

Original Article

Correlation of Awareness and Perceived Compliance with Six-Month Exclusive Breastfeeding Among Teenage Mothers in a Government Hospital

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Abstract. Extensive research has consistently highlighted the significant advantages of breastfeeding for both mothers and infants. As a result, promoting exclusive breastfeeding has been a cornerstone of healthcare initiatives in Philippine government hospitals. This study assesses the perceived level of compliance among teenage mothers aged 15-19 who delivered at a government hospital in the Province of Misamis Oriental, Philippines. Employing a mixed-methods approach, the research combines quantitative and qualitative methodologies. Survey participants included teenage mothers within the specified age range who gave birth at the hospital. The study also drew on interviews and documents from selected hospital staff to enrich and validate the findings. The study finds that many mothers struggle to initiate breastfeeding, highlighting the pivotal role of self-encouragement in fostering and sustaining this practice. Moreover, factors such as age, family income, and educational background significantly impact the likelihood of exclusive breastfeeding and its subsequent effects on infants. Specifically, older mothers with higher educational attainment and better financial resources demonstrate greater awareness and adherence to exclusive breastfeeding practices, underscoring the importance of education in promoting breastfeeding knowledge. Based on these findings, the study recommends strengthening awareness and adherence through breastfeeding advocacy efforts. These recommendations aim to address the identified challenges and create a more supportive environment for teenage mothers to embrace and sustain exclusive breastfeeding.

Keywords: *Exclusive breastfeeding; Teenage mothers; Government hospital; Philippines.*

Breastfeeding is widely recognized as the optimal method of infant feeding and a cornerstone of child survival, growth, and development. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding during the first six months of life, followed by continued breastfeeding with appropriate complementary feeding up to two years of age or beyond. Exclusive breastfeeding refers to feeding an infant only breast milk, without any additional liquids or solid foods, including water, except for oral rehydration solution, vitamins, minerals, or prescribed medicines (WHO & UNICEF, 2023). Extensive research has documented the health, nutritional, developmental, and psychosocial benefits of breastfeeding for both infants and mothers. Breastfeeding provides optimal nutrition, strengthens immune protection, reduces the risk of infectious diseases, and supports improved cognitive development in children. For

mothers, breastfeeding is associated with reduced risks of breast and ovarian cancers, improved postpartum recovery, and positive psychological outcomes (Victora et al., 2016; Rollins et al., 2016). Because of these well-established benefits, improving breastfeeding practices remains a major global public health priority.

Despite widespread recognition of its benefits, many mothers encounter challenges in initiating and sustaining exclusive breastfeeding. Previous studies have identified maternal knowledge, breastfeeding self-efficacy, family support, cultural beliefs, socioeconomic conditions, and access to healthcare services as important determinants of breastfeeding practices (Sinha et al., 2015; Sharma & Byrne, 2016). One of the most frequently reported concerns among breastfeeding mothers is perceived insufficient milk supply (PIMS), which often leads to the early introduction of formula milk or complementary feeding. Huang et al. (2022) reported that perceived insufficient milk supply remains one of the most common reasons for premature breastfeeding cessation, even though many mothers produce physiologically adequate amounts of breast milk.

Adolescent mothers represent a particularly vulnerable population regarding breastfeeding practices. Compared with older mothers, teenage mothers often experience additional physical, emotional, social, and economic challenges that may influence their ability to initiate and maintain exclusive breastfeeding. Existing studies among adolescent mothers have primarily examined breastfeeding intentions, initiation rates, duration, social support, stigma, and barriers to breastfeeding continuation (Wambach & Cohen, 2009; Smith et al., 2012; Dinour & Szaro, 2017). Findings consistently indicate that adolescent mothers are less likely to initiate breastfeeding and more likely to discontinue exclusive breastfeeding earlier than adult mothers. Factors such as limited breastfeeding knowledge, lack of family support, low self-confidence, competing educational responsibilities, and socioeconomic constraints have been identified as significant contributors to suboptimal breastfeeding practices among this population.

In the Philippines, adolescent pregnancy continues to be a significant public health concern. The Philippine National Demographic and Health Survey (NDHS) reported that a considerable proportion of Filipino women aged 15–19 years have begun childbearing, either through pregnancy or motherhood. Adolescent pregnancy presents numerous health, educational, and socioeconomic challenges, which may also affect maternal and infant health outcomes, including breastfeeding practices. Given the vulnerability of teenage mothers and the importance of exclusive breastfeeding in improving child health and survival, understanding breastfeeding compliance among this population is of particular importance.

