

Factors Influencing the Practice of Exclusive Breast Feeding in Rural Communities of Osun State, Nigeria.

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ABSTRACT

This randomised cross-sectional study aims at identifying factors that influence the practice of Exclusive Breast-Feeding (EBF) in rural communities of Osun-State, Nigeria. The sample size consists of four hundred and eighty (480) nursing mothers drawn randomly from five (5) selected communities (Aayegbogbo, Ola, Isoko, Ilawo and Masifa). Data were analysed using simple percentage and chi-square at 0.05 level of significance. The study reveals a high percentage (80%) resistance to change from Inclusive Breast Feeding (IBF) to Exclusive Breast Feeding (EBF). The identified factors that influence the practice of EBF includes; nursing mother's age, marital status, occupation, education, parity and financial status of the family. About 47% of the respondents who started EBF at birth stopped the practice in less than one month, only about 10% continued with EBF till 6 months. Perceived reason for not practising EBF is attributable to cultural factors. Generally, only 20% of the respondents practice EBF while majority (80%) do not. It was concluded that there is the need for midwives to intensify their health education on rural women which will address all issues of cultural barriers that militate against nursing mother from practising EBF

Keywords: - Exclusive Breast Feeding, Factors Influencing, Rural Communities.

INTRODUCTION- Breast Feeding is well known since ancient age and has been practiced universally. Mother's milk is best milk for a neonate. Breast-feeding has long been recognised to have effective anti-immunomodulating effect on infant beside its nutritious value (Sing, 2007; UNICEF, 2006; Rahil et al, 2006). According to Aidam (2005), the following factors are positively associated with exclusive breastfeeding, maternal educational level, gestational age greater than 37 weeks, mothers with previous experience of breastfeeding. There are also studies that relate factors leading to interruption of exclusive breast feeding such as low family income, low maternal age, prim parity and mothers returning to work (Mascarenhas et al, 2006). Several studies intended to define determinant variables in the success or failure of breast feeding which could ease the planning of promotional strategies. Nevertheless, it is always prudent to consider that, as an eating habit, breastfeeding is intrinsically related to social, cultural and traditional patterns of a given population (Losch et al, 1995; Giugliani et al, 1992). According to Rajesh, Pernna and Abhay (2009), maternal age which was considered factors affecting exclusive breastfeeding has not shown any significance. They went further to say that variables like maternal and paternal education, socio-economic status and type of family revealed a significant association with newborn's exclusive breastfeeding situation. Nwankwo and Brieger (2002) opined that traditionally, nursing mothers breast feed their babies alongside other liquids and food supplements from birth till the day of weaning. Identified factors associated with practice of EBF in those urban-based surveys include mothers' level of education, family size, occupation and age (Onayade et al., 2004). According to Nwosu et al., (2004), the identified factors that significantly influence the practice of EBF including nursing mothers' age, marital status, occupation, family income, maternal education and parity. According to Aghaji (2002), the age of nursing mothers in a factor that significantly influences the practice of exclusive breast feeding. Lawoyin et al (2001) also supported this assertion.

The aim of this study is to determine some factors that influence the practice of Exclusive Breast Feeding in a rural setting of Ejigbo Local Government Area in Osun State Nigeria.

RESEARCH QUESTION

The following questions are to be answered by the study;

- Will mothers' age influence her practice of EBF?
- Will mothers' marital status influence her practice of EBF?
- Will mothers' occupation influence her practice of EBF?
- Will mothers' educational level influence her practice of EBF?
- Will mothers' parity influence her practice of EBF?
- Will mothers' family income per annum influence her practice of EBF?

MATERIALS AND METHODS

Study Design- A randomised cross-sectional study design was used. It involves a single examination of a population at a given point in time. The design was considered ideal for this survey because it describes as well as examines factors associated with the practice of Exclusive Breast Feeding in the research setting.

INSTRUMENTS FOR DATA COLLECTION

The instruments used for this study include questionnaire and interview guide. The questionnaire contains twenty two (22) closed ended questions structured to elicit information on demographic variables of mothers and their practice of EBF. The questionnaire was administered for uniformity of documentation of responses and because of the respondent's level of education. The questionnaire was pilot-tested among mothers and yielded reliability coefficient of 0.64. The interview guide had ten (10) open-ended questions that sought and obtained information on respondent's reasons for not practising EBF or discontinuing from its practice.

SAMPLE FOR THE STUDY

Sample for the study was drawn from five (5) randomly selected communities within the nine (9) wards of Ejigbo Local Government Area of Osun-State. The selected areas were Ilawo, Ola, Aiyegbogbo, Masifa and Isoko.

