

Awareness of the Benefits and Practice of Exclusive Breastfeeding (EBF) among nursing mothers in Anyigba, North Central Nigeria

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Abstract Exclusive breastfeeding of babies for six months is a well recognized childhood survival strategy of great benefits in reducing under-five mortality rates; as well as of great value to mother's health. This descriptive study investigated awareness of the benefits and practice of exclusive breastfeeding among nursing mothers in Anyigba, Kogi State. The study simple-randomly selected 286 nursing mothers attending Child Welfare Clinic in two hospitals in Anyigba, North Central, Kogi State, Nigeria. Research instruments include Interviewer-questionnaire, in-depth interview and focus group discussions. Data were analyzed using descriptive and inferential statistics. Findings show among others majority (95.3%) of the respondents was well informed about exclusive breastfeeding; Knowledge of various benefits was high and 66.7% had practiced exclusive breastfeeding for six months. Based on these findings, it is recommendation that effort should be focused on creating more awareness and educating mothers and other significant members of the society on benefits of exclusive breastfeeding; government at all levels should encourage the practice of exclusive breastfeeding by putting necessary facilities in place, such as crèches in work place and in some public place. The period of maternity leave should also be lengthen so as to increase the rate of exclusive breastfeeding for maximum benefit to mother and child, as well as the society at large.

Keywords: awareness, benefits, exclusive breastfeeding, knowledge, practice

Cite This Article: Metiboba Steve, Daniel Comfort Aduke, and Owoyemi Julius Olugbenga, "Awareness of the Benefits and Practice of Exclusive Breastfeeding (EBF) among nursing mothers in Anyigba, North Central Nigeria." *World Journal of Nutrition and Health*, vol. 5, no. 1 (2017): 1-5. doi: 10.12691/jnh-5-1-1.

1. Introduction

Breastfeeding is the act of feeding a child with breast milk directly from the breast and a physiological process by which all mammals feed their infants. It is a cultural practice beneficial to health [1]. Many documents establish the benefits associated with exclusive breastfeeding [2,3] asserted that exclusive breastfeeding of babies for six months as recommended by Baby Friendly Hospital Initiative (BFHI) remains a well recognized childhood survival strategy of great benefit in reducing infant and under-five mortality rates.

The unique composition of human milk makes it the best for human babies [4]. Moreover, formula feeding raises risk of illness and death by depriving infants of the protection offered by the many essential infection-fighting components of human milk and the nutrients tailored by the mother's biology to meet the precise needs of her infant. Infants and mothers who practice breastfeeding and more especially, exclusive breastfeeding enjoy some benefits from the act. The society at large equally benefits from the practice of exclusive breastfeeding as increased breast feeding would save health care costs in any country [5]. Breastfeeding therefore is the best source of infant nutrition and the safest method of infant feeding.

Various government and non-governmental organizations have been involved in the promotion of exclusive breastfeeding. For instance, the Baby Friendly Hospital Initiative (BFHI) is a joint programme by World Alliance for Breastfeeding Action (WABA) and United Nations Children Funds (UNICEF) to protect, support and promote the practice of exclusive breastfeeding at different times [6]. WABA also organizes the World Breastfeeding Week which is being celebrated every first to seventh of August or November (depending on location) is dedicated to breastfeeding in more than 170 countries to encourage breastfeeding and improve the health of babies and mothers around the world [7]. In Nigeria, the government of Lagos State has increased maternity leave from three months to six months and also introduced paternity leave [8].

Despite the involvement of government and non governmental organizations in creating awareness about breastfeeding and encouraging mothers to practice exclusive breast feeding, advocates of exclusive breastfeeding have observed that there is a global decline in the behaviour of breastfeeding among nursing mothers and is particularly pronounced in developing countries [9]. For examples; Exclusive breastfeeding rates was put at 17 percent according to the National Demographic Health Survey 2003 and the rate dropped from 17 percent to 13 percent in the 2008 NDHS. Only 10 percent of children ages 6-23

months are fed appropriately based on recommended infant and young child feeding (IYCF) practices, NDHS [10]. A study [11] showed that exclusive breastfeeding rate is very low in Nigeria and fall short of the recommendation of 90 percent coverage by the World Health Organization. Nursing mothers and other members of the society still have some difficulty which prevent them from breastfeeding their infants especially when it comes to breastfeeding exclusively. It is against this background that the perceptions of nursing mothers regarding exclusive breastfeeding are sought through this study.

