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CHILDREN IN ILESA, OSUN STATE, NIGERIA**

BREASTFEEDING PRACTICES AMONG NURSING MOTHERS WITH UNDER-FIVE CHILDREN IN ILESA, OSUN STATE, NIGERIA

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ABSTRACT

Introduction: One of the oldest practices known to mankind is breastfeeding and breast milk had been recognized as the appropriate food for babies over the ages. However it is not clear if nursing mothers of under-fives are fully informed about its benefit thus the reason for this study which assessed the knowledge, attitude and practices of nursing mothers towards breastfeeding in Ilesa, Osun state, Nigeria.

Methods: It was a descriptive cross-sectional study and the respondents were 375 nursing mothers with children below five years of age attending postnatal clinics. They were randomly selected from two local government areas and an interviewer administered, semi-structured questionnaire was used to obtain information on maternal socio-demographic characteristics, knowledge, attitude and practices of the nursing mothers. Simple descriptive statistics were performed using SPSS version 20.

Results: A total of 350 (93.3%) respondents completed the study; 90% had antenatal care (ANC) and 74% carried out exclusive breastfeeding (EBF) for 6 months. Among the respondents, 59% initiated breastfeeding on the day of delivery and 79% agreed breastfeeding was good for babies. Sixty five percent of the respondents did not experience

difficulty in initiating breastfeeding. For 43.1% of the respondents, the most usual weaning food was pap and 88% of the respondent used boiled water in preparing supplementary food.

Conclusion: The respondents demonstrated good knowledge and positive attitude towards exclusive breastfeeding and understood its benefits. Pregnant women should be counseled on the need for ANC and appropriate education on breastfeeding practices should be provided at the clinics.

Keywords: Breastfeeding practices, Nursing mothers, Under-fives, Nigeria

INTRODUCTION

Breastfeeding is one of the most effective ways to ensure child health and survival.¹ The best infant feeding plan for optimal growth, development and health as recommended by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) is starting breastfeeding in the 1st hour of delivery, exclusive breastfeeding (EBF) for the first 6 months of life and continued breastfeeding together with suitable complementary foods for up to 2 years or beyond.² Breastfeeding has an important role in many countries for public health and epidemiological studies.³ About three

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quarters (74%) of black infants are ever breastfed, and this is below the national average of 83%.⁴ About half of the 80% of neonates given breast milk worldwide initiated breastfeeding in the first hour of birth, and in developing countries late initiation of breastfeeding is still a challenge.⁵

In many countries, EBF is reportedly low and there is a declining rate of continued breastfeeding among poor mothers.⁵⁻⁸ Despite WHO recommendations on breastfeeding, globally the picture falls short of these standards, as only 44% of infants aged 0-6 months worldwide were exclusively breastfed over the period of 2015-2020.⁹ In Nigeria, the prevalence of EBF nationwide is 17% with regional variations.¹⁰ Studies have shown an inverse relationship between EBF and infant mortality rates in developing countries.^{11,12} Optimal breastfeeding is so critical that it could save the lives of over 820,000 children under the age of 5 years each year.⁹

There is a decrease in child death with a long-term health benefits in children who are optimally breastfed.² It could also reduce hospitalization among children with otitis media, respiratory infection and diarrhea.⁵ Longer duration of breastfeeding also contributes to the health and well-being of mothers and reduces the risk of ovarian and breast cancers.⁹ The aim of this study was to determine the breastfeeding knowledge, attitude and practices among mothers of under-fives in Ilesha, Osun State, Nigeria; to help know their current breastfeeding practices and provide a basis for improving these practices.

METHODS

Study setting

The study was carried out in Ilesa town, Osun State (Figure 1). Ilesa is an ancient city in Yoruba land in South Western Nigeria. It is also the name of a historic semi-urban settlement and the largest town in Ijesa land located between latitude 7.6291 °N and longitude 4.7372 °E in rainforest belt. It has a population of 228,297 according to the 2009

population census. Ilesa is a large nucleated settlement, initially a caravan trading center, but now a commercial, agricultural and processing city. The 2 major hospitals in Ilesa are: Federal-government owned Wesley Guild Hospital (which is one of the units of Obafemi Awolowo University Teaching Hospitals Complex) and the Osun State owned General Hospital. There are 16 privately owned health centres or clinics and 20 publicly owned Primary Health Care Centres (PHCs) with 4 dispensaries scattered in different locations in Ilesa. The public and private health centers in Ilesa provide a wide variety of health services.

