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PREDICTORS OF EXCLUSIVE BREAST FEEDING AMONG NURSING  
MOTHERS ATTENDING HEALTH FACILITIES IN AKINYELE LOCAL  
GOVERNMENT AREA OF OYO STATE, NIGERIA

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**Abstract**

*The study examined socio-cultural factors as predictor of exclusive breastfeeding among nursing mothers attending health facilities in Akinyele Local Government Area of Oyo State, Nigeria. A descriptive survey research design was adopted for the study. In this study, 737 registered nursing mothers were used as sample. Data were collected through questionnaire. The result of the study showed that education ( $B=.196$ ;  $p<0.05$ ) and occupation ( $B=.158$ ;  $p<0.05$ ) individually contributed significantly to exclusive breastfeeding. It was recommended among others that infant feeding education should be organized for mothers. Also, there must be enforcement of law that protects women from persecution for breast feeding at work place.*

*Keywords: Exclusive breastfeeding, socio-cultural factors, supplementary feeding, nursing mother, health facilities.*

**Introduction**

One of the ways by which a country can be populated by healthy citizens is to ensure that babies are well nourished. Synergy exists between nutrition and all aspects of a child's healthy growth including cognitive performance. Perhaps this explains why the World Health Organisation in 2003 recommended exclusive breast feeding for the first six months of life, after which infants should receive nutritionally adequate and safe complementary food while breast feeding continues up to two years of age or beyond. However, in Nigeria many children are suffering from one form of health problems and the other because they are not well breastfed during their first six months of life.

Milk secreted by mammary gland otherwise called breast milk contains protein, carbohydrates, fats and inorganic substances particularly calcium and phosphorous. Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts. When a baby is fed with breast milk only, it is called exclusive breastfeeding. Exclusive breastfeeding is the feeding of infants only with breast milk, be it directly from breast or expressed, with no addition of any liquid or solids apart from drop or syrups consisting of vitamins, mineral supplements or medicine and nothing else. (Setegn, Belchew, Gerbaba, Deribe and Deribew, 2012).

Breast milk especially colostrum (the first thick yellow milk secreted by the breast in the last few weeks of pregnancy and the first two or three days after child birth, until lactation is established), contains high level proteins, antibacterial and antiviral which protect the infant against diseases especially diarrhea (Annadi, 2006). Breastfeeding is a cost effective infant-feeding method for family and society, and can reduce the risk of communicable and non-communicable childhood diseases. (Cataneo, Ronfani, Burmaz, Quintero-Romero, MacAluso and Mario, 2006).

Exclusive breastfeeding has an important contraceptive effect. It gives mother protection from having another pregnancy during the first six months after delivery. It has been reported that breastfeeding reduces mother's risk of post-partum hemorrhage due to the effect of hormone mother's body releases while the baby is sucking breast (Annadi, 2006). Breastfeeding can influence the psychosocial development of children through different routes. Breast milk contains bioactive substances such as long-chain poly-unsaturated fatty acids (PUFAs) that are crucial for brain development also, PUFA derivatives known as Arachidonic Acid (AA) and Docosahexaeroics Acid (DHA) play crucial roles in the proper growth, development and maintenance of brain (Crawford, 1993). In data derived from two randomized trials with primiparous women from Honduras: the one based on low birth weight infants showed that infants who were exclusively breastfed for six months versus four months began to crawl earlier; the normal birth weight trial showed that babies who were exclusively breastfed for six months were significantly more likely to be walking by one year compared with those who were exclusively breastfed for less than six months (Dewey, Cohen, Brown and Riverall, 2001).

Despite strong evidence in support of exclusive breast feeding for the first six months of life starting at delivery, and continued breastfeeding with appropriate complementary foods and feeding to two years and beyond, its prevalence has remained low worldwide (Li, Darling, Maurice, Barker,

Grumer-Strawn, 2005). Analysis of NDHs in 2008 showed that 17% of children were exclusively breastfed for less than 4 months, while 18% were exclusively breastfed for less than 6 months; also early initiation of breastfeeding among women was 12.7% in 2003 but increased to 35.5% in the year 2008 (NPC and ICFMacro, 2009). These figures are far below the 90% level recommended by World Health Organisation. Therefore, child mortality remained high in low and middle income countries (Gabriele and Schettin, 2008).

