA SHABANI**, mwanafunzi wa Shahada ya Uzamili, anayesomea Shahada ya Uzamili ya Sayansi katika Uuguzi wa Ukunga katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS) katika Shule ya Uuguzi. Ninafanya utafiti juu ya uzoefu wa kunyonyesha maziwa ya mama tu miongoni mwa akina mama vijana (miaka 1019) katika Hospitali ya Chanika Maternity, Dar-Es-Salaam, Tanzania.

Lengo la Utafiti

Lengo la utafiti ni kuchunguza uzoefu wa kunyonyesha maziwa ya mama tu miongoni mwa akina mama vijana (miaka 10-19) katika Hospitali ya Chanika Maternity, Dar-Es-Salaam, Tanzania.

Matokeo ya utafiti huu yatatoa taarifa tele juu ya hatua za awali za utekelezaji na kuboresha huduma uwezekano wa mama kijana (miaka 10-19) kunyonyesha mtoto bila vyakula vya nyongeza kwa miezi sita katika Hospitali ya Chanika Maternity au vituo/hospitali nyingine kote nchini

Utaratibu Usiri

Majibu yote utakayotoa yatakuwa siri, hii inamaana kuwa majibu yako yatatumiwa na mtafiti kwa lengo la utafiti huu na kama kunaulazima yatatumiwa na Chuo Kikuu Muhimbili.

Ningependa ushiriki katika utafiti huu. Umechaguliwa kwa sababu wewe ni mmoja kati ya wagonjwa wenye matatizo ya mishipa ya moyo katika hosipitali hii. Ikiwa unachagua kushiriki katika utafiti huu mahojiano yatachukua muda wa dakika 30-45 na majadiliano

yatarekodiwa kusudi nisikose taarifa yoyote na maana sitaweza kuandika kila kitu unachosema kwa haraka.

Ninakuhakikishia kwamba taarifa zote zitakazojumuishwa katika utafiti hazitakufanya ujulikanekama ndiye mshiriki, majina yako hayataandikwa katika mahojiano wala ripoti ya utafiti.

Haki ya kukataa au kujitoa

Ushiriki katika utafiti huu ni wa hiari. Pia hulazimishwi kuongea jambo lolote ambalo usingependa kuliongea. Unaweza kusitisha mahojiano wakati wowote endapo utaona ni vyema kufanya hivyo bila athari yoyote. Licha ya hayo ningependa ushiriki wako katika utafiti huu kwani uzoefu wako ni muhimu katika utafiti huu.

Faida

Kushiriki katika utafiti huu hakuwezi kukufaidisha wewe binafsi, lakini kushiriki kwako katika utafiti huu, kutawezesha kupata taarifa zitakazo saidia katika kuboresha uwezekano wa mama kijana (miaka 10-19) kunyonyesha mtoto bila vyakula vya nyongeza kwa miezi sita

Madhara

Hakuna madhara yoyote yanayoweza kukupata kwa kushiriki kwako katika utafiti huu japo baadhi ya maswali utakayoulizwa yaweza kuwa ya binafsi zaidi.

Watu wa kuwasiliana nao

Kama una maswali katika utafiti huu unaweza kuwasiliana na mtafiti **NEEMA SHABANI**kutoka Chuo Kikuu cha Afya na Sayansi shirikishi Muhimbili, S.L.P. 65001, Dar es Salaam. Simu namba0769582007. **Sahihi**

Je? Unakubali kushiriki weka alama ya tiki (√) katika kisanduku husika Ndiyo Hapana Mimi.....nimesoma fomu hii ya ridhaa na nimeielewa.

Maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Saini ya mshiriki..... Tarehe.....

Saini ya mtafiti ..... Tarehe.....

