



Exclusive Breastfeeding Practice And Related Socio-Demographic Characteristics Of Mothers Visiting Tertiary Health Institutions In Rivers State

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ABSTRACT

This study examined the exclusive breastfeeding practice and related socio-demographic characteristics of mothers visiting tertiary health institutions in Rivers State. A descriptive research design was used with a population consisting of nine thousand one hundred and twenty (9120) educated mothers who visited tertiary health institutions in Rivers State during the period of the study. A convenience sampling technique was used to select a sample size of 912 which is ten percent of the total population. Data was collected using a structured questionnaire with a reliability coefficient of 0.6. The data generated was sorted, coded and analyzed using statistical product for service solution (SPSS) version 23.0. Statistical tools such as frequency, percentage, mean, and linear regression were used. The findings of the study showed a high extent of practice of exclusive breast feeding ($\bar{X} = 3.13 \pm 0.79$). Exclusive breast feeding was practiced more by those aged ≤ 25 years ($\bar{X} = 3.19$), and those who had tertiary education ($\bar{X} = 3.14$). The result also shows that there was a significantly high relationship between age ($r = 0.66$, $p = 0.048$) and practice of exclusive breast feeding among mothers. It was concluded that, the practice of exclusive breast feeding among educated mothers was high and the related socio-demographic factor was age. It was recommended that, nutritionists should take into consideration the socio-demographic characteristics of the mothers particularly age when designing nutritional programmes such as baby friendly initiative for women.

Keywords: Exclusive Breastfeeding, Socio-demographics, Mothers, Health Institutions

INTRODUCTION

Breastfeeding is essential for child survival and optimal development of the child. It uniquely enhances a young child's psychological, nutritional and immunological needs. In Nigeria, although almost all babies are for some period of time breastfed, only 2% of infants under the age of one month receive exclusive breast-milk colostrum. Exclusive breastfeeding is the best natural feeding and breast milk is the best milk. The basic food of infant is mother's milk. Breastfeeding is the most effective way to provide a baby with a caring environment and complete food. It meets the nutritional as well as emotional and psychological needs of the infants. But recently there is tendency to replace the natural means of infant feeding and introduction of breast milk substitutes. So, breastfeeding deserves encouragement from all concerned in the welfare of children (Blum, 2007).

Exclusive breastfeeding is the intake of breast milk by an infant from its mother or wet nurse or expressed milk with the additional of no other liquids or solid with the exception of drops or syrups consisting of vitamins, minerals or medicine and nothing else (WHO, 2007). Breastfeeding is an unequalled way of providing ideal food for the health growth and development of infant. It is also an integral part of reproductive process with important implication on the health of mothers. Exclusive breastfeeding has been recommended worldwide by world health organization and United Nation Children Emergency found as the optimal feeding mode for young infants especially in environment where sanitation is poor (Feachem & Kobinky, 2006). According to Uchendu and Emadi (2009), breastfeeding has several benefits for the infants, mothers and communities. These include reduction in infants' morbidity and mortality from infections disease, diarrhea incidence and allergies. Ogbonnac (2007) said that, longer duration of breastfeeding is associated with better cognitive development, improvement of intelligence, protection against development of asthma, wheeze in children and reduction in adolescent obesity.

Breastfeeding is one of the extraordinary gift of nature and rewarding for both babies and mothers in many aspects. Maternal benefits of breastfeeding include lactational amenorrhea which enhanced child spacing and early mother-infant bonding, reduction in infant abandonment and child abuse (Velaemas, 2009). There is also reduction in the overall financial burden to government and families. A review of evidence has shown that on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter, infants should receive complementary foods with continued breastfeeding up to 2 years of age and beyond. Faced with the rising infants and early childhood morbidity and mortality rate and following the innocent. Declaration in 1990 at Florence nightingale in Italy, the health organization launched the baby friendly hospital initiative (BFHI) in June 1991, (Luoff, Luoff & Klaus, 2003).

Breast milk is not only the best nutrient for babies but also contain certain antibodies that can guard infant from various infections. Research indicate that woman who breastfeed may have lower rate of certain breast and ovarian cancers. The American academy of paediatrics recommends that an infants be breastfed without supplemental food or liquid for the first six months of age known as exclusive breast feeding is the only natural and scientific way of feeding in the first six months of life, not only for term but also for pre-term babies. In developing countries like ours, breast feeding can contribute in many ways to better health of children as well as mothers. Exclusive breastfeeding can prevent under nourishment, infectious and mortality in young infants (Blum, 2007). Exclusive breastfeeding (EBF) is a very important, long lasting and cost-effective intervention to help reduce the morbidity and mortality of infants. However, a large proportion of infants are not exclusively breastfed as recommended by the World Health Organization. Therefore, this study examined the exclusive breastfeeding practice and socio-demographic factors associated with it among mothers visiting tertiary health institutions in Rivers State.