1.1. Research Questions

The following research questions were drawn to guide the study:

1. Are nursing mothers aware of exclusive breastfeeding?
2. Do nursing mothers know the benefits of exclusive breastfeeding?
3. Do nursing mothers practice exclusive breastfeeding?

1.2. Objectives of the Study

The objectives of this descriptive survey were as follows:

1. To examine the awareness of exclusive breastfeeding among nursing mothers in Anyigba, North Central, Nigeria.
2. To investigate the knowledge of the benefits of exclusive breastfeeding among nursing mothers in Anyigba, North Central, Nigeria.
3. To find out if nursing mothers in Anyigba, North Central Nigeria practice exclusive breastfeeding.

1.3. Study Hypotheses

The following hypotheses were formulated to guide the study:

1. H_0 : Awareness of exclusive breastfeeding is not significantly related to its practice.
2. H_0 : Knowing that exclusive breastfeeding is beneficial to babies is not significantly related to its practice.

2. Materials and Methods

2.1. Research Design

The research design was a cross-sectional descriptive survey type. The study plan involved the use of both qualitative and quantitative method of data collection in order to test hypotheses and answer research questions raised in the study.

2.2. Study Population

The target population consisted of all nursing mothers currently nursing a child of 0-9months of age in Anyigba, Dekina Local Government Area of Kogi State, North Central Nigeria and attending child welfare and immunization unit of the hospital of study. The study

population consisted of 432 nursing mothers who brought their children to the hospitals of study for immunization as at the time of study.

2.3. Sample and Sampling Techniques

The sample consisted of 286 (66.7% of the study population) nursing mothers using the hospitals of study for child immunization as at the time of the study and the two head of immunization units in the hospitals of study, bringing the total sample size to 288. The sampling techniques included accidental, purposive and cluster sampling techniques; which aimed at selecting the appropriate place of study and responses from current nursing mothers relevant to the study.

2.4. Research Instruments

Research instruments included questionnaire, In-depth interview and Focus group discussion. A total number of 234 copies of the questionnaire were adequately filled and returned by the participating nursing mothers. 28 nursing mothers were interviewed (14 from each of the hospital of study), while 22 nursing mothers and the two heads of units participated in the sessions of the focus group discussion (11 nursing mothers and the head of unit in each session).

2.5. Data Presentation and Analysis

Data were run with the Statistical Package for Social Sciences (SPSS) version 17.0. Qualitative data was analyzed using content analysis, while quantitative data was analyzed with frequency and percentage and hypotheses were tested using chi-square.

3. Results

3.1. Socio-demographic Characteristics of Respondents

Majority of respondents were aged 25-34 (46.6%), 91.1% were married and 47.4 has secondary education. Majority were traders (35.6%); (60.3%) earned less than N10.000 per month. Respondent were predominantly Christian (65.8%) and had 1-3 children (70.9%). (Table 1)

Section B: Validation of Research Questions

Research Question 1: Are nursing mothers aware of exclusive breastfeeding?

Table 2 indicated that majority of the participants 223 (95.3%) were aware of exclusive breastfeeding and majority 186 (79.5%) equally got their first information about exclusive breastfeeding from health workers. Similarly, 27 out of 28 participants of the in-depth interview were fully aware of exclusive breastfeeding and their major informants were health workers during ante-natal and post-natal visits.

Research Question 2: Do nursing mothers know the benefits of exclusive breastfeeding?

Results shown on Table 3 indicated that majority of nursing mothers have adequate knowledge of the benefits of exclusive breastfeeding for both mother and child.

Result from the focus group discussion and in-depth interview sessions equally affirmed that nursing mothers had knowledge of the benefits of breastfeeding exclusively for six months before introducing supplement and water.

