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Attitude, Practice and Factors Influencing Exclusive Breast Feeding Among Nursing Mothers In Federal Medical Centre, Owerri

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ABSTRACT: *This study examined the attitude, practice and factors influencing exclusive breast feeding among nursing mothers in postnatal ward in Federal Medical Centre, Owerri. Three research questions and two hypotheses guided the study. The population of the study consisted of all the nursing mother who attended in the postnatal ward of Federal Medical Centre, Owerri with the likelihood of engaging in exclusive breast feeding. The study was descriptive survey using a simple-random sampling in selecting three hundred and eighteen (318) respondents. A questionnaire was used for data collection with Cronbach Alpha reliability co-efficient of 0.85. Data collected were analyzed using mean and percentage to answer the research question, while Chi-square was used to test the hypothesis of 0.05 level of significance. The result revealed that nursing mothers in the study area have positive attitude toward exclusive breastfeeding and they practice exclusive breastfeeding the large extent. Occupation of women, inconvenience, conflicts at work, family pressure and health status of mother are major factors that influence exclusive breastfeeding among nursing mothers. Also, the practice of exclusive breastfeeding is independent of age and educational status of the nursing mothers. It was recommended among others that health workers should use every opportunity to create awareness on the need for exclusive breastfeeding and in designing interventions considering the identify factors.*

Keywords: *Attitude, practice, factors influencing exclusive breast feeding, nursing mothers*

I. Introduction

Breastfeeding remains the simplest, healthiest and least expensive feeding method that fulfills the infants' needs (Oche *et al.,* 2011).Breast milk is a natural resource that has a major impact on a child's health, growth and development and it is recommended for at least the first two years of a child's life. Breast milk contains the nutrients that a baby needs and in the right quantity. The World Health Organization (WHO) and United Nations Children Emergency Fund in 2003 emphasized that the nutrients are quickly and easily digested in the body systems of infants (Ajibuah, 2013).

Researchers have identified breastfeeding during the first year as one of the most important strategies for improving child survival. Breast milk has many beneficial effects on the health of infants, especially premature and low birth weight infants. These benefits are magnified by exclusively breastfeeding beyond 6 months of age. Exclusive breastfeeding (EBF) during the first 6 months of life is an important factor for reducing infant and childhood morbidity and mortality and it is associated with a reduction in post neonatal deaths from all causes other than congenital anomalies (Zainab & Folake, 2014). Exclusive breastfeeding for six months is therefore important for both infant and maternal health. Infants who are not exclusively breastfed are more likely to develop gastrointestinal infections, not only in developing but also in industrialized countries. The risk of mortality due to diarrhea and other infections can increase many- fold in infants who are either partially breastfed or not breastfed at all. During the first two months of life, infants who are not breastfed are nearly six times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants (Niguse *et al.,* 2016).

Breastfeeding activities are carried out worldwide in order to fulfill the WHO and United Nations Children Emergency Fund (UNICEF) recommendation that infants be breastfed exclusively for six months and thereafter until 24 months (Ajibuah, 2013). American Academy of Pediatrics (AAP) (2017), reported that breast feeding provides advantages with regard to general health, growth and development. It documents diverse and compelling advantages for infants, mothers, families, and society from breastfeeding and use of human milk for infant feeding. These advantages include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits. During breastfeeding, approximately 0.25-0.5 grams per day of secretary immune-globulin (IgA) antibodies pass to the baby via the milk. Breastfeeding may decrease the risk of cardiovascular disease in later life, as indicated by lower cholesteroland C-reactive protein levels in adult women who had been breastfed as infants (Abdulmaleek & Musa, 2016).

Due to many health benefits of breastfeeding to mothers and children, governments of many nations have set goals for breastfeeding practices and rates. However, success in the achievement of such set goals in many countries is still very much in doubt (Amosu *et al.*, 2010**).**

Despite strong evidences in support of exclusive breastfeeding for the first six months of life, its prevalence has remained low worldwide (Oche *et al.*, 2011).