Research Questions

The following research questions were answered in this study:

1. What is the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State?
2. What is the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State based on age?
3. What is the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State based on educational background?

Hypotheses

The following hypotheses postulated were tested at 0.05 level of significance:

1. There is no significant relationship between age and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State.
2. There is no significant relationship between educational background and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State.

METHODOLOGY

The research design used in this study is a descriptive study design with an estimated population of nine thousand, one hundred and twenty (9120) attendees in nine tertiary health institution in Rivers State. Ten percent (10%) of the population was used as the sample of the study using convenience sampling technique. The instrument for data collection was a structured questionnaire titled: Exclusive Breastfeeding Practice and Associated Socio-demographic Factors Questionnaire (EBPASFQ) which was developed by the researcher. The first part of the questionnaire was designed to reflect the socio-demographic characteristics of the participants while the B part was focused on the variables of the study. To ensure the face, and content validity of the instrument, the items of the questionnaire were corrected and well scrutinized by the project supervisor and three specialists in a related field of study. The test-retest method was adopted to ensure the reliability of the instrument which involved repeated administration of the instruments (questionnaire) to 20 educated mothers outside the study population with similar characteristics on two occasions. The time interval was two weeks. The score resulting from the two administration of the test were correlated to determine the reliability coefficient and stability of the instrument. The reliability coefficient of 0.6 was established. The data generated was sorted, coded and analyzed using statistical package for social sciences (SPSS) version 23.0. Statistical tools such as frequency, percentage, mean, chi-square and linear regression were used.

RESULTS

The results of the study are presented below in Table 1 - 5

Table 1: Extent to which mothers practice exclusive breast feeding

SN	Items	Mean	Std dev.	Decision
1	Breastfed baby	3.73	.49	High
2	Washes breast before breastfeeding	3.45	.69	High
3	Feeds baby with express breast milk when not around	3.06	1.00	High
4	Uses any comfortable position to breastfeed	3.60	.56	High
5	Feeds baby on demand	3.39	.62	High
6	Feeds baby every three hours	2.69	.95	High
7	Alternates the breast at each feeding	3.18	.86	High
8	Gives water to baby intermittently	2.53	1.08	High
9	Ensures the child belches after each breastfeeding	3.29	.77	High
10	Lays baby down immediately after breastfeeding	2.37	.95	High
	Grand mean	3.13	0.79	High

Table 1 shows the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State. The result showed that the grand mean 3.13 ± 0.79 is greater than the criterion mean of 2.5 indicating a high extent of practice of exclusive breast feeding. Thus, the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State was high.

Table 2: Age and Practice of exclusive breast feeding among mothers visiting tertiary health institutions in Rivers State

SN	Items	≤25yrs		26-30yrs		31-35yrs		≥36yrs	
1	Breastfed baby	3.69	.47	3.77	.48	3.74	.49	3.66	.51
2	Washes breast before breastfeeding	3.33	.48	3.36	.67	3.51	.71	3.33	.70
3	Feeds baby with express breast milk when not around	3.19	1.03	3.14	.96	2.97	.106	3.32	.71
4	Uses any comfortable position to breastfeed	3.81	.40	3.75	.45	3.56	.59	3.60	.54
5	Feeds baby on demand	3.39	.84	3.44	.58	3.34	.63	3.51	.55
6	Feeds baby every three hours	2.69	.86	2.68	.92	2.74	.98	2.53	.86
7	Alternates the breast at each feeding	3.22	.87	3.30	.78	3.16	.95	3.16	.53
8	Gives water to baby intermittently	2.78	1.09	2.72	1.03	2.46	1.11	2.61	.96
9	Ensures the child belches after each breastfeeding	3.56	.50	3.17	.98	3.34	.78	3.12	.58
10	Lays baby down immediately after breastfeeding	2.31	.82	2.35	.80	2.43	1.03	2.13	.72
	Grand mean	3.19	.74	3.17	.76	3.12	.74	3.09	.67

Table 2 shows the practice of exclusive breast feeding based on the age of mothers visiting tertiary health institutions in Rivers State. The result shows that based on age, exclusive breast feeding was practiced more by those aged ≤25 years (3.19), followed by those aged 26-30 years (3.17), those aged 31-35 years (3.12) and those aged ≥36 years (3.09). Thus based on age, exclusive breast feeding was practiced more by the younger mothers than the older ones.

