MATERNAL KNOWLEDGE, ATTITUDE AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN SELECTED BARANGAYS OF OZAMIZ CITY

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output entitled, "**MATERNAL KNOWLEDGE, ATTITUDE AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN SELECTED BARANGAYS OF OZAMIZ CITY"** is prepared and submitted **by Mechelle Ann B. Andale, Joanna Mae E. Arañez, Joanna Amelie C. Badon, Michaella S. Balolong and Rochelle Bhebs M. Cagas** has been examined and recommended for acceptance and approval.

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ABSTRACT

Breastfeeding is generally accepted as the most essential form of infant nutrition and has an unmatched health benefit for both mothers and children. Exclusive Breastfeeding rates in the Philippines continue to fall short of international standards, despite national breastfeeding promotion laws like the Milk Code and the Expanded Breastfeeding Promotion Act of 2009. This study aimed to investigate the maternal knowledge, attitude, and adherence to exclusive breastfeeding in the selected barangays of Ozamiz City, Misamis Occidental, Philippines. A quantitative approach was employed using a descriptive-correlational design and Nola Pender's Health Promotion Model served as a theoretical framework. A total of 110 mothers were chosen as respondents of the study selected through random sampling. Data was collected using validated researcher-made questionnaires. Mean, standard deviation, Pearson product-moment correlation coefficient, and regression analysis were used for data analysis. The results showed that mothers had a very high level of knowledge and a very good attitude towards exclusive breastfeeding. They also reported a very high level of adherence to exclusive breastfeeding. Furthermore, the study revealed that significant correlations were found between the mothers' level of knowledge, attitude, and adherence to exclusive breastfeeding. Regression analysis revealed that attitude significantly predicts adherence to exclusive breastfeeding. It is concluded that the mothers' knowledge and attitude directly influence their adherence to exclusive breastfeeding. Adherence to exclusive breastfeeding is influenced by a variety of factors such as maternal education, employment status, cultural beliefs, and healthcare access. Further research is needed to explore

cultural factors influencing breastfeeding practices, and there should be greater enforcement of existing breastfeeding laws to ensure broader compliance and support.

Keywords: *adherence, exclusive breastfeeding, health promotion, maternal attitude, maternal knowledge*

DEDICATION

This study is humbly dedicated to all mothers who give their time, energy, and unconditional love to ensure their children grow up healthy and strong. Your quiet sacrifices, sleepless nights, and unwavering devotion do not go unnoticed. Your strength, patience, and nurturing spirit inspire not only this study but the hope for a healthier future for every child.

To the mothers in the selected barangays of Ozamiz City, thank you for opening your hearts and sharing your experiences with us. This work is for you and the countless others who strive to give their children the best start in life.

This study is also dedicated to their families, who stood by them with patience, encouragement, understanding, and love throughout this journey. Your support meant everything.

And finally, to extend their heartfelt gratitude to their incredible research adviser, Dr. Sammy B. Taghoy. Your unwavering support, insightful guidance, and expert knowledge have played a crucial role in the development of this study. Your dedication to their growth has inspired them to work harder and reach greater heights. Thank you for believing in them!

The Researchers

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The Researchers

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INTRODUCTION

Rationale of the Study

Breastfeeding is considered the most priceless gift a mother could offer to her child, as it provides vital nutrients and immune protection that contributed to healthy growth and development. The mother and child experienced a connection that positively impacted their relationship, and consequently, it facilitated healthy breastfeeding practices, ultimately leading to good nutrition. In the past, breast milk was regarded as the optimal nutrition for infants from 0 to 6 months old, as it not only protected them from health threats but also enhanced their cognitive development (Fang et al., 2021). Several comprehensive meta-analyses and reviews have highlighted the impact of the duration of human milk consumption on children's health. Studies indicated that the use of mother's milk was associated with a risk reduction factor for infant death, disease, and infections, as well as, in rare cases, leukemia (Hossain & Mihrshahi, 2022).

Among metabolic disorders (Rito et al., 2019), breastfeeding has been found to decrease the chance of gain and even hypertension, cardiovascular disease, and diabetes to some extent (Horta and de Lima, 2019). Furthermore, breastfeeding is associated with better cardio-respiratory fitness, higher cognitive functions, and improved psychological well-being among children and adolescents (Berlanga-Macías et al., 2021). Mothers reaped the benefits of psychological health, stronger ties, and financial savings due to the elimination

of infant formula purchasing, as well as a lower incidence of women's diseases (Camacho & Hussain, 2020).

In the Philippines, breastfeeding promotion was a crucial component of the Department of Health (DOH) 's programs. The Milk Code (Executive Order No. 51) and the Expanded Breastfeeding Promotion Act of 2009 (RA 10028) were designed to protect, promote, and support breastfeeding as a critical element of mother and child health. A study conducted in the Philippines demonstrated a significant link between the decline in breastfeeding rates and the aggressive marketing practices of the baby food industry, which promoted increased consumption of commercial milk formula (CMF). Research indicated that intensive marketing efforts by CMF companies markedly expanded formula markets, influenced infant feeding decisions, and undermined breastfeeding practices (Baker et al., 2021). These findings underscored the substantial impact of formula milk marketing on first-food systems in the Philippines. Several factors, including maternal education, employment status, cultural beliefs, and access to healthcare support, influenced breastfeeding adherence. In some barangays, the lack of infrastructure and health education programs further exacerbated the challenges mothers faced in initiating and maintaining breastfeeding (Samaniego et al., 2022).

According to the World Health Organization (WHO), addressing these disparities requires community-level interventions, access to education, and the involvement of healthcare providers to support maternal health initiatives. Several mothers were aware of breastfeeding's benefits but still faced challenges

such as misinformation, cultural beliefs, and a lack of family or community support (Sabo et al., 2023).

Although nearly all women are biologically capable of breastfeeding, the decision to breastfeed according to recommendations is influenced by various factors at the societal, community, household, and individual levels. These factors affect women's attitudes toward breastfeeding and often made it difficult for them to adhere to recommended practices (Chen et al., 2019).

Exclusive Breastfeeding (EBF) is vital for infant health, providing essential nutrients and strengthening immunity. In selected barangays in the Philippines, maternal knowledge, attitudes, and adherence to EBF are shaped by factors such as education, employment, and the availability of support systems. Recent data indicated that only 34.7% of infants under six months were exclusively breastfed in the Philippines (Amit et al., 2021), falling short of the global target of 70%. Notably, exclusive breastfeeding rates declined as infants aged; while 52% of infants aged 0–3 months were exclusively breastfed, this rate dropped to 28% for those aged 4–5 months.

Research showed that although many mothers had high knowledge and positive attitudes toward EBF, actual practices often remained suboptimal. For example, a study in Barangay Bibincahan, Sorsogon City, found that although 98.1% of mothers had high knowledge and 84% exhibited positive attitudes toward EBF, only 35.9% practiced it exclusively (Gerona, 2021). Similarly, among Bicol University female personnel, 35% demonstrated low knowledge levels about EBF in the workplace despite generally positive attitudes (Bartolata, 2022).

Adherence to exclusive Breastfeeding (EBF) in some areas or barangays faced challenges, particularly those related to employment. A study assessing breastfeeding practices in selected cities of Metro Manila found that only 60.87% of participants practiced EBF, with employment status significantly affecting Adherence. Employed mothers were less likely to exclusively breastfeed compared to unemployed mothers (Philippine Journal of Science, 2020). Cultural beliefs and misconceptions also influenced breastfeeding practices. In specific communities, traditional beliefs discouraged exclusive breastfeeding, leading to the early Introduction of complementary foods. Additionally, socioeconomic factors affected breastfeeding decisions; mothers from higher-income households had lower rates of exclusive breastfeeding than those from lower-income families.

The Philippines enacted policies such as the 105-Day Expanded Maternity Leave Law and the Expanded Breastfeeding Promotion Act of 2009 to support breastfeeding mothers. However, gaps in policy implementation persisted, including limited access to maternity leave for all working women, inconsistencies in leave duration compared to World Health Organization recommendations, and inadequate workplace support for Breastfeeding (Maramag et al., 2023).

Additionally, the Philippine government implemented the Expanded Breastfeeding Promotion Act of 2009 (RA 10028) and the Rooming-In and Breastfeeding Act of 1992, which aimed to create supportive environments for breastfeeding mothers. Despite these efforts, structural barriers remained, such as inconsistent breastfeeding promotion, limited access to skilled counseling, and

insufficient workplace support. While the benefits of exclusive breastfeeding were well-recognized in the Philippines, various factors continued to hinder optimal adherence. Addressing these issues requires comprehensive strategies that include rigorous policy enforcement, enhanced workplace accommodations, widespread community education, and culturally sensitive interventions to promote and sustain exclusive breastfeeding practices nationwide.

The Philippines implemented a comprehensive breastfeeding policy, but both structural and individual factors hindered its effectiveness. Structural factors were the main reason for the situation. They included promotion of breastfeeding being done inconsistently, mothers not having access to skilled counseling, getting no or very little support in the workplace for breastfeeding, legal gaps, ineffective monitoring and enforcement of the Philippine Milk Code, and no or very short maternity leave, which drove many mothers to take their children—newborns included—to work outside the home (Gebermariam et al., 2020).

On the other hand, individual barriers included limited knowledge, misconceptions, and low self-confidence among mothers due to insufficient support in addressing breastfeeding problems. Misconceptions in the community further undermined breastfeeding, while the limited knowledge and skills of health workers and the lack of support from household members compounded these challenges. Although breastfeeding policies in the Philippines aligned with global standards, further action was needed to address both structural and individual barriers, thereby enhancing their effectiveness in improving breastfeeding practices (Samaniego et al., 2022).

Global studies identified various barriers to breastfeeding, including maternal knowledge, socioeconomic constraints, cultural norms, and inadequate support systems (Rahman et al., 2022). Previous research emphasized the importance of understanding the risks of not breastfeeding and the benefits of exclusive breastfeeding (Muthoni et al., 2020). However, most existing studies have focused on urban populations or broader national statistics, with limited attention to rural areas, where lower education levels, cultural beliefs, and restricted access to healthcare services significantly shape breastfeeding behaviors (Verma et al., 2021).

Additionally, the role of family support has been widely recognized in international studies as a key determinant of breastfeeding continuation (Hahn et al., 2020; McLachlan et al., 2017); however, it remains underexplored in the context of selected Philippine communities. The structure of extended families, often central in Filipino households, played a significant role in child-rearing and decision-making and could either promote or inhibit breastfeeding.

Addressing this gap was crucial for developing culturally relevant and community-specific strategies that could improve breastfeeding practices and ultimately enhance infant health outcomes.

Despite the growing body of research on breastfeeding practices, a significant gap remains in the literature regarding how mothers in selected communities, particularly in Ozamiz City, perceive breastfeeding and adhere to recommended breastfeeding practices. A study also highlighted that place of residence is a determinant of timely breastfeeding initiation, with higher rates reported among those residing in urban areas compared to rural areas (Sarfo et

al., 2024). Mothers in other barangays face a unique set of challenges that can influence breastfeeding decisions. These include limited access to healthcare professionals, a lack of targeted breastfeeding education, and the pervasive influence of traditional cultural norms that may either support or hinder breastfeeding (Verma et al., 2021). Hence, this study investigated how mothers in selected barangays of Ozamiz City are aware of breastfeeding, their attitudes towards breastfeeding, and how closely they follow recommended breastfeeding practices.

Theoretical Framework

This study is anchored on the Health Promotion Model (HPM), developed by Nola J. Pender in 1982 and revised in 1996. HPM was a widely recognized nursing theory that focused on promoting health behaviors. Unlike traditional models that primarily focused on disease prevention, the HPM emphasized the proactive engagement of individuals in behaviors that promote well-being (Pender, 1996). The model was based on the premise that individuals are more likely to adopt health-promoting behaviors when they perceive benefits, experience positive reinforcement, and possess high self-efficacy.

According to Pender, the key components of the HPM included individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes -all of which influenced an individual's motivation to engage in health-promoting activities (Murdaugh et al., 2019). Given its emphasis on cognitive, emotional, and environmental factors, HPM

served as a suitable framework for exploring behaviors related to exclusive breastfeeding.

The HPM proposed that behavioral choices were shaped by personal factors such as prior experiences, perceived benefits and barriers, interpersonal influences, and situational factors. For instance, mothers who had successfully breastfed previously were likely to have greater confidence in continuing exclusive breastfeeding with subsequent children. Similarly, those who perceived breastfeeding as beneficial for their child's health were more likely to adhere to the recommended practice. Conversely, barriers such as workplace constraints, lack of family support, and cultural beliefs discouraged exclusive breastfeeding. Interpersonal influences, including healthcare providers, peer support, and community-based interventions, played a crucial role in shaping maternal decisions (Garcia et al., 2020). Thus, the HPM provided a structured approach to understanding how cognitive and environmental factors impacted maternal behavior regarding breastfeeding.

Maternal Knowledge was a fundamental factor in promoting exclusive breastfeeding, as outlined in Pender's behavior-specific cognitions and affect component of the Health Promotion Model (HPM). Knowledge about the advantages of breastfeeding, proper techniques, and potential challenges significantly influenced a mother's decision to initiate and sustain exclusive breastfeeding (Pender, 1996). Studies conducted in the Philippines revealed that mothers with higher breastfeeding knowledge were more likely to practice exclusive breastfeeding (Dela Cruz et al., 2022). However, knowledge gaps in rural areas persisted due to limited access to breastfeeding education and

healthcare services (Samaniego et al., 2022). HPM posited that individuals who recognized the benefits of health-promoting behaviors were more likely to adopt them, reinforcing the importance of targeted educational programs and awareness campaigns to enhance maternal knowledge and breastfeeding adherence (Camacho & Hussain, 2020).