Every available nursing mother, whose baby was not more than six months old, living within the five selected communities, was interviewed. Instrument for the household survey was administered on all the 480 available nursing mothers.

Through the interview, factors that significantly influenced the practice of EBF were identified using the following variables- mothers' age, marital status, educational level, occupation, parity financial status of the family. Reasons for not practising EBF or discontinuing from the practice were collected from the respondents during the interview. Data collected were analysed using percentage and chi-square statistical analysis to verify whether or not the personal variables significantly influence the practice of EBF

RESULTS

Table 1- Demographic Variables

The age of respondents varied. Majority of them 170(35.4%) were in the age group of 25-29 years. A good proportion, 318(66.2%) of the respondents were married and are mainly peasant farmers 308 (64.2%). In terms of education, the respondents 396(82.5%) are more in the low educational level (primary and secondary) see table 1

Table 2- Awareness of Exclusive Breast Feeding (EBF)

About 314(65%) of the respondents have heard of Exclusive Breast Feeding (EBF) mainly from maternity centres, friends and mass media. The rest 166 (35%) claimed they have not heard of EBF. In spite of the high level of campaign on EBF among the respondents, only 98(20%) practice EBF while majority of the respondent 382 (80%) did not (see table 2)

Table 3- Some Factors That Influence Practice of EBF

The identified factors that significantly influenced the practice of EBF include nursing mothers' age ($p < 0.005$); marital status ($p < 0.01$); occupation ($p < 0.005$); family income ($p < 0.005$); education ($p < 0.0005$), and Parity ($p < 0.005$). The practice of EBF appears to increase with increase in mothers' age, level of education and family income. Low percentage of practice is found mostly among very low income mothers (3%) and primiparous mothers (5%). On the other hand, high percentage of practice of EBF is found mostly among nursing mothers with very high level of education (50%) and high income per annum (46%). It is worthy of note that peasant farming mothers (13%) who make up the largest occupational group (64.2%) in the rural area are least in the practice of EBF (see table 3)

DISCUSSION

Knowledge of Exclusive Breast Feeding (EBF) is not synonymous with its practice in the study area.

The fact that 65% of the respondents have been informed of EBF did not guarantee their practicing it. The rural women need to be educated on the advantages of EBF over traditional more familiar inclusive Breast Feeding (IBF). Preferably, through their familiar channels of communication, their opinion leaders, decision makers and other stakeholders in matters of midwifery.

The findings in Table 3 that nursing mothers below the age of 25 years and prim-parous were less likely to practice EBF is in consonance with Mascarehas et al (2006) and Nwosu et al (2004); however, this finding was at variance with Rajesh et al (2009) who posited that maternal age which was considered factor affecting Exclusive Breast Feeding has not shown any significance. This new finding was congruent with the reports of Lawoyin et al (2001); Ojofehintimi et al (2001) and Aghaji (2001). The reason for this finding may not be unconnected with the fears held by these young ladies that EBF may make their breast to become flaccid, saggy and unattractive to their husbands.

The findings that married mothers who are living with their husbands practice EBF more than single, divorced or widowed mothers is an indication of husbands influential role as breadwinners and decision makers in family matters. Husbands probably give the much needed financial support to promote and sustain EBF till 6 months. This finding is congruent with Onayade et al (2004).

The findings that nursing mothers on paid employment, like civil servants practice EBF more than any other occupational group but discontinue midway without sustaining it till 6 months is in consonance with the work of Agbaji (2002), Nwankwo and Brieger (2002) and Rajesh (2009). The reason could be that they discontinue with EBF on resumption of duty from maternity does not exceed 3 to 4 months (ogbona et al, 2000)

The finding that peasant farming mothers least practice EBF than any other occupational group is attributable to ignorance, low level of education, abject poverty because of their low level of income. This finding corroborates the work of Nwankwo and Breiger (2002); Nwosu et al. (2004); Onayade et al. (2004); Rajesh et al (2009) and Losch et al. (1995).

The more educated the nursing mothers are the more number that practice EBF. This finding supports the findings of Nwosu et al (2004); Aidam (2005), Mascarenhas et al., (2006); Onayade et al (2004) and Rajesh (2009). The reason could be that the educated mothers are less likely to adhere to local customs that prescribe Inclusive Breast Feeding instead of Exclusive Breast Feeding. They are also to be gainfully employed, with enough income to feed very well. They will appreciate the merits of EBF over IBF more than illiterate mothers. Income factor appears to be strongest determinant factor in the practice of EBF. The well to do families practice EBF (48%) more than poor families (3%), (Table4). This is not unconnected with the fact that the poor families believe that breast milk alone could not satisfy their babies and would be physically sapping their energy.