Although a substantial body of literature has documented the benefits of breastfeeding and the barriers affecting breastfeeding practices, relatively few studies have specifically examined compliance with the recommended six-month exclusive breastfeeding practice among Filipino teenage mothers, particularly in local hospital settings. Moreover, evidence regarding breastfeeding compliance among adolescent mothers in Misamis Oriental remains limited. This lack of local evidence constrains the development of targeted breastfeeding interventions, educational programs, and support services that address the unique needs of teenage mothers.

Therefore, this study aimed to determine the perceived level of compliance with the World Health Organization recommendation of exclusive breastfeeding for the first six months of life among teenage mothers aged 15–19 years who delivered at a government hospital in the Province of Misamis Oriental. The findings may provide valuable information for healthcare providers, hospital administrators, public health practitioners, and policymakers in designing evidence-based strategies to strengthen breastfeeding promotion, education, and support programs for adolescent mothers.

Methodology

Research Design

This study used a mixed-methods design, combining quantitative and qualitative approaches. The objectives are to describe how and why the study was conducted, using two mixed-methods research designs, and to discuss some of the benefits and challenges of mixed-methods research. The reasons for employing these designs also vary. However, they can generally be described as methods for expanding the scope or breadth of research and for addressing the weaknesses of both approaches. (Blake, 1989; Greene, Caracelli, and Graham, 1989; Rossman and Wilson, 1991).

Research Participants

This study was conducted in a government hospital in the Province of Misamis Oriental, Philippines. The hospital was selected as the research locale because it serves a substantial number of maternal and child health clients, including teenage mothers. As the primary data source, the institution provides access to study participants and the information needed to achieve the research objectives. The primary respondents in this study were teenage mothers aged 15–19 years who gave birth in government hospitals in Misamis Oriental. Based on hospital records, 50 teenage mothers met the eligibility criteria and were included in the study. The study used the complete enumeration sampling method, in which all eligible teenage mothers recorded in the hospital during the specified period were included as respondents. Complete enumeration was deemed appropriate because the target population was relatively small and manageable, allowing the researcher to obtain comprehensive data from the entire population of interest. This approach minimized sampling error and enhanced the representativeness of the findings. To be included in the study, respondents had to: (1) be aged 15–19 years at the time of delivery, (2) have delivered at one of the government hospitals in Misamis Oriental, and (3) be willing and able to provide information regarding their infant-feeding practices during the first six months postpartum. The study excluded mothers with incomplete hospital records or those who could not be contacted during data collection.

In addition to the teenage mothers, selected key informants were included to provide contextual information regarding the implementation of the six-month exclusive breastfeeding program. These key informants consisted of hospital administrators, nurses, maternal and child health personnel, and representatives from the Municipal Health Office. The researchers selected them through purposive sampling based on their direct involvement in maternal and child health services and breastfeeding promotion programs. The researchers conducted semi-structured interviews with the key informants to gather information on the implementation, promotion, monitoring, and support mechanisms of the six-month exclusive breastfeeding program. Information obtained from the key informants supplemented the data collected from the teenage mothers and provided a broader understanding of the factors influencing compliance with exclusive breastfeeding recommendations.

Research Instrument

A structured questionnaire was utilized to gather data from the respondents. The instrument was prepared in English and translated into Cebuano to improve comprehension among participants. During data collection, the researcher aided and clarification as needed to ensure respondents understood the questionnaire items and answered them correctly. The questionnaire was developed based on an extensive review of related literature and previous studies on exclusive breastfeeding. Before administration, experts in maternal and child health and research methodology content-validated the instrument to ensure its relevance, clarity, and appropriateness for the study objectives. The questionnaire consisted of five sections. The first section gathered information on the respondents' demographic profile, including age, religion, civil status, educational attainment, place of residence, and socioeconomic status. The second section obtained information regarding the infant, including the baby's sex, birth weight, age, method of delivery, and health condition. The third section measured the respondents' level of awareness regarding the six-month exclusive breastfeeding program. The fourth section assessed the respondents' perceived level of compliance with exclusive breastfeeding recommendations. The fifth section identified factors that influenced compliance with exclusive breastfeeding practices.

