

Assessment of the Nursing Mothers Attitudes on Exclusive Breast feeding, in Family Welfare Clinic, Bauchi, Nigeria

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ABSTRACT

This study was carried out to assess Nursing Mothers Attitudes on Exclusive Breast feeding, in Family Welfare Clinic, Bauchi, Nigeria. The population used for the study consists of only nursing mothers who are attending Family Welfare Clinic (FWC). The instrument used for the study was a questionnaire developed by the researcher. Two hundred nursing mothers were randomly selected via table of random numbers among the population of nursing mothers visiting the FWC. The data were collected using a semi structured instrument which was validated by expert in the area of study. The reliability of the instrument was determined using Cronbach's alpha. A correlation coefficient of (0.79) was obtained which indicated that the instrument is reliable for the study. The instrument was administered by the researcher and research assistant. Frequency counts, percentages and an inferential statistics of chi-square were used to analyze the result. The study revealed that most of the respondents are not aware of the benefits of exclusive breast feeding; and also the nature of some mother's job does not permit or allowed them to practice exclusive breast feeding. It is therefore recommended that appropriate awareness through campaign jingles should be carried out in various media outlets, and also, a waiver should be given to nursing mothers to exclusively breastfeed their babies during work by their employers.

Key Words: Assessment; Exclusive; Breast-Feeding; Nursing-Mother

INTRODUCTION

Exclusive breastfeeding means giving infants only breast milk with no addition of other foods or drinks, including water ^[1]. The WHO

recommends an early initiation of breastfeeding of one hour after birth and exclusive breastfeeding for six months ^[2,1]. Exclusive breastfeeding for the first six

months of life is estimated to lower infant death by 13% [3]. Other dangers associated with not breastfeeding as recommended include high infant death rates caused by lowered protection against harmful bacteria and other gastrointestinal infections and slow recovery from illnesses [2]. In Africa, the majority of mothers fail to practice exclusive breastfeeding as recommended [5]. There are cultural, social and economic barriers to exclusive breastfeeding including practices of prelacteal feeding, giving drinking water and herbal teas [6]. Breastfeeding activities are carried out worldwide in order to fulfill the World Health Organization (WHO) and UNICEF recommendation that infant be breastfed exclusively for six months and thereafter until 24 months [1]. The benefits of breastfeeding for the health of children have been highlighted in many studies [7,8]. The practice of breastfeeding have been recommended worldwide because it provides a superior source of nutrients for infants, it is an effective source of antibody that protects against illness and the expression of affective closeness between mothers and child [9]. The Nigeria Demographic and Health Survey [10] report showed a 13% exclusive Breastfeeding rate which is a decline from 17% indicated in 2003 report, The 2008 report also revealed that 34% of the infants

aged 0-5 months were given plain water in addition to breast milk, while 10% were given non- milk liquids and juice and 6% were given milk other than breast milk. Furthermore, only 32% of children under 24 months of age were still on breast milk. However, various factors have been adduced to influence breastfeeding practices. These factors include mother's marital status, employment status, friends method of feeding their babies, social support and baby's age [11]. This study was therefore undertaken to assess the socio-cultural factors influencing infant feeding practices of mothers attending Family Welfare Clinic (FWC) Bauchi. To facilitate this investigation, the study assessed local knowledge, attitudes, perceptions and beliefs regarding infant feeding practices among the nursing mothers. It also assesses the level of mixed feeding and exclusive breastfeeding/formula feeding and society's response to both forms and identifies and described socio-cultural factors influencing infant feeding among nursing mothers.

Research Questions

1. What are the socio-economic characteristics of nursing mothers in the study area?
2. Do the socio-economic characteristics of nursing mothers influence their

utilization of exclusive Breast feeding?

3. What are the factors that influence exclusive breast feeding?

METHODOLOGY

Simple random Technique was used to select 200 respondents via table of random numbers, during the children immunization day of the clinic, which is on every Wednesday of the week. The data were collected using a semi structured instrument which was validated by expert in the area of study. The reliability of the instrument (0.89) was determined using Cronbach's alpha. A correlation coefficient of (0.79) was obtained which indicated that the instrument is reliable for the study. The instrument was administered by the researcher and

2 research assistants, the assistant are Community Health Extension Workers serving in the clinic. Frequency counts, percentages and Chi-square were used to analyze the result. The instrument was divided into 3 sections (A - C). Section "A" was on the demographic information, Section "B" was on knowledge of mothers about the practice of exclusive breastfeeding, while the last part of the instrument "C" was on factors influencing practice of exclusive breastfeeding. The instrument designed for the research was administered to the respondents by the researchers and the research assistants who had been trained. Data collected were validated and analyzed using frequency, percentages and the chi-square analysis.