Table 1. Socio-demographic Characteristics of Respondents

Age in years	Frequency N=234	Percent
15-24	82	35
25-34	109	46.6
35-44	34	14.5
45+	9	03.9
Marital Status		
Single	11	04.7
Married	215	91.9
Widowed	5	02.1
Divorced	3	01.3
Level of Education		
No formal education	15	06.4
Primary education	20	08.6
Secondary education	111	47.4
Tertiary education	88	37.6
Occupation		
Trader	83	35.6
Artisan	31	13.2
civil servant	56	23.9
Company employed	9	03.8
Self employed	14	6
Others	41	17.5
Income per Month (₦)		
< 10,000	141	60.3
10,000-50,000	62	26.5
>50,000-100,000	16	6.8
>100,000	15	6.4
Religion		
Christianity	154	65.8
Islam	79	33.8
Traditional	1	0.4
No of children		
1-3 children	166	70.9
4-6 children	58	24.8
7-9 children	7	3
>9 children	3	1.3

Source: Researcher's Field Survey, 2012.

Table 2. Respondent's Awareness of Exclusive Breastfeeding

Heard of EBF	Frequency N=234	Percent
No	11	4.7
Yes	223	95.3
First Informant		
Friend, family, neighbour, colleague	38	16.2
Health workers	186	79.5
Mass media	3	1.3
Government agency	2	0.9
Nobody	5	2.1

Source: Researcher's Field Survey, 2012.

Table 3. Respondent's Knowledge of the Benefits of Exclusive Breastfeeding (EBF)

EBF babies have advantage over others	Frequency (N =234)	Percent
No	25	10.7
Yes	209	89.3
EBF mothers have some benefits		
No	36	15.4
Yes	198	84.6
Breast Milk is best for baby		
No	11	4.7
Yes	223	95.3
Is a method of family planning		
No	83	35.5
Yes	151	64.5
Boost baby immune system		
No	31	13.2
Yes	203	86.8
Enhances Physical, Mental and Social growth /development		
No	28	12
Yes	206	88
Enhances mother /child bonds		
No	37	15.8
Yes	197	84.2
Protects baby from some common childhood diseases		
No	26	11.1
Yes	208	88.9
Prevents some infants/mothers death		
No	81	34.6
Yes	153	65.4
Prevents breast/ovarian cancers in mothers		
No	88	37.6
Yes	146	62.4
Saves money		
No	30	12.8
Yes	204	87.2
Babies should receive only breast milk for the 1st 6months		
No	14	6
Yes	220	94
Breastfeeding should start within an hour of birth		
No	52	22.2
Yes	182	77.8
Early initiation prevents baby/mothers deaths		
No	95	40.6
Yes	139	59.4

Source: Researcher's Field Survey, 2012.

Research Question 3: Do nursing mothers practice exclusive breastfeeding?

Majority of respondents had practiced or were practicing exclusive breastfeeding. Although, 177 (75.6) claimed to have practiced or to be practicing exclusive breastfeeding, only 156 (66.7%) did it or were doing it correctly.

Table 4. Practice of Exclusive Breastfeeding

Have practiced/Practicing exclusive breastfeeding	Frequency N=234	Percentage
No	57	24.4
Yes	177	75.6
Feeding Method		
Breast milk + water for the 1 st 6 months	17	7.3
Breast milk + other baby food from birth	49	20.9
Breast milk only for less than 6 months	8	3.4
Breast milk only for the 1 st 6 months	156	66.7
Breast milk + water for less than 6months	4	1.7

Source: Researcher's Field Survey, 2012.

3.2. Hypotheses Testing

The section deals with the testing of the hypotheses generated for the study using chi-square.

Decision Rule: The decision rule is to reject the Null hypothesis when the calculated chi-square value is greater than the table/critical value; if otherwise, then the null hypothesis is accepted while alternative hypothesis is rejected.

Significance Level: The level of significance for testing each hypothesis is 0.05

Degree of Freedom (DF): N-1

Hypothesis 1:

H₀: Awareness of exclusive breastfeeding is not significantly related to its practice.

H₁: Awareness of exclusive breastfeeding is significantly related to its practice.

Table 5. Awareness and practice of exclusive breastfeeding (X² Table)

Aware of ebf	Have practiced or practicing ebf		Total
	No	Yes	
No	7	4	11
Yes	50	173	223
Total	57	177	234

Calculated X² value = 9.664, DF = 1, critical X² value = 3.84.