CONCLUSION

The practice of exclusive breast feeding in rural communities is negligible (20%). Preference is given to the traditional method of breast feeding 80%. A practice that was contrary to WHO/UNICEF child survival strategy propagated by Baby Friendly Initiative and the National Breast Feeding Policy Initiative in Nigeria. The identified factors that significantly influence the practice of Exclusive Breast Feeding in the rural communities are mothers' age, marital status, occupation, educational level, financial status and parity.

Non-practice of EBF appears to be highest among low income group (97%) and prim-parous mothers (95%). In the mothers' perspective, major reasons for non-practice of EBF are traceable to ignorance, resistance to change from IBF to EBF, cultural barriers and fears about EBF. All these problems could be resolved through proper health education by the nurses' and other health workers. Health information on proper dietary intake during pregnancy and lactation should be carried out. Action programmes that would help sensitise rural mothers to practice EBF are hereby recommended: -

- The local government authority should ensure that more midwives are employed into maternity centre than the community health extension workers
- The local government health authority should from time to time organize community health education campaign, directed at the rural mothers who will address all issues of ignorance, resistance to change, cultural barriers and fears about EBF.

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Table 1:- Demographic Variable of Respondents

Variable	Description	Frequency/percentage
AGE	< 20	52 (10.8%)
	20-24	158(33%)
	25-29	170(35.4%)
	30 and above	100(20.8%)
Total		480(100%)
Marital Status	Single	62(13%)
	Married	318(66.2%)
	Divorced/separated	64(13.3%)
	Widowed	36(7.5%)
Total		480(100%)
Educational Level	No formal Education	60(12.5%)
	Primary	200(41.7%)
	Secondary	196(40.8%)
	Tertiary	24(5%)
Total		480(100%)
Occupation	Unemployed	46(9.6%)
	Paid employment	82(17%)
	Self employed	44(9.2%)
	Farmers	308(64.2%)
Total		480(100%)
Family Income	₦ 100,000 per annum	52(10.8%)
	₦100,000- ₦300,000 per annum	204(42.5%)
	₦400,000- ₦600,000 per annum	94(19.6%)
	₦700,000- ₦900,000 per annum	30(6.25%)
Total		480(100%)
Parity	Prim-parous	113(23.5%)
	Secumdi-parous	164(34.2%)
	Multiparous	203(42.3%)
Total		480 (100%)

Table 2:- Awareness of Exclusive Breast Feeding

Awareness	PEBF	NPEBF	Total
Aware	98(20%)	216(45%)	314(65%)
Not Aware of EBF	0(0%)	166(35%)	166(35%)
Total	98(20%)	382(80%)	480(100%)

PEBF- Practice Exclusive Breast Feeding.

NPEBF – Not Practice Exclusive Breast Feeding.

Table 3:- Factors that Influence Practice of Exclusive Breast Feeding

Factors influencing EBF	PEBF	NPEBF	Total
Age ($\chi^2=19.43, df=3, p<0.005$)			
< 20	5(10%)	47(90%)	52
20-24	19(12%)	139(88%)	158
25-29	46(27%)	124(73%)	170
30 and above	28(28%)	72(72%)	100
Marital Status ($\chi^2=10.22, df=3, p<0.01$)			
Single	6(10%)	56(90%)	62
Married	78(25%)	240(75%)	318
Divorced/ Separated	9(14%)	55(86%)	64
Widowed	5(14%)	31(86%)	36
Occupation ($\chi^2=45.62, df=3, P<0.005$)			
Unemployed	8(17%)	38(83%)	62
Paid employment	38(46%)	44(54%)	82
Self employed	12(27%)	32(73%)	44
Farmers	40(13%)	268(87%)	308
Family Income ($\chi^2=71.26, df=3, P<0.005$)			
< ₦100,000 Per annum	5(3%)	147(97%)	52
₦100,000- ₦300,000 Per annum	39(19%)	165(81%)	204
₦400,000- ₦600,000 Per annum	40(43%)	54(57%)	94
₦700,000- ₦900,000 Per annum	14(48%)	16(52%)	30
Education ($\chi^2=24.84, df=3, P<0.005$)			
Informal Education	8(13%)	52(87%)	60
Primary	26(13%)	172(87%)	200
Secondary	52(25%)	144(73%)	196
Tertiary	12(50%)	12(50%)	24
Parity ($\chi^2=33.31, df=3, p<0.005$)			
Primiparous	6(5%)	107(95%)	113
Secumdirparous	47(29%)	117(71%)	164
Multiparous	45(22%)	158(78%)	203

KEY

χ^2 - chi-square test

PEBF= Practice Exclusive Breast Feeding

NPEBF- Not Practice Exclusive Bre

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