The Health Promotion Model also highlighted Attitude as a determinant of health behavior, categorized under behavior-specific cognitions and affect. A mother's attitude toward breastfeeding was shaped by her beliefs, emotions, and past experiences, directly impacting her likelihood of practicing exclusive breastfeeding. Studies conducted in the Philippines suggested that while many mothers recognized the benefits of breastfeeding, negative attitudes, such as perceptions that formula feeding was more convenient, hindered adherence (Almocera & Reyes, 2021). Moreover, societal norms, peer influence, and media portrayals of infant formula contributed to negative perceptions of exclusive breastfeeding, particularly in urban settings (Sabo et al., 2023). The HPM suggested that positive reinforcement and social support could modify negative attitudes, making community-based peer counseling and support groups effective in promoting exclusive breastfeeding (Neupane & Kiragu, 2014).

Adherence to exclusive breastfeeding was the outcome in the HPM framework, representing the behavioral outcome resulting from knowledge, attitude, and external influences (Pender, 1996). According to the HPM, adherence was influenced by perceived benefits, barriers, and self-efficacy, all of which sustained breastfeeding for the recommended six months.

A study conducted in the Philippines found that mothers who received professional lactation support were more likely to maintain exclusive breastfeeding, highlighting the role of healthcare interventions in increasing adherence (Dukuzumuremyi et al., 2020). However, barriers such as workplace challenges, lack of supportive environments, and insufficient maternity leave policies have been identified as significant obstacles to breastfeeding continuation in the country (McCardel & Padilla, 2020). To address these challenges, policy reforms and workplace accommodations such as designated lactation rooms and flexible work arrangements were necessary to improve breastfeeding adherence among Filipino mothers.

Several studies in the Philippines have applied the Health Promotion Model to maternal and child health research, thereby reinforcing its relevance to promoting exclusive breastfeeding. A 2021 study in Sorsogon City examined the knowledge, attitudes, and practices (KAP) of mothers regarding exclusive breastfeeding and found that while 98.1% of mothers had high knowledge and 84% had positive attitudes, only 35.9% practiced exclusive breastfeeding (Dela Cruz et al., 2021). The study concluded that perceived barriers, including economic constraints and family pressure, influenced adherence to breastfeeding, aligning with the HPM's emphasis on behavior-specific cognitions and situational influences. Similarly, a 2024 survey by Save the Children Philippines in Barangay Alabang, Muntinlupa City, revealed that mothers who participated in peer counseling and breastfeeding support groups demonstrated higher adherence rates, validating the HPM's premise that social support strengthened

self-efficacy and commitment to health-promoting behaviors (Save the Children, 2024).

Another study published in the International Journal of Environmental Research and Public Health (2022) assessed the effectiveness of breastfeeding policies in the Philippines and found that while the country had a strong policy framework, its implementation was hindered by weak enforcement, insufficient workplace support, and inadequate maternal leave provisions (Samaniego et al., 2022). The effectiveness of health promotion initiatives was negatively affected by these structural obstacles, emphasizing the necessity of systematic measures to encourage exclusive breastfeeding, such as workplace accommodations and policy improvement. The Philippine Journal of Science also published a study indicating that mothers in urban areas were more likely to discontinue breastfeeding due to marketing influences and employment constraints, suggesting that targeted public health campaigns were necessary to counteract formula milk promotions and advocate for breastfeeding-friendly policies (Almocera & Reyes, 2021).

Conceptual Framework

This study examined the interrelationships among three key variables: maternal Knowledge, maternal Attitude, and Adherence to exclusive breastfeeding, exploring how each contributed to or hindered the practice of exclusive breastfeeding. By evaluating these components, the study aimed to uncover underlying barriers and facilitators that affected breastfeeding behavior, providing a basis for informed policy and targeted health education strategies.

Maternal Knowledge on exclusive Breastfeeding (EBF) refers to a mother's understanding of exclusive breastfeeding practices, including the benefits of breastfeeding, the recommended duration, and techniques for successful breastfeeding. Studies indicated that well-informed mothers were more likely to adhere to EBF recommendations. However, knowledge gaps, misinformation, and cultural beliefs hindered adherence, leading to mixed feeding or early weaning. The study aimed to assess rural mothers' awareness of breastfeeding guidelines and their impact on their breastfeeding behavior.

Maternal Knowledge about exclusive breastfeeding was crucial in promoting optimal infant health and well-being. Mothers who were well-informed about the benefits, methods, and duration of exclusive breastfeeding were more likely to adhere to recommended practices. This knowledge included understanding the nutritional superiority of breast milk, its role in strengthening the infant's immune system, and the importance of breastfeeding on demand. However, studies showed that even with access to information, misconceptions and misinformation still hindered mothers' understanding of Breastfeeding. For example, mothers may have believed that breast milk was insufficient in iron or that breastfeeding should be stopped once solid foods are introduced. Therefore, comprehensive and culturally sensitive educational programs were essential to address these misconceptions and equip mothers with accurate knowledge about exclusive breastfeeding. Studies indicated that well-informed mothers were more likely to adhere to EBF recommendations (Basrowi et al., 2024).

A study by Samaniego et al. (2022) in the Philippines stresses that addressing knowledge gaps among mothers is paramount. Although the

Philippines had a comprehensive policy framework on breastfeeding, its effectiveness was affected by both structural and individual barriers. One of the key factors identified as individual barriers was a lack of knowledge and skills among mothers regarding breastfeeding practices. This emphasized the need for targeted educational interventions that addressed specific misconceptions and provided mothers with accurate and culturally relevant information about exclusive Breastfeeding.

According to Manjapallikkunnel et al. (2023), higher educational qualifications were significantly associated with better knowledge among mothers about breastfeeding. Nearly half of the mothers exclusively breastfed their infants for six months, even though they had good knowledge. A systematic review of epidemiological studies also showed different factors associated with the exclusivity of breastfeeding, including maternal knowledge about the infant health benefits of breastfeeding (Boccolini et al., 2015).

More studies indicate that adequate maternal knowledge significantly influences breastfeeding practices. For instance, a study found that mothers with good knowledge about exclusive breastfeeding were more likely to adhere to recommended practices (Sabo et al., 2023). Another study highlighted that misconceptions about breastfeeding duration and benefits were common, indicating a need for enhanced educational interventions (Mogre et al., 2023).

Maternal Attitude towards exclusive Breastfeeding encompasses a mother's feelings, beliefs, and perceptions regarding breastfeeding. Positive attitudes were crucial for promoting adherence to recommended practices. A mother's attitude toward breastfeeding served as an essential predictor of

breastfeeding initiation and duration (Han et al., 2023). A positive attitude was characterized by belief in the benefits of breastfeeding, confidence in one's ability to breastfeed, and a willingness to overcome challenges. However, cultural beliefs, societal norms, and personal experiences shaped a mother's attitude toward breastfeeding. For instance, some mothers felt pressured to formula-feed due to societal expectations or concerns about breastfeeding in public. The study evaluated how maternal attitudes shaped breastfeeding choices and whether interventions could positively influence mothers' perceptions of exclusive breastfeeding (EBF).

According to Yasser et al. (2021), attitudes and confidence among women could predict the duration of exclusive breastfeeding. Studies indicated that younger women, those with higher household incomes, those with higher education levels, and those who benefited from supportive partners tended to exhibit more positive attitudes toward breastfeeding (Han et al., 2023). Dukuzumuremyi et al. (2020) found that mothers with positive attitudes toward breastfeeding were more likely to practice exclusive breastfeeding. Assessing breastfeeding attitudes as part of routine prenatal care could enhance women's perceptions of their ability to manage breastfeeding, increase breastfeeding control, and foster positive attitudes. This emphasized the promotion of positive attitudes through education, support groups, and role models. Additionally, addressing negative attitudes and misconceptions, such as the belief that formula feeding is more convenient or that breastfeeding hinders a mother's ability to return to work, is crucial.

A study at Bicol University found that while most female personnel had a positive attitude toward workplace breastfeeding, knowledge levels varied, with some lacking a comprehensive understanding of the topic. Preferred practices included flexible hours and breastfeeding breaks, but misconceptions, such as the need for water before six months, persisted (Bartolata, 2022). Furthermore, maternal attitudes were influenced by factors such as cultural beliefs and social support, which can either facilitate or hinder adherence to breastfeeding (Alharthi et al., 2019).

Maternal Adherence to exclusive Breastfeeding refers to the extent to which mothers follow breastfeeding guidelines, including exclusive breastfeeding for the first six months and continued breastfeeding for up to two years. A complex interplay of factors, including maternal knowledge, attitude, social support, and access to healthcare services, influenced adherence. The study by Samaniego et al. (2022) found that structural barriers, such as limited access to skilled counseling and insufficient workplace breastfeeding support, often limited adherence to exclusive breastfeeding in the Philippines. These findings highlighted the need for comprehensive interventions addressing both individual and structural barriers to breastfeeding.

A previous study in the Philippines indicated that adherence to early initiation of breastfeeding was influenced by factors such as optimal feeding practices, maternal age, employment status of both the mother and her partner, and access to breastfeeding information during pregnancy (Saniel et al., 2021). Studies have shown that adherence is often linked to maternal knowledge and attitudes; mothers who are well-informed and have a positive outlook on

breastfeeding are more likely to adhere to recommended practices (Sabo et al., 2023). Maternal education was identified as a significant factor affecting adherence, highlighting the importance of literacy and socioeconomic conditions in shaping appropriate feeding practices for children (Goyena et al., 2022). The study by Bagabaldo et al. (2024) also highlighted that cultural traditions influenced by respected family and community members acted as a significant barrier to appropriate infant and early child feeding practices. Additionally, barriers such as lack of support and inadequate knowledge negatively affected adherence rates among mothers (Neupane & Kiragu, 2014).

On the other hand, a study in the Philippines found that the difference in timely breastfeeding initiation among mothers was influenced by the health education or advice provided by health professionals (Felipe-Dimog et al., 2023). Despite documented benefits, committing to breastfeeding could be difficult for mothers. Returning to work proved to be one of the most significant reasons mothers stopped breastfeeding between 3 and 6 months of age (Chen et al., 2019). It was observed that women have a higher likelihood of continuing to breastfeed if private space and breast pumps were provided in workplaces (McCardel & Padilla, 2020). Therefore, it is suggested that facilities to support breastfeeding women in workplaces, such as lactation rooms and breast pumps, encourage breastfeeding. It was also noted that women with lower household incomes were more likely to stop breastfeeding early (Santos et al., 2019). This research examines the extent to which maternal knowledge and attitudes affect

compliance rates, thereby further outlining possible barriers and enhancers for successful breastfeeding practices in rural communities.

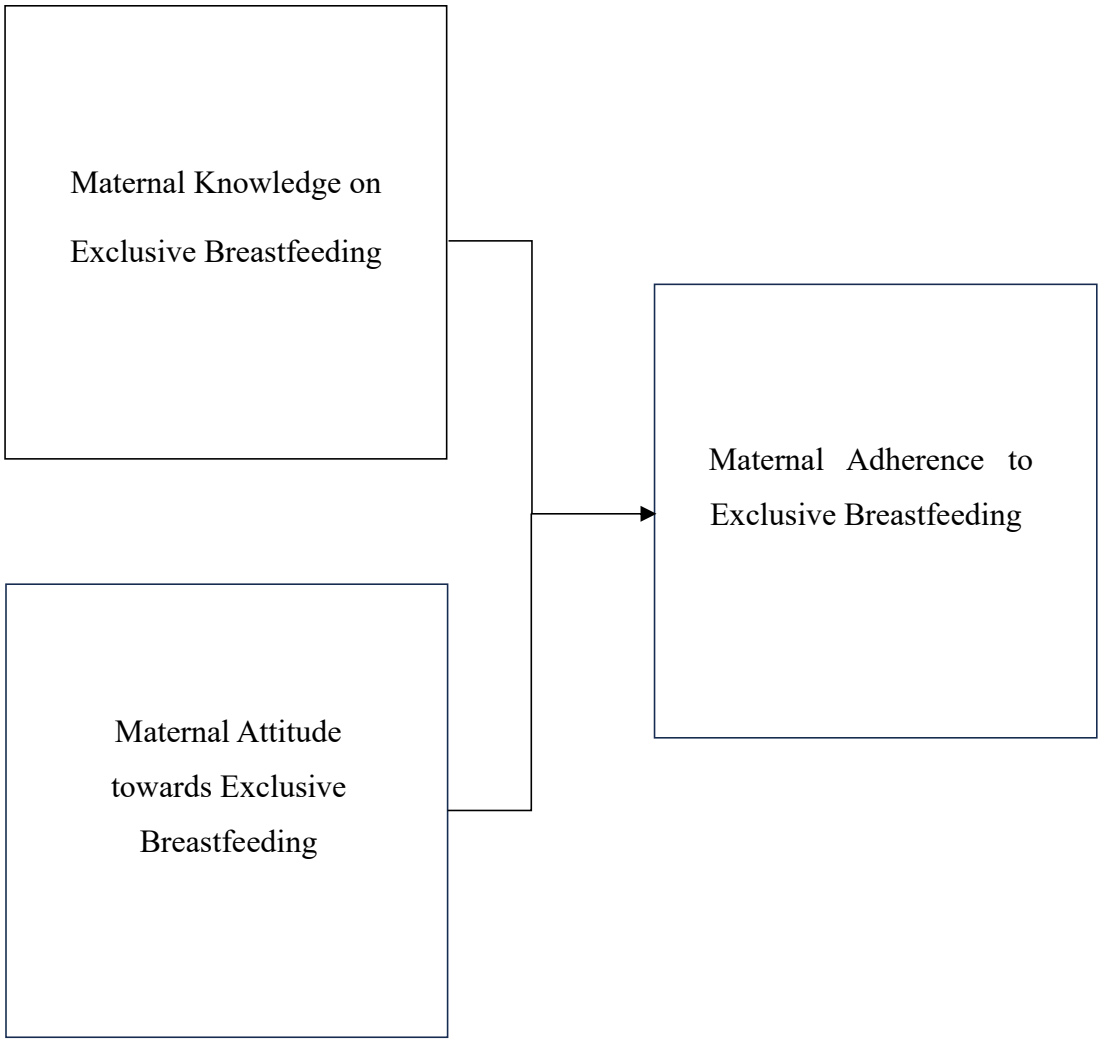

Figure 1. Schematic Presentation of the Study

Objectives of the Study

The study aimed to investigate the maternal Knowledge, Attitude, and Adherence to exclusive Breastfeeding in selected barangays of Ozamiz City, Misamis Occidental, Philippines. Specifically, this study was sought to: (1) Assessed mothers' level of knowledge on exclusive breastfeeding; (2) Evaluated mothers' attitude towards exclusive breastfeeding; (3) Determined the mothers' level of adherence to exclusive breastfeeding; (4) Examined the significant relationship between the mothers' level of knowledge and adherence to exclusive breastfeeding; 5) Investigated the significant relationship between the mothers' attitude and adherence to exclusive breastfeeding; and (6) Identified the predictors of maternal adherence to exclusive breastfeeding.