Decision: Since the calculated X² value of 9.67 is greater than the table value of 3.84 at 0.05 alpha levels and a degree of freedom of 1, we reject the null hypothesis.

Hypothesis 2:

H₀: Knowing that exclusive breastfeeding is beneficial to babies is not significantly related to its practice

H₁: Knowing that exclusive breastfeeding is beneficial to babies is significantly related to its practice

Table 6. Knowledge of Benefits of exclusive breastfeeding to Child and Practice (X² Table)

Exclusively breastfed babies	Have practiced or practicing ebf		Total
	No	Yes	
have benefits over others	No	15	25
	Yes	42	209
Total	57	177	234

Calculated X² value = 19.297, DF = 1, critical X² value = 3.84.

Decision: Since the calculated X² value of 19.3 is greater than the table value of 3.8, at 0.05 alpha level and a degree of freedom of 1, the H₀ is rejected.

4. Discussion

The study shed some light on the awareness of exclusive breastfeeding among nursing mothers in Anyigba, Kogi State, North Central Nigeria. The study found a high level of awareness of breastfeeding exclusively among respondents, and their major informants are the health workers. These findings are similar to findings in [12], where majority of nursing mothers were equally aware of exclusive breastfeeding and received information from health workers.

The high level of awareness may be due to the fact that the study was carried out in an emerging university town in Kogi State, where majority of the respondents had a reasonable level of education.

The study revealed that majority of respondents has the knowledge of some benefits of exclusive breastfeeding for both mother and child. For instance, 89.3% knew that exclusively breastfed babies have some advantages over others who are no; 88% knew that exclusive breastfeeding enhances physical, mental and social growth and developments of infants and 65.4% knew that early initiation of breastfeeding could prevent some infants and mother's death.. This may be as a result of respondent's level of education, as well as adequate information from health workers. These benefits have been established by some documents such as [13], who found that exclusively breastfed babies were three-times less likely to fall sick than artificially-fed babies; [13], found that infants who received partial or no breastfeeding were more than twice likely to die before age one than infants who were exclusively breastfed for the first four months and [14,15] found that breastfeeding reduces suffering in children and their mothers by reducing the risk of pneumonia, diabetes, under and over-nutrition, high blood pressure and cholesterol, cancers and lowered intelligence.

A high rate of exclusive breastfeeding (66.7%) was obtained in this study and is similar to what was obtained in a study carried out at Jos University Teaching Hospital, Jos, Nigeria, [16] where 67 percent of nursing mother practiced or were practicing exclusive breastfeeding.

On the contrary, it is higher than 32-40 percent global exclusive breastfeeding rate reported by World Health Organization in 1995 and 2011 respectively. [17]. It is also higher than 37.3 % that was found among nursing mothers in Anambra, Nigeria in 20011 ([18], despite the fact that both studies were carried out in modern health facilities where information on exclusive breastfeeding and its benefits were high. The difference in these findings could be attributed to some other factors other than awareness and knowledge of benefits of exclusive breastfeeding.

Results of hypotheses tested revealed that awareness of exclusive breastfeeding and knowledge of benefits of exclusive breastfeeding among nursing mothers are significantly related to its practice; affirming some tenets of Health Belief Model that when people are aware of a health condition, they will likely take necessary action to prevent the adverse effect of the condition and or take action to promote a positive health condition, and that a person is likely to adopt health behaviour when he or she perceived some benefits from taking such action. In addition, people are most likely to adopt the desired

preventive behaviours when they have skills needed to make low-risk choices among others [19].

5. Conclusion

This study has demonstrated high level of awareness, knowledge of benefits, positive perception and practice of exclusive breastfeeding among the sample population studied. The practice of exclusive breastfeeding can help promote the health of both babies and mothers. In conclusion, awareness of the benefits of exclusive breastfeeding is a motivating factor for its practice.

6. Recommendations

Following the findings from this study, the following recommendations are therefore made:

Government and non government organizations involve in the promotion of exclusive breastfeeding should organize more training programme for health workers in the ante- natal and post-natal/child welfare unit and staff should be encouraged to participate in such programmes, where they can update their knowledge with latest information on exclusive breastfeeding, since they constitute the greatest means of information dissemination on exclusive breastfeeding.