In line with global recommendation of the World Health Organization (WHO) and UNICEF, the Nigerian Federal Ministry of Health (FMOH) promote breastfeeding as the best method of feeding infants in their first year and beyond and recommend that every infant be exclusively breastfed for the first 6 months of life, with breastfeeding continuing for up to 2 years of age or longer (Zainab & Folake, 2014). Although, breastfeeding is well achieved in Nigeria and different breastfeeding promotion activities put in place, this has however not translated into adopting the behavior of exclusive breastfeeding as evidenced in the National Demographic Health Survey. Exclusive breastfeeding rate decreased from 17% in 2003 to 13% in 2008 (National Population Commission (NPC) Nigeria and 1CF Macro (2009). Rural and urban differentials have also been documented in the practice of exclusive breastfeeding as the practice was reportedly higher (41%) in the urban areas compared with 38% in the rural areas (NPC and ICF Macro, 2009) (Olayinka *et al.*, 2013). Similarly, Zainab & Folake (2014) noted that in Nigeria, there has been a decrease in compliance with the WHO/UNICEF recommendations for exclusively breastfeeding and the rate of EBF in the country has been fluctuating. The proportion of children under the age of six months that are exclusively breastfed decreased from 17 percent in 2003 to 13 percent in 2008 and 13 percent in 2010 and then rose back to 17 percent in 2012; this low rates places infants at increased risk of mortality and morbidity.

Presently in Nigeria, it has been shown by the Multiple Indicator Cluster Survey (MICS) data, that only 13.0% of nursing mothers practiced exclusive breastfeeding. The growth pattern of breastfed babies has been shown to be different from that of formula-fed babies, in that breastfed babies show a slower gain, starting around 4 months. Using a bottle-fed infant growth chart to judge the breastfed infants growth can, therefore, lead to premature discontinuation of breastfeeding or hasty introduction of complementary food (Amosu *et al.*, 2010).

The low rate of EBF in Nigeria may, in part, be due to traditional beliefs, practices and rites. For example, in Yoruba and Benin communities, EBF is considered dangerous to the health of the infant who is thought to require water to quench thirst or stop hiccoughs. Further, because the majority of women deliver outside health facilities across the community, the BFHI strategy alone may not have a positive effect on EBF rates (Kingsley *et al.*, 2011).

II. Aim

The main aim of the study was to examine the attitude, practice and factors influencing exclusive breastfeeding among nursing mothers in the post-natal ward of Federal Medical Center, Owerri. The specific objectives are to:

1. Determine the attitude of nursing mothers in Federal Medical Center, Owerri (FMC) toward exclusive breastfeeding.
2. Determine the extent of practice of EBF among nursing mothers Federal Medical Center, Owerri (FMC).
3. Identify the factors that influence exclusive breastfeeding among these nursing mothers Federal Medical Center, Owerri (FMC).
4. Determine the influence of educational level of mothers and practice of exclusive breastfeeding Federal Medical Center, Owerri (FMC).
5. Ascertain the influence of age on practice of exclusive breastfeeding among these nursing mothers Federal Medical Center, Owerri (FMC).

III. Materials and Methods

Research Design

The design for the study was a descriptive survey study.

Setting
The study was carried out at the post -natal ward of Federal Medical Center, Owerri, located in Imo State Southeast Nigeria.

Target Population
The population of the study consisted of all the nursing mothers who attended in thepost-natal ward of Federal Medical Center, Owerri, with the likelihood of engaging in exclusive breastfeeding. A total 1560 nursing mothers shall serve as population of the study.

Sample
The sample size of three hundred and eighteen (318) nursing mothers from post-natal ward in Federal Medical Center, Owerri was used for the study. The sample size was statistically determined by Yamane (1967). Formula for determining sample size from a finite population. The sample of the study is determined by the formula:

$$n = \frac{N}{1+Ne^2}$$

Where:

n= Sample size

N = the finite population of women who engage in FMC

1 = a constant (unit)

e = level of significance/limit of tolerable error (0.05)

Therefore:

$$n = \frac{N}{1 + Ne^2} = \frac{1560}{1 + 1560\ (0.05)^2} = 318$$

Based on the calculation above, a sample size for the study was 318.

Sampling Technique
Simple random sampling technique (balloting without replacement) was used to select study units. The researchers gave self-administered questionnaires to the nursing mothers available at the time of data collection.

Instrument for Data Collection
A structured questionnaire was used and was made up of four sections, A, B, C and D. Section A demanded socio-demographic details of respondents, the questions in section B of the questionnaire were designed to determine the attitude of nursing mothers toward exclusive breastfeeding, questions in Section C sought information on the practice of exclusive breastfeeding among nursing mothers while section D focused on identifying the factors that influence exclusive breastfeeding among nursing mothers. The questionnaire was structured in a 5 likert format with Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD). Also, Very Large Extent (VLE), Large Extent (LE), Small Extent (SE), Very Small Extent (VSE) and No Extent (NE).

Reliability of the Instrument
Reliability of instrument was done using single-administration technique to confirm the reliability of the instrument. 20 copies of the questionnaire were administered in face to face basis to 20 nursing mothers different from (The study population (respondents). The results were subjected to Cronbach Alpha which showed high reliability coefficient of 0.85.

