

Factors Influencing Breastfeeding Practices Among Mothers In Lafia Local Government Area of Nasarawa State, Nigeria

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Received 23rd August, 2010, Accepted 19th December, 2010

Abstract

The provision of adequate nutrition during infancy and early childhood is a basic requirement for the development and promotion of optimum growth, health and behavior of the child.

This study was carried out in Lafia Local Government Area (LGA) of Nasarawa State of the North-Central Geo-Political Zone of Nigeria to find out the factors influencing the Breastfeeding Practices of the community. The study also aimed to find out reasons underlying current practices. In the study, 4 communities were selected using purposive sampling technique. Quantitative and qualitative data were collected using a pretested structured Questionnaire. Data analysis were carried out using SPSS version 16. The study results showed that 99.2% (315) of mothers practiced breastfeeding, with over 75% (214) of mothers delivered their babies at home. On early initiation of breastfeeding, 36% (114) put their babies to breast within an hour while majority (60.7%) gave colostrums (yellow milk). Only one third (35.9%) of the women claimed to be aware of the concept of Exclusive Breast Feeding (EBF) and 75.6% were able to accurately define EBF. Health workers were the most important source of information on EBF for mothers, with 82.1% of the mothers that were aware of EBF identifying Health workers as their main source of information.

Key findings in this study suggested that educational level of respondents, place of delivery and occupation have a significant influences on early initiation of breastfeeding and use of colostrums ($p=0.0001$). Furthermore, the elimination of plain water consumption by the babies in the first six (6) months post-partum was found to improve EBF rate. In view of the foregoing, it was concluded that a good knowledge of the factors that influence breastfeeding practices will enhance the rate of adoption of EBF by the mothers. Therefore, it was suggested that this could be achieved through the implementation of an appropriate community based baby friendly Breastfeeding initiative, and more research is needed in this area.

Keywords: Nutrition, Breastfeeding, Mothers, Colostrums, Early initiation

Introduction

The main stay of infant's diet in every culture or community from the very existence of man on earth has been breast milk. Breastfeeding is therefore a universally recommended way of providing infant nourishment (WHO, 2003).

Breastfeeding activities are carried out worldwide in order to fulfill the World Health Organization (WHO) and UNICEF recommendation that infant be breastfed exclusively for six months and thereafter until 24 months (WHO2003).

The benefits of breastfeeding for the health of children have been highlighted in many studies (Brown et al, 1989; Guise & Fred 2000, USAID 2001). The practice of breastfeeding have been recommended worldwide because it provides a superior source of nutrients for infants, it is an effective source of antibody that protects against illness and the expression of affective closeness between mothers and child (Hauser et al 2010).

However, various factors have been adduced to influence breastfeeding practices. These factors include mother's marital status, employment status, friends method of feeding their babies, social support and baby's age (Sika-Bright, 2010).

The study of factors that promote or inhibit the transition from breast milk to solid foods had attracted much attention because apart from the fact that normal growth and development are dependent on acceptance of solid foods, it had been noted that as from 6 months of age, breast milk was no longer an adequate source for energy and essential nutrients for babies (Lawaoyin et al, 2001). This had made the transition to solid food to be a critical period. According to Baumslag and Michels, (1995), breastfed babies are healthier, have fewer hospitalizations and have lower mortality rates than formula-fed infants. The benefits of breastfeeding are not only limited to the child. On the short term, mothers also benefits from breastfeeding, Oxytocin, the bonding hormones has been found to increase with breastfeeding. Breastfeeding practices has also been found to lower mother's risk of developing uterine cancer, osteoporosis, type 2 diabetes and breast cancer (Baumslag and Michels, 1995).

The major aspect of infant feeding in Nigeria, like in many countries of sub – Saharan Africa, has been the practice of breastfeeding. The Nigeria Demographic and Health Survey (NDHS, 2008) report showed a 13% exclusive Breastfeeding rate which is a decline from 17% indicated in 2003 report, The 2008 report also revealed that 34% of the infants aged 0-5 months were given plain water in addition to breast milk, while 10% were given non- milk liquids and juice and 6% were given milk other than breast milk. Further more, only 32% of children under 24 months of age were still on breast milk.

