



Socio-Demographic Correlates of Exclusive Breastfeeding Practices among Mothers in Abakaliki Metropolis

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ABSTRACT

This study was carried out to examine the socio-demographic correlates of breastfeeding patterns among mothers in Abakaliki metropolis. The method of survey was adopted in which a simple random selection of four different market places from different locations around the metropolis of Abakaliki was done. The sample size for this study was in all 200. 200 of them were given questionnaires with all of them returned and analyzed. The findings show that the mean age of the respondents is 33 years with standard deviation of 8.43 and variance of 71. The practice of exclusive breastfeeding was found to be higher (44%-47%) among young mothers who had at least secondary education. While complementary/mixed feeding was high among mothers who had at most influence of socio-demographic factors on the patterns of breastfeeding. The study also revealed that there is high percentage contribution of the level of formal education to the determination of the patterns of breastfeeding among the respondents followed by that of occupation and then marital status. It is recommended that enlightenment campaign on the benefits of exclusive breastfeeding should be increased in within the area.

Introduction

Breastfeeding is a natural practice traditionally accepted and practiced by most women worldwide in feeding their young ones. However, in Nigeria, tradition permits and makes it even mandatory that while the baby receives breast milk, he or she is equally given water and other native concoctions (Ajayi, 2011). Hence, the extent of breastfeeding varies among several cultures and among individuals in the same culture. Exclusive Breastfeeding (EBF) is the feeding of an infant with only breast milk for the first six months of life (World Health Organization, 2013). The infant who is exclusively breastfed receives no other food or drink not even water. Breast milk is his or her only source of food. Breastfeeding particularly EBF has been shown to be highly beneficial to the growing child.

The benefit of EBF is highly recognized that the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) individually and jointly have embarked on several efforts to enhance the practice of EBF by nursing mothers. Breastfeeding practices gradually are replaced by artificial food produced by advanced skilled manufactures and applied in extensive scale by health personnel which then is a factor that brought about a decline in breastfeeding as many families move to urban areas, more mothers go out to work and more advertisement suggest than bottle-feeding is new way in vogue (Ajayi, 2011).

The exposure of many traditional cultures to Western influences has ended the value practice of

breastfeeding introducing into them the phenomena of bottle feeding and milk-based formulae. Many children in developing countries where these Western way spread rapidly struggle for existence or even die at an early age due to misinformation and poor nutrition because information continue to link infant morbidity and mortality with bottle feeding and milk-based formulae (Ajayi Abraham, 2001).

In Nigeria, infant feeding practices vary within a geographical area be it a state, local government area, town, village. Apart from obvious differences in ethnicity and religions, the various socio-economic strata such as area of residence, one's age, and level of education are also sources of variations. Nevertheless, even with variations in the feeding practices of children, the negative effects of poor nutrition such as growth retardation, malnutrition, diarrhea, susceptibility to infection cut across the various groups leading to high infant morbidity and mortality (Oddy, Wendy, 2010).

World health Organization (WHO) has estimated that more than one million children's lives could be saved each year if mothers are to practice exclusive breast-feeding in the first 6months of their babies lives (WHO 2004). There are special qualities that distinguish breast milk from other carefully made home and commercial feeding. Studies have shown that exclusive breast-feeding (EBF) helps in birth control and population explosion control (Jellife, 2005). It also reduces the prevalence of some common childhood diseases hence, increasing the child's survival

rate. The cost of artificial feeding is higher as it reduces the purchase of the milk substitute, the bottle and the nipple as well as fuel for refrigeration and sterilization of equipment. And this artificial infant formulae are yet to duplicate the average constituent of human breast milk hence cannot satisfy the infant nutritional needs (Ajayi, 2011)

Some industrial activities violate the international code guiding the manufacture of these infant formulas and continued reporting of these violations is essential if the health of the infant is to become more important than the profit of the infant food and bottle producers.

Terms like “Commerciogenic malnutrition” or “Bottle-baby disease lactogen syndrome” have been developed to describe the problems resulting from inappropriate feeding particularly before the first 6months of life (Ajayi, 2011). These problems have been documented virtually in every country of the world. In more than a century now, breastfeeding has come under attack from the commercial spread of artificial milk. Studies have shown that fewer mothers are breastfeeding these days and those who do give up at an earlier age (Kumar, 2006).