Method of Data Collection
Two research assistants were involved to explain to the respondents' detail of what the research is meant and the questions involved in the data collection from the respondents during post-natal visit. Completed copies of the questionnaire were collected for two months. Thus, data were collected from the respondents through the administration of questionnaire.

Method of Data Analysis
Data collected were tallied and analyzed using mean and percentage to answer the research questions while Chi-square was used to test the hypotheses at 0.05 level of significance. Data were presented using tables.

Ethical Consideration

Ethical approval was obtained from the Ethical Committee of Imo State University, Owerri and Federal Medical Center, Owerri. Verbal consent was obtained from each of the respondents after the purpose of the study had been explained. Respondents were allowed to decide whether or not to participate in the study. Confidentiality of participants was held on high esteem; thus, confidentiality and anonymity was maintained during the process of data collection. The information obtained was entirely for the purpose of the research and improvement of the attitude and practice of exclusive breastfeeding among nursing mothers who attend the Imo State University Teaching Hospital and in the country at large.

Presentation and Analysis of Data

This chapter presents analysis of data. The results of the data analysis are presented according to the research and hypotheses that guided the study.

Table 1: Percentage distribution of-the socio-economic data of respondents

Variables	**Frequency**	%
1. Age (in years)		
15 to 20	33	9.7
21 to 30	143	46.0
31 to 40	101	32.3
Above 40	41	12.0
2. Education level		
Non-Formal	64	20.0
Primary	66	20.7
Secondary	96	30.3
Tertiary	92	29.0

Table 1 shows the percentage distribution of the respondents based on socio-demographic data. It indicates that most respondents were in the 21 - 30 years age group, attained secondary and tertiary education. The graphical representation is shown below.

Table 2: Mean responses on the attitude of nursing mothers towards EBF

S/N	**Items**	**SA**	**A**	N	**D**	**SD**	**Mean**	**Decision**
1	Breast milk alone is sufficient for the baby during the first six month of life	196	72	30	10	10	4.36	Agreed
2	EBF has benefits to the baby	256	60	2	0	0	4.79	Agreed
3	EBF has benefits to the mother	188	100	20	5	5	4.44	Agreed
4	Colostrum provides nutrition and protection to the baby	90	206	15	2	5	4.17	Agreed
5	EBF should be encouraged	160	150	8	0	0	4.47	Agreed

	Grand Mean						4.45	Agreed

Results from the data of Table 2 indicate that nursing mothers in the study area have positive attitude towards exclusive breastfeeding. This is because the grand mean has a value of 4.45 which is within the range of positive attitude.

Table 3: Mean responses on the extent of practice of EBF among nursing mothers

S/N	**Items**	**VLE**	**LE**	**SE**	**VSE**	**NE**	**Mean**	**Decision**
6.	To what extent do you practice EBF?	244	49	22	3	0	4.68	Large Extent

Results present in Table 2 show that nursing mothers in the study area practice exclusive breastfeeding to a large extent because the mean value of 4.68 is within the range of large extent.

Table 4: Mean responses on factors that influence EBF among nursing mothers

S/N	Factors	SA	A	N	D	SD	Mean	Decision
7	Occupation of women	180	100	18	20	0	4.38	Accepted
8	Inconvenience ,	138	140	25	10	5	4.24	Accepted
9	Conflicts at work	200	36	50	20	12	4.23	Accepted
10	Family pressure	200	78	10	24	6	4.38	Accepted
11	Health status of mothers	198	90	20	5	5	4.48	Accepted
12	Husband's opinion	0	0	8	140	170	1.49	Rejected

The summary of the results in Table 4 show that except item 12 with mean score below 3.00, all the other items have mean score above 3.00; implying that occupation of women, inconvenience, conflicts at work, family pressure and health status of mothers are the major factors that influence exclusive breastfeeding among nursing mothers.

Table 5: Chi-square analysis on the relationship between age and practice of EBF Practice of EBF

Variables	X^2cal	$\propto$	df	X^2tab	Decision
Age	3.427	0.05	3	7.82	Accepted H_o

From the result of the Chi-square as shown in Table 5, the statement of hypothesis 1 is accepted; implying that there is no significant relationship between age and practice of exclusive breastfeeding. This is because the summary Chi-square value is less than the Chi-square table value at 0.05 level of significance.

Table 6: Chi-square analysis on the-relationship between educational status and practice of EBF

Variables	X^2cal	$\propto$	df	X^2tab	Decision
Educational status	2.469	0.05	3	7.82	Accepted H_0
Practice of EBF					

From the result of the Chi-square as shown in Table 6, the statement of hypothesis 2 is accepted; implying that there is no significant relationship between educational status and practice of exclusive breastfeeding. This is because the summary Chi-square value is less than the Chi-square table value at 0.05 level of significance.

