

## Survey on Acceptance and Practice of Exclusive Breast Feeding in selected Quarters in Auchi Community

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### Abstract

Breast milk is the easiest, most nutritious, and healthy form of food for all infants for healthy growth and especially in their cognitive development and helps in fighting against some diseases, and reduces infant mortality during childbirth. Previous studies have shown that there is a high rate of breastfeeding but the rate of EBF is relatively low. This study is a cross-sectional descriptive study that surveyed the responses of 604 mothers who have breastfed and currently breastfeeding of which the majority of them are multipara. Aside Igbei Quarter which had already been covered, the other four quarters namely Akpekpe, Utsogun, Iyekhei, and Aibotse were demarcated into smaller enumeration areas for ease of coverage. A listing of the residential buildings was done and structured questionnaires on the acceptance and practice of exclusive breastfeeding were administered to females of childbearing age who have given birth at one point in time. Of a total of the 604 females, 500 (82.8%) of the women received teachings on EBF at different times and through different mediums while only 104 (17.2%) did not receive teaching on EBF. It is expected that having educated more of the mothers on EBF, a very large proportion if not all will accept and practice EBF, however, our result showed that 376 (62.3%) accepted and practice EBF, while 228 (37.7%) did not practice EBF. Despite the high rate of breastfeeding in the quarters, the acceptance and practice of EBF is relatively low less than 70%. Therefore, there is a need and call for holistic interventions aimed at improving the knowledge and practice of EBF in the study community.

**Keywords:** Breast milk, Exclusive breastfeeding, cognitive, infant mortality

**DOI:** 10.7176/JNSR/14-8-05

**Publication date:** May 31<sup>st</sup> 2023

### Introduction

Breast milk is the most important natural food a baby needs to sustain and grow healthy within the first months of life. (Akinyemi, et al, 2020). Breast milk enhances the cognitive and sensory buildup of the child, and protects against childhood infectious and chronic diseases. Studies have shown that exclusive breastfeeding reduces infant morbidity due to common childhood illnesses such as diarrhea or pneumonia and helps quicker recovery during illness (WHO, 2018). These breastfeeding effects on infants can therefore be measured in resource-poor and affluent societies (Kramer et al. 2001).

Breastfeeding is a balanced and unequalled means of providing ideal food for the healthy growth and development of the infant since the mother is believed to have had adequate and nourishing meals before and after birth; it is also an integral part of the reproductive process with important implications for the health of mothers.

A review of evidence has shown that, on a population basis, exclusive breastfeeding of infants for six months is the optimal way of feeding, and after that, infants should be fed complementary foods with continued breastfeeding for up to two years of age or beyond (WHO, 2018).

Women who attend ante-natal during pregnancy are continuously being educated from time to time on the importance of breastfeeding to their newborns and their mothers as well. These mothers, as expected, are to heed the various lectures by applying the knowledge gained in bringing up their infants so that they (infants) can be guaranteed good health from birth and beyond.

Studies by Patil et al. (2009), Ashmika et al. (2013), and Sutherland et al. (2011) gave comprehensive literature on breastfeeding, exclusive breastfeeding, and the public health benefit of breastfeeding. There have been a series of recommendations on exclusive breastfeeding (EBF). The World Health Organization and UNICEF recommendations on breastfeeding are as follows: initiation of breastfeeding within the first hour after the birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age-appropriate, responsive complementary feeding

starting in the sixth month, ([publichealth.hscni.net/node/4811](http://publichealth.hscni.net/node/4811)). Both organizations have carried out a series of support and interventions at different levels and in different countries, especially in developing countries (UNICEF, 2015).

Studies by Diallo et al. (2000) and Li et al. (2005) maintained that despite the strong evidence in support of EBF for the first six months of life, its prevalence had remained low worldwide. The report of the Nigerian Demographic and Health Survey (2013) by the National Population Commission (2014) showed that in Nigeria, breastfeeding is universal, with almost all babies being breastfed, however, the practice of EBF is rare, with only 17% of children younger than six months being exclusively breastfed.

In Akinyinka et al. (2016) study on the EBF rate, they submitted that within Nigeria, breastfeeding rates vary widely, with a very high rate reported in a study conducted in Sokoto state, where the exclusive breastfeeding rate for the first six months of life was found to be 78.7%, but only 8% of mothers initiated breastfeeding within the first hour after delivery.

Alutu et al. (2005) revealed that 16% of mothers introduced bottle-feeding to their infants when they were just three weeks old in Edo State. Similarly, in an empirical study conducted in Edo State, Nigeria, Salami (2006) reported that although 82% of the women were breastfeeding their babies, only 20% did so for six months.