Poor infant feeding practices and their consequences are one of the major problems and a serious obstacle to social and economic development in the world today (WHO/UNICEF, 2004). It is seen as a blot on our so-called development achievement, therefore, efforts must be made to ensure that the damaging consequences of the shift in infant feeding

practices are reversed and fought against. Generally, child morbidity and mortality rates are high in Africa (over 1 million children die each year worldwide from these diseases and about 190 million children under the age of 5 are chronically malnourished leading to poor development).

All these are associated with appropriate infant and early childhood feeding practices, which if strong interventions to promote breastfeeding are not initiated the decline in breastfeeding will continue.

In view of this, the question this study wish to answer is the relationship between socio-demographic factors and breastfeeding practices among mothers in Abakaliki Metroplis, Ebonyi State.

Purpose of the Study

The purpose of this study was to determine the socio-demographic correlates of the adoption of exclusive breastfeeding among nursing mothers in Abakaliki metropolis

Research Questions

1. What are the prevailing breastfeeding practices adopted by Mothers in Abakaliki metropolis?
2. What is the relationship between the breastfeeding Practices and social status like education, occupation and Marital status?
3. What is the relationship between breastfeeding practices and economic status like income?

Research Design

The study adopted the correlation survey research design to determine the demographic factors that correlate with exclusive breastfeeding adoption among nursing mothers in Abakaliki. The nursing mothers' parity, location and the age served as the predictor variables while the criterion variable was the level of adoption of exclusive breast-feeding among the subjects.

Population of the Study

The population of the study comprised all the nursing mothers in Abakaliki with children two years and below. The choice of the population was based on the recommendation of the World Health Organization (2011) that breastfeeding should continue for up to two years and beyond. The mothers of under-two-year children were therefore supposed to have practiced EBF and were supposed to be breastfeeding. The size of the population was estimated at 2005. This number is an informed estimate obtained from a pilot study conducted by the researcher prior to the study to determine the number of women who delivered in all 27 the registered Hospitals and health clinics in the area of study within the period under focus.

Sample and Sampling Technique

Six hospitals/maternal and child health centres were selected from the 27 registered hospitals and health clinics in the area of study through balloting without replacement. From these health facilities, a sample of 200 nursing mothers was again selected through balloting without

replacement. This represented 50% of the estimated population of nursing mothers in the area of study.

Instrument for Data Collection

Instrument used for data collection was questionnaire the questionnaire was divided into two sections. Section A comprises of questions on the demographic characteristics of the mother while section B contains questions that reflected the objectives of the study. The questions were constructed in the form of and close-ended questions using simple and non-ambiguous language for easy understanding and interpretation, for the respondents to give required information.

Validity of the Instrument

The instrument was face validated by three experts; two experts in Mathematics and Statistics and one in measurement and evaluation all from Ebonyi State University, Abakaliki-Nigeria. The recommendations of these experts were incorporated into the instrument as appropriate.

Reliability of the Instrument

The questionnaire was administered to 80 nursing mothers selected from General Hospital, Ezzangbo (This hospital was not sampled for the study). The responses of these mothers on the individual items on the practice of exclusive breastfeeding were weighted.

Method of Data Collection

The researcher introduced himself to the medical officer in charge of each of the selected hospital and health centres. He explained the purpose of the study to them in order to elicit their cooperation. The researcher administered the instruments to the mothers in all the selected hospitals and health centres. The process of data collection lasted for three weeks. The sampled health facilities were visited every week for three weeks on the days they had immunization and infant welfare clinic in order to ensure that all the nursing mothers in the centres participated. The questionnaire was administered to the subjects at the infant welfare clinics. The questionnaire was delivered to the subjects on one on one basis and collected on the spot to avoid loss.

Method of Data Analysis

Data collected was analyzed according to the objectives using frequency distribution tables, percentages and histogram.