Table 3: Practice of exclusive breast feeding based on educational background of mothers visiting tertiary health institutions in Rivers State

SN	Items	Primary		Secondary		Tertiary	
1	Breastfed baby	3.57	.67	3.64	.54	3.79	.44
2	Washes breast before breastfeeding	3.07	.86	3.33	.68	3.54	.66
3	Feeds baby with express breast milk when not around	2.97	1.02	3.19	.89	3.02	1.03
4	Uses any comfortable position to breastfeed	3.50	.69	3.54	.60	3.63	.52
5	Feeds baby on demand	3.43	.65	3.38	.66	3.39	.61
6	Feeds baby every three hours	2.96	.88	2.91	.86	2.58	.98
7	Alternates the breast at each feeding	3.42	.64	3.25	.78	3.13	.91
8	Gives water to baby intermittently	2.12	.101	2.32	1.08	2.66	1.06
9	Ensures the child belches after each breastfeeding	3.49	.60	3.35	.69	3.24	.82
10	Lays baby down immediately after breastfeeding	2.24	.85	2.30	.94	2.41	.97
	Grand mean	3.08	.69	3.12	.78	3.14	.80

Table 3 shows the practice of exclusive breast feeding based on the educational status of mothers visiting tertiary health institutions in Rivers State. The result shows that based on education, exclusive breast feeding was practiced more by those who had tertiary education (3.14), followed by those who had secondary education (3.12), and those who had primary education (3.08). Thus based on educational

status, exclusive breast feeding was practiced more by mothers who had higher educational status.

Table 4: Regression analysis showing relationship between age and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State

Model	R	R square	Adjusted R square	B	P	Decision
	0.66	0.004	0.003	3.233	0.048	Rejected

*Significant, $P < 0.05$.

Table 4 shows the regression analysis of relationship between age and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State. The result shows that there was a significantly high relationship between age and practice of exclusive breast feeding ($r = 0.66$, $p = 0.048$) and the practice increases with increase in age ($B = 3.233$). Thus, the null hypothesis which states that there is no significant relationship between age and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State was rejected.

Table 5: Regression analysis showing relationship between educational background and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State

Model	R	R square	Adjusted R square	B	P	Decision
	0.045	0.002	0.001	3.062	0.176	Accepted

*Not Significant, $P > 0.05$.

Table 5 shows the regression analysis of relationship between educational background and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State. The result shows that there was no significant relationship between educational background and practice of exclusive breast feeding ($r = 0.045$, $p = 0.176$). Thus, the null hypothesis which states that there is no significant relationship between educational background and the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State was accepted.

DISCUSSION OF FINDINGS

The findings of the study are discussed below:

The finding of this study showed that the grand mean 3.13 ± 0.79 is greater than the criterion mean of 2.5 indicating a high extent of practice of exclusive breast feeding. Thus, the extent of practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State was high. This finding is encouraging because it shows that women, more especially educated mothers are taking advantage of the benefits of exclusive breastfeeding. The finding of this study is in keeping with that of Mbuka, Muthami and Makokha (2016) which showed majority of the respondents practiced exclusive breast feeding. The finding of this study is in line with that of Warille (2015) which showed that the practice of exclusive breast feeding was high (63.2%). The finding of the study is in consonance with that of Kumala (2017) which showed that more than half of the mothers practiced exclusive breast feeding. The finding of this study is similar to that of Okolo, Omoyibo and Chimah (2015) who found that more than half practiced breast feeding. This similarity might be due to the fact that mothers are taking advantage of the numerous benefits of exclusive breastfeeding; this might be implicated for the good practice found in the different studies. However, the finding of this study is not in line with the result of Savadogo, Ilboudo and Kinda (2018) which showed that the practice of exclusive breastfeeding was low. The finding of the study is at variance with that of Njeri (2012) which showed that less than half of the respondents practiced exclusive breastfeeding. The finding of this study differs from that of Chhetri, Rao and Guddattu (2018) where only 17.5% practiced exclusive breast feeding. The finding of this study is at

variance with that of Yilmaz, Ocal, Yilmaz, Ceyhan, Kara and Küçüközkan (2017) which showed the prevalence of exclusive breast feeding to be much lesser than fifty percent. The finding of the present study is also different from that of Rahman, Dewi, Fitriyah, Oktaviani and Rifai (2017) where a lesser proportion (26.2 percent) reported the practice of exclusive breast feeding. The finding of this study is also in disagreement with that of Olayem, Williams, Adekugbe, Odubanjo, Fayehun, Uneke, Ogala and Omotade (2014) which showed a much lesser proportion of the respondents who practiced exclusive breastfeeding. The difference in the present study and the previous ones might be due to the difference in the sample size and the difference in the study locations.