The level of awareness was measured using 3 statements related to the six-month exclusive breastfeeding program. Sample items included: "Exclusive breastfeeding means giving the infant only breast milk during the first six months of life" and "Breast milk provides all the nutrients needed by an infant during the first six months." Respondents rated responses using a five-point Likert scale: 5 = Strongly Agree, 4 = Agree, 3 = Undecided, 2 = Disagree, and 1 = Strongly Disagree. Higher scores indicated a higher level of awareness regarding exclusive breastfeeding. The respondents' level of awareness regarding six-month exclusive breastfeeding was interpreted using the following scale: a mean score of 4.21–5.00 was interpreted as Highly Aware, 3.41–4.20 as Aware, 2.61–3.40 as Moderately Aware, 1.81–2.60 as Slightly Aware, and 1.00–1.80 as Not Aware. Higher mean scores indicated greater awareness of the concepts, benefits, and recommended practices related to six-month exclusive breastfeeding.

Similarly, perceived level of compliance with six-month exclusive breastfeeding was measured using 2 indicators reflecting breastfeeding practices during the first six months postpartum. Higher scores indicated a greater perceived level of compliance with exclusive breastfeeding recommendations. To establish the instrument's reliability, we conducted a test-retest procedure among 50 respondents with characteristics like those of the study

participants but who were not included in the study. The results yielded a test-retest reliability coefficient of $r = 0.87$, indicating good instrument stability and consistency over time. To improve data quality, the questionnaire included validation checks. For example, respondents who indicated that they were not aware of the six-month exclusive breastfeeding program were not expected to answer subsequent awareness-related questions. The researcher reviewed and verified inconsistent responses during data processing to ensure the accuracy and validity of the collected data.

Data Gathering Procedure

Data were collected through house-to-house interviews with the predetermined respondents. With the help of government hospitals, the researchers identified a record containing respondents' addresses and other information. Participants were scheduled at their convenience for interviews using the interview guide.

Data Analysis Procedure

To facilitate data analysis and interpretation, the study employed appropriate statistical tools. For problems 1 and 3, descriptive statistical analysis, such as frequency and percentage distributions, will be used to determine the demographic profile of the respondents and the profile of the infants. For problem number 2, a qualitative approach will be used. This involved using participants' expertise and supporting literature to explain, clarify, and simplify the meaning and understanding of the 6-month exclusive breastfeeding practice.

Ethical Consideration

The researcher strictly observed ethical principles throughout the study. Before data collection, the researcher obtained permission to conduct the study from the appropriate hospital and municipal health authorities. The researcher protected the rights, dignity, privacy, and welfare of all participants throughout the research process. The researcher approached potential respondents respectfully and informed them about the study's nature, purpose, procedures, benefits, and minimal risks. Participation was voluntary, and respondents were informed that they could decline to participate or withdraw at any time without penalty or loss of benefits. The researcher used no coercion, intimidation, or undue influence in recruiting participants. Before participation, the researcher obtained informed consent from all respondents aged 18 or 19. For respondents under 18 years old, the researcher secured written parental or guardian consent in addition to the participant's assent. The researcher explained the study in language understandable to both participants and their parents or guardians to ensure participation was based on adequate understanding.

To protect confidentiality and anonymity, the questionnaire and research report did not include respondents' names or other personally identifiable information. Instead, the researcher assigned code numbers to each participant. The researcher treated all information obtained during the study with strict confidentiality and used it solely for research purposes. Only the researcher and authorized research advisers had access to the collected data. The researcher stored completed questionnaires and electronic data files securely in password-protected devices and locked storage areas. The researcher handled data in accordance with institutional research ethics guidelines and protected them from unauthorized access, disclosure, modification, or loss. After the study and the required retention period, all identifiable records were securely destroyed.

The study ensured that participation would not result in physical, psychological, social, or legal harm. Questions were limited to information relevant to the study objectives, and participants could seek clarification or decline to answer any question they found uncomfortable. The findings were reported in aggregate form to prevent identifying individual respondents and to preserve their privacy.

Results and Discussion

Profile of Respondents

Table 1 shows the profile of respondents by age, family monthly income, religious affiliation, place of residence, educational attainment, baby's sex, baby's current age, baby's weight during childbirth, method of birth, and birth abnormalities/health conditions.