RESULTS AND DISCUSSIONS

Table 1: Socio-Economic Characteristics of the Respondents

Variables	Frequency	Percentage
Age (years)		
Less than 18	34	17.0
18-27years	85	42.5
28-35years	45	22.5
36-43years	31	15.5
Above 43	05	2.5
Total	200	100
Educational status		
Primary school	58	28.0
Secondary school	82	41.0
Tertiary	28	14.0
Islamic school	17	08.5
None	15	07.5
Total	200	100
Occupation		
Housewife	50	25.0
Trading	110	55.0
Civil servant	20	10.0
Hand craft	20	10.0
Total	200	100
Religion		
Islam	124	62
Christianity	76	38

Sources: Field Survey 2014

Table 1: shows that age of the mothers to be less than 18 years (17%) 18-27years (42.5%) 28-35years, 85(42.5%), 36-43years 31(15.5%) 43years and above 5(2.5%). It could also be observed from table 1 that 58 (28.0%) of the respondents had attended primary school 82 (41%) had attended

secondary school. And 28(14%) had post secondary school qualifications, while 17(8.5%) had attended Islamic school and 15 (7.5%) had no formal education. Table 1 further indicated that the nursing mothers belong to different occupations such as housewives 50 (25%), traders 110 (55%), civil servant 20 (10%) and

hand craft 20 (40%). In terms of religion table 1 indicated that 124 (62%) of the respondents are Muslims while 38 (76%) are Christians. The study of Awogbenja

[12] indicated that nursing mother's socio-economic characteristics influences exclusive breast feeding in Nigeria.

Table 2: Chi Square Result of the Factors Influencing Exclusive Breastfeeding

Variables	χ^2
Education	92.42*
Occupation	76.17*
Religion	8.32 ^{ns}
Mothers age at delivery	68.62*

Source: Field Survey 2014

*Significant @ p =0.05

Ns not significant

The result of this study (table 2) revealed that factors such as education, occupation, and mothers age at delivery are determinant variables influencing breastfeeding practices, while religion had no influence on the practice of

exclusive breast feeding. The result of this study seems to be in an agreement with the results of Salami, [13] who also reported that education and occupation significantly influences exclusive breast feeding.

Table 3: Factors Influencing the Practice of Exclusive Breast Feeding

Variables	χ^2
Place of delivery	12.6*
Educational Status	54.6*
Religion	96.3 ^{ns}
Occupation	12.34*

Source: Field Survey 2014

Table 3 indicated that mother's educational level, occupation and place of delivery significantly influence the initiation of breast feeding, while religion had no

influence on the initiation of breast feeding. This finding is in line with the findings of Sinclair *et al.*, [14] who reported that mothers' educational status and occupation

significantly influences the initiation of breast feeding by nursing mothers. Early initiation of breastfeeding is important for the health of the infant and successful establishment and maintenance of breastfeeding [15]. Shirima *et al.* [5] reported 84% of rural mothers and 93% of urban mothers in Tanzania initiated breastfeeding within six hours after delivery which reflected their knowledge of the importance

of early initiation of breastfeeding. A delay in the onset of breastfeeding has been reported to have an increased risk of neonatal mortality [16]. In this study, 51% of mothers were aware of the need to initiate breastfeeding within 1 hour of birth, the women were being informed either during the antenatal or postnatal period on the benefits of early initiation.

Table 4: Reasons for not Practicing Exclusive Breast Feeding (N = 200)

Reasons	Percentage
Cultural reasons	17
Painful experience	20
Long period of recommended exclusive breast feeding	20
Fear of losing weight	28
Nature of occupation	15

Sources: Field Survey 2014

Table 4 indicated that 20% of the respondents indicated that they do not breastfeed because of painful experience. The fear that they might lose weight by breastfeeding their baby is another reason indicated by 28% of the respondents. Nature of nursing mothers' occupation is also identified by 15% of the respondents as a reason for not practicing exclusive breast feeding. Other reasons are long period of breastfeeding as indicated by 20% of the respondents, cultural reasons

is indicated by 17% of the respondents as a reason for not practicing exclusive breastfeeding in the study area. Education, social class, culture, locale, nature of work, wealth and status of both the mother and infants were identified by Newton and Newton in [17] as factors influencing exclusive breastfeeding. A study by Davies-Adetugbo [18] reported similar findings after assessing the knowledge and attitudes of breastfeeding in poor, rural communities of Nigeria. Mothers in

that study mentioned breastfeeding as the best nutrition for their babies, on the other hand, they did not practice exclusive breastfeeding but rather, supplemented breast milk with other fluids and formula. This study indicates that the majority of women interviewed intend early initiation and long duration of breastfeeding, but very few intend to breastfeed exclusively.

CONCLUSION

The findings of this study indicated that the rate of exclusive breastfeeding among the respondents is low, despite the fact that breast feeding is a common practice among the mothers studied, it can be concluded from this study that poor knowledge of EBF practices and benefits, of exclusive breastfeeding, cultural and traditional practices are major contributory factors to low EBF practices. The study also revealed that education, occupation and age status of mother at delivery had significant influences on exclusive breast feeding practice. The study also reveals that majority of the mothers intend to practice exclusive and long duration of breastfeeding, but could not do so due to cultural belief that breastfeeding should be mixed with water and other concoctions that are alleged to be beneficial to babies. The reasons

given for not breast feeding exclusively could be addressed by educating the mothers on the importance of practicing exclusive breast feeding and the significance of colostrums to the infant. Concerted efforts should therefore be made by relevant agencies to encourage timely commencement of breastfeeding through the use of mass media campaigns, and also, a waiver or break should be given to working nursing mothers, for them to exclusively breastfeed their babies during work by their employers. There is also the need for more awareness creation on the benefits of exclusive breast feeding. There should also be more advocacies to policy makers and community leaders on the significance of exclusive breastfeeding.

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