Research Design

A descriptive cross-sectional facility-based study.

Sampling Technique

The study location is Ilesa town with Ilesa East and Ilesa West Local Government Areas (LGAs) made up of 21 wards. Ilesa East has 11 administrative wards while Ilesa West LGA has 10 administrative wards. In Ilesa East LGA there are one Comprehensive Health Centre and 12 PHCs while Ilesa West LGA has one Comprehensive Health Centre and 8 PHCs. Twelve of the health care centers were randomly chosen from the 20 available publicly (state government) owned PHCs, 6 from Ilesa east and 6 from Ilesa west LGA. Convenience sampling technique was used to recruit nursing mothers who were attending postnatal clinics at the selected health care centers.

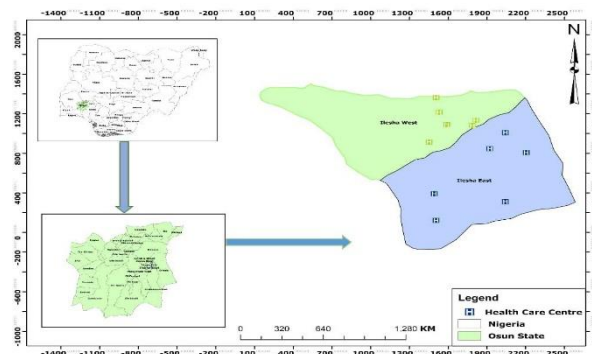


Figure 1: Study Area

Sample inclusion/exclusion

Mothers between ages 15-49 years who had breastfed their under-fives or are still

breastfeeding and are residents of the study area were recruited. Mothers whose children were seriously ill were excluded from the study.

Sample size

The minimum sample size was calculated using the Leslie Fischer's formula cited by Araoye:¹³

$$n = Z^2 pq / d^2$$

where,

n= minimum sample size

Z= standard normal deviate set at 1.96 which corresponds to the 95% confidence level

d= degree of accuracy desired (set confidence interval) at 0.05

p= Estimate prevalence of women of child bearing age practicing breastfeeding in Osun State was 71.3% (14).

$$q = 1 - p$$

$$n = 1.96 \times 1.96 \times 0.713(1-0.713)/0.05 \times 0.05$$

Thus, n= 341

Minimum sample size was 341

Adding 10% attrition, the total number of respondents to be recruited was 375.

Data Collection Tools and Methods

Data was collected using a pretested interviewer-administered questionnaire. The questions were in three sections as follows; demographic characteristics, breastfeeding knowledge, attitude and practice among nursing mothers.

Data analysis

Data was analysed using the IBM/Statistical Product and Service Solution (SPSS) version 20. Summary statistics using mean and standard deviation for continuous variables such as age and number of children were performed. Frequencies and proportions for categorical variables were generated for socio-demographic characteristics of the respondents, breastfeeding knowledge, attitude and practice.

RESULTS

Socio-Demographic Characteristics of Respondents

A total of 375 questionnaires were administered, 350 had complete data and were analyzed giving a response rate of 93.3%.

Table I shows the socio-demographic characteristics of the respondents. The age of the respondents ranged from 20 years to 49 years with a mean age \pm SD of 33 ± 6 years. Fifty-three percent of the respondents were within age group 30 – 39 years and 72% were Christians. Sixty-eight percent had tertiary level of education and 88% were of Yoruba ethnicity. Eighty-one percent were from monogamous family while 51% were respondents with two children.

Table 1: Socio-demographic Characteristics of Respondents

Variable	Frequency (n)	Percentage (%)	Mean (S.D)
Age (years)			
20-29	103	29	
30-39	185	53	33 \pm 6
40-49	62	18	
Religion			
Christianity	253	72	
Islam	81	23	
Traditional Religion	16	5	
Education			
No Formal Education	19	5.4	
Primary	24	6.9	
Secondary	68	19.4	
Tertiary	239	68.3	
Ethnicity			
Yoruba	308	88	
Hausa	8	2	
Igbo	32	9	
Igede	2	1	
Family Type			
Monogamous	284	81	
Polygamous	66	19	
Number of Children			
One	89	25	
Two	177	51	2 \pm 1
Three and above	84	24	

Breastfeeding Knowledge

To assess breastfeeding knowledge, tables 2 and 3 answered some component questions. Ninety percent of the respondents had antenatal care, 74% exclusively breastfed their child and 73% believed exclusive breastfeeding was beneficial to their child (Table II).