The result shows that based on age, exclusive breast feeding was practiced more by those aged ≤ 25 years (3.19), followed by those aged 26-30 years (3.17), those aged 31-35 years (3.12) and those aged ≥ 36 years (3.09). Based on the result, it can be deduced that exclusive breast feeding was practiced more by the younger mothers though, the practice increase with increase in age as shown by the hypothesis result. The result shows that there was a significantly high relationship between age and practice of exclusive breast feeding ($r = 0.66$, $p = 0.048$) and the practice increases with increase in age ($B = 3.233$). The finding of this study is similar to that of Olayem et al (2014) which showed that maternal age was significantly associated with the practice of exclusive breastfeeding ($p < 0.05$). The finding of this study is also in agreement with that of Savadogo, Ilboudo and Kinda (2018) which showed that age was significantly associated with the practice of exclusive breastfeeding ($p < 0.05$). The finding of this study is in line with that of Okolo, Omoyibo and Chimah (2015) which showed that the younger women were more likely to practice exclusive breastfeeding than the older ones. This finding might be due to the fact that younger women are more energetic than the older ones. The result of the study further revealed a significant relationship between age and practice of exclusive breast feeding ($p < 0.05$, $df = 3$, $X^2 = 18.740$). The finding of this study is not in agreement with that of Yilmaz et al (2017) which showed a non-significant relationship between age and exclusive breast feeding ($p > 0.05$). The finding of this study is at variance with that of Njeri (2012) whose finding showed a non-significant association between maternal age and continuous EBF ($P = 0.09$). The finding of this study is also different from that of Mbuka, Muthami and Makokha (2016) which showed a non-significant relationship between age and exclusive breast feeding ($p > 0.05$). The difference in the study population and study location might be implicated for the variations found in the present study and the previous ones.

The result shows that there was no significant relationship between educational background and practice of exclusive breast feeding ($r = 0.045$, $p = 0.176$). However, the result shows that those who had higher educational level practiced exclusive breast feeding more. The finding of this study is in keeping with that of Okolo, Adewunimi, and Okonji (1999) which showed that, mothers with some form of education were more likely than those with no education to feed their babies with colostrums. The finding of this study also gives credence to that of Moveland (2000) which showed that breastfeeding education that is given repeatedly in person could have a significant influence on breastfeeding outcomes. Level of education was found to influence the mother's choice in infant feeding practice. The finding of this study is in line with that of Violet (2008) which showed that, maternal education, was found to be associated with exclusive breastfeeding. The finding of this study is similar to that of Spinelli, (2003) which showed that, women with a higher level of education were more likely to attend classes and women who attended antenatal classes were about half as likely to bottle feed. The finding of this study is in line with that of Wamani et al., (2005) which showed that educated mothers in Western Uganda for example were on one hand, more inclined to use prelacteal feeds; and yet on the other hand were also likely to prepare nutritionally good complementary food for their children. The result shows that the grand percentage (85.4%) is greater than the average (50.0%) indicating a high influence of nature of work on the practice of exclusive breast feeding among educated mothers visiting tertiary health institutions in Rivers State.

CONCLUSION

Based on the findings of the study, it was concluded that, exclusive breast feeding was practiced to a high extent among mothers in Rivers State and the socio-demographic characteristics significantly related to the practice of exclusive breast feeding was the age of the mothers.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Nutritionists should take into consideration the socio-demographic characteristics of the mothers particularly age when designing nutritional programmes such as baby friendly initiative for women.
2. The Government should extend the Baby Friendly Hospital Initiative establishment to other parts of the State where it was not established to enhance the adoption of exclusive breast feeding fully by women.
3. Health care providers should intensify their effort in creating awareness among mothers on the benefits of exclusive breast feeding this will help them in sustaining the high extent of practice found among them.

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