The need to protect, promote and support EBF in our communities has been widely recognized and in order to achieve this noble objective, the Federal Ministry of Health and Social Services, in conjunction with UNICEF and WHO, initiated the Baby Friendly Hospital Initiative (BFHI), and also, designated several Teaching and Specialist hospitals as baby-friendly hospitals following the "Innocenti declaration". The Innocenti Declaration has as its main objectives the promotion of early initiation of breastfeeding (within 30 minutes of delivery), EBF for the first six months of life, breastfeeding on demand, and continuing breastfeeding with complementary feeds into the second year of life (Labbok, et al. (2006), Perez-Escamilla (2007) and Oche et al. (2011)). Despite these supports, interventions, and the different forms of education and enlightenment on exclusive breastfeeding, what is the level of acceptance and practice by our local women of childbearing age in the selected quarters in Auchi?

### **Problem Statement/Justification**

Breast milk is natural. It is the simplest, most nutritious, and healthy form of food fed to all infants for healthy growth, especially in their mental development. It also helps fight against some deadly childhood diseases thereby reducing infant mortality. These benefits are being made known to nursing mothers through various mediums/languages suitable for their understanding and comprehension. The commonest medium is the direct lectures by health workers (midwives/nurses) at various antenatal centers located at health care facilities. With these different forms of education and enlightenment on exclusive breastfeeding;

What is the level of acceptance and practice by our local women of childbearing age in the selected quarters in Auchi?

What are the factors limiting the practice of EBF?

What is the level of support/encouragement from the health workers to the nursing mothers toward achieving EBF?

### **Aim/Objective (s) of the study**

The aim of this work is to examine the level of acceptance and practice of EBF and the specific objectives of the survey are;

1. To ascertain the level of education/awareness of the benefits of EBF
2. To determine the level of acceptance of EBF based on the level of awareness/knowledge gathered.
3. To determine the level of EBF being practiced.
4. To determine the factor(s) limiting or completely hindering the practice of EBF.
5. To determine the level of support/encouragement from the health workers to the nursing mothers toward achieving EBF.
6. To attempt to seek possible solutions/ways to achieve EBF from the respondents.

## **2. Materials and Methods**

A survey-based descriptive study was conducted in four (4) quarters in the Auchi Sacred Kingdom. They are namely; Utsogun, Aiboste, Iyekhei, and Akpeke; similar studies have been carried out in the Igbei quarter

(Akinyemi et. al. (2020), which is one of the five (5) quarters in the Auchu Sacred kingdom. The women in this community are primarily farmers and traders. Enumeration maps will be designed, and the houses within the quarters will be numbered with a unique code design for the study with an indication of the presence of the nursing mother in any of the residential buildings. Buildings such as religious houses, clinics/hospitals, maternity homes, schools, commercial buildings (including petrol stations), and other non-residential buildings will be excluded from the listing phase of the survey.

In this survey, nursing mothers (with infant  $\leq 2$  years of age) who are currently breastfeeding were identified during the house listing and 700 structured questionnaires containing relevant concepts and variables were administered to them. The questionnaires were sorted out manually for completeness, accuracy, and omissions. The organized data were analyzed using IBM SPSS Statistics 24, and the critical value for the significance of the statistical tests is set at  $P < 0.05$ .

### 3. Results and Discussions

The results are presented in a tabular form on the appendix page. The results presented are on the Socio-demographic Profile and Parity, Education and Awareness of Exclusive Breast Feeding (EBF), Acceptance and Practice of EBF by nursing mothers, and the core challenges hindering the practice of EBF.

#### *Socio-demographic Profile and Parity*

Out of the nursing mothers, 400 (59.6 %) of them were between the ages of 18-30 years while 244 (40.4%) of them were above 30 years of age. Most of the mothers were literate accounting for 72.2% (436) of the mothers, leaving us with 27.8% (168) illiterate mothers. As expected majority of the mothers were Muslims i.e. 376 (62.3%), while 224 (37.1%) were Christians, and only 4 (0.7%) practiced a different religion. On occupation, 352 (58.3%) are self-employed, 196 (32.5%) are full-time housewives and only 56 (9.3%) are civil servants. The results showed that the majority that is, 352 (58.3%) of the women are in the multipara category and 252 (41.7%) are just had their first baby at the time of this study. As expected, the majority of mothers are multipara because it is made up of other women who have given birth more than once but are not included in this study.

#### *Education and Awareness of Exclusive Breastfeeding (EBF)*

The analysis showed that of the 604 nursing mothers, 516 (85.4%) had their delivery in hospitals and were registered, while only 88 (14.6%) delivered at home and it comprises all places of delivery that are not duly registered. The result is an indication that most of the mothers were educated on exclusive breastfeeding during their antenatal period. This is confirmed by the result of education on exclusive breastfeeding. 498 (82.8%) of the women received teachings on EBF while only 106 (17.5%) did not receive teaching on EBF. A cross-tabulation showed that of the 125 mothers that received teaching on EBF, 109 delivered at the hospital, while 16 delivered at home. Similarly, of the 26 that did not receive teaching, 20 were delivered in the hospital, while 6 were delivered at home.