Fifty-nine percent of the respondents felt babies should be breastfed on the day of delivery while 83% believed exclusive breastfeeding should last for the first six months of life. Fifty-nine percent of the respondents felt breastfeeding must be stopped when diagnosed with HIV/AIDS (Table III)

Table II: Breastfeeding Knowledge of Nursing Mothers

Variable	Frequency (n)	Percentage (%)
Had antenatal care		
Yes	314	90
No	36	10
Had formal breastfeeding education		
Yes	206	59
No	144	41
Aware of exclusive breastfeeding		
Yes	235	67
No	115	33
Child had exclusive breastfeeding		
Yes	260	74
No	90	26
Exclusive breastfeeding beneficial to own child		
Yes	256	73
No	94	27

Breastfeeding Attitude

Seventy nine percent of the respondents agreed that breastfeeding helps mother and baby bond specially, 79% disagreed it was not good for babies while 70% of the respondents agreed sexual pleasure should not be the only purpose of the woman's breast (Table IV).

Breastfeeding Practice

Sixty five percent of the respondents did not experience difficulty in initiation of breastfeeding. In 43.1% of the respondents, the most usual weaning food was pap. Among

Table III: Details of Breastfeeding Knowledge during Antenatal Care

Variable	Frequency (n)	Percentage (%)
Onset of exclusive breastfeeding		
Day of delivery	214	61.5
Day one to six months	20	5.7
First day after delivery	3	0.8
Second day after delivery	15	4
Third day of delivery	49	14
No response	49	14
Frequency of breastfeeding		
Every hour	63	18
Two-hourly	25	7.2
Four-hourly	5	1.4
On demand	236	67.4
No response	21	6
Condition for discontinuance of breastfeeding		
Fever	12	3.4
Tuberculosis	3	0.8
HIV/AIDS	206	59
Sore breast	26	7.4
No response	103	29.4
Ideal duration of exclusive breastfeeding		
First month of life	13	4
First four months of life	8	2
First six months of life	291	83
First two years of life	32	9
No response	6	2
Definition of weaning		
Stopping of breastfeeding	143	41
Introduction of other foods	67	19
Getting baby accustomed to food other than breast milk or formula	119	34
No response	21	6
When to introduce supplementary feeding		
Four to six months	10	3
After six months	295	84
After a year	23	7
No response	22	6

the respondents, 80.0% used cup and spoon as mode of administration of breast milk

substitute, 87.4% washed their utensils immediately before and after use and 88% used boiled water in preparation of supplementary food (Table V).

Table IV: Breastfeeding Attitude of Nursing Mothers

Variable	Frequency (n)	Percentage (%)
Breastfeeding can cause breast sagging		
Agree	184	53
Disagree	108	31
Undecided	58	16
Breastfeeding is not good for baby		
Agree	73	21
Disagree	277	79
Undecided	0	0
Every baby must be exclusively breastfed		
Agree	261	75
Disagree	79	23
Undecided	10	2
Sexual pleasure should not be the only purpose of the woman's breast		
Agree	245	70
Disagree	82	23
Undecided	23	7
Breastfeeding should continue for two years		
Agree	205	59
Disagree	103	29
Undecided	42	12
Breastfeeding does not make marriage more difficult		
Agree	216	62
Disagree	69	20
Undecided	65	18
Antenatal class is not beneficial for nursing mothers		
Agree	106	30
Disagree	207	59
Undecided	37	11
Breastfeeding helps mother and baby bond specially		
Agree	277	79
Disagree	67	19
Undecided	6	2
Breastfeeding can be a natural birth control		
Agree	215	61
Disagree	108	31
Undecided	27	8

Table V: Breastfeeding Practices of Nursing Mothers

Variable	Frequency (n)	Percentage (%)
Experience difficulty in initiation of breastfeeding		
No	227	64.9
Yes	123	35.1
Baby given ready-made liquid formula in hospital		
No	191	54.6
Yes	159	45.4
Ideal duration of breastfeeding per breast		
5 minutes	48	13.7
10 minutes	154	44
20 minutes	94	26.9
30 minutes	54	15.4
Usual weaning food		
Plain Pap	151	43.1
Infant formulae	83	23.8
Fortified pap	116	33.1
Mode of feeding at working hours		
Express breast milk	112	32
Administration of substituted milk	63	18
Inclusion of weaning diet e.g. pap	175	50
Breast milk substitute		
Undeclared	197	56.3
Fortified Pap	3	0.8
Infant formula	10	2.9
Milk	2	0.6
Nan	9	2.5
Only breast milk	3	0.9
Pap	74	21.1
Pap & Milk	7	2.0
Tea	3	0.9
Water	42	12.0
Mode of administration of breast milk substitute		
Cup & spoon	280	80
Force feeding	7	2
Bottle feeding	63	18
Frequency of utensils wash		
Immediately before and after use	306	87.4
Daily	44	12.6
Use boiled water for making supplementary feed		
No	42	12
Yes	308	88
Perception of breastfeeding changed during illness		
No	200	57.1
Yes	150	42.9
Illness that may compel stopping breastfeeding		
Malaria	111	31.7
HIV/AIDS	236	67.4
Diabetes	3	0.9