The study hypothesized that Ho_1: There was no significant relationship between maternal knowledge and adherence to exclusive breastfeeding; Ho_2: There was no significant relationship between maternal attitude and adherence to exclusive breastfeeding; and Ho_3: knowledge and attitudes are not predictors of maternal adherence to breastfeeding.

Significance of the Study

The generalization of this study will significantly contribute to the following:

Mothers and infants. The study can lead to interventions that enhance breastfeeding adherence and maternal satisfaction, contributing to better health outcomes. Aiming to improve breastfeeding adherence, the study can promote healthier growth patterns and strengthen the likelihood of long-term well-being for children in the communities. This dual focus on maternal and infant health can provide a comprehensive view of how improved breastfeeding practices benefit both mother and child, advocating for practical support and resources that align with the unique needs of the communities.

Community. The findings from this study can contribute to the development of targeted interventions and community-based programs that addressed breastfeeding challenges, ultimately improving maternal and infant health outcomes in Ozamiz City and similar underserved communities.

Nursing Education. Nursing education could benefit by incorporating findings from this research, preparing future nurses to tackle breastfeeding issues in underserved populations. Nursing students will gain an understanding of the unique challenges faced by mothers, equipping them with culturally sensitive approaches to promote breastfeeding and address barriers.

Nursing Practice. The study can provide insights into the barriers mothers face, enabling nurses to advocate more effectively for breastfeeding,

support the creation of community-based initiatives, and collaborate with healthcare teams to address the identified challenges. Thus, the study can ultimately improve the support system for breastfeeding mothers within clinical and community settings.

Policymakers. Policy Makers can use the study to support breastfeeding in selected barangays through increased access to healthcare resources and breastfeeding support programs. The study may provide evidence to support policies to improve breastfeeding practices, such as increased funding for breastfeeding programs and enhanced maternal healthcare services. This policy alignment with community needs can lead to a sustainable impact on maternal and child health outcomes.

Future Researchers. The study can serve as a foundation for future research into maternal health and breastfeeding practices. It opens up opportunities to explore related topics, such as the effectiveness of specific interventions or the role of family support in breastfeeding adherence. Future studies can build on these findings to develop a comprehensive framework for supporting maternal and infant health through improved breastfeeding practices.

RESEARCH METHODOLOGY

This section presents research design, environment, respondents, sampling methods, instruments used, data gathering procedure, ethical considerations, and data analysis techniques.

Design

The study utilized a quantitative, descriptive-correlational research design to gather data from the target population. The descriptive-correlational design enables researchers to explore and describe the relationship between independent and dependent variables in a flexible manner. The descriptive design focuses on describing individuals, events, or conditions by observing them in their natural environment (Siedlecki, 2020). Correlational design is a

type of non-experimental research that helps predict and explain the relationship among variables. It measures two or more variables to investigate their relationship (Seeram, 2019).

The descriptive-correlational design was appropriate for the study, as it investigated the level of maternal knowledge and attitude towards exclusive breastfeeding and examined how these factors influence adherence to exclusive breastfeeding.

Environment

The study was conducted in selected barangays of Ozamiz City, Misamis Occidental. These areas were characterized by geographical barriers, socioeconomic challenges, and cultural beliefs that may have influenced maternal decisions on breastfeeding. Given that some communities often experienced gaps in healthcare accessibility, lower maternal education levels, and limited exposure to lactation support programs, studying these barangays provided a valuable opportunity to explore the real-world challenges that mothers faced in adhering to exclusive breastfeeding recommendations. Additionally, these locations offered insight into the impact of cultural norms and traditional practices on breastfeeding behaviors, making them highly relevant for understanding the barriers and facilitators that affected maternal adherence.

Respondent of the Study/ Unit of Analysis, and Sampling Procedure

The respondents of the study were one hundred ten (110) mothers with babies aged 0 to 6 months living in selected barangays of Ozamiz City, chosen through random sampling. In this study, respondents met several inclusion criteria to ensure the findings accurately reflect breastfeeding practices among mothers in the communities. The following were the criteria for selection: 1) mothers who were exclusively breastfeeding their baby aged 0 to 6 months; 2) 18 years or older to ensure they could provide informed consent and represent the experience of adult mothers; 3) residents in the selected barangays of Ozamiz City; and 4) willing to participate in the study.

Exclusion criteria were also established to ensure that the data collected accurately represented exclusive breastfeeding practices. Mothers who simultaneously used formula feeding and breastfeeding were excluded, as mixed feeding could have influenced the factors the researchers aimed to study. Mothers with medical conditions that significantly impacted exclusive breastfeeding (such as severe infections, mastitis, or postpartum health conditions that altered milk production or breastfeeding frequency) were also excluded. Additionally, mothers who had received paid breastfeeding support services or lactation consultations that were not typically available in some community settings were excluded, as this could have introduced variations in breastfeeding adherence that were not representative of the area. These criteria focused on the typical exclusive breastfeeding practices of mothers in selected barangays of Ozamiz City.

Data Gathering Instruments

A researcher-made questionnaire was used for data collection. The questionnaire consisted of three sections:

A. Maternal Knowledge on Breastfeeding Questionnaire. This researcher-made questionnaire was used to assess the respondents' level of understanding of exclusive Breastfeeding. It is a 4-point Likert Scale with the following responses:

   4 – Strongly Agree; 3 – Agree; 2 – Disagree; 1 – Strongly Disagree.

B. Maternal Attitude towards Breastfeeding Questionnaire. This researcher-made questionnaire was utilized to evaluate the respondents' Attitude towards exclusive Breastfeeding. The survey used a 4-point Likert Scale with the following responses: 4 – Strongly Agree, 3 – Agree, 2 – Disagree, and 1 – Strongly Disagree.

C. Maternal Adherence to Breastfeeding Questionnaire. This researcher-made questionnaire was used to determine the respondents' level of compliance with exclusive breastfeeding practices. The survey used a 4-point Likert Scale with the following responses: 4 – Strongly Agree, 3 – Agree, 2 – Disagree, and 1 – Strongly Disagree.

Data Gathering Procedure

Before conducting the study, the researchers obtained permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology, the City Mayor of Ozamiz City, and the Barangay Captains of the chosen barangays of Ozamiz City. Following the approval, the researchers coordinated with the

Barangay Health Workers to facilitate the distribution of the survey questionnaires. Each respondent was asked to sign an informed consent form and given time to answer the research instrument. If assistance was needed, any of the researchers was available to guide them throughout the process.

Once all necessary information was collected, the researchers tabulated the data for subsequent analysis and interpretation. This systematic approach ensured that the study effectively captured relevant insights about exclusive breastfeeding practices among mothers in selected barangays of Ozamiz City, Misamis Occidental, Philippines.

Validity and Reliability of the Instrument

The questionnaire underwent a comprehensive validation process to ensure their reliability and validity. This process involved an evaluation by a panel of experts, including the research adviser, whose feedback was crucial in refining the instruments. The revision ensured that the questionnaire was aligned with the study's objectives, explicitly focusing on maternal knowledge, attitude, and adherence to exclusive breastfeeding. After expert validation, the questionnaire was pilot tested on 20 mothers with babies aged 0-6 months from each chosen barangay who were not part of the actual study sample to assess the instrument's reliability. The reliability of the questionnaire was determined through the computation of Cronbach's alpha for each variable—part 1. Maternal Knowledge towards Exclusive Breastfeeding resulted in 0.8388, part 2. Maternal Attitude towards Exclusive Breastfeeding resulted in 0.9259, and part 3. Maternal Adherence to Exclusive Breastfeeding resulted in 0.9001. A Cronbach's

alpha value of 0.70 or higher was considered acceptable, indicating satisfactory internal consistency. This ensures that the instruments were valid and reliable for use in the main data collection.

Scoring Guidelines

A. Maternal Knowledge on Exclusive Breastfeeding Questionnaire. This part contained different statements to measure the respondents' knowledge about exclusive breastfeeding. The continuum presented below was used to interpret the data:

Weight	**Response**	**Continuum**	**Interpretation**
4	Strongly Agree	3.26 - 4.00	Very High
3	Agree	2.51 - 3.25	High
2	Disagree	1.76 - 2.50	Low
1	Strongly Disagree	1.00 - 1.75	Very Low

B. Maternal Attitude towards Exclusive Breastfeeding Questionnaire. This part contained different statements to measure the respondents' attitudes on exclusive breastfeeding. The continuum presented below was used to interpret the data:

Weight	**Response**	**Continuum**	**Interpretation**
4	Strongly Agree	3.26 - 4.00	Very Good
3	Agree	2.51 - 3.25	Good

2	Disagree	1.76 - 2.50	Poor
1	Strongly Disagree	1.00 - 1.75	Very Poor

C. Maternal Adherence to Breastfeeding Questionnaire. This part contained different statements to measure the respondents' adherence to exclusive breastfeeding. The continuum presented below was used to interpret the data:

Weight	**Response**	**Continuum**	**Interpretation**
4	Strongly Agree	3.26 - 4.00	Very High
3	Agree	2.51 - 3.25	High
2	Disagree	1.76 - 2.50	Low
1	Strongly Disagree	1.00 - 1.75	Very Low

Mode of Analysis/ Statistical Treatment

The data collected was tabulated, evaluated, analyzed, and interpreted using appropriate statistical tools:

Frequency and Percentage. These tools were used to determine the distribution of the responses in each category. At the same time, the percentage was used to determine the position of the respondents' responses among the total number of responses utilized in the study.

Mean and Standard Deviation. These statistical tools were utilized to assess the level of Knowledge, Attitude, and Adherence to exclusive Breastfeeding.

Pearson Product-Moment Correlation Coefficient. This tool was used to determine relationships between respondents' Knowledge, attitudes, and Adherence to exclusive Breastfeeding.

Regression Analysis. This tool was used to examine how maternal Knowledge and Attitude predict Adherence to exclusive Breastfeeding, determining the strength and significance of these relationships.

Ethical Considerations

The researchers took into account all ethical considerations before implementing the study. Prior to conducting the study, the researchers obtained approval from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. Consequently, the respondents were informed about the purpose of the study, the procedures, and the privacy of their data. The participation of the respondents was voluntary, and informed consent was obtained. The respondents were fully informed that they could withdraw from participating in the study at any time, with the assurance of confidentiality regarding the information they provided.

Furthermore, the respondents were encouraged to ask the researchers questions if they had any concerns, and their anonymity and confidentiality were strictly maintained throughout the study. All data were securely stored and accessible only to the research team. They were permanently deleted or securely destroyed within four months following the completion of the study, ensuring that no possible breach of confidentiality could occur.

RESULTS AND DISCUSSIONS

This part of the study presents the findings and discussions related to the six specific research objectives in the Introduction. The maternal levels of Knowledge, Attitudes, and Adherence to exclusive Breastfeeding were determined. Additionally, the relationship between the maternal level of Knowledge and Adherence to exclusive Breastfeeding, as well as the relationship

between the maternal Attitude and Adherence to exclusive Breastfeeding, was evaluated. The presentation of findings is arranged into the following topics:

Maternal Knowledge of Exclusive Breastfeeding

Maternal Attitude towards Exclusive Breastfeeding

Maternal Adherence to Exclusive Breastfeeding

Significant Relationship Between Maternal Knowledge and Adherence to Exclusive Breastfeeding

Significant Relationship Between Maternal Attitude and Adherence to Exclusive Breastfeeding

Predictors of Maternal Adherence to Exclusive Breastfeeding

Maternal Knowledge of Exclusive Breastfeeding

Table 1 shows the assessment of mothers' knowledge about exclusive breastfeeding (EBF) in the selected barangays of Ozamiz City. The table combines responses on key aspects of EBF, including its benefits, recommended practices, and duration. It provides clear insight into how well mothers understand important breastfeeding concepts. Additionally, this data serves as a baseline to evaluate the effectiveness of current breastfeeding promotion efforts.