8.5 Appendix V: Ethical Clearances

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATIONS

Ref. No.DA.282/298/01.C/2176 Date: 22/04/2024

MUHAS-REC-04-2024-2176
NEEMA SHABANI
SHOOL OF NURSING
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: EXPLORING ENABLERS AND BARRIES OF EXCLUSIVE BREAST FEEDING AMONG ADOLESCENT MOTHERS AT CHANIKA MATERNITY HOSPITAL, DAR ES SALAAM, TANZANIA

Reference is made to the above heading,

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 22/04/2024
EXPIRATION DATE OF APPROVAL: 22/04/2025

STUDY DESCRIPTION:
Purpose:
The purpose of this explorative qualitative study is to explore the enablers and barriers of exclusive breastfeeding among adolescent mothers at Chanika Maternity Hospital, Dar es Salaam.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015422.pdf and in the MUHAS archives.

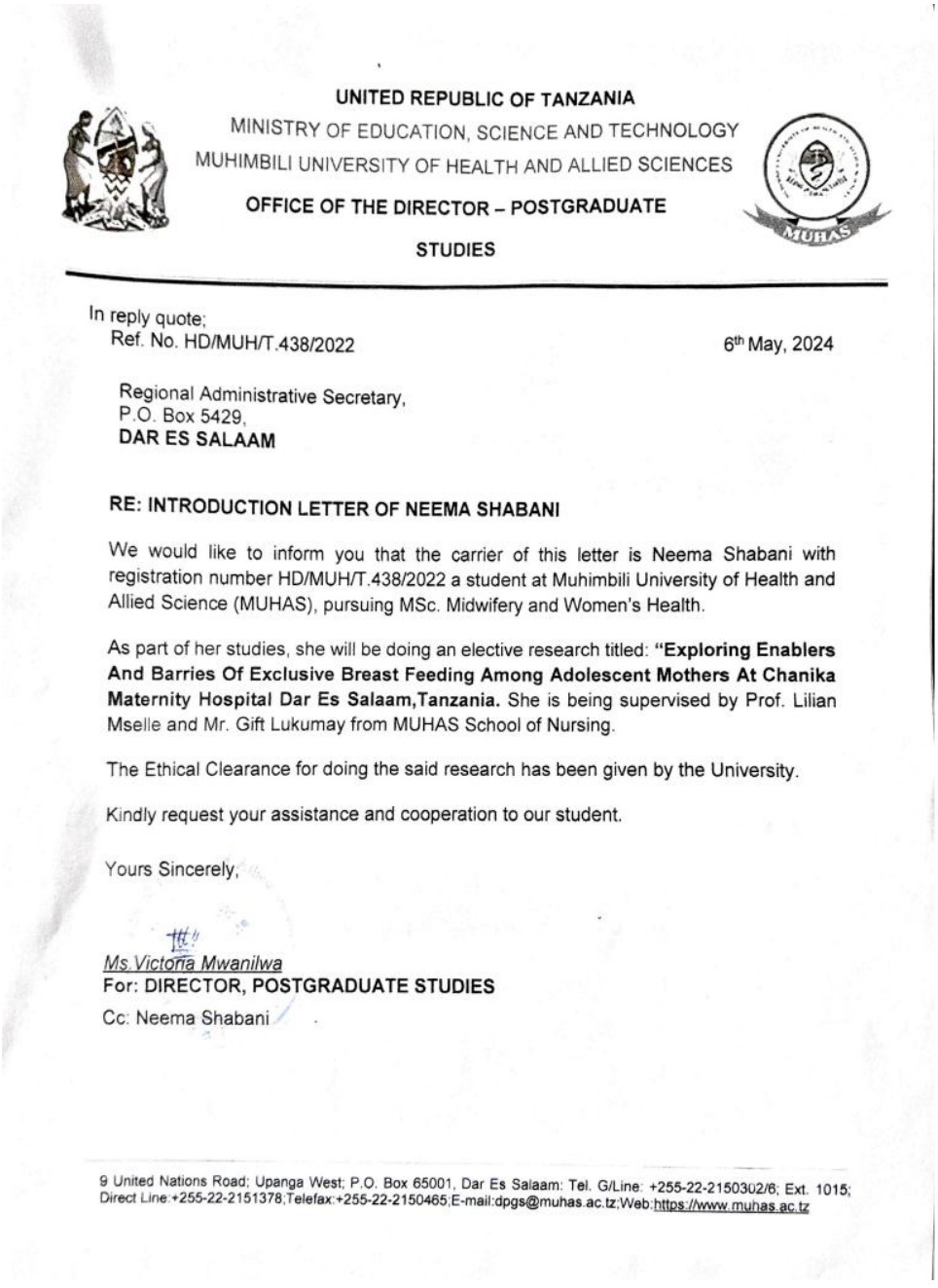
The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Dr. Nahya Salim Masoud,
Chairperson, MUHAS Research and Ethics Committee

