

Knowledge and Practice of Exclusive Breast Feeding Among Mothers Attending Infant Welfare Clinic in a Tertiary Health Institution

Matthew Idowu Olatubi*

Nurse Tutor, Ondo State School of Nursing, Igbatoro Road Akure, Ondo State

Grace Odunola Olufarati

Federal Medical Centre, Owo Ondo State.

Abstract

The practice of exclusive breastfeeding has been found out to be essential in reducing infant mortality. This practice has been documented to not only be beneficial to the child but also the mother and the society at large. This study was conducted to assess knowledge and practice of exclusive breastfeeding among women attending infant welfare clinic in a tertiary hospital in Nigeria. This study adopted descriptive research design. In all 200 mothers participated in the study. Self administered self structured questionnaire whose validity and reliability has been previously established was the instrument used for data collection. The process of collection took 4 weeks. Data collected was analysed using statistical package for social sciences (SPSS) version 16. Results of the study should good knowledge of exclusive breastfeeding among women and good practice of exclusive breastfeeding. However not all women that practice exclusive breastfeeding, practice it for at least 6 months. Husbands were found out to influence the practice and duration of exclusive breastfeeding among women. Although women in this study demonstrated good knowledge and practice of exclusive breast feeding, there is still need to reinforce teaching especially during ante natal clinic to improve the practice of exclusive breastfeeding. Conscious effort should also be made on the part of policy makers to put in place policies that will encourage women to practice exclusive breastfeeding because of the various inherent benefits for the child, mother and the society at large.

Keywords: Knowledge, Practice, Exclusive Breastfeeding

Introduction

According to the World Health Organisation (WHO), breast milk has the complete nutritional requirements that a baby needs for healthy development. Breastfeeding, particularly Exclusive Breastfeeding for the initial six months of life, provides better health for both infants and mothers by preventing diseases and promoting health in the short and long term.¹ It is safe and contains antibodies that help protect infants and boost immunity. Breastfeeding also, contributes to reduction in infant morbidity and mortality which could be due to diarrhoea, respiratory or ear infections and other infectious diseases. For the mothers, breastfeeding is economical; breast milk is always available, clean and at the right temperature. Breastfeeding also delays the return of fertility and reduces the risk of developing breast and ovarian cancers.²

Exclusive breast feeding implies that a child should be fed only with breast milk during the first six month of the infant's life. The importance of breastfeeding has been documented in numerous scientific studies.³⁻⁵ Exclusive breastfeeding during early months of life reduces infant morbidity and mortality.⁶ The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.⁷

Globally, less than 40% of infants less than six months of age are exclusively breastfed, despite the documented benefits of breastfeeding.⁸ In addition, only 38% of infants aged less than six months in the developing world, Africa included, are exclusively breastfed. In many African societies, exclusive breastfeeding is influenced by various socio-economic, cultural and biological factors.

According to Rio and colleagues,⁹ the probability of initiating breastfeeding is a complex function of individual, social, cultural and clinical factors. A marked variability in feeding practices of neonatal intensive care units has been documented indicating that, even under these circumstances, breastfeeding cannot successfully be established.¹⁰⁻¹² Studies have generally highlighted the lack of autonomy and decision making power among young mothers, as decisions on infant feeding significantly involves the extended family. In Malawi for instance, mixed feeding was found to begin within the first 48 hours after birth, as advised by paternal grandmothers, who are perceived to be key decision makers when it comes to good parenting.¹³ However, grandmothers (and fathers) are reported not to be actively involved in information, education and communication (IEC) activities on exclusive breast feeding (EBF) that largely target mothers.¹⁴ Even when women have heard of the recommendation to exclusively breastfeed for six months, grandmothers and fathers

have heard the recommendation less often.¹⁴ Grandmothers' and fathers' lack of information on and support for EBF have been reported as a significant barrier to the continuation of breastfeeding.

Promotion of exclusive breastfeeding is the single most cost-effective intervention to reduce infant mortality in developing countries.^{7,14-17} It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first six months of life, results in 1.4 million deaths and 10%.