Table 1. Profile of Respondents and their Childbirth Status (N=50)

Variables	Frequency	Percentage (%)
Age		
16 years old	9	18.00
17 years old	11	22.00
18 years old	18	36.00
19years old	12	24.00
Family Monthly Income		
₱ 5,000 below	30	60.00
₱ 6,000 – 10,000	13	26.00
₱11,000 above	7	14.00
Religious Affiliation		
Roman Catholic	26	52.00
Protestant	10	20.00
Others	14	28.00
Place of Residence		
Poblacion	21	42.00
Barangay	10	20.00
Sitio	19	38.00
Educational Attainment		
Elementary graduate	7	14.00
High School Level	18	36.00
High School graduate	15	30.00
Vocational course	6	12.00
College level	4	8.00
Baby's Sex		
Male	18	36.00
Female	32	64.00
Baby's Current Age		
1 -3 months	21	42.00
4 – 6 months	19	38.00
7 and above	10	20.00
Baby's Weight during Childbirth		
2500grams and below	15	30.00
2501 – 4000	31	62.00
4001 and above	4	8.00
Baby's Method of Childbirth		
Vaginal delivery	39	78.00
Caesarian	11	22.00
Birth abnormalities/Health condition		
None	43	86.00
Eye defect	4	8.00
Mouth defect	3	6.00

The findings revealed that most of the mother respondents were 18 years old, comprising 18 respondents (36% of the total). This was followed by 19-year-olds (12 respondents, 24%) and 17-year-olds (11 respondents, 22%), while the least represented age group was 16-year-olds (9 respondents, 18%). Regarding family monthly income, the majority earned ₱5,000.00 or less, accounting for 30 respondents (60%). Meanwhile, 13 respondents (26%) had an income of ₱6,000.00–₱10,000.00, and only 7 respondents earned ₱11,000.00 or more, indicating that most families had insufficient income to meet daily living needs. Regarding religious affiliation, 26 mothers (52%) were Roman Catholic, 14 (28%) belonged to other religions, and 10 (20%) were Protestant. In terms of residence, most mothers lived in the Poblacion area (21 respondents, or 42%), followed by sitios (19 respondents, or 38%), while only 10 respondents (20%) resided in barangays. The respondents' educational attainment showed that the majority were at the high school level, accounting for 18 respondents (36%). This was followed by 15 respondents (30%) who

were high school graduates, 7 respondents (14%) who were elementary school graduates, and 6 respondents (12%) who had vocational courses. The least represented educational attainment level was college, with only 4 respondents (8%). These findings indicate that most mothers had limited educational attainment, particularly at the high school level.

Among the 50 babies included in the study, 32 (64%) were female, and 18 (36%) were male, indicating that females dominated the sample. Most babies were in the 1–3 months age bracket, with 21 respondents (42%), followed by the 4–6 months age bracket, with 19 respondents (38%). The least represented group was babies aged 7 months and older, with 10 respondents (20%). In terms of birth weight, most babies weighed between 2501 and 4000 grams, comprising 31 respondents (62%). Meanwhile, 15 babies (30%) weighed 2500 grams or less, and only 4 babies (8%) weighed 4001 grams or more. Regarding the method of childbirth, most babies were delivered through vaginal delivery, with 39 respondents or 78%, while 11 respondents or 22% were delivered through cesarean section. Most babies were reported to have normal health conditions at birth, accounting for 43 respondents (86%). However, 4 respondents (8%) had eye defects, while 3 respondents (6%) had mouth defects, indicating a need to address these health concerns. Infants' physical health, including congenital abnormalities such as cleft lip and palate, as well as babies' behavioral responses, also affect breastfeeding. A baby with a cleft lip and palate may experience feeding difficulties due to ineffective sucking, requiring assisted feeding with a bottle (Owens, 2008). However, Inch (2010) stated that feeding may still be possible with effective collaborative management and support. Furthermore, baby behavioral responses influence feeding practices, as Okamoto and Matsuoka (2010) reported that 60.8% of mothers experienced emotional distress due to the baby's excessive crying. Mothers tend to cope better with breastfeeding when their babies are calm, whereas restless or irritable babies increase the workload, tiredness, and challenges mothers experience.

Level of Awareness about the Six-Month Exclusive Breastfeeding and Its Effects on Infants

The table shows the perceptions of the mother respondents regarding teenage mothers' awareness of the 6-month exclusive breastfeeding and its effects on the infant.