Ethical Consideration

The ethical approval for this study was obtained from the Ebonyi State Ministry of Health. The researcher was allowed access to the community for the purpose of this study and confidentiality of every information given to the researcher was ensured.

Demographic Data

Table 1: Representation of the mothers' Demographic data:

Age representation of the mothers

Age (years)	Frequency	Percentage
16-25	36	18
26-35	74	37
36-45	46	23
46-55	32	16
56-above	12	6
Total	200	10

Representation of the mothers' educational status

Educational status	Frequency	Percentage
No formal Education	25	12.5
Primary	33	16.5
Secondary	76	38
Tertiary	66	33
Total	200	100

Representation of the mothers' occupational status

Occupational status	Frequency	Percentage
Farmers	13	6.5
Traders	76	38
Civil servants	53	26.5
House wife	34	17
Student	24	12
Total	200	100

Representation of the mother's marital status

Marital status	Frequency	Percentage
Single	25	12.5
Married	175	87.5
Total	200	100

RESULT

Table 1 shows that 18.27% of them were between the ages of 16 to 25 years, 37.56% were between the ages of 26 to 36 years, 23.35% of them were between 36 to 45 years, 16.24% were between 46

to 55 years and 4.57% were between the ages of 56 and above, Majority of the participants, 76(38%) had secondary education 66 (33%) had tertiary education, 33 (16.50%) had primary education while ¼ (12.5%) had no formal education. About 76 (38%) were traders, 53 (26.5%) were civil servants, 34(17%) were house wives 24(12%) were students and 13(6.5%) were farmers. Majority of the participants, 175(87.5%) were married while 25 (12.5%) were single mothers.

The religion affiliations of the participants were Christianity (96%), Islam (2.5%) and African traditional religion (1.5%) with majority being Ibo (90.95%).

SECTION B

Table 2.1: Number of babies breast fed by the mothers

Options	Frequency	Percentage
If all her children were breastfeed		
Yes	181	90.31
No	19	9.69
Total	200	100

Table 2.2: Pattern of breastfeeding practiced

Option	Frequency	Percentage
Pattern of breastfeeding practiced		
Exclusive breastfeeding	118	59
Mixed/complementary feeding	79	41
Total	197	100

RESULTS

Tables 2.1 and 2.2 show that most of the respondents (90.31%) stated that they breastfeed all their babies while 9.69% said that not all their

babies were breastfeed. It further stated that about 59% of the respondents practiced exclusive breastfeeding while 41% practiced mixed/complementary feeding. 197 answers were gotten on this.

Table 3: Educational, occupational and marital status as well as the number of their spent on work across the patterns of breastfeeding adopted by mothers

	Pattern of breastfeeding		
Educational status	Exclusive breastfeeding	Mixed/complementary feeding	Total
No formal education	2	23	25
Primary	8	25	33
Secondary	56	19	75
Tertiary	52	12	64
Total	118	79	197
Occupation status	Exclusive breastfeeding	Mixed/complementary feeding	Total
Farmers	3	10	13
Traders	32	43	75
Civil servants	44	7	51
House wife	23	7	34
Student	11	6	24
Total	118	79	197
Marital status	Exclusive breastfeeding	Mixed/complementary feeding	Total
Single	7	16	23
Married	111	63	174
Total	118	79	197
Number of Hours spent on work per day	Exclusive breastfeeding	Mixed/complementary feeding	Total
4	1	3	4
5	5	7	12
6	24	17	41
7	19	5	24
8	36	25	61
9	4	6	10
10	2	0	2
Total	91	63	154

(a) $X^2 = 64.46$: $df = 3$ $P = 0$ is significant

(b) $X^2 = 40.49$: $df = 4$. P is significant

c) Statistical Tests

	X²	2 Tailed P
Uncorrected	9.411	0.002
Mantel – Itaenszel	9.36	0.002
Corrected	8.07	0.005

(d) $X^2 = 10.33$: $df = 6$, $P = 0.11$ (>0.05 , therefore not significant).