There is a wide range of variation in the practice of exclusive breastfeeding among developing countries, with the rates documented being: Brazil (58%), Bangalore (40%), Iran (Zahedan) (69%), Iran (28%) Beruwala (Kalutara) (15.5%), Lebanon (10.1%), Nigeria (20%), Bangladesh (34.5%), Jordan (77%).¹⁸⁻²⁷

Previous studies indicated a significant difference among employed and unemployed mothers with regard to exclusive breastfeeding and also revealed that unemployment of the mothers is a predictor of exclusive breastfeeding.²⁸⁻³¹ Why a lot of studies has been carried out to assess knowledge and practice of exclusive breast feeding among mothers in developed nations of the world and some African countries, only little has been done in Nigeria an few studies that were done were not in western part of Nigeria. This study is therefore expedient as cultural background is an important factor that influences breast feeding practices among mothers.

Objective of the Study

This study seeks to assess the knowledge and practice of exclusive breastfeeding mothers in a tertiary health institution in Nigeria.

Methodology

A descriptive cross sectional design was used for this study. The study was carried in an infant welfare clinic of a tertiary hospital, south west Nigeria. Thumb's was used to select 30% of the average monthly clinic attendance in the hospital. Participants were recruited using convenience sampling technique. A structured questionnaire developed from extensive literature review was used for data collection. The questionnaire was divided into 5 sections. The validity and reliability of the questionnaire was ascertained before data collection.

Informed consent was sort and gained from all the respondents that participated in the study. Permission of the hospital management to carry out the study was gained before data collection. Participants right to participate or otherwise in the study were made known to them. Data generated from the study will be analysed using statistical package for social sciences (SPSS) version 16. Both inferential and descriptive statistics were used.

Result

Results showed that majority of the mothers (89.0%) attended ante natal clinic during their last pregnancy. Also, all the mothers that attended ante natal clinic during their last pregnancy attended for at least four (4) times during the last pregnancy.

Knowledge of the mothers that participated in the study about exclusive breastfeeding as revealed in table 1 showed that all the mothers said they had been educated about exclusive breastfeeding during ante natal care before. Findings however, showed that 77.0% of the mothers knows the stipulated duration for exclusive breastfeeding. Some of the mothers (7.0%) opined that given the first milk from the breast after delivery (colostrums) to the baby is against their cultural belief while 6.0% said it is against their religious belief.

Practice of exclusive breastfeeding as shown in table 2 revealed that more than half of the respondents (65.0%) said their husband influence their practice of exclusive breastfeeding. While only 38.0% said their husband determine or influence the number of months that they exclusively breastfeed their baby. Half of the respondents initiate breastfeeding within the first 30 minutes of birth. Majority of the respondents (83.5%) practice exclusive breast feeding but only 70.0% practice it for 6 months.

Participants suggested strategies that can be used to improve the practice of breastfeeding include: workshops and seminar (87.5%); provision of daycare (crèche) facilities in every workplace (86.5%); introduction of 6 months maternity (80.0%); while 52.0% said Federal ministry of health should enact law banning advertisement of artificial baby foods.

Discussion of Findings

Results from this study also showed that majority of women attend at least four (4) ante natal clinics before birth. This is good development as the current accepted focus ante natal advocate at least four (4) ante natal clinic attendance.

Women's knowledge of exclusive breastfeeding from this study showed that almost all women that participated in the study where educated on exclusive breastfeeding during ante natal clinic, this is a practice of health care providers that is better than what is earlier reported among care providers in Malawi.¹³ However, only 77.0% have correct knowledge of the duration of exclusive breastfeeding of six (6) months as suggested by World Health Organisation.² This study also showed that few women have cultural and religious bias against

giving colostrums to new born as suggested by WHO.¹⁴ Level of the knowledge of women about exclusive breast feeding shows that 7 out of every 10 women have good knowledge of exclusive breastfeeding, this is at variance with submission of Bezner-Kerr and colleagues¹³ in a study conducted among women in Malawi where they found out that Malawian women seemed less knowledgeable about proper breastfeeding practices largely as a result of poor quality of counseling from hospital staff.