Table 2. *Level of Awareness Among Teenage Mother Respondents About the Six-Month Exclusive Breastfeeding and Its Effects on the Infant*

Indicators	Mean	SD	Interpretation
Breastmilk is the ideal food for babies	3.78	0.60	Strongly agree
Exclusive breastfeeding provides all the nutrition required by a healthy newborn up to the age of six months.	3.42	0.80	Agree
Exclusive breastfeeding babies have fewer gastrointestinal infections, respiratory illnesses, eczema and/or allergic reactions than formula-fed babies	3.47	0.50	Agree
Breastfeeding is beneficial to a mother's health	3.44	0.60	Agree
Breastfeeding provides health benefits for infants that cannot be provided by formula	3.46	0.70	Agree
Supplementing breastfeeding with formula during the first 2 weeks of life is a cause of breastfeeding failure	3.45	0.80	Agree
Growth patterns of breastfed infants differ from those of formula-fed infants.	3.44	0.50	Agree
Development of sore nipples is a normal part of breastfeeding	3.33	0.90	Agree
Breastmilk alone satisfies most babies for approximately the 1 st 6 months	3.45	0.70	Agree
A woman who is fully breastfeeding is less likely to become pregnant 3 months after delivery than a woman who is formula feeding	3.39	0.60	Agree
Mixing breastfeeding with formula feeding reduces breastmilk supply	3.38	0.70	Agree
Exclusive breastfeeding is beneficial in spacing births	3.41	0.40	Agree
Breastfeeding helps to stimulate uterine contractions.	3.45	0.60	Agree
Mothers who practiced breastfeeding may achieve pre-pregnancy weight faster	3.40	0.40	Agree
Mothers who practiced breastfeeding are less likely to experience breast problems	3.44	0.60	Agree
Average	3.45	0.63	Agree

The data revealed that only one indicator received a “strongly agree” response from most of the mothers: “Breastmilk is the ideal food for babies” (computed mean = 3.78). On the other hand, the mothers agreed with the following indicators: exclusive breastfeeding provides all the nutrition required by a healthy newborn up to six months of age; exclusively breastfed babies experience fewer gastrointestinal infections, respiratory illnesses, eczema, and allergic reactions than formula-fed babies; breastfeeding is beneficial to a mother's health; breastfeeding provides health benefits for infants that cannot be provided by formula; supplementing breastfeeding with formula during the first two weeks of life may contribute to breastfeeding failure; growth patterns of breastfed infants differ from those of formula-fed infants; development of sore nipples is a normal part of breastfeeding; breastmilk alone satisfies most babies for approximately the first six months; a woman who is fully breastfeeding is less likely to become pregnant three months after delivery than a woman who is formula

feeding; mixing breastfeeding with formula feeding reduces breastmilk supply; exclusive breastfeeding is beneficial in spacing births; breastfeeding helps stimulate uterine contractions; mothers who practice breastfeeding may achieve pre-pregnancy weight faster; and mothers who practice breastfeeding are less likely to experience breast problems.

The overall mean of 3.45 indicates that mothers' awareness of six-month exclusive breastfeeding was rated as "agree." Maternal prenatal knowledge about the importance of breastfeeding positively influences a mother's attitude toward breastfeeding her baby (Adewale, 2011; Moore & Coty, 2005). Chatman et al. (2004) studied the influence of knowledge and attitudes on exclusive breastfeeding practices among mothers and found that approximately 98% of the mothers demonstrated satisfactory breastfeeding knowledge. Higher maternal knowledge about breastfeeding was also associated with a longer duration of breastfeeding (Kronborg & Vachh, 2004). Furthermore, mothers' attitudes toward breastfeeding were associated with their intention to breastfeed their babies. Mothers who believed that breastfeeding was better for their infants were more likely to continue breastfeeding for up to 6 months (Galler et al., 2011).

Perceived Level of Compliance about the Implementation of Six-Month Exclusive Breastfeeding

The table shows mothers' perceived level of compliance with 6-month exclusive breastfeeding.