RESULTS

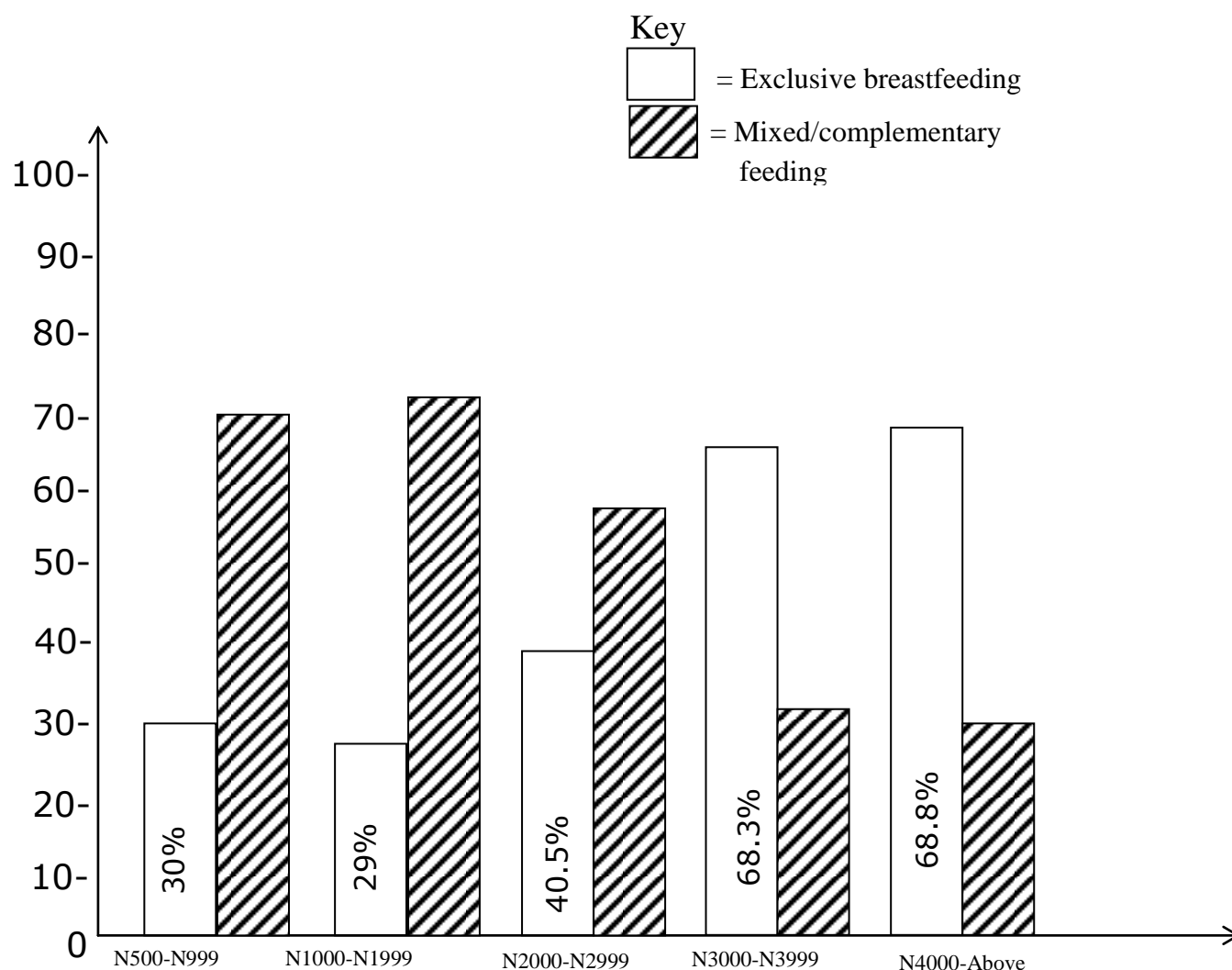
Table 3 shows that the practice of exclusive breastfeeding is more common among the educated mothers (Secondary school = 56 and Tertiary school = 52). These differences were statistically significant ($X^2 = 64.6$, $df=3$ and $P=0.00$).