The practice of exclusive breastfeeding among women shows that husbands have influence on women practice of exclusive breastfeeding or not and the duration that they practice it. Only half of the respondents initiate breastfeeding in within the first 30 minutes of birth. Previous study has however, documented international institutions advocating for early initiation of breast feeding as it has divers advantage in continuation of breastfeeding.⁹ Globally, less than 40% of infants under six months of age are exclusively breastfed, despite the documented benefits of breastfeeding.⁸ Also UNICEF³² documented that only every third child living in the developing world is exclusively breastfed during first six months of life. Various level of practice have been documented in different part of the world; Brazil (58%), Bangalore (40%), Iran (Zahedan) (69%), Iran (28%) Beruwala (Kalutara) (15.5%), Lebanon (10.1%), Nigeria (20%), Bangladesh (34.5%), Jordan (77%).¹⁸⁻²²

Suggested strategies to improve the practice of exclusive breastfeeding include workshops and seminar should be organized in various health institutions on exclusive breastfeeding for nursing mothers; provision of day care facilities in every work place; six months maternity leave should be advocated for working class nursing mothers; and Federal ministry of health should enact law banning advertisement of artificial baby foods.

Conclusion

The benefits inherent in the practice of exclusive breastfeeding in the first six month of life cannot be over emphasized, especially in a country like Nigeria with poor health indices, mal nutrition and high infant mortality. Although women in this study have good knowledge and practice of exclusive breastfeeding, there is still room for improvement. Knowledge is very essential in determine people attitude to something and will reflect their practice of it. The number proportion of the mothers that still did not have adequate knowledge about exclusive breastfeeding still need to be educated and importance of exclusive breastfeeding reinforced among them. This will increase the level of knowledge of mothers about exclusive breastfeeding and result in good practice of exclusive breastfeeding with resultant healthy children in the society.

Effort should also be made at providing crèche facilities in every workplace and appropriate policy should be put in place to legalize 6 months maternity leave for mothers. Theses will help in promoting the practice of exclusive breastfeeding among women.

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Variable	Character	Frequency (N = 200)	Percentage (%)
I was educated during ante natal visit about exclusive breastfeeding	Yes	194	97.0
	No	6	3.0
I received instructions about exclusive breastfeeding during ante natal	Yes	186	93.0
	No	14	7.0
Knowledge of duration of exclusive breastfeeding	Correct	154	77.0
	Incorrect	46	23.0
It is against my culture to give the first milk that come out of the breast after delivery to the baby	Yes	14	7.0
	No	182	91.0
	I don't know	4	2.0
It is against my religion to give the first milk that come out of the breast after delivery to the baby	Yes	6	3.0
	No	192	96.0
	I don't know	2	1.0

Table 1 Quality of Information by Mothers about Exclusive Breastfeeding

Variable	Characteristics	Frequency (N = 200)	Percentage (%)
My husband influence my practice of exclusive breastfeeding	Yes	130	65.0
	No	70	35.0
My husband influence the number of months that I exclusively breastfeed my baby	Yes	76	38.0
	No	124	62.0
When respondent's initiate breastfeeding after delivery	Less than 30 minutes	100	50.0
	30 – 60 minutes	38	19.0
	1 – 2 hours	17	8.5
	3 – 6 hours	22	11.0
	13 – 24 hours	6	3.0
	1 day	5	2.5
	More than a day	12	6.0
I practice exclusive breastfeeding	Yes	167	83.5
	No	33	16.5
Duration of exclusive breastfeeding	2 months	3	1.5
	4 months	9	4.5
	5 months	11	5.5
	6 months	140	70.0
	More than 6 months	4	2.0
	Not applicable	33	16.5
How often respondents breastfeed their baby	3 – 6 times	16	8.0
	7 – 10 times	49	24.5
	11 times and above	30	15.0
	On demand	92	46.0
	No response	13	6.5

Table 2 Practice of Exclusive Breastfeeding among Mothers

	Yes	No	I don't know
Workshops and seminar should be organized in various health institutions on exclusive breastfeeding for nursing mothers	175 (87.5)	2 (1.0)	23 (11.5)
Six months maternity leave should be advocated for working class mothers	160 (80.0)	13 (6.5)	27 (13.5)
Daye care facilities should be provided in every work place	173 (86.5)	4 (2.0)	23 (11.5)
Federal ministry of health should enact law banning advertisement of artificial baby foods	104 (52.0)	66 (33.0)	30 (15.0)

Table 3 Strategies for Improving the Practice of Exclusive Breastfeeding among Mother