Table 3. *Perceived Level of Compliance of the Respondents with Regards to the Implementation of the Six-Month Exclusive Breastfeeding*

Indicators	Mean	SD	Interpretation
I breastfed my baby after giving birth.	3.68	0.60	Strongly agree
I continue breastfeeding for 6 months.	3.45	0.80	Agree
I make sure my baby receives colostrum to support the baby's immune system, growth, and development.	3.39	0.50	Agree
I attend the health education on breastfeeding in our health center	3.41	0.60	Agree
My infant only receives breastmilk without any additional food unless medically indicated.	3.42	0.50	Agree
My infant only receives breastmilk without any additional drink, not even water unless medically indicated	3.43	0.60	Agree
I did not use bottles, teats, or pacifiers for my infant.	3.44	0.80	Agree
Average	3.46	0.63	Agree

The data revealed that only one indicator received a "strongly agree" response from most of the mothers: "I breastfeed my baby after giving birth" (computed mean = 3.68). On the other hand, the mother respondents agreed with the following indicators: "I breastfeed my baby after giving birth," "I continue breastfeeding for six months," "I make sure my baby receives colostrum to support the baby's immune system, growth, and development," "I attend health education sessions on breastfeeding at our health center," "My infant receives only breastmilk without any additional food unless medically indicated," "My infant receives only breastmilk without any additional drink, not even water, unless medically indicated," and "I do not use bottles, teats, or pacifiers for my infant." The overall mean of 3.46 indicates that mothers' perceived level of compliance with six-month exclusive breastfeeding was rated as "agree." A mother's prior experience with infant feeding can strongly influence her decision to breastfeed or bottle-feed. Ingram, Wooldridge, and Greenwood (2011) found that mothers who experienced breastfeeding difficulties with their first baby and eventually stopped breastfeeding were less likely to breastfeed their subsequent babies compared to mothers who did not experience such difficulties. First-time mothers may also have many questions about breastfeeding and may require assistance during the first feeding. Mothers with previous experience may have a better understanding of breastfeeding (McKinney, James, Murray, & Ashwill, 2011). Furthermore, lack of confidence during the first one to two days is a common cause of breastfeeding discontinuation.

Psychological Challenges Met During Pregnancy

The table shows the perception of the mother-respondents regarding the psychological challenges they faced during pregnancy.

Table 4. *Psychological Challenges Met by the Respondents During Pregnancy*

Indicators	Mean	SD	Interpretation
Denial of the positive result of the pregnancy	2.58	0.80	Agree
Worried about how to inform their family members about pregnancy	2.57	0.60	Agree
Preoccupied with themselves that they will neglect the world around them	2.58	0.50	Agree
Teenage mothers disregard the significance of education	2.42	0.60	Disagree
Guilt that she had become a burden to her family	2.41	0.70	Disagree

In still social insecurities that may steer teenage mothers away from the other agents of the society	2.44	0.60	Disagree
Average	2.50	0.60	Disagree

The data revealed that the mother respondents agreed with the following statements: "Denial of the positive result of the pregnancy," "Worry regarding how to inform their family members about the pregnancy," "Being preoccupied with themselves to the extent that they neglect the world around them," "Teenage mothers' disregard for the significance of education," "Feelings of guilt for becoming a burden to their family," and "Social insecurities that may steer teenage mothers away from other agents of society." The overall mean of 2.5 indicates that respondents described the psychological challenges encountered during pregnancy, in relation to perceived compliance with six-month exclusive breastfeeding, as "agree." The mother's physical and psychological health affects breastfeeding practices. Mothers' physical conditions, including sore and painful nipples, breast engorgement, and mastitis, are common breastfeeding problems that are associated with distress and discomfort, often leading mothers to discontinue breastfeeding within a few weeks after delivery (Cooke et al., 2011). Kaewsarn and Moyle (2000) also found that a mother's physical health was one of the most likely reasons for stopping breastfeeding. Insufficient milk supply is another common reason for early cessation of breastfeeding (Gatti, 2008). It can be caused by infrequent or incomplete breast emptying, anxiety, and an inadequate maternal diet (Leung & Sauve, 2005). Among psychological conditions, anxiety plays an important role in mothers' breastfeeding practices. Chatman et al. (2011) reported that maternal anxiety influences the physiological milk ejection reflex, potentially resulting in inadequate milk flow. Anxiety can also lead to the perception of an insufficient milk supply.

Difference Between Level of Awareness and Perceived Level of Compliance According to Demographic Profile ***F-Test of Significant Difference in Their Level of Awareness***

The table shows the *F*-Test of significant difference in their level of awareness among teenage mother-respondent with regards to the 6 month exclusive breastfeeding and its effects to the infant when grouped according to their demographic data; Age (computed $F = 3.47$) which means significant, family income (computed $F = 3.39$) which means not significant, religion (computed $F = 0.98$) which means not significant, place of residence (computed $F = 1.26$) which means not significant, and educational attainment (computed $F = 3.88$) which means not significant.