Considering the percentage of mothers practicing breast feeding, It should not be surprising that Nigeria is still saddled with high incidence of malnutrition and its associated infant mortality.

Thus this study purposed to examine the factors that might influence the breast feeding practices among mothers in Lafia Local Government .Area (LGA) of Nasarawa State.

METHODS

Study Design

The study was a cross sectional descriptive survey, using both qualitative and quantitative methods of data collection.

Area of study: The study was carried out between November 2009 and May 2010. Lafia, the Capital of Nasarawa state was used for the study, because of its heterogeneous inhabitants. Lafia metropolis was divided into two zones (North and South), then two communities were randomly chosen to represent each zone.

Subjects sample size and procedures

The subjects were infants and young children aged 0-12 months and their mothers/care-givers from Lafia, the Capital of Nasarawa State. Stratified random sampling was used to select the study areas, within Lafia town. A focus group discussion was also carried out and participants were selected based on their leadership status in the area and willingness to participate.

Respondents were visited in their homes for recruitment. The following selection criteria were defined for participation:

1. Currently breastfeeding
2. Having an infant/child between 0-12 months

Children who were above 12months of age and those whose mothers were not available or were not able to participate, were excluded from the study.

Data Collection methods

Questionnaire: A structured interviewer questionnaire was developed and administered to collect information on demographic characteristics, mothers' care-givers knowledge of breastfeeding, breastfeeding initiation, duration of breastfeeding and consumption of colostrums. The questionnaire was validated by the 'jury' method (Uwaegbute, 1991) and pretested on a sample of selected mothers (who were not among the final 460 respondents) in a setting similar to that of the study. The mothers of the children were interviewed in their homes.

Focus Group Discussion:

Information on mother's knowledge of breastfeeding, initiation, colostrums and breastfeeding duration was captured from men, women and local leaders in the study area using a focus group discussion guide developed based on the study objectives and a checklist from indicators of appropriate breastfeeding process (Savage 1994).

Data Analysis:

Data were analyzed using the statistical package for social scientists (SPSS Version 16.0). Associations between different factors under investigation and breastfeeding were examined using chi-square statistics with a set value of less than 0.05 was considered as statistically influential.

RESULTS

Socio-Demographic characteristics of mother and child

The age of the majority of mothers interviewed (31.3%) fall between the age ranges of 20-29 years with a mean age of 26.1 years. (Table 1) The minimum age was 15 years while the maximum was 49 years. Majority (98%) of the mothers were married, while divorced and widow have 1.3% and 0.6% respectively. There were more (70%) monogamous than polygamous (30%) marriage among the respondent, as indicated in Table1. The study revealed that 46% of mothers had no education, the combined total percent of mothers with primary, secondary and tertiary education was 33% . Sixty-five percent (65%) of the mothers were fulltime Housewives, 14% artisans, 8% traders, 6% farmers and 13.5% civil servants.

Male children were 54.6% while the rest 45.4% were females. About 75.8% of the children were delivered at home while 24.2% were delivered in a hospital set up. 50.8% of the children were less than six months of age while above 49.2% were more than six months of age. (Table 1)

Table 1: Socio-Demographic characteristics of mother and child

Characteristics	Frequency	Percentage
Mother's age (years)		
15-19	41	12.9
20-24	80	25.2
25-29	100	31.3
30-34	59	18.5
35-39	35	11.1
40-44	2	0.6
45-49	1	0.4
Total	318	100
Marital Status of Mother		
Single	0	Nil
Married	311	97.9
Divorced	4	1.3
Widow	2	0.6
Separated	1	0.2
Total	318	100
Type of Marriage		
Monogamy	221	69.6
Polygamy	97	30.4
Total	318	100
Education Level (Mother)		
None	148	46.4
Primary	59	18.6
Secondary	38	12.0