More so, the cross tabulation between the occupation of the mothers and breastfeeding patterns shows that civil servants practice more of exclusive breastfeeding (44), followed by Traders (32) then House wives (23), students (11) and then 3 of the farmers while majority of the traders (43)

practice mixed/complementary feeding. 197 results were gotten showing that not all the respondents answered these questions on the pattern of breastfeeding. The differences is statistically significant ($X^2 = 40.49$; $df = 4$; $P = 0.00$, $P < 0.05$).

The table further shows the cross tabulation of marital status and the pattern of breastfeeding adopted by the mothers. Practice of Exclusive breastfeeding were found more among married mothers ($n=111$) than among single mothers ($n=7$). Therefore, there is a relationship between marital status and practice of exclusive breastfeeding. This relationship is statistically significant (X^2 corrected = 8.07, mid P - exact = <0.05).

The practice of exclusive breastfeeding were found more common among mothers with working hours of 8hours per day ($n=36$) than mothers with working hours of 4hours per day ($n=1$); 10 hours ($n=2$). The difference is not statistically significant ($X^2 = 10.33$; $df = 6$, $P = 0.11$ ($P > 0.05$))

Table 4: The relationship between breastfeeding practices and economic status like income

Results

Table 4 shows that mothers with the income between N4000 and above (68.8%) were found to practice more of exclusive breastfeeding followed by those with the income of N3000 to N3,900 (68.3%) than those with the income of N500 to N999 (30%), while mixed/complementary feeding was found to be practiced more among the mothers with the income of N1000-N1999 (71%) followed by those with the income of N500 to N999 (70%) than those with high income of N4000-Above (31.2%).

Discussion

Table 2.1 reveals that most mothers in Abakaliki metropolis (90.31%) breastfed all their babies while about 9.69% stated that not all their babies were breastfed. This could be because of ill health after delivery. It further reveals in the second table that about 59% of the mothers in Abakaliki metropolis practiced exclusive breastfeeding that a greater percentage of the mothers adopted the pattern of exclusive breastfeeding over the 41% who practiced mixed/complementary feeding. This agrees with the statement of thairu (2007)

that more mothers in Rwanda are aware of exclusive breastfeeding.

Regarding the relationship between breastfeeding practices and social status like education marital status etc., the reveals that the mother's level of education has relationship with the practice of breastfeeding, It is evident from the study that their level of formal education influenced the mother's pattern of breastfeeding. This finding is similar to the studies carried out in USA by Nilson and Hanson (2005) where they found that exclusive breastfeeding was more prevalent among the highly educated ones. This could be because the educated mothers are more enlightened about the benefit of exclusive breastfeeding.

The table further shows the relationship between the mothers occupational status and breastfeeding practices from the study, it is evident that greater percentage of the mothers that practice exclusive breastfeeding are civil servants while majority of the mothers that practice mixed/complementary feeding are traders. This is similar to the findings of Ajayi (2011) that the practice of exclusive breastfeeding is higher among civil servants.

The table also shows the significant relationship between the marital status and the breastfeeding practices. It is found that mother's marital status affects the pattern of breastfeeding as exclusive breastfeeding was revealed to be very high on the side of the married mothers and significantly low on the side of the single ones. This is contradicting the finding of Ajayi (2011) which states that being married unmarried has no

significant peculiarity with ether exclusive breastfeeding or mixed/complementary feeding. It also shown that the working hours of mothers does not significantly affect the practice of breast-feeding ($X^2 = 10.33$: $df=6$, $P=0.11$ (>0.05) not significant.

Furthermore, to establish the relationship between breastfeeding practices and economic status like income: the study reveals that exclusive breastfeeding was found to be higher (68.8%) among mothers with the monthly income of N4,000 and above while higher rate (71%) of the mothers that practiced mixed/complementary feeding are found among the income group of N1000-N1999. That is to say, that mother with higher income practiced more of exclusive breastfeeding than those with lower income. This is similar to the findings by Henry et al (2010) which says that exclusive breastfeeding were found to be more prevalent among women with higher income and low among the low-income earners.

Conclusion

Finding from this research work, which is to ascertain the socio-demographic correlates of breastfeeding practices among mothers in Abakaliki metropolis; showed that there is relationship between socio-economic factors (level of education, occupation, marital status, income) and different breastfeeding patterns.