The findings reveal an overall mean of 3.98 (SD = 0.067), rated as "Very High." This suggests that most respondents understand the importance of EBF, including its role in child growth, boosting the immune system, and preventing illnesses. These levels of knowledge indicate that breastfeeding information has been successfully shared within the community. These insights highlight the positive effects of existing breastfeeding promotion efforts and provide a solid

foundation for further actions to improve exclusive breastfeeding rates and duration in Ozamiz City.

To support the findings regarding mothers' significant understanding of exclusive breastfeeding in Ozamiz City, studies indicate that knowledgeable mothers are more inclined to initiate and maintain EBF practices. This outcome aligns with Pender's Health Promotion Model, where knowledge acts as a behavior-specific thought influencing health-promoting actions. Studies by Dela Cruz et al. (2021) and Samaniego et al. (2022) confirm that mothers with knowledge tend to have higher rates of EBF initiation and duration. However, both studies warn that knowledge alone does not always lead to strict adherence to exclusive breastfeeding. Factors such as cultural beliefs, family support, socioeconomic status, and access to breastfeeding resources often influence the transition from knowledge to practice. This suggests that interventions must address not only awareness but also the wider social and psychological barriers to maintaining EBF.

Therefore, following Pender's Health Promotion Model and the current study's findings, community health education should expand alongside solutions that eliminate practical and social barriers to breastfeeding. Combining education with peer support, policy advocacy, and training for healthcare providers is crucial for turning knowledge into consistent breastfeeding behavior. These efforts are crucial for enhancing child health outcomes and achieving national and global breastfeeding objectives.

Table 1. Maternal Knowledge towards Exclusive Breastfeeding (n=110)

Variable	M	SD	I
Knowledge	3.98	.067	Very High

Legend: 3.26-4.00 (Very High); 2.51-3.25 (High); 1.76-2.50 (Low); 1.00-1.75 (Very Low)

Maternal Attitude towards Exclusive Breastfeeding

Table 2 highlights the attitudes of mothers toward EBF, offering insight into their emotional and cognitive perspectives on the practice. When it comes to breastfeeding decisions, Attitude plays a pivotal role in shaping breastfeeding decisions, influencing both the intention and continuation of EBF. This table helps evaluate how mothers' perceptions may help or hinder Adherence to EBF guidelines by capturing their levels of agreement with statements regarding the advantages, viability, and personal confidence associated with breastfeeding.

The overall mean score of 3.92 (SD = 0.16) signifies a "Very Good" maternal attitude toward exclusive breastfeeding among the 110 mothers surveyed. This high mean suggests that most mothers strongly believe in the value of EBF, feel confident in their ability to breastfeed exclusively, and acknowledge the health benefits for both themselves and their infants. Such positive attitudes are essential foundations for the practice of EBF.

The results are consistent with prior studies that show how positive maternal attitudes contribute significantly to the success of exclusive breastfeeding. Dukuzumuremyi et al. (2020) emphasized that belief in the benefits of beastfeeding is one of the strongest predictors of adherence. Likewise,

Han et al. (2023) found that a favorable attitude was more influential than knowledge alone in sustaining EBF practices beyond the early postpartum period. These findings also suggest that the majority of mothers internalize breastfeeding as not just a recommended behavior, but as a personal and empowering choice, which aligns with Pender's Health Promotion Model (HPM), wherein emotional beliefs and perceived benefits significantly influence health behaviors.

The findings highlight the significant impact of maternal attitudes on breastfeeding behavior. This suggests that, in addition to educating mothers, health programs should work to increase their emotional preparedness and self-assurance. These attitudes can be reinforced through customized interventions, such as peer-led education, breastfeeding support groups, and maternal storytelling. Additionally, incorporating culturally sensitive messaging and enlisting community influencers in health campaigns may strengthen favorable opinions of EBF. Health systems can better support long-term adherence to EBF by fostering positive attitudes, which will ultimately improve infant morbidity and child health outcomes.

Table 2. Maternal Attitude towards Exclusive Breastfeeding (n=110)

Variable	M	SD	Remarks
Attitude	3.92	16	Very Good

Legend: 3.26-4.00 (Very Good); 2.51-3.25 (Good); 1.76-2.50 (Poor);1.00 - 1.75 (Very Poor)

Maternal Adherence to Exclusive Breastfeeding

Table 3 shows the evaluation of mothers' compliance with exclusive breastfeeding (EBF) in the respondents' chosen Ozamiz City barangays. The table reflects how consistently mothers followed the recommended exclusive breastfeeding practices during the first six months of their infant's life, which is crucial for optimal infant health and development.

The findings indicate a mean adherence score of 3.91 (SD = 0.22), interpreted as "Very High," suggesting that the majority of mothers strongly complied with the guidelines for exclusive breastfeeding. This high level of adherence reveals that many mothers in these communities were able to exclusively breastfeed their infants without introducing other foods or liquids, aligning well with international and national breastfeeding recommendations.

These results align with the behavioral outcome component of Pender's Health Promotion Model, which posits that a combination of maternal knowledge, attitudes, and external environmental factors influences adherence to exclusive breastfeeding. Supporting this, studies conducted in the Philippines by Sabo et al. (2023) and Goyena et al. (2022) emphasize that exclusive breastfeeding adherence is a complex behavior shaped by mothers' understanding of the benefits of breastfeeding, positive attitudes, and the presence of social and healthcare support. However, these studies also highlight persistent challenges such as maternal employment, workplace constraints, and sociocultural pressures, which can undermine mothers' ability to maintain exclusive Breastfeeding despite their knowledge and positive mindset. This

finding corroborates the study's conceptual framework and rationale, underscoring that knowledge and attitude alone may not guarantee sustained adherence without supportive environments and policies.

The overall finding highlights the need for sustained and targeted support to maintain high exclusive breastfeeding rates, especially beyond the initial months. Healthcare providers and community programs should focus on creating enabling environments, including workplace accommodations and continuous education, to help mothers overcome barriers such as employment demands and cultural misconceptions. Addressing these factors can ensure the continuation of exclusive breastfeeding practices, ultimately improve infant health outcomes, and contribute to long-term public health benefits.

Table 3. Maternal Adherence to Exclusive Breastfeeding (n=110)

Variable	M	SD	Remarks
Adherence	3.91	22	Very High

Legend: 3.26-4.00 (Very High); 2.51-3.25(High); 1.76-2.50 (Low); 1.00-1.75 (Very Low)

Significant Relationship Between Maternal Knowledge and Adherence to Exclusive Breastfeeding

Table 4 presents the statistical relationship between maternal knowledge and adherence to exclusive breastfeeding. The analysis aims to determine

whether mothers' practices and decisions regarding exclusive breastfeeding are significantly influenced by their level of maternal knowledge.

As shown in the table, the r-value is 0.376, indicating a positive but moderate correlation between maternal knowledge and adherence to exclusive breastfeeding. The p-value is 0.00, which falls within the highly significant range of 0.00–0.01, as indicated in the legend. The null hypothesis (H_0), that there is no significant relationship between the two variables, is rejected. This confirmed that greater maternal knowledge was significantly associated with increased adherence to exclusive breastfeeding practices.

This result is in line with earlier Philippine research that emphasizes the value of maternal expertise, especially when combined with self-assurance and self-efficacy in encouraging the practice of exclusive breastfeeding. For example, Occidental Mindoro's cross-sectional study found that higher prenatal visits were linked to increased breastfeeding compliance, and higher adherence was associated with a higher likelihood of practicing it exclusively. (Gonzales, 2020). Additionally, a Philippine study found that participation in support groups for breastfeeding increases self-assurance and understanding, which are linked to better compliance with exclusive breastfeeding (Saniel et al., 2021).

Overall, the results indicate that maternal knowledge plays a crucial role in adherence to exclusive breastfeeding. This suggests that increasing maternal awareness and knowledge through targeted education can help improve breastfeeding practice. The research highlights that combining maternal care

with breastfeeding education would be a significant aid to mothers in making informed, effective, and health-oriented decisions related to their infants.

Table 4. Significant Relationship Between Maternal Knowledge and Adherence to Exclusive Breastfeeding

Variable	r- value	p- value	Decision
Knowledge	0.376	0.00	Reject H_0

Ho_1: There is no significant relationship between maternal knowledge and adherence to exclusive breastfeeding.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Significant Relationship Between Maternal Attitude and Adherence to Exclusive Breastfeeding

The statistical linkage between maternal attitude and adherence to exclusive breastfeeding was highlighted among mothers in specific barangays of Ozamiz City, as shown in Table 5. This analysis explores how the emotional and cognitive perceptions of mothers—such as confidence, beliefs about the benefits of breastfeeding, and social acceptance—impact their ability to sustain exclusive Breastfeeding for the recommended six-month period. Attitude, as a psychosocial factor, is central to understanding breastfeeding behavior and was assessed through mothers' level of agreement on positive and negative statements related to exclusive breastfeeding. This table aims to determine

whether maternal attitude significantly correlates with exclusive breastfeeding adherence and to what extent it shapes maternal behavior.

The findings show a strong positive correlation ($r = 0.684$) between maternal attitude and adherence to exclusive breastfeeding, with a highly significant p-value of 0.00. This suggests that mothers who held more favorable attitudes toward breastfeeding were considerably more likely to practice exclusive breastfeeding. The rejection of the null hypothesis indicates that attitude plays a statistically significant role in influencing maternal adherence behavior. This strong correlation implies that mothers who view breastfeeding positively—believing in its benefits, feeling emotionally prepared, and having a sense of self-efficacy—are more committed to exclusive breastfeeding, despite external pressures or challenges.

The findings are strongly supported by existing literature. Pender's Health Promotion Model (HPM) identifies attitude as a core behavioral-specific cognition influencing health-related behaviors. The strong correlation observed in this study validates the HPM's assertion that beliefs and emotions are key determinants in health-promoting decisions, such as exclusive breastfeeding (Pender, 1996; Murdaugh et al., 2019). Dukuzumuremyi et al. (2020) similarly found that mothers with positive attitudes were more likely to maintain exclusive breastfeeding, emphasizing the predictive strength of attitude. Han et al. (2023) further confirmed that maternal attitude—more than knowledge—was a stronger determinant of sustained breastfeeding. In the Philippine context, Bartolata (2022) and Almocera & Reyes (2021) highlighted how positive maternal

perceptions and emotional support contribute to continued breastfeeding even in challenging work environments or communities with mixed beliefs. Thus, this study aligns with both national and international findings, reinforcing the importance of attitudinal factors in breastfeeding adherence.

The strong and significant relationship between attitude and adherence underscores the necessity for interventions that extend beyond education alone. While information dissemination remains essential, programs must actively nurture and reinforce positive maternal attitudes. Community-based initiatives, such as mother-to-mother support groups, peer counseling, and storytelling from experienced breastfeeding mothers, can enhance emotional readiness and confidence. Health workers should be trained to address emotional barriers, validate mothers' feelings, and offer encouragement throughout the breastfeeding journey. Moreover, culturally sensitive campaigns that normalize breastfeeding in public and at work may dismantle lingering stigma and encourage positive attitudes. By prioritizing attitude enhancement, policymakers and healthcare providers can ensure long-term adherence, resulting in improved maternal and infant health outcomes.

Table 5. Significant Relationship Between Maternal Attitude and Adherence to Exclusive Breastfeeding

Variable	r- value	p- value	Decision
Attitude	0.684	0.00	Reject H_0

Ho_2: There is no significant relationship between maternal attitude and adherence to exclusive breastfeeding.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Predictors of Maternal Adherence to Exclusive Breastfeeding

Table 6 presents a regression analysis designed to identify whether maternal knowledge and attitude significantly predict adherence to exclusive areastfeeding. This table builds on the previous correlational findings by examining the predictive power of each variable when considered in combination. Understanding which factor—Knowledge or Attitude—more strongly influences Adherence can guide the development of effective interventions, policies, and education programs aimed at improving exclusive breastfeeding rates in local communities. This analysis helps isolate the most influential behavioral determinant and offers strategic insights for improving maternal health behavior.

The regression results indicate that among the two predictors, only maternal Attitude significantly predicts Adherence ($p = 0.000$), while maternal knowledge does not show a significant predictive effect ($p = 0.333$). This means that even when mothers are knowledgeable about exclusive breastfeeding, their attitudes—including confidence, emotional readiness, and perceived value of breastfeeding—ultimately determine whether they follow through with recommended practices. The statistical significance of Attitude confirms its dominant role as a behavioral driver. These results reinforce the earlier

correlation analysis from Table 5, validating the assertion that emotional and psychological factors carry more weight in maternal health behaviors than cognitive awareness alone.

This finding aligns with previous studies that highlight the central role of Attitude over knowledge in predicting health behavior. In a study by Han et al. (2023), attitude emerged as the strongest predictor of exclusive breastfeeding adherence, especially when mothers encountered conflicting societal or workplace pressures. Similarly, Almocera & Reyes (2021) and Dukuzumuremyi et al. (2020) found that while knowledge raised awareness, it did not necessarily translate into sustained action unless paired with positive attitudes. Pender's Health Promotion Model reinforces this idea by positioning affective motivation, emotional benefits, and perceived self-efficacy as critical to behavioral commitment. Additionally, Samaniego et al. (2022) noted that even in policy-rich environments like the Philippines, structural challenges, such as a lack of workplace support, can only be overcome when mothers possess a strong emotional determination to breastfeed.