Tertiary	9	2.8
Quranic Education	64	20.1
Total	318	100
Occupation (Mother)		
Fulltime Housewife	207	65.2
Civil servant	22	6.8
Trader	26	8.1
Artisan	43	13.5
Farming	18	5.6
Others	2	0.8
Total	318	100
Child's Age (Months)		
0-3	83	26.0
4-6	79	24.8
7-9	75	23.7
10-12	81	25.5
Total	318	100
Number of children per mother		
1	103	20.3
2-3	196	38.6
4-5	122	24.0
≥6	87	17.1
Total	508	100
PLACE OF DELIVERY		
Home	241	75.8
Health facility	77	24.2
Total	318	100
SEX DISTRIBUTION OF INDEX CHILD		
Male	174	54.6
Female	144	45.4
Total	318	100

Table2: Breastfeeding Initiation and Colostrum Consumption practices of respondents

Characteristics	Frequency	Percentage
BREASTFEEDING		
INITIATION	114	36.0
Within an hour	204	64.0
After an hour	318	100
Total		
CONSUMPTION OF		
COLOSTRUMS	193	60.7
Yes	125	39.3
No	318	100
Total		
CURRENTLY		
BREASTFEEDING	315	99.2
Yes	3	0.8
No	318	100
Total		

Majority of the mothers (99.2%) were still breastfeeding at the time of the study. (Table 2) Of those who breast fed, majority (64%) were reported to have initiated breast feeding after an hour. The reasons advanced for not giving breast milk within the first hour of delivery are diverse but dominant amongst these reasons are rooted in tradition and culture.(Table3). The consumption of colostrums (yellow milk) was found to be high (60.7%) among the studied mothers. The reasons for not given colostrums by 35.3% of the mothers were it is harmful, dirty and ignored.

Table 3: Initial food given immediately after Delivery

Type of food given Immediately After Delivery	Proportion (n=532) %	Reasons
Breast milk	31.6	Health benefits, thirst & child cries
Water	31.0	Health benefits & Tradition/culture
Herbs	3.9	Health benefits, tradition/culture & delayed lactation
Breast-milk substitutes	9.6	Health benefits, tradition/culture & delayed lactation
Animal milk	17.1	Health benefits, tradition/culture & religion
Others (e.g Zam-zam, Dates)	6.8	Tradition/culture, child cries, & delayed lactation

Thirty two percent (32%) of the mothers reported to have given their babies’ breast milk immediately after delivery, while the percentage of those that gave water was 31%. However, 17%, 10%, of the children have also been reported to have given Animal milk, and Infant Formula respectively immediately after birth (Table 3). The reasons advanced by the respondents as to what they gave their new born babies and why is enumerated also in Table 3.

As shown in Table 4 below, most of the mothers appeared to adequately nurse their infants on breast milk with about 85% feeding more than 7 times within 24hrs. The result also showed that 76.6% of mothers allowed suckling until the child voluntarily withdrew from the breast (Table 4).With majority (76.8%) of the mothers allowing the child to suckle till he /she left the breast and 23.5% till child slept. Also, 68.4% of the mothers gave pre-lacteal feeds, 31.0% plain water, 17.1% animal milks, 9.65 infant formula, 6.8% zam-zam (holy water) and dates, and 3.9% herbs. Of the 31.6% who did not gave pre-lacteal feeds, only 15% practiced exclusive feeding (EBF) as recommended, majority (36%) practiced EBF only for 4 months. The reasons given by the mothers for discontinuation of EBF were traditional and cultural , harmful , ignorance, peer/family influence, maternal illness and gave no reason.

Table 4: Frequency of Breastfeeding

Number of times child Breastfed in 24 hours	Frequency	Percentage
1-6 Times	82	25.9
7-11 Times	96	30.6
>11 Times	137	43.5
Total	315	100
Duration of child suckling	241	
Till child leaves breast	62	76.6
Till sleep child off	12	19.7
Others	315	3.7
Total		100

Majority (64.1%) of the mothers had no knowledge of what is EBF. Of the 35.9% (114) that had heard of EBF, 75.6% gave correct definition of EBF, with their main source of information being from Health workers (77.1%), media (14.8%) traditional birth attendants (TBA) (4.2%) and husband (3.9%). (Table5)

The knowledge of the mothers on the benefits of breast feeding was also tested. Majority (26.8%) believe it to prevent disease, 16.6% believed it was safe for children,

21.5% believed it was a source of nutrition and 18.4% felt that it was important for bonding (Table 5).