The findings of this study have implications for health education. The result shows that the mothers' parity, location and age are not

significantly related to mothers' adoption of EBF. The implication of this is that the success of any health education programme on EBF in the area of study may not be dependent on the age, location or the mothers' parity. The young and older mothers as well as the rural and urban mothers can be helped through health education to adopt EBF. Health Educators should therefore reach out to all mothers irrespective of age, location or parity. Emphasis should be laid on the adequacy of breast milk for children under the age of six months. Both the older and the younger mothers should be assisted to accept this fact through proper health education. If the baby is adequately breastfed at this age, he or she has no need for extra fluid. There is still need to strengthen efforts in the rural settings with the aim of empowering nursing mothers in these areas to adopt EBF.

Recommendations

In order to encourage the practice of exclusive breastfeeding (EBF) in Abakaliki metropolis the following recommendations were made by the researcher.

- Awareness program on the benefits of exclusive breastfeeding should be established
- Female education should be encouraged by the government, to increase literacy rate and reduce the level of ignorance among women.
- Clinicians and other health workers should intensify their efforts in the education of the mothers on the benefits of exclusive

breastfeeding at least for the 1st six months of their baby's life during antenatal visits.

- Maternity leave should be granted to the working mothers for at least 6 months.

References

1. Ajayi A., Hellandendu J., Odekunte F., (2011) socio-demographic correlates of Breast feeding practices among mothers in Kogi State, Nigeria: *West African Journal of Nursing*, 22: 28-35
2. Alcon. K (2007). Shared breastfeeding as new risk factor for HIV: 4-10
3. Armstrong. J, Reilly. JJ (2005). Breastfeeding and lowering the risk of childhood obesity. *Lancet* 6 (12) 359.
4. Bare G et al., (2010) Brunner and Suddarth's textbook of medical surgical nursing London (12th edition), New York Tokyo: Lippincott Williams & Wilkins publishers.
5. UNICEF (2006); Breastfeeding Newsletter, Baby Friendly Hospital Initiative in Nigeria, Lagos: Publication of Nutrition Section of 2: 55-58.
6. Coovadia, H.M., Rollins, N.C., Bland, R., (2007) mother- to-child transmission of HIV-1 infection during exclusive breastfeeding in the 1st 6months of life: An intervention cohort study. *Lancet* 369 (9567)
7. Flower, H., (2003). Adventures in Tandem Nursing: Breastfeeding during pregnancy and beyond La leche Legue International.

8. Gartner, L.M., (2005). Breastfeeding and the use of human milk *Pediatrics* 115 (2) 117-123
9. Henry, B. N., (2010). Socio-cultural factors influencing breastfeeding practices among low-income women. *infortaleza-ceara*, 4 (34) 400-407.
10. Jellife, E.F., (2005). Guidelines for Training nurses and midwives as lactation counselors, international Union of Nutrition Science.
11. Kumar, D., Agarwal N., Swami H M., (2006). Socio-demographic correlates of breastfeeding in the urban slums of Chandigarh. *Indian J med. Sci*; 60: 461-6.
12. Mikhail, B.A., (2005). Human Milk in the Modern World. London. Oxford University Press Ltd.
13. Newton, S.E (2003). Effects of Child's feeding pattern. *JAMA* 83: 167 – 174.
14. Nilson, O., Sand L.N (2006). Human Milk, Immediate and Long-term effect. *Acta Paediatrica*; 88: 42-47
15. Oddy W. H., Kendall, G.E., Stanley, F.J., (2010) the Long-term effects of breastfeeding on child, *Journal of pediatrics* 156 (4).
16. Sabitu, K., (2004). Evaluation of Community level, Nutrition Information System. *Annals of African Medicine*. 3: 120-126.
17. Sunita R., (2004). Socio-economic dimensions of breastfeeding –A study in Hyderabad.
18. Thairu, L. (2007). Infant and young child feeding practice in the context of HIV/AIDS in Rwanda. PATH (Program for Appropriate Technology in Health) publications.
19. WHO/UNICEF. Report on WHO/UNICEF collaboration study on Breastfeeding.