The implication of this result is critical: health interventions must prioritize attitude-building approaches if they aim to improve exclusive breastfeeding rates. While knowledge dissemination remains foundational, it is insufficient on its own. Strategies should include peer counseling, maternal mentorship programs, emotional reinforcement through supportive health workers, and culturally relevant messaging that resonates with mothers' values and beliefs. Additionally, training programs for health professionals should

include modules on motivational interviewing, empathy, and emotional support techniques. Policymakers must recognize that addressing emotional and attitudinal barriers—such as fear, embarrassment, or lack of confidence—is just as important as providing information. Incorporating attitude-enhancing programs into prenatal and postnatal care can improve breastfeeding outcomes, particularly in culturally diverse and underserved communities such as Ozamiz City.

Table 6. Predictors of Maternal Adherence to Exclusive Breastfeeding

Variable	Test Statistics	p- value	Remarks
Knowledge	-0.97	0.333	Not Significant
Attitude	8.21	0.000	Highly Significant
Result			Reject Ho_3

Ho_3: Knowledge and Attitudes are not predictors of maternal adherence to breastfeeding.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

CONCLUSIONS AND RECOMMENDATIONS

This section wraps up the study by providing conclusions, offering recommendations for students and institutions, and proposing areas for future research

Conclusions

Based on the findings of the study, the researchers' conclusions were made:

1. The mothers possessed a very high level of knowledge concerning exclusive breastfeeding. It reflects that majority of them are well-informed about the critical aspects of exclusive breastfeeding, including its definition, recommended duration in the first six months of life, and the associated health benefits for both infants and mothers.
2. The mothers exhibited an excellent attitude towards exclusive breastfeeding. This indicates that the mothers not only understand the importance of exclusive breastfeeding but also hold favorable opinions and emotional responses toward practicing it. Such attitudes may include believing that exclusive breastfeeding is the best choice for their child's health, feeling confident in their ability to breastfeed, and perceiving strong social or familial support for the practice.
3. Mothers demonstrated a very high level of adherence to exclusive breastfeeding. This suggests that mothers actively engaged in exclusive breastfeeding, adhering to recommended guidelines by avoiding supplemental feeding with formula, water, or solid foods during the first six months.

4. A moderate positive correlation between maternal knowledge and adherence to exclusive breastfeeding. This suggests that mothers with higher levels of knowledge are more likely to practice exclusive breastfeeding. However, the moderate strength of the correlation suggests that other factors may also contribute to the outcome.
5. A strong positive correlation was found between maternal attitude and adherence to exclusive breastfeeding. This demonstrates that positive maternal attitudes are more strongly associated with adherence than knowledge alone. This result implies that mothers who hold more favorable attitudes toward exclusive breastfeeding are substantially more likely to practice it consistently.
6. Maternal attitude emerged as a significant predictor of adherence to exclusive breastfeeding, whereas knowledge did not. These findings suggest that while knowledge may enhance awareness and understanding, it is the mother's attitude encompassing her beliefs, feelings, and motivation toward breastfeeding that plays a more decisive and influential role in determining whether she adheres to exclusive breastfeeding practices.

Recommendations

Based on the results and conclusions of the study, the subsequent recommendations were put forth:

1. To promote exclusive breastfeeding, mothers may receive regular follow-ups from health workers and counselors, while also building

confidence and motivation through peer groups and inspiring stories. Programs must go beyond information by strengthening positive attitudes and emotional readiness. Including family members in breastfeeding education can also boost support. These combined efforts can enhance mothers' adherence to exclusive breastfeeding in the community.

2. Nursing education should emphasize not only increasing maternal knowledge but also shaping positive attitudes toward exclusive breastfeeding. Since attitude is a stronger predictor of adherence, nursing students must be trained to address emotional, social, and cultural factors that influence breastfeeding behavior. Incorporating counseling skills and community engagement into the curriculum can help future nurses effectively support and motivate mothers to promote sustained exclusive breastfeeding practices in their communities.
3. The Local Government and City Health Office should enhance breastfeeding programs by promoting positive maternal attitudes through counseling, peer support, and community education. Regular home visits by trained health workers help address challenges and reinforce adherence. Family-inclusive seminars should be conducted to strengthen support from spouses and relatives. Additionally, barangay health centers must be equipped with trained staff, updated

materials, and breastfeeding-friendly spaces to ensure continuous support for mothers.

4. Barangay Health Workers may conduct further health education programs that are more engaging and personal. While the mothers in the study were well-informed, knowledge alone was insufficient to ensure adherence. Health talks and breastfeeding lectures should be more interactive and emotionally supportive, focusing on real-life challenges, cultural beliefs, and ways to build a positive mindset around breastfeeding.
5. Future research may explore and include variables and constructs that directly affect mothers' adherence to exclusive breastfeeding.

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APPENDIX A: Research Questionnaire

Part 1. Maternal Knowledge towards Exclusive Breastfeeding

Instructions: Please read each statement carefully. Select the option that reflects your level of agreement or understanding of each statement regarding exclusive breastfeeding using the scale provided:

4 = Strongly Agree 2 = Disagree

3 = Agree 1 = Strongly Disagree

Statements	**4**	**3**	**2**	**1**
1. Breast milk contains all the essential nutrients that a baby needs for proper growth and development. *Ang gatas sa inahan adunay daghang importante nga nutrisyon nga gikinahanglan sa bata alang sa husto nga pagtubo ug paglambo*.				
2. Colostrum in breast milk provides immunity and is a natural vaccine for the baby. *Ang colostrum sa gatas sa inahan naghatag ug resistensya o natural nga bakuna para sa bata*.				
3. Breast milk is easier to absorb and digest than formula *Mas sayon tunawon ug masopsop ang gatas sa inahan kay sa formula o tinimpla*.				
4. Breastfeeding can and should be continued for up to two years for optimal infant health. *Ang pagpapasuso mahimong ipadayon hangtod sa duha ka tuig alang sa mas maayong kahimsog sa bata.*				
5. Exclusive breastfeeding for the first six months is necessary for an infant's health and well-being. *Ang eksklusibo nga pagpapasuso sulod sa unang unom ka bulan importante para sa kahimsog ug kaayohan sa bata.*				

6. A breastfeeding mother should maintain a healthy diet to improve milk supply and quality. *Ang inahan nga nagpapasuso kinahanglan magkaon ug husto ug himsog aron mapalambo ang supply ug kalidad sa gatas.*				
7. Babies should be breastfed every two hours to ensure proper nutrition. *Ang mga bata kinahanglan patutoyon/pasusu-on kada duha ka oras aron masiguro ang sakto nga nutrisyon.*				
8. Breastfeeding strengthens the bond between mother and child. *Ang pagpapasuso makapalig-on sa gugma ug relasyon tali sa inahan ug bata.*				
9. Exclusive breastfeeding reduces the risk of diarrhea and infections in infants. *Ang eksklisibo nga pagpapasuso makapakunhod sa risgo sa diarrhea/kalibanga ug ubang mga impeksyon sa bata*.				
10. Breastfeeding is more cost-effective than formula feeding. *Mas maka-barato ang pagpapasuso kay sa paggamit ug formula o tinimpla.*				
11. Breastfeeding lowers a mother's risk of developing breast cancer. *Ang pagpapasuso makapakunhod sa posibilidad nga magka-breast cancer ang inahan.*				
12. The first food that should be given to a newborn is breast milk. *Ang unang pagkaon nga angay ihatag sa bag-ong natawo nga bata mao ang gatas sa inahan.*				
13. Breastfeeding can serve as a natural method of family planning. *Ang pagpapasuso mahimong natural nga paagi sa family planning.*				
14. Breastfeeding should be continued even after the introduction of solid foods at six months. *Ang pagpasuso sa gatas kinahanglan ipadayon bisan human sa paghatag sa solidong pagkaon sa unom ka bulan*.				

15. Health professionals strongly encourage breastfeeding due to its benefits. *Ang mga propesyonal sa kahimsog nag awhag sa lig-on sa pagpasuso sa gatas tungod sa mga benepisyo niini*.				

Part 2. Maternal Attitude on Exclusive Breastfeeding

Instructions: Please read each statement about attitudes toward exclusive breastfeeding. Choose the response that best reflects your attitude using the scale provided:

4 = Strongly Agree 2 = Disagree

3 = Agree 1 = Strongly Disagree

Statements	**4**	**3**	**2**	**1**
1. I believe that exclusive breastfeeding is the best way to provide nutrition and protection for my baby. *Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga paagi aron maghatag og nutrisyon ug proteksyon sa akong bata.*				
2. I feel confident in my ability to breastfeed my baby for the first six months exclusively. *Nabati ko ang kumpiyansa sa akong abilidad nga magpasuso sa akong gatas sa akong bata sulod sa unang unom ka bulan.*				
3. I am willing to overcome challenges that may arise during exclusive breastfeeding. *Andam ko nga malampasan ang mga hagit nga mahimong mogawas sa eksklusibong pagpasuso sa akong gatas*.				
4. I believe breastfeeding strengthens the emotional bond between me and my baby. *Nagtuo ko nga ang pagpasuso sa akong gatas magpahugot sa emosyonal nga koneksyon tali sa ako ug sa akong bata.*				

5. I trust that my breast milk alone is sufficient to meet my baby's nutritional needs in the first six months. *Naga-salig ko nga ang akong gatas sa suso ra igo na aron matubag ang nutritional nga panginahanglan sa akong bata sa unang unom ka bulan.*				

6. I feel supported by my family and community in my decision to exclusively breastfeed. *Nabati ko ang suporta gikan sa akong pamilya ug komunidad sa akong desisyon nga magpasuso og eksklusibo sa akong gatas*.				
7. I believe returning to work or daily responsibilities should not be a barrier to exclusive breastfeeding. *Nagtuo ko nga ang pagbalik sa trabaho o mga adlaw-adlaw nga responsibilidad dili angay mahimong babag sa eksklusibong pagpasuso sa akong gatas.*				
8. I am comfortable breastfeeding in public places when necessary. *Komportable ko nga magpasuso sa akong gatas sa pampublikong lugar kung kinahanglan*.				
9. I believe that cultural beliefs and societal expectations should not discourage me from exclusive breastfeeding. *Nagtuo ko nga ang mga kultural nga pagtuo ug mga gilauman sa katilingban dili angay magdaug sa akong desisyon sa eksklusibong pagpasuso sa akong gatas.*				
10. Healthcare professionals and breastfeeding support groups play crucial roles in helping mothers successfully breastfeed. *Ang mga propesyonal sa kahimsog ug mga grupo sa suporta sa pagpasuso sa akong gatas adunay dakong papel sa pagtabang sa mga inahan aron magmalampuson sa pagpasuso.*				
11. I am willing to seek advice or attend breastfeeding support programs to improve my breastfeeding experience. *Andam ko nga mangayo og tambag o moapil sa mga programa sa suporta sa pagpasuso aron mapaayo ang akong kasinatian sa pagpasuso sa akong gatas.*				

12. I believe exclusive breastfeeding is the best option for my baby's health and development, which motivates me to continue. *Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga opsyon para sa kahimsog ug pag-uswag sa akong bata, nga naghatag og motibasyon aron ipadayon kini.*				
13. I believe that exclusive breastfeeding is more convenient than formula feeding. *Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mas komportable kaysa sa pag-gamit og gatas nga pormula*				
14. I believe that exclusive breastfeeding should be prioritized despite external pressures to introduce formula. *Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas angay unahon bisan pa man sa mga gawasnong presyur nga magpasulod og pormula.*				
15. I am aware that societal misconceptions about breastfeeding should not discourage me from exclusively breastfeeding. *Sayod ko nga ang mga sayop nga panabot sa katilingban bahin sa pagpasuso sa gatas dili angay magdaug sa akong desisyon nga magpasuso og eksklusibo sa akong gatas.*				

Part 3. Maternal Adherence on Exclusive Breastfeeding

Instructions: Please read each statement carefully regarding factors affecting adherence to exclusive breastfeeding. Choose the response that best describes your experiences or likelihood using the scale provided:

4 = Strongly Agree 2 = Disagree

3 = Agree 1 = Strongly Disagree

Statements	4	3	2	1
1. I believe that exclusive breastfeeding is the best way to provide nutrition and protection for my baby. *Eksklusibo ko nga nagpasuso sa akong gatas sa akong bata nga wala maghatag og pormula, tubig, o laing likido sa unang unom ka bulan.*				
2. I feel confident in my ability to breastfeed my baby for the first six months exclusively. *Nagsugod ko og pagpasuso sa akong gatas sa akong bata dayon sa sulod sa unang oras pagkahuman sa pagpanganak.*				
3. I am willing to overcome challenges that may arise during exclusive breastfeeding. *Nagplano ko nga ipadayon ang pagpasuso sa akong gatas sa akong anak hangtod sa duha ka tuig, ingon sa girekomenda sa mga eksperto sa kahimsog.*				
4. I believe breastfeeding strengthens the emotional bond between me and my baby. *Naghatag ko og gatas sa suso sa akong bata depende sa panginahanglan, adlaw ug gabii.*				
5. I trust that my breast milk alone is sufficient to meet my baby's nutritional needs in the first six months. *Wala pa ko naghatag og botelya nga gatas sa akong bata sa wala pa ang unom ka bulan.*				
6. I feel supported by my family and community in my decision to exclusively breastfeed. *Nangayo ko og suporta gikan sa mga propesyonal sa kahimsog kung nakasinati ko og kalisdanan sa pagpasuso sa akong gatas.*				
7. I believe returning to work or daily responsibilities should not be a barrier to exclusive breastfeeding. *Nangayo ko og suporta gikan sa akong pamilya sa akong desisyon nga magpasuso og ekslusibo sa gatas sa suso.*				
8. I am comfortable breastfeeding in public places when necessary.				