#### *Acceptance and Practice of EBF*

It is expected that having educated more of the mothers on EBF, a very large proportion if not all will accept and practice EBF, however, our result showed that 376 (62.3%) accepted and practice EBF, while 228 (37.7%) did not practice EBF. This high rate is in line with that of Salami (2006). Although, the majority of women, 492 (81.5%) started feeding their babies from the place of birth, while 112 (18.5%) did not start feeding their babies from the place of birth owing to sore breast, instrumental type of delivery, slight complications with baby at birth, preterm births. And on the interval for breastfeeding babies after birth, 304 (50.3%) of the mothers breastfed their babies less than an hour after birth, while 300 (49.7%) breastfed their babies more than an hour after birth. From the cross-tabulation result, the mothers within the age bracket of 18 – 30 years were found to practice EBF. They accounted for 39.7% ( $n = 240$ ) more than any in the different cells.

#### *Factors Militating against EBF*

Findings on the factors militating against the practice of EBF showed that Illness of the mother (30%), instrumental type of delivery (18%), poverty (33%), death of the mother (4%), ignorance and poor education background (2%), the career of the mother (10%), poor lactation (3%).

### 4. Conclusion

Breastfeeding is nonnegotiable and should be carried out by all nursing mothers. In summary, it is inferred that although the level of breastfeeding may seem high, the practice of exclusive breastfeeding is marginal and, therefore, requires attention and this is in line with the studies by Salami, 2006 and NDHS, 2013.

We recommend that additional efforts should be made in creating awareness of the benefits of breastfeeding to both mothers and babies. This should be done by the midwives during ante-natal sessions and they should avoid encouraging the use of baby formulas. One of the main influencing factors of breastfeeding practices reported in this study, is mothers' closeness to their babies and we recommend the provision of crèches at the workplace or marketplace will reduce the distance between babies and their mothers and subsequently increase the levels of breastfeeding. Mothers should also be encouraged to feed very well during their pregnancy periods and with the right medications and vaccines to avoid complications and even preterm births.

### Appreciation

The Authors sincerely appreciate TETFund for sponsoring this work.

### Conflict of Interest

There is no conflict of interest

### Funding

This work was supported by TETFund [grant number TETF/DR&D/CE/POLY/AUCHI/IBR/2022/VOL.1/BATCH 10]

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**APPENDIX**

**Table 1: Responses on key variables of the study**

<b>Variable</b>	<b>Level</b>	<b>Freq. (%)</b>
<b>1. Sex of child at birth</b>	Male	332 (55.0)
	Female	272 (45.0)
<b>2. Mother's age</b>	18-30 years	400 (59.6)
	< 30years	244 (40.4)
<b>3. Mother's education</b>	Literate	436 (72.2)
	Illiterate	168 (27.8)
<b>4. Mother's religion</b>	Islam	376 (62.3)
	Christianity	224 (37.1)
	Others	4 (0.7)
<b>5. Mother's occupation</b>	Self-employed	352 (58.3)
	Housewife	196 (32.5)
	Civil servant	56 (9.3)
<b>6. Parity</b>	Primipara	252 (41.7)
	Multipara	352 (58.3)
<b>7. Type of delivery</b>	Normal	532 (88.1)
	Instrumental	72 (11.9)
<b>8. Place of delivery</b>	Home	88 (14.6)
	Hospital	516 (85.4)
<b>9. Feeding a newborn from a place of delivery</b>	Yes	492 (81.5)
	No	28 (18.5)
<b>10. Breastfeeding interval after birth</b>	< 1 Hour	304 (50.3)
	> 1 Hour	300 (49.7)
<b>11. Education on EBF</b>	Yes	498 (82.5)
	No	106 (17.5)
<b>12. Practice of EBF</b>	Yes	376 (62.3)
	No	228 (37.7)
<b>13. Reasons for not adopting EBF</b>	Illness of the mother	182 (30)
	Instrumental type of delivery	109 (18)
	Poverty	199 (33)
	Death of the mother	24 (4)
	Ignorance and poor educational background	12 (2)
	The career of the mother	
	Poor lactation	60 (10)
		18 (3)

**Table 14: Education of Exclusive Breastfeeding Baby \* Practice Exclusive Breastfeeding**

Count		Practice EBF		Total
		Yes	No	
Education of EBF	Yes	352	148	500
	No	24	80	104
Total		376	228	604

**Note: All the outputs below are from the researchers' analysis using SPSS 24.**