Muhimbili University of Health and Allied Sciences
DIRECTOR
Research, Publications & Innovations
Box 65001

8.6 Appendix VI: Introduction Letter



UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.438/2022

6th May, 2024

Regional Administrative Secretary,
P.O. Box 5429,
DAR ES SALAAM

RE: INTRODUCTION LETTER OF NEEMA SHABANI

We would like to inform you that the carrier of this letter is Neema Shabani with registration number HD/MUH/T.438/2022 a student at Muhimbili University of Health and Allied Science (MUHAS), pursuing MSc. Midwifery and Women's Health.

As part of her studies, she will be doing an elective research titled: **"Exploring Enablers And Barries Of Exclusive Breast Feeding Among Adolescent Mothers At Chanika Maternity Hospital Dar Es Salaam,Tanzania.** She is being supervised by Prof. Lilian Mselle and Mr. Gift Lukumay from MUHAS School of Nursing.

The Ethical Clearance for doing the said research has been given by the University.

Kindly request your assistance and cooperation to our student.

Yours Sincerely,

Ms.Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES
Cc: Neema Shabani

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

8.7 Appendix VII: Permission Letter

JAMHURI YA MUUNGANO WA TANZANIA
Ofisi ya Rais
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

MKOA WA DAR ES SALAAM
Anwani ya Simu:
Simu: 2203156/58
Fa: +25522203213
Tovuti: www.dsm.go.tz
Barua Pepe: ras@dsm.go.tz
Unapojibu Tafadhali taja:

OFISI YA MKUU WA MKOA
3 Barabara ya Rashidi Kawawa,
S. L. P. 5429,
12880 - DAR ES SALAAM.

Kumb. Na. EA.260/307/01B/145

14 Mei, 2024

Mkurugenzi wa Halimashauri ya Jiji,
DAR ES SALAAM

YAH: UTAFITI "Exploring enablers and barriers of exclusive breast feeding among adolescent mothers at Chanika maternity hospital Dar es Salaam, Tanzania"

Tafadhali husika na kichwa cha habari hapo juu.

2. Ofisi ya Mkuu wa Mkoa wa Dar es Salaam inautambulisha utafiti tajwa hapo juu ambao umeombewa kibali kutoka Chuo Kikuu cha Tiba na Sayansi Shirikishi Muhimbili (MUHAS kumb. Na: HD/MUH/T.438/2022). Utafiti unafanywa na Mwanachuo Neema Shabani wa shahada ya uzamili katika Sayansi ya Ukunga na Afya ya mwanamke. kuanzia tarehe 22 Aprili, 2024 hadi 30 Juni, 2024.

3. Utafiti utafanyika katika Halmashauri ya Jiji la Dar es Salaam katika kituo cha afya Chanika hususan kwa wanawake wenye umri chini ya miaka 19 wanao hudhuria kliniki ya mama na mtoto wanao nyonyesha watoto wenye umri kuanzia miezi 0-8.

4. Mtafiti atafanya mahojiano kuhusu uelewa na ugumu wanaoupata kuhusu unyonyeshaji wa maziwa ya mama pekee.

5. Lengo la utafiti ni kukidhi matakwa ya mtaala wa masomo na kubani ni uelewa na ugumu wanaopata kina mama vijana juu ya unyonyeshaji wa maziwa ya mama pekee.

6. Kwa barua hii, Mtafiti **Neema Shabani** amepewa kibali cha kufanya utafiti kwa kuwa ndiye mwenye dhamana ya kuusimamia.

Nashukuru kwa ushirikiano.

Dkt. Mohamed Mang'una
Kny; KATIBU TAWALA MKOA
DAR ES SALAAM

Nakala: Katibu Tawala Mkoa,
DAR ES SALAAM. – Aione Kwenye Jalada