DISCUSSION

The results from this study indicated that the women's awareness of exclusive breastfeeding (EBF) was good as 67% of the respondents had heard of EBF. Similarly, reports from Lagos and Osun States in Nigeria showed a high awareness of 86.3% and 88.0% respectively.^{14,15}

Also, from Southwestern Ethiopia, a high awareness of 93.6% was observed.¹⁶ However contrary to the above findings, some reports from Zimbabwe and China found low awareness of 30% and 20% respectively.^{17,18} The difference in the findings of these studies can largely be explained by the differences in the samples of the studies with the possibility of targeted health education from health workers.

Although some reports have highlighted global decline in breastfeeding rates, the results of this study indicated more than half of the respondents (74%) had exclusively breastfed their children.¹⁹⁻²¹ This finding is higher than a reported rate of 60% of EBF in a study undertaken in Kerala, India and also much higher than a rate of 40% of EBF found among respondents in a study done in Fiji, South Pacific Ocean.^{22,23} In contrast, a higher rate of 98% of EBF was reported in Zahedan, Iran.²⁴ The difference in the findings of this study compared to others may be attributed to socio-demographic and cultural differences.

Informal social support systems have been considered more important in predicting breastfeeding intentions amongst low-income nursing mothers.²⁵ By the results of this study however, demographics in the low income set still had formal breastfeeding education and exclusively breastfed their babies as a result of the knowledge acquired through formal education. This may be due to the fact that formal health care services are considered sacrosanct authority in this clime and nursing mothers are eager to adhere to their instructions regardless of the type of informal social structure they may belong. Prior results have linked increased breast feeding duration

with improved fine motor skills, general motor skills and quicker language development. This may be supported by findings of the present study as a good percentage of mothers reported that exclusive breastfeeding was beneficial to their child. Similarly, Adithi and Vinodh reported that majority of their respondents observed that breast milk is protective for the baby and strengthens the immune system.²⁶

A high proportion of mothers in this study, 79% believed that breastfeeding helps mother and baby to bond specially. Similarly, a finding of 71% was observed by a study done in India and 78.6% in a study done in Egypt.^{27,28} However, in a study done in North India, a higher proportion of 98.3% believed that breastfeeding boosts mother and child bonding.²⁹ The differing proportions may be attributed to the cultural differences.

Among the study respondents, 64.9% did not experience difficulty in initiation of breastfeeding while 35.1% experienced difficulty in breastfeeding initiation. However, in a study done in Italy, around 70.3% of mothers experienced difficulties in initiation of breastfeeding.³⁰ The difference in the studies is likely to be due to the breastfeeding education given to the mothers in this study. The impact of the acquired knowledge was also evident in the fact that majority of the nursing mothers washed their feeding utensils before and after use and used boiled water in preparations of feeds. An examination of the breastfeeding education content in the study showed that the information was accrued on the health promoting benefits of breastfeeding and the good it does their babies. It follows therefore that nursing mothers, having had such information will have more favorable disposition to breastfeeding.

CONCLUSION

This study has shown that breastfeeding knowledge amongst nursing mothers was good and there was favorable attitude towards

breastfeeding which was apparent in their breastfeeding practices. All pregnant women should be encouraged on the need for antenatal care and appropriate education on breastfeeding practices should be provided at the clinics.

Abbreviations: ANC: Antenatal care; EBF: Exclusive Breastfeeding; HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Disease Syndrome; WHO: World Health Organization; PHC: Primary Health Centre; LGA: Local Government Area; SPSS: Statistical Package for Service Solution.

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Authors' contributions: SAO, OOS, MDO, OO and TFA made substantial contributions to the conception and design of the study while OOO made vital contributions in the implementation. All authors were involved in data collection, analysis and interpretation. All authors read and approved the final manuscript.

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