Table 5. *F-Test of Significant Difference in Their Level of Awareness and Its Effects on the Infant When Grouped According to Their Demographic Data*

Indicators	<i>F</i> value	<i>p</i> value	Critical Value	Interpretation
Age	3.47	.02	1.26	Significant
Family Income	3.39	.03	1.87	Significant
Religion	0.98	.45	1.34	Not Significant
Place of residence	1.26	.39	1.33	Not Significant
Educational attainment	3.88	.03	1.28	Significant

Significant level at .05

This finding revealed that the age, family income, and educational attainment of the mothers were significantly associated with the awareness of teenage mother-respondents regarding six-month exclusive breastfeeding and its effects on infants. The study showed that the mothers were eager to learn more about six-month exclusive breastfeeding and its effects on infants. These results led the researcher to conclude that, among the 50 respondents in this study, age, family income, and educational attainment significantly influenced awareness of exclusive breastfeeding for 6 months and its effects on infants. Furthermore, the findings indicated that older mothers tended to have better awareness of exclusive breastfeeding and its effects, mothers with higher family income demonstrated greater awareness of breastfeeding and its effects, and mothers with higher educational attainment were more likely to be aware of exclusive breastfeeding and its effects on infants.

F-Test of Significant Difference in Their Perceived Level of Compliance

The table shows the *F*-Test of significant difference in their perceived level of compliance among teenage mother-respondent with regards to the 6 month exclusive breastfeeding and its effects to the infant when grouped according to their demographic data; Age (computed $F = 3.59$) which means significant, family income (computed $F = 3.44$) which means not significant, religion (computed $F = 0.95$) which means not significant, place of residence (computed $F = 1.87$) which means not significant, and educational attainment (computed $F = 3.85$) which means significant.

Table 6. *F –Test of Significant Difference in Their Perceived Level of Compliance When Grouped According to Their Demographic Data*

Indicators	F value	p value	Critical Value	Interpretation
Age	3.59	.01	1.31	Significant
Family Income	3.44	.02	1.44	Significant
Religion	0.95	.44	1.64	Not Significant
Place of residence	1.87	.54	1.42	Not Significant
Educational attainment	3.85	.03	1.54	Significant

Significant level at .05

This finding revealed that the mothers' age, family income, and educational attainment were significantly associated with teenage mother-respondents' perceived level of compliance with six-month exclusive breastfeeding and its effects on infants. In this study, the mothers were eager to learn more about six-month exclusive breastfeeding and its effects on infants. These results led the researcher to conclude that, among the fifty respondents, age, family income, and educational attainment significantly influenced perceived compliance with six-month exclusive breastfeeding and its effects on infants. Furthermore, the findings indicated that older mothers tended to have a better perceived level of compliance with exclusive breastfeeding and its effects, mothers with higher family income demonstrated a greater perceived level of compliance with breastfeeding practices, and mothers with higher educational attainment were more likely to comply with six-month exclusive breastfeeding and its effects on infants. According to Aryeetey and Goh (2013), their study summarized demographic variables such as age, marital status, educational attainment, and employment status among lactating mothers. The study categorized mothers' ages into three groups. Seven of the 48 mothers interviewed were aged 15-19 years, while almost all the others (72.9%) were aged 20-39 years. However, six of the mothers interviewed were aged 40 years or older.

Conclusion

Based on these findings, the researcher concludes that breastfeeding works well with sufficient awareness and perceived compliance, but for some, it is difficult to start; self-encouragement may be vital to establishing or continuing breastfeeding. Age, family income, and educational attainment are significant factors in exclusive breastfeeding and its effects on the infant. In other words, the more mature the mother, the higher the educational attainment of the mother, and the better the family income, the better the awareness and compliance towards exclusive breastfeeding, and more knowledge is expected to occur.

Contributions of Authors

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Conflict of Interests

The researcher declares that there are no conflicts of interest, whether financial, professional, or personal, that could have influenced the conduct, findings, interpretation, or reporting of this study. The research was undertaken solely for academic purposes and was carried out with integrity, objectivity, and adherence to ethical research standards.

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