Nagpadayon ko sa pagpasuso sa akong gatas bisan human sa pagbalik sa trabaho o pag- atiman sa mga adlaw-adlaw nga responsibilidad.				
9. I believe that cultural beliefs and societal expectations should not discourage me from exclusive breastfeeding. *Nag-andam ko og mga pamaagi aron magpadayon og magtipig sa gatas sa suso samtang wala ko sa akong bata.*				
10. Healthcare professionals and breastfeeding support groups play crucial roles in helping mothers successfully breastfeed. *Aduna koy nahibal an nga usa ka pribadong lugar o pasilidad nga nagtugot kanako sa pagpasuso o paghatag ug gatas nga komportable.*				

11. I am willing to seek advice or attend breastfeeding support programs to improve my breastfeeding experience. *Nagasalig ako nga malampasan ang bisan unsang hagit nga maka-apekto sa akong abilidad sa pagpasuso sa akong gatas.*				
12. I believe exclusive breastfeeding is the best option for my baby's health and development, which motivates me to continue. *Sigurado ko nga ang akong bata makadawat lamang og gatas sa suso, bisan pa kung wala ko.*				
13. I believe that exclusive breastfeeding is more convenient than formula feeding. *Aduna koy kasinatian sa pagpasuso sa akong gatas sa mga nag- una nakong mga anak.*				
14. I believe that exclusive breastfeeding should be prioritized despite external pressures to introduce formula. *Naga apil ko sa mga programa sa edukasyon bahin sa pagpasuso sa gatas o nangayo og tambag gikan sa mga eksperto aron mapadayon ang pagpasuso.*				
15. I am aware that societal misconceptions about breastfeeding should not discourage me from exclusively breastfeeding. *Nag-awhag ko sa uban nga mga inahan sa akong*				

komunidad nga magpraktis og pagpasuso sa gatas.				

APPENDIX B: Sample of Filled-Out Questionnaire

Ininahan nga Kahibalo, Pagbati ug Pagpahiuyon sa Eksklusibong Pagpasuso sa Ilang Gatas sa mga Piniling Kabaryuhan nga Barangay sa Ozamiz City

Unang Bahin: Kahibalo sa Inahan bahin sa Eksklusibong Pagpapasuso

Instruksyon

Palihug basaha og tarong ang matag pamahayag. Pili-a ang opsyon nga nagpamatuod sa imong lebel sa pagsabot o pag-uyon bahin sa exclusibo nga pagpapasuso gamit ang mosunod nga sukdanan:

4- Dako kaayong pag-uyon (Strongly Agree)

3-Uyon (Agree)

2- Dili uyon (Disagree)

1- Dako kaayong dili uyon (Strongly Disagree)

Mga Pahayag	4 Dako kaayong pag-uyon	3 Uyon	2 Dili Uyon	1 Dako kaayong dili uyon
1. Ang gatas sa inahan adunay daghang importante nga nutrisyon nga gikinahanglan sa bata alang sa husto nga pagtubo ug paglambo.		✓		
2. Ang colostrum sa gatas sa inahan naghatag ug resistensya o natural nga bakuna para sa bata.	✓			
3. Mas sayon tunawon ug masopsop ang gatas sa inahan kay sa formula o tinimpla.	✓			
4.Ang pagpapasuso mahimong ipadayon hangtod sa duha ka tuig alang sa mas maayong kahimsog sa bata.	✓			
5. Ang eksklusibo nga pagpapasuso sulod sa unang unom ka bulan importante para sa kahimsog ug kaayohan sa bata.		✓		
6. Ang inahan nga nagpapasuso kinahanglan magkaon ug husto ug himsog aron mapalambo ang supply ug kalidad sa gatas.	✓			

APPENDIX B Cont'd

7. Ang mga bata kinahanglan patutoyon o pasusu-on kada duha ka oras aron masiguro ang sakto nga nutrisyon.	✓			
8. Ang pagpapasuso makapalig-on sa gugma ug relasyon sa inahan ug bata.		✓		
9. Ang eksklusibo nga pagpapasuso makapakunhod sa risgo sa diarrhea/kalibanga ug ubang mga impeksyon sa bata.	✓			

Ikaduang Bahin. Ininahang Pagbati sa Eksklusibong Pagpasuso

Instruksyon:

Palihug basaha og tarong ang matag pamahayag. Pili-a ang opsyon nga nagpamatuod sa imong lebel sa pagsabot o pag-uyon bahin sa exclusibo nga pagpapasuso gamit ang mosunod nga sukdanan:

4- Dako kaayong pag-uyon (Strongly Agree)

3-Uyon (Agree)

2- Dili uyon (Disagree)

1- Dako kaayong dili uyon (Strongly Disagree)

Mga Pahayag	4 Dako kaayong pag-uyon	3 Uyon	2 Dili Uyon	1 Dako kaayong dili uyon
1. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga paagi aron maghatagan og nutrisyon ug proteksyon sa akong bata.	✓			
2. Nabati ko ang kumpiyansa sa akong abilidad nga magpasuso sa akong gatas sa akong bata sulod sa unang unom ka bulan.		✓		
3. Andam ko nga malampasan ang mga hagit nga mahimong mogawas sa eksklusibong pagpasuso sa akong gatas.	✓			
4. Nagtuo ko nga ang pagpasuso sa akong gatas magpahugot sa emosyonal nga koneksyon sa ako ug sa akong bata.	✓			
5. Naga-salig ko nga ang akong gatas sa suso igo na aron matubag ang nutritional nga panginahanglan sa akong bata sa unang unom ka bulan.	✓			

6. Nabati ko ang suporta gikan sa akong pamilya ug komunidad sa akong desisyon nga magpasuso og eksklusibo sa akong gatas.	✓			
7. Nagtuo ko nga ang pagbalik sa trabaho o mga adlawadlaw nga responsibilidad dili angay mahimong babag sa eksklusibong pagpasuso sa akong gatas.	✓			
8. Komportable ko nga magpasuso sa akong gatas sa pampublikong lugar kung kinahanglan.		✓		
9. Nagtuo ko nga ang mga kultural nga pagtuo ug mga gilauman sa katilingban dili angay magdaug sa akong desisyon sa eksklusibong pagpasuso sa akong gatas.	✓			
10. Ang mga propesyonal sa kahimsog ug mga grupo sa suporta sa pagpasuso sa akong gatas adunay dakong papel sa pagtabang sa mga inahan aron magmalampuson sa pagpasuso.	✓			
11. Andam ko nga mangayo og tambag o moapil sa mga programa sa suporta sa pagpasuso aron mapaayo ang akong kasinatian sa pagpasuso sa akong gatas.	✓			
12. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga opsyon para sa kahimsog ug pag-uswag sa akong bata, nga naghatag og motibasyon aron ipadayon kini.	✓			
13. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mas komportable kaysa sa pag-gamit og gatas nga pormula.	✓			
14. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas angay unahon bisan pa man sa mga gawasnong presyur nga magpasulod og pormula.	✓			
15. Sayod ko nga ang mga sayop nga panabot sa katilingban bahin sa pagpasuso sa gatas dili angay magdaug sa akong desisyon nga magpasuso og eksklusibo sa akong gatas.	✓			

Ikatulong Bahin. Ininahang Pagpahiuyon sa Eksklusibong Pagpasuso

Instruksyon:

Palihug basaha og tarong ang matag pamahayag. Pili-a ang opsyon nga nagpamatuod sa imong lebel sa pagsabot o pag-uyon bahin sa exclusibo nga pagpapasuso gamit ang mosunod nga sukdanan:

4- Dako kaayong pag-uyon (Strongly Agree)

3-Uyon (Agree)

2- Dili uyon (Disagree)

1- Dako kaayong dili uyon (Strongly Disagree)

Mga Pahayag	4 Dako kaayong pag-uyon	3 Uyon	2 Dili Uyon	1 Dako kaayong dili uyon
1. Eksklusibo ko nga nagpasuso sa akong gatas sa akong bata nga wala maghatag og pormula, tubig, o laing likido sa unang unom ka bulan.		✓		
2. Nagsugod ko og pagpasuso sa akong gatas sa akong bata dayon sa sulod sa unang oras pagkahuman sa pagpanganak.	✓			
3. Nagplano ko nga ipadayon ang pagpasuso sa akong gatas sa akong anak hangtod sa duha ka tuig, ingon sa girekomenda sa mga eksperto sa kahimsog.	✓			
4.Naghatag ko og gatas sa suso sa akong bata depende sa panginahanglan, adlaw ug gabii.	✓			
5.Wala pa ko naghatag og botelya nga gatas sa akong bata sa wala pa ang unom ka bulan	✓			

6. Nangayo ko og suporta gikan sa mga propesyonal sa kahimsog kung nakasinati ko og kalisdanan sa pagpasuso sa akong gatas.		✓		
7. Nangayo ko og suporta gikan sa akong pamilya sa akong desisyon nga magpasuso og ekslusibo sa gatas sa suso.	✓			
8. Nagpadayon ko sa pagpasuso sa akong gatas bisan human sa pagbalik sa trabaho o pag-atiman sa mga adlaw-adlaw nga responsibilidad.	✓			
9. Nag-andam ko og mga pamaagi aron magpadayon og magtipig sa gatas sa suso samtang wala ko sa akong bata.	✓			
10. Aduna koy nahibal an nga usa ka pribadong lugar o pasilidad nga nagtugot kanako sa pagpasuso o paghatag ug gatas nga komportable.		✓		
11. Nagasalig ako nga malampasan ang bisan unsang hagit nga maka-apekto sa akong abilidad sa pagpasuso sa akong gatas.	✓			
12. Sigurado ko nga ang akong bata makadawat lamang og gatas sa suso, bisan pa kung wala ko.	✓			
13. Aduna koy kasinatian sa pagpasuso sa akong gatas sa mga nag-una nakong mga anak.	✓			
14. Naga apil ko sa mga programa sa edukasyon bahin sa pagpasuso sa gatas o nangayo og tambag gikan sa mga eksperto aron mapadayon ang pagpasuso.	✓			
15. Nag-awhag ko sa uban nga mga inahan sa akong komunidad nga magpraktis og pagpasuso sa gatas.		✓		

APPENDIX C: Sampling Computation

Municipality/ City	Barangay	Population Size	Total Sample Size
Ozamiz City	Maningcol	62	50
Ozamiz City	San Antonio	71	60

APPENDIX D: INFORMED CONSENT FORM OF THE RESPONDENTS

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Researcher/Investigator (Nagtuon): Mechelle Ann B. Andale, Joanna Mae E. Arañez, Joanna Amelie C. Badon, Michaella S. Balolong & Rochelle Bhebs M. Cagas
Course: Bachelor of Science Major in Nursing
College: College of Nursing, Midwifery and Radiologic Technology
Email / Contact Number: mechelleannandale@gmail.com/09153954767

Research Title: MATERNAL KNOWLEDGE, ATTITUDE AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN RURAL BARANGAYS OF OZAMIZ CITY

UNANG BAHIN. IMPORMASYON	
Pasiuna	Maayong adlaw! Kami sila si Mechelle Ann B. Andale, Joanna Mae E. Arañez, Joanna Amelie C. Badon, Michaella S. Balolong, ug Rochelle Bhebs M. Cagas, ang mga pangunang mananaliksik sa among pagtuon nga may titulo nga **"Ininahan nga Kahibalo, Kina- iya ug Pagpahiuyon sa mga Inahan sa Eksklusibong Pagpasuso sa Ilang Gatas sa mga Piniling mga Barangay sa Ozamiz City."** Kami mga estudyante sa Bachelor of Science in Nursing sa Misamis University, Ozamiz City, ug kasamtangang nagahimo og usa ka research study nga naglakip sa mga inahan nga eksklusibong nagpapa-antos sa ilang mga anak nga may edad 0 hangtod 6 ka bulan. Kami mapasalamatong nag-awhag kanimo nga moapil sa among pagtuon kung *ikaw* kwalipikado ug andam nga mohatag og tin-aw nga pagtugot (*informed consent*). Sa dili pa ka magdesisyon kung moapil ba o *dili*, palihug basaha sa maayong paagi ang mosunod nga impormasyon kabahin sa among pagtuon. Kung aduna kay mga pangutana o wala kay kasabtan, palihug ayaw kaulaw pagpangutana bisan kanus-a. Kung ikaw mouyon nga moapil, among hangyoon nga pirmahan nimo kini nga porma, ug hatagan ka og kopya alang sa imong personal nga rekord..
Tumong	Ang nag-unang tumong sa maong pagtuon mao ang pagtuki sa kahibalo, attitude, ug pagpahiuyon sa mga inahan sa pagpasuso, sa mga pinili nga kabaryohan sa Ozamiz City. Ang mga mananaliksik nagtumong sa pag-ila kung unsay kahibalo sa mga inahan bahin sa pagpasuso, ang ilang personal ug kultural nga mga panglantaw, ug kung ilang gipadayon kini nga praktis. Ang tumong mao ang paghatag og kasayuran nga makatabang sa pagpataas sa bili sa pagpasuso pinaagi sa pag-ila sa kakulang