Table 5: Knowledge on Exclusive Breastfeeding and its Benefits

<i>CHARACTERISTICS</i>	<i>FREQUENCY</i>	<i>PERCENTAGE</i>
AWARENESS OF EBF		
YES	114	35.9
NO	204	64.1
TOTAL	318	100
SOURCE OF INFORMATION ON EBF		
Health workers	88	77.1
Husband	4	3.9
Media	17	14.8
TBA	5	4.2
Total	114	100
DEFINITION OF EBF		
Correct	86	75.6
Incorrect	28	24.4
Total	114	100
IDENTIFIED BENEFITS OF EBF		
Food (nutrition)	68	21.5
Bonding	59	18.4
Disease Prevention	85	26.8
Saves Time	53	16.6
Saves Money	25	7.9
Safe	21	6.5
I don't know	7	.3
All	25	7.7

Table 6: Knowledge of breastfeeding techniques

<i>KNOWLEDGE OF BREASTFEEDING TECHNIQUES</i>	<i>Frequency</i>	<i>Percentage</i>
Positioning		
Correct	240	75.6
Incorrect	78	24.4
Total	318	100
Attachment		
Correct	214	67.3
Incorrect	104	32.7
Total	318	100

Table 6 showed the knowledge of respondents on breastfeeding techniques. To further probe the understanding of the mothers on EBF, they were asked to describe breast feeding positioning and breast feeding technique 75.6% and 67.3% gave correct description respectively see table 6.

DISCUSSION

The prevalence of breastfeeding was found to be high (99.2%), but only 15% of these mothers exclusively breastfed for 6 months as recommended by WHO and UNICEF (WHO\ UNICEF 2003). This can be said to be high when compared with previous community based studies in Plateau which reported only 6% Exclusive Breast Feeding rate (Amosu 2010), that was much lower than the 20% Exclusive Breast Feeding rate reported by Salami (2006) and 24% by Ogunba (2006). At the time of this study most children were still breastfeeding. This indicated that mothers embraced breastfeeding practices attributable to their knowledge on the importance of breastfeeding. Non exclusive breastfeeding (EBF) rates might have resulted from poor (35.9%) knowledge of EBF among the mothers. The other causal factors also revealed by the study to be responsible for low EBF practice include; mothers beliefs that water is the first thing an infant must be given after birth; some reported that their culture and religion demanded that (Debino) date palm and (zam-zam) Holy water be given to babies immediately after birth, as they claimed it was their social rite that should not be contravened. It was further identified by these mothers that children without being given plain water at infancy were prone to die of dry intestine, deafness at later year of growth, encounters change of eye color to brown, teething problems and high rate of infant mortality before adolescent stage.

Results from the present study showed that there was still the need to intensify creation of awareness on the benefits of breastfeeding in general and EBF in particular among the women. The results obtained in this study appeared to corroborate similar reasons given by mothers for early discontinuation of breastfeeding (Muchinna et al 2010, Salami, 2006, Ogunba, 2006).

Appropriate breastfeeding Practices.

Appropriate Breastfeeding initiation is defined as giving breast milk to baby within an hour of delivery. Early initiation of breastfeeding not only lengthens the duration of breast feeding but also increases the chances of breastfeeding successfully and immediately after birth. This probably assists in uterus involution thus prevent poor partum hemorrhage (Muchinna et al 2010).

Early Initiation of Breastfeeding

Thirty –six percent of mothers initiated breastfeeding within one hour of childbirth. The proportion was low when compared to the results obtained in Nairobi (55.1%) (Muchinna et al 2010). Though effort is on-going in Nigeria to encourage early breastfeeding initiation by mothers, data on the initiation time are generally scarce. Though, the 2003 National Demographic Health Survey (NDHS) reported a positive relationship between place of delivery and breast feeding initiation in which 40% of women who delivered at health care facility, where there are professionals, initiation of breast feeding within an hour compared to less than 30% in those who delivered elsewhere (NDHS,2003). The reasons advanced in this present study for not giving breast milk within one hour of delivery are diverse but dominant among them is rooted in tradition and culture, mother cleaning up, inability of the child to suck, insufficient breast milk production among others this further shows lack of understanding of the rationale behind early initiation of breast feeding. When the low level of initiation observed is placed side by side with the place of delivery it can be deduced that more respondents would have initiated within one hour had they delivered in a health facility where there are health workers or professionals to encourage or ensure that child is put to bed as soon as possible.