IV. Discussion

From the result shown in Table 2, the grand mean result indicates that the nursing mothers in the study area have positive attitude towards exclusive breastfeeding. This result is in agreement with the study conducted among nursing mothers in MizanAman Town, Southwestern Ethiopia, it was discovered that even though only 59.3 percent believed that only exclusive breastfeeding is enough up to 6 months, majority (89.5 percent) of mothers prefer to feed their child with breast milk only.

While the findings of this study showed higher number of mothers with favourable attitude towards exclusive breastfeeding in comparison with a study in Southern Ethiopia which found that 56.7percent of mothers had favourable attitude towards exclusive breastfeed and a study done in Nigeria in which more than 50 percent of the women had positive attitude towards breastfeeding (Niguse *et al.*, 2016).

The result, as contained in Table 3, revealed that nursing mothers in the study area practice exclusive breastfeeding to a large extent. This is at variance Awogbenja (2010), who studied factors influencing breastfeeding practices among mothers in Lafia Local Government Area of Nasarawa State, revealed similar result. Several researchers have investigated breastfeeding practices in different communities of sub-Saharan Africa and Southeast Asia. An insightful study reported a prevalence of 36 percent for exclusive breastfeeding among women in rural Bangladesh which is similar to findings from a multiple indicator cluster survey also in Bangladesh, where 34.5percent of mothers practiced exclusive breastfeeding (Oluwafolahan *et al.,* 2015). Even though the prevalence of practice is lower in the rural area (Olayinka *et al.*, 2013).

Oluwafolahan *et al*. (2015) noted that the practice of exclusive breastfeeding has been less than optimal in many developing countries including Nigeria. More than 50 percent of Nigerian infants are fed complementary foods too early, which are often of very poor nutritional value. For instance, in a study of mothers from a semi-urban community in Nigeria, 10 percent of the women never practiced exclusive breastfeeding believing that their breast milk was insufficient for babies need. They misinterpreted excessive crying by babies to be an indication of hunger. However, 66 percent of mothers who practice mixed feeding believed that their breast milk needs to be supplemented with artificial formulae for fast growth and health of their babies (Chidozie *et al.*, 2013).Another study conducted in a rural community in Southwest Nigeria reported poor exclusive breastfeeding practice despite the high level of knowledge exhibited by respondents. Misconceptions also exist about the effects of EBF on the practicing mothers. There is need for enhanced health promotion and education activities targeting the misconceptions and strengthening the attitudinal disposition to EBF. This suggests that majority of nursing mothers in Nigeria practices EBF to a large extent.

The summary of the results in Table 4 show that occupation of women, inconvenience, conflicts at work, family pressure and health status of mothers are the major factor that influence exclusive breastfeeding among nursing mothers. This agrees with Ekanem *et al.* (2012) who stated that certain factors are known to influence nursing mothers' attitude and practice of exclusive breastfeeding. They have proposed that lack of suitable facilities outside of the home, inconvenience; conflicts at work, family pressure and ignorance adversely affect the willingness of women to practice exclusive breastfeeding. This result by implication entails that many factors could be responsible for nursing mothers not to breastfeed their babies.

This result is at variance with Ajayi *et al*. (2011) who identified age as a contributory variable to the determination of breastfeeding pattern among women in Kogi. This assertion is affirmed by HBM and HPM that contributory factors such as age can influence the uptake of specific action to avoid illness while others fail to protect themselves.

This result is not surprising because this study took place in a semi-rural community where the practice of EBF is the child's right. It is a traditional way of feeding the child therefore no formal education is needed to breastfeed the baby, although educational level of the mother has been identified as a factor which significantly influenced the acceptance and practice of breastfeeding among major ethnic groups in Kogi State Nigeria (Ajayi *et al.,* 2011). Educational level has also been affirmed by HBM and HPM as a factor that can influence the acceptance and practice of health promoting behaviour like EBF for the infants and mother.

V. Conclusion

Based on the findings of the study, it was concluded that nursing mothers in the study area have positive attitude towards exclusive breastfeeding and they practice exclusive breastfeeding to a large extent. Occupation of women, inconvenience, conflicts at work, family pressure and health status of mothers are the major factors that influence exclusive breastfeeding among nursing mothers. Age and level of education do not significantly influence the practice of exclusive breastfeeding among nursing mothers. It means that these moderator

variables are not serious factors when considering practice of exclusive breastfeeding among nursing mothers. Also, all the factors that can influence the practice of exclusive breastfeeding should be considered in all interventions designed to improve the practice of exclusive breastfeeding.

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