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	sa kahibalo, kina- lya, o praktis. Sa katapusan, ang mga resulta sa pagtuon gamiton aron makahimo og mas epektibo nga mga programa sa health promotion ug mga rekomendasyon sa polisiya nga mosuporta sa mga inahan sa kabaryohan.
Klase sa Pagtuki	Ang maong pagtuon mogamit og survey questionnaire nga gihimo sa mga mananaliksik ug mangolekta sa personal nga datos.
Pamaagi sa pagpili ug partisipante	Ang pagpili sa mga tinubdan sa impormasyon base sa mosunod nga inclusion criteria: Ang mga partisipante pilion pinaagi sa random sampling. Ang mga kwalipikadong partisipante kay (1) kinahanglan nga usa ka inahan nga eksklusibong nagpapa -antos sa gatas sa suso sa ilang anak nga may edad 0 hangtod 6 ka bulan (2) kinahanglan nga 18 anyos pataas aron masiguro nga sila makahimo og tin-aw nga pagtugot (informed consent) ug makarepresentar sa kasinatian sa mga hamtong nga inahan (3) kinahanglan nga residente sa usa sa mga piniling barangay sa Ozamiz City; ug (4) andam nga moapil sa maong pagtuon.
Boluntaryong Pagsalmot	Ang pag-apil niining maong pagtuon kay boluntaryo gyud ug bug-os nga pinili sa ilang kabubut- on. Ang imong desisyon nga moapil o dili moapil sa pagtuon wala'y epekto sa imong kahimtang, estado, o relasyon sa mga mananaliksik sa bisan unsang paagi. Kung ikaw mouyon nga moapil, aduna kay katungod nga molaktaw sa bisan unsang pangutana nga dili ka komportable tubagon. Mahimo usab nimo undangon ang imong pag-apil sa bisan unsang oras ug rason nga walay silot o kadaut nga imong atubangon.
Pamaagi	Hatagan ang mga partisipante og igong oras aron basahon ug sabton ang mga pangutana sa survey questionnaire. Ang pagkolekta sa questionnaire nga gitubag kay sundon base sa Pagkahuman niini, magsugod ang paglista ug pagtally sa mga datos. kasabutan sa iskedyul. Ang mga mananaliksik personal nga mukuha sa mga questionnaire. Gawas sa pagtubag sa mga pangutana sa survey, mahimo ka usab pangayuan og impormasyon bahin sa imong demograpikong profile nga importante para sa pagtuon. Lakip niini ang imong ngalan, edad, sibil nga kahimtang, ug uban pa. Ang imong personal nga impormasyon gamiton lamang alang sa

	diskusyon sa mga resulta sa maong pagtuon. Ang tanan nga impormasyon nga imong ihatag niining pagtuki ug gamiton lamang para sa maong panukiduki.
Kadugayon	Ang pagkuha sa datos pinaagi sa interbyu molungtad og 45 minutos hangtod 1 ka oras.
Risgo ug Dili Comportable	Ang mga partisipante sa pagtuon panalipdan batok sa pisikal, sosyal, o pinansyal nga risgo. Kung aduna man gani'y mga pangutana sa survey nga personal kaayo ug makapahimo nimo og kakulba o kasuko, pwede ka nga dili motubag o mohawa sa pag-apil sa bisan unsang panahon nga walay bisan unsang silot.
Kaayohan	Kini nga pagtuon makatabang sa pagsabot ug paghatag kahayag sa mga hinungdan nga nakaimpluwensya sa risk-taking behaviors sa sexual health sa mga senior high school students. Busa, dako ang among pagtan-aw sa imong mga tubag ug giila kini nga importante sa larangan sa nursing.
Balayronon	Walay bayronon o bisan unsang gasto nga ikahinahanglan gikan sa partisipante, ug wala sab bayad nga ihatag alang sa imong pag-apil sa maong pagtuon.
Tinago nga Impormasyon/ Data	Ang mga impormasyon ug tubag sa mga partisipante aduna ra'y access ang mananaliksik. Ang personal nga impormasyon nga makaila sa mga partisipante gamiton lamang alang sa analysis sa panukiduki ug itratong dako ang pagkakumpidensyal. Sa tibuok yugto sa pagtuon, ang tanang datos itipig sa usa ka sirado ug seguradong filing cabinet, nga pagalaglagan sulod sa unom (6) ka buwan pagkahuman sa pagmantala sa mga resulta sa pagtuon.
Paghatag sa Resulta	Ang resulta sa pagtuon ipresentar sa kataposang depensa sa disertasyon sa mananaliksik. Ang mga resulta sa panukiduki mahimong ipaambit pinaagi sa mga publikasyon ug konferensya, uban sa kasigurohan nga ang partisipante magpabiling tinago. Ang mga partisipante hatagan og kopya sa nahuman nga pagtuon sa papel nga porma.
Katungod sa Paghawa	Ang mga partisipante libre nga mohawa o mohunong sa ilang pag-apil sa bisan unsang yugto sa pagtuon nga walay kinahanglang rason. Wala kay silot nga madawat kung mopili ka nga undangon ang imong pag-apil.

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Kinsa ang Kontakon	Kung adunay mga pangutana isip usa ka ginikanan, mahimo nimo kontakon ang mga mananaliksik pinaagi sa mosunod nga mga detalye: Pangalan sa mga Mananaliksik: Mechelle Ann B. Andale, Joanna Mae E. Arañez, Joanna Amelie C. Badon, Michaella S. Balolong & Rochelle Bhebs M. Cagas Numero sa Cellphone: 09153954767 o 09093388875 Email: mechelleandale@gmail.com o badonjoanna12@gmail.com **PAMAHAYAG GIKAN SA MANANALIKSIK** Amo basahon ang Information Sheet sa posibleng mga tubaganan. Sa among labing maayo nga paningkamot, among masiguro nga nasabtan sa partisipante ang mga pangutana sa interbyu ug nga ang posible nga follow-up nga mga interbyu ipahigayon. Amo usab nga masiguro nga ang partisipante tugutang mangutana kabahin sa pagtuon ug nga tanang mga pangutana nga ipasaka tubagon ug ipasabot sa hingpit. Among pasalig nga ang partisipante dili pugson sa paghatag sa ilang pagtugot ug nga kini buhaton nga gawasnon ug walay pagpugos.

Ako si, [redacted], giimbita nga moapil sa usa ka pagtuon nga adunay uluhan nga "Maternal Knowledge, Attitude and Adherence to Exclusive Breastfeeding in Rural Barangays of Ozamiz City," nga gihimo nila Mechelle Ann B. Andale, Joanna Mae E. Arañez, Joanna Amelie C. Badon, Michaella S. Balolong ug Rochelle Bhebs M. Cagas, mga estudyante sa Bachelor of Science in Nursing sa Misamis University. Nabasa ug nasabtan nako ang kasayuran nga gihatag kabahin sa katuyoan, mga pamaagi, mga risgo, mga benepisyo, ug akong mga katungod isip partisipante sa maong pagtuon. Nasayod ako nga ang akong pag-apil boluntaryo ug mahimo ako nga dili motubag sa uban nga mga pangutana o mopahunong sa pag-apil bisan kanus-a nga walay silot o dili maayo nga epekto.

Nasayod usab ako nga ang tanang personal nga impormasyon nga akong ihatag, lakip na ang akong pangalan ug mga tubag sa mga pangutana, pagatipigan nga tinago ug gamiton lamang alang sa maong pagtuon. Gitugotan ako sa pagpangutana kabahin sa pagtuon ug ang akong mga kabalaka gitubag ug gipatin -aw sa hingpit. Pinagi sa pagpirma sa ubos, akong gihatag ang akong gawasnon ug boluntaryong pagtugot sa pag-apil sa maong pagtuon ug sa pagtubag sa pangutana nga giandam sa mga mananaliksik.

Ngalan sa Respondente (Printed): [redacted] Pirma sa Respondente: [signature].

Petsa [BB/DD/TTTT]: 01-28-25

Kung ang tubaganan dili kabalo mobasa o mosulat, usa ka testigo ang mopirma. Ang tubaganan maoy mopili sa testigo nga walay kalambigitan sa mga mananaliksik o sa grupo sa pagtuon aron motestigo sa maong proseso. Ang tubaganan magpirma pinaagi sa pagbutang sa iyang kumagko.

Ngalan ug Pirma sa Testigo

APPENDIX E: APPROVED LETTERS OF CONSENT

MISAMIS UNIVERSITY
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E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 24, 2025

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study titled **"MATERNAL KNOWLEDGE, ATTITUDE, AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN SELECTED BARANGAYS OF OZAMIZ CITY"**. This study aims to investigate the maternal knowledge, attitude and adherence to exclusive breastfeeding in selected selected barangays of Ozamiz City. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted in Ozamiz City specifically in Barangay Maningcol and Barangay San Antonio from March to April 2025.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,

MECHELLE ANN B. ANDALE
JOANNA MAE E. ARANEZ
JOANNA AMELIE C. BADON
MICHAELLA S. BALOLONG
ROCHELLE HEBS M. CAGAS
Researchers

Approved by:

DR. SAMMY B. TAGHOY
College Dean

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April 8, 2025

HON. ALBERTO S. GOMEZ
Barangay Captain
Barangay Maningcol, Ozamiz City
Misamis Occidental

Dear Hon. Gomez,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, **"MATERNAL KNOWLEDGE, ATTITUDE, AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN SELECTED BARANGAYS OF OZAMIZ CITY"**, in Barangay Maningcol, Ozamiz City. This study aims to investigate the maternal knowledge, attitude and adherence to exclusive breastfeeding. The research is geared toward improving breastfeeding practices that benefits both mother and child, advocating for practical support and resources that align the unique needs of selected barangays. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

MECHELLE ANN B. ANDALE
JOANNA MAE E. ARAÑEZ
JOANNA AMELIE C. BADON
MICHAELLA S. BALOLONG
ROCHELLE DHEBS M. CAGAS
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. ALBERTO S. GOMEZ
Barangay Captain
Barangay Maningcol, Ozamiz City

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April 8, 2025

HON. RODEL M. CAMIGUING
Barangay Captain
Barangay San Antonio, Ozamiz City
Misamis Occidental

Dear Hon. Camiguing,

Greetings from Misamis University College of Nursing, Midwifery, and Radiologic Technology!

We are writing to formally request your approval to conduct data gathering for our research titled, **"MATERNAL KNOWLEDGE, ATTITUDE, AND ADHERENCE TO EXCLUSIVE BREASTFEEDING IN SELECTED BARANGAYS OF OZAMIZ CITY"**, in Barangay San Antonio, Ozamiz City. This study aims to investigate the maternal knowledge, attitude and adherence to exclusive breastfeeding. The research is geared toward improving breastfeeding practices that benefits both mother and child, advocating for practical support and resources that align with the unique needs of selected barangays. Data collection will involve administering surveys to selected mothers in your barangay. We assure you that all respondents will be provided with informed consent, and ethical standards will be strictly followed. Additionally, we will comply with all institutional policies regarding privacy and data confidentiality.

Thank you very much, and we look forward to your kind consideration.

Sincerely yours,

MECHELLE ANN B. ANDALE
JOANNA MAE E. ARAÑEZ
JOANNA AMELIE C. BADON
MICHAELLA S. BALOLONG
ROCHELLE PHEBE M. CAGAS
Researchers

Noted by:

DR. SAMMY B. TAGHOY
College Dean

Approved by:

HON. RODEL M. CAMIGUING
Barangay Captain
Barangay San Antonio, Ozamiz City

APPENDIX F: Statistical Computation

Descriptive Statistics

	N	Mean	Standard Deviation
Knowledge	**110**	**3.98**	**0.067**
Attitude	**110**	**3.92**	**0.16**
Adherence	**110**	**3.91**	**0.22**

Descriptive Statistics for each Variable

KNOWLEDGE	**N**	**Mean**	**StDev**
1. Ang gatas sa inahan adunay daghang importante nga nutrisyon nga gikinahanglan sa bata alang sa husto nga pagtubo ug paglambo.	110	4	0
2. Ang colostrum sa gatas sa inahan naghatag ug resistensya o natural nga bakuna para sa bata.	110	3.97273	0.163622
3. Mas sayon tunawon ug masopsop ang gatas sa inahan kay sa formula o tinimpla.	110	3.95455	0.209252
4.Ang pagpapasuso mahimong ipadayon hangtod sa duha ka tuig alang sa mas maayong kahimsog sa bata.	110	3.98182	0.134220
5. Ang eksklusibo nga pagpapasuso sulod sa unang unom ka bulan importante para sa kahimsog ug kaayohan sa bata.	110	3.97273	0.163622

6. Ang inahan nga nagpapasuso kinahanglan magkaon ug husto ug himsog aron mapalambo ang supply ug kalidad sa gatas.	110	3.99091	0.0953463

7. Ang mga bata kinahanglan patutoyon/pasusu- on kada duha ka oras aron masiguro ang sakto nga nutrisyon.	110	3.99091	0.0953463
8. Ang pagpapasuso makapalig-on sa gugma ug relasyon tali sa inahan ug bata.	110	3.98182	0.134220
9. Ang eksklisibo nga pagpapasuso makapakunhod sa risgo sa diarrhea/kalibanga ug ubang mga impeksyon sa bata.	110	3.95455	0.209252
10. Mas maka-barato ang pagpapasuso kay sa paggamit ug formula o tinimpla.	110	3.98182	0.134220
11. Ang pagpapasuso makapakunhod sa posibilidad nga magka-breast cancer ang inahan.	110	3.96364	0.188050
12. Ang unang pagkaon nga angay ihatag sa bag- ong natawo nga bata mao ang gatas sa inahan.	110	3.99091	0.0953463
13. Ang pagpapasuso mahimong natural nga paagi sa family planning.	110	3.97273	0.163622
14. Ang pagpasuso sa gatas kinahanglan ipadayon bisan human sa paghatag sa solidong pagkaon sa unom ka bulan.	110	3.99091	0.0953463
15. Ang mga propesyonal sa kahimsog nag awhag sa lig-on sa pagpasuso sa gatas tungod sa mga benepisyo niini.	110	3.98182	0.134220