Factors Influencing Breastfeeding

Results further revealed that factors such as education, occupation, place of delivery as determinant variables influencing breastfeeding practices (Table 7). The results of this study appeared to be in agreement with other studies (Salami, 2006;Vieira et al, 2004). Although, majority (65.2%) of the mothers were full time house wives, poor breastfeeding practices among these respondents could be attributable to the fact that infant feeding was tied intimately to micro structures of daily life including; the human body and its involvement in child bearing; home maintenance with its unpaid invisible domestic tasks and emotional sustenance of others. Therefore, the fatigue experienced due to energy demands for nursing a baby in addition to domestic chores may create a large demand on the time of a mother thereby reducing the time available for breastfeeding of the child.

The study also revealed that health workers and media exert some level of influence on mothers' choice of exclusive breastfeeding (Table5). Majority (77.1%) of mothers that had knowledge of EBF obtained their information from health workers and the media respectively. This might be due to attendance at ante- natal and post natal clinics which were places where mothers were probably more exposed to current information and also educated on EBF as well as on breast feeding techniques. It is therefore, important to encourage all mothers to begin to attend ante natal clinic as soon as they get pregnant, so that they could make well informed decision on how to feed their babies. Black et al

(1990) emphasized the enormous role health workers play in shaping infant feeding practices of mothers. This present study further confirmed the assertion with a positive relationship (p=0.000) been established between place of delivery and various appropriate breastfeeding practices such as initiation and colostrums consumption.

Table7: Chi-Square test on factors influencing breastfeeding practices .

Variable	What was given immediately a after delivery			Breast feeding initiation			Colostrum consumption		
	X ²	Level of sig.	Remarks	X ²	Level of sig.	Remarks	X ²	Level	Remark
Education	90.32	0.00**	Influential	19.01	0.001**	Influential	44.59	0.000**	Influential
Occupation	73.38	0.000**	Influential	21.00	0.001**	Influential	11.13	0.05**	Influential
Placeof delivery	64.92	0.000**	Influential	29.05	0.000**	Influential	39.90	0.000**	Influential
Marital status	7.73	0.934 ^{NS}	Not influential	2.11	0.550 ^{NS}	Not influential	2.82	0.420 ^{NS}	Not influential

**Note: NS = Not significant; sig. at P<0.05

Apart from health workers the present study also revealed the influence of husband or family in the practice of EBF. This could imply that mothers who had their husbands supporting them were more likely to exclusively breastfeed their babies. The observation reported in this present study might not be unconnected with the culture of the people where the husband decide what was given to a child immediately after birth and for how long This observation appeared to corroborate the work of Morhason-Bello et al (2009), in which a positive association between breast feeding practices and offer of psychological support to women during child birth was reported in the University Teaching Hospital, Ibadan.

Conclusion

This study shows the level and factors influencing feeding breastfeeding practices of women in Lafia, Nasarawa State. Due to limited coverage the result may not be generalized to represents the whole of Nigeria.Despite the fact that breast feeding is a common practice among the mothers studied, it can be concluded from this study that poor knowledge of EBF practices and benefits, plain water as pre-lacteal food, late

initiation of breastfeeding, cultural and traditional practices and family/peer influences are major contributory factors to low EBF practices. The study also revealed that education, occupation and the place of delivery has significant influences on breast feeding practice. The reasons given for late breast feeding initiation could be addressed by health education. Concerted efforts should therefore be made by relevant agencies to encourage timely commencement of breastfeeding through the use of mass media campaigns.

It is therefore recommended that in order to correct these poor indicators there is need to intervene in the areas of capacity building of relevant health workers, more awareness creation, more vigorous advocacy to policy makers/community leaders and establishment of more breastfeeding support groups. The study also further recommends that more research should be conducted on the barriers and challenges to Exclusive Breast feeding practices.

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