Promotion of exclusive breastfeeding should involve programmes that will capture not only nursing mothers and health workers, but other members in the communities most especially husbands and older women who are involved in child care. Younger generations such as adolescents need to have a reasonable knowledge of exclusive breastfeeding and its many benefits even before child bearing age.

Facilities such as crèche should be provided by various governments and private organization at work place and in higher institution of learning, to enable nursing mothers who are working or studying continue breastfeeding without jeopardizing their work or study. Employers should also be encouraged to give nursing mothers extra break time to be able to perform this very important act of breastfeeding.

Competing Interest

The authors have no competing interests.

References

- [1] Metiboba, S. *Contemporary Issues in Health Sociology (A Revised Edition)* Banter Multimedia Network, Imo, Nigeria, 2012.
- [2] Uchendu, U.O. Ikefuna A.N & Emodi I.J, Factors associated with exclusive breastfeeding among mothers seen at the University of Teaching Hospital, Enugu, Nigeria. *South Africa Journal of Child Health*, May 2009; 3:1:14-19.
- [3] World Health Organization, Global strategy for infant and young child feeding, Geneva World Health Organization, Geneva, 2003.
- [4] Eiger, M.S. and Olds S.W., *The Complete Book of Breastfeeding*. Workman Publishing Company, Inc. New York, NY 10003-9555. 1999.
- [5] Heiser, C.K., Programming resources for early childhood care and development. *The Consultative Group, Washington DC*, 1995.
- [6] The Baby Friendly Hospital Initiative (BFHI) WABA Research Task Force (RTF) August 2010. (Retrieved 09/09/2016).
- [7] “LLLI |World Breastfeeding Week Celebration| World Breastfeeding Week Celebrations” La League International. (Retrieved 09/09/2016).
- [8] Omorotionmwan, J. Paternity and maternity leave to the rescue: The Lagos and Enugu States Initiative. Cited from, www.vanguardngr.com. 2015. (Retrieved- 09/09/2016).
- [9] Tella, A., Falaye, A., Aremu, O. and Tella, A. *A hospital-based assessment of breast-feeding behaviour and practices among nursing mothers in Nigeria and Ghana*. *Pakistan Journal of Nutrition* 7(1):165-171, 2008.
- [10] National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- [11] Agho, K.E, Dibley M.J, Odiase J.I & S.M Ogbonmwan Determinants of exclusive breastfeeding in Nigeria. *12th Administrative Staff College Of Nigeria*, 2009.
- [12] Amosu A.M, Oyewole, O.E, Amosu, A M, and Ojo E F. Growth faltering among exclusively breastfed infants in Ogun State, Nigeria. *Biomedical Research*; 21(3): 311-313, 2010.
- [13] Kasla R.R, Bavdekar S.B, Joshi S.Y and Hathi G.S. Exclusive Breastfeeding: Protective Efficacy. *Indian J Pediatr*; 62: 449-453 1995.
- [14] Horta B.L, Bali R.B, Martines J.C, Victoria C.G.I. Evidence on the long-term effects of breastfeeding systematic reviews and meta analysis. *World Health Organization*, 2007.
- [15] Tung, K.H, Wilkens L.R, Wu Ah, McDaffie, K, Nomura, A.M, Kolonel, L.N, Effect of anovulation factors on pre- and postmenopausal ovarian cancer risk: revisiting the incessant ovulation hypothesis. *America Journal of Epidemiology*; Feb 15; 161 (4): 321-9, 2005.
- [16] Ogbonna, C, & Daboer, J.. Current knowledge and practice of exclusive breastfeeding among mothers in Jos Nigeria. *Nigeria Journal of Medicine*, 2007.
- [17] Breastfeeding on the World Health Agenda – Unicef, www.unicef.org/.../breastfeeding-... Retrieved (09/09/2016)
- [18] Ukegbu, A.U, Ukegbu, P.O, Onyeroro and Ubajaka, C.F. Determinants of breastfeeding Patterns among mothers in Anambra State, Nigeria. *South Africa Journal of Child Health*, Vol. 5, No.4. (2011).
- [19] Tinuola F, *Theoretical considerations in health sociology*. Bookmakers, Benue state, Nigeria, 2009.