ATTITUDE	N	Mean	StDev
1. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga paagi aron maghatag og nutrisyon ug proteksyon sa akong bata..	110	3.92727	0.260877
2. Nabati ko ang kumpiyansa sa akong abilidad nga magpasuso sa akong gatas sa akong bata sulod sa unang unom ka bulan.	110	3.91818	0.335426
3. Andam ko nga malampasan ang mga hagit nga mahimong mogawas sa eksklusibong pagpasuso sa akong gatas.	110	3.9	0.448238
4. Nagtuo ko nga ang pagpasuso sa akong gatas magpahugot sa emosyonal nga koneksyon tali sa ako ug sa akong bata.	110	3.96364	0.188050
5. Naga-salig ko nga ang akong gatas sa suso ra igo na aron matubag ang nutritional nga panginahanglan sa akong bata sa unang unom ka bulan.	110	3.95455	0.249269
6. Nabati ko ang suporta gikan sa akong pamilya ug komunidad sa akong desisyon nga magpasuso og eksklusibo sa akong gatas.	110	3.96364	0.188050
7. Nagtuo ko nga ang pagbalik sa trabaho o mga adlaw-adlaw nga responsibilidad dili angay mahimong babag sa eksklusibong pagpasuso sa akong gatas.	110	3.85455	0.354172
8. Komportable ko nga magpasuso sa akong gatas sa pampublikong lugar kung kinahanglan.	110	3.7	0.583410
9. Nagtuo ko nga ang mga kultural nga pagtuo ug mga gilauman sa katilingban dili angay magdaug sa akong desisyon sa eksklusibong pagpasuso sa akong gatas.	110	3.87273	0.361168

10. Ang mga propesyonal sa kahimsog ug mga grupo sa suporta sa pagpasuso sa akong gatas adunay dakong papel sa pagtabang sa mga inahan aron magmalampuson sa pagpasuso.	110	3.93636	0.280147
11. Andam ko nga mangayo og tambag o moapil sa mga programa sa suporta sa pagpasuso aron mapaayo ang akong kasinatian sa pagpasuso sa akong gatas.	110	3.93636	0.245221
12. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mao ang labing maayo nga opsyon para sa kahimsog ug pag-uswag sa	110	3.94545	0.265315

akong bata, nga naghatag og motibasyon aron ipadayon kini.			
13. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas mas komportable kaysa sa pag- gamit og gatas nga pormula.	110	3.96364	0.188050
14. Nagtuo ko nga ang eksklusibong pagpasuso sa akong gatas angay unahon bisan pa man sa mga gawasnong presyur nga magpasulod og pormula.	110	3.92727	0.293948
15. Sayod ko nga ang mga sayop nga panabot sa katilingban bahin sa pagpasuso sa gatas dili angay magdaug sa akong desisyon nga magpasuso og eksklusibo sa akong gatas.	110	3.96364	0.188050
ADHERENCE	**N**	**Mean**	**StDev**
1. Eksklusibo ko nga nagpasuso sa akong gatas sa akong bata nga wala maghatag og pormula, tubig, o laing likido sa unang unom ka bulan.	110	3.90909	0.318985
2. Nagsugod ko og pagpasuso sa akong gatas sa akong bata dayon sa sulod sa unang oras pagkahuman sa pagpanganak.	110	3.92727	0.350860

3. Nagplano ko nga ipadayon ang pagpasuso sa akong gatas sa akong anak hangtod sa duha ka tuig, ingon sa girekomenda sa mga eksperto sa kahimsog.	110	3.94545	0.265315
4.Naghatag ko og gatas sa suso sa akong bata depende sa panginahanglan, adlaw ug gabii.	110	3.95455	0.249269
5.Wala pa ko naghatag og botelya nga gatas sa akong bata sa wala pa ang unom ka bulan	110	3.91818	0.361744
6. Nangayo ko og suporta gikan sa mga propesyonal sa kahimsog kung nakasinati ko og kalisdanan sa pagpasuso sa akong gatas.	110	3.91818	0.306858
7. Nangayo ko og suporta gikan sa akong pamilya sa akong desisyon nga magpasuso og ekslusibo sa gatas sa suso.	110	3.94545	0.228130
8. Nagpadayon ko sa pagpasuso sa akong gatas bisan human sa pagbalik sa trabaho o pag- atiman sa mga adlaw-adlaw nga responsibilidad.	110	3.91818	0.306858
9. Nag-andam ko og mga pamaagi aron magpadayon og magtipig sa gatas sa suso samtang wala ko sa akong bata.	110	3.93636	0.280147
10. Aduna koy nahibal an nga usa ka pribadong lugar o pasilidad nga nagtugot kanako sa pagpasuso o paghatag ug gatas nga komportable.	110	3.95455	0.249269
11. Nagasalig ako nga malampasan ang bisan unsang hagit nga maka-apekto sa akong abilidad sa pagpasuso sa akong gatas.	110	3.9	0.301373

12. Sigurado ko nga ang akong bata makadawat lamang og gatas sa suso, bisan pa kung wala ko.	110	3.70909	0.595787
13. Aduna koy kasinatian sa pagpasuso sa akong gatas sa mga nag-una nakong mga anak.	110	3.79091	0.526290
14. Naga apil ko sa mga programa sa edukasyon bahin sa pagpasuso sa gatas o nangayo og tambag gikan sa mga eksperto aron mapadayon ang pagpasuso.	110	3.91818	0.306858
15. Nag-awhag ko sa uban nga mga inahan sa akong komunidad nga magpraktis og pagpasuso sa gatas.	110	3.95455	0.209252

Reliability Statistics

Maternal Knowledge towards Exclusive Breastfeeding

Cronbach's Alpha	No. of Items
0.8388	15

Maternal Attitude towards Exclusive Breastfeeding

Cronbach's Alpha	No. of Items
0.9259	15

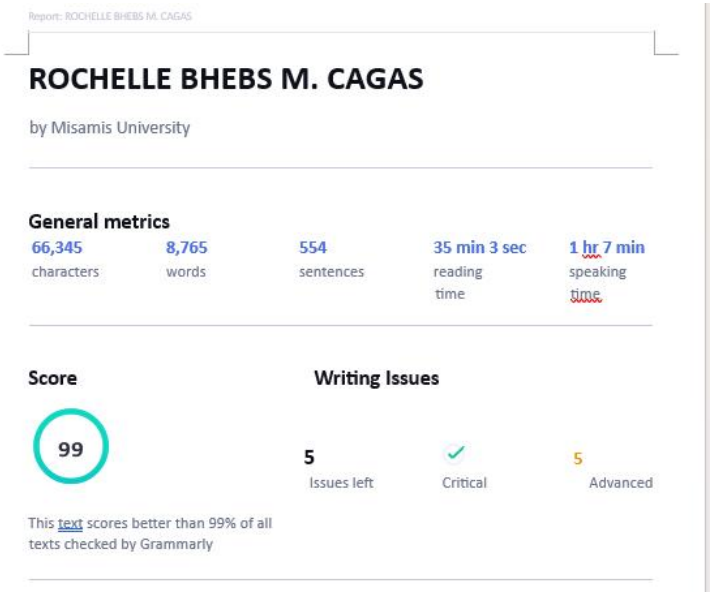
Maternal Adherence to Exclusive Breastfeeding

Cronbach's Alpha	No. of Items
0.9001	15

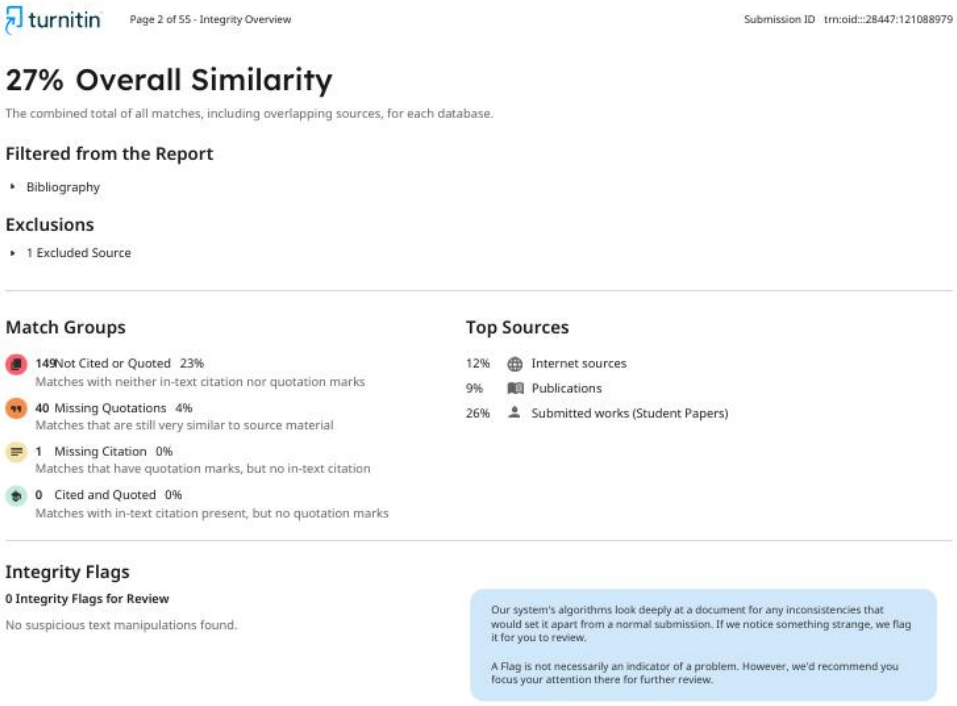
APPENDIX G: Documentation

APPENDIX H: Grammarly and Turnitin Result

Grammarly Result



Turnitin Result



CURRICULUM VITAE

PERSONAL DATA

Name: Mechelle Ann B. Andale

Date of Birth: March 04, 2004

Place of Birth: Mahayag, Zamboanga Del Sur

Home Address: Carmen Annex, Ozamiz City,
Misamis Occidental, Philippines

Gender: Female

Civil Status: Single

Contact No: 09153954767

Email: mechelleandale@gmail.com

EDUCATIONAL BACKGROUND

Elementary: Baybay Central School
Baybay Triunfo, Ozamiz City, Misamis Occidental, Philippines

Secondary: Ozamiz City School of Arts and Trades
Maningcol, Ozamiz City, Misamis Occidental, Philippines

Senior High: Misamis University
H.T. Feliciano St., Ozamiz City, Philippines

College: Misamis University
H.T. Feliciano St., Ozamiz City, Philippines

CURRICULUM VITAE

PERSONAL DATA

Name: Joanna Mae E. Arañez

Date of Birth: September 17, 2004

Place of Birth: Ipil, Zamboanga Sibugay

Home Address: Pangi, Ipil Zamboanga Sibugay

Gender: Female

Civil Status: Single

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EDUCATIONAL BACKGROUND

Elementary: Pangi Elementary School

Pangi, Ipil, Zamboanga Sibugay

Secondary Zamboanga Sibugay National High School

Pangi, Ipil, Zamboanga Sibugay

Senior High: Sibugay Matthew Jackson Inc.

Bayanihan Street, Ipil, Zamboanga Sibugay

College: Misamis University

H.T. Feliciano St.Aguada, Ozamiz City, Philippines

CURRICULUM VITAE

PERSONAL DATA

Name: Joanna Amelie C. Badon

Date of Birth: January 15, 2004

Place of Birth: Sindangan, Zamboanga del Norte

Home Address: Purok 10 Banadero, Ozamiz City,
Misamis Occidental, Philippines

Gender: Female

Civil Status: Single

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EDUCATIONAL BACKGROUND

Elementary: Felipe Carreon Central School
Banadero, Ozamiz City, Misamis Occidental, Philippines

Secondary: Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Philippines

Senior High: Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Philippines

College: Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Philippines

CURRICULUM VITAE

PERSONAL DATA

Name: Michaella S. Balolong

Date of Birth: December 16, 2002

Place of Birth: Ozamiz City

Home Address: Purok-4, San Antonio, Ozamiz City, Philippines

Gender: Female

Civil Status: Single

Contact No: 09708740149

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EDUCATIONAL BACKGROUND

Elementary: San Antonio Elementary School
Purok-1 San Antonio, Ozamiz City, Misamis Occidental, Philippines

Secondary: Ozamiz City School Of Arts and Trades
Maningcol, Ozamiz City, Misamis Occidental, Philippines

Senior High: Misamis University
H.T. Feliciano St.Aguada, Ozamiz City, Philippines

College: Misamis University
H.T. Feliciano St.Aguada, Ozamiz City, Philippines

CURRICULUM VITAE

PERSONAL DATA

Name: Rochelle Bhebs M. Cagas

Date of Birth: September 11, 2003

Place of Birth: Ozamiz City

Home Address: P5 Baybay Triunfo, Ozamiz City,
Misamis Occidental, Philippines

Gender: Female

Civil Status: Single

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EDUCATIONAL BACKGROUND

Elementary: Baybay Central School
Baybay Triunfo, Ozamiz City, Misamis Occidental, Philippines

Secondary: Misamis University
H.T. Feliciano St.Aguada, Ozamiz City, Philippines

Senior High: Misamis University
H.T. Feliciano St.Aguada, Ozamiz City, Philippines

College: Misamis University
H.T. Feliciano St.Aguada, Ozamiz City, Philippines