Level of education of an individual has been known to influence decision making on issues. In this context, decision of a nursing mother to feed her child with breast milk exclusively for six months can be influenced by the educational attainment. This assertion was corroborated by Hector, King and Heywood (2005) when they found that education, social class, culture and nature of work influenced nursing mother's decision to breastfeed their children in a study. Spouse's disposition to breastfeeding can to a great extent influence mother's practice of exclusive breast feeding. This is because paternalistic pattern of behaviour hold sway in Nigerian society. In this way, husbands traditionally hold authority over many issues in family life. Exclusive breast feeding practice could also be hindered by such problems as short maternity leave duration, management not allowing babies to be brought to workplace and non-provision of private place within the work premise where working mothers can breastfeed their babies.

There are different types of dresses women wear and the choice of the dress depends on type of job or outing. Some dresses are convenient for breastfeeding women but may not be acceptable in their places of work. It is generally difficult for nursing mother to put on smart dress, this is because some styles of dress may hinder them from breastfeeding their babies in the public. Nursing mothers who see breastfeeding in the public as embarrassing will prefer to choose infant formula to bottle feed their infants. Breastfeeding is a phenomenon that is deeply rooted in the tradition of human culture. Matusiack (2005) reported that socio-cultural influences on acceptable infant feeding practices are varied and complex. Some communities have the belief that if a breastfeeding mother is involved in sexual relationship with another man, she must not breastfeed as this may be harmful to the baby. In some Yoruba communities, exclusive breastfeeding is considered dangerous to the infant who is thought to require water to quench thirst and promote normal development (Davies-Adetugbo, 1997).



Exclusive breastfeeding protects infants against many common childhood diseases including diarrhea and respiratory infections, two of the most important contributors to child mortality (Black, et al 2008). One of the declared strategies of achieving Millennium Development Goal 4 is to increase exclusive breastfeeding rate in under-five aged child. In Nigeria, exclusive breastfeeding practice rate is low and falls short of the expected level needed to achieve a reduction in child mortality. This study examined socio-cultural factors as predictor of exclusive breastfeeding among nursing mothers attending the health facilities in Akinyele Local Government area of Oyo State, Nigeria.

### **Statement of the Problem**

Nigerian Demographic and Health Survey 2008 analysis of infant morbidity rate showed that in the Southwest region 17.3% of 0-5 months old were stunted or wasted. Many young children suffer from one form of health problem and the other among which include upper respiratory infections and gastrointestinal disorders because they were not well breastfed during their first six months of life. Discarding of colostrum, early introduction of liquid supplements and food significantly deficient in calories and vitamins fed to children from birth to two years contribute to Nigeria's high rates of young children morbidity and mortality. Disease surveillance in Akinyele Local Government Area of Oyo State showed that there was high occurrence of childhood diseases as a result of non-compliance with exclusive breastfeeding as recommended by World Health Organisation in 2003. This study was designed to investigate socio-cultural factors as predictor of exclusive breastfeeding among nursing mothers attending Health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

### **Objectives of the Study**

The broad objective of the study was to find out social and cultural factors as predictor of exclusive breastfeeding among nursing mothers attending the health facilities in Akinyele Local Government Area of Oyo State.

Specifically, the study examined

- (i) Social factors as predictor of exclusive breastfeeding.
- (ii) Cultural factors as predictor of exclusive breastfeeding.

### **Hypotheses**

1. There is no significant joint contribution of socio-cultural variables (education, spouse attitude, occupation, dressing and culture) to exclusive breastfeeding among nursing mothers attending the health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

2. There is no significant relative contribution of socio-cultural variables (education, spouse attitude, occupation, dressing and culture) to exclusive breastfeeding among nursing mothers attending the health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

## **Methodology**

### **Research Design**

The study adopted a descriptive survey design.

### **Population**

The population for this study comprised mothers of infants who are six weeks to eighteen months old attending health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

### **Sample and Sampling Techniques**

The sample for the study comprised all the seven hundred and thirty seven 737 registered nursing mothers attending the health facilities of Akinyele Local Government Area of Oyo State.

### **Research Instruments**

The research instrument for this study was self-developed questionnaire. The section A deals with demographic data. Section B deals with Social and Cultural Factors as Predictor of Exclusive Breast Feeding Scale (SCFPEBS) and Section C deals with Exclusive Breastfeeding Scale (EBFS). The questionnaire was structured according to the variables tested in the study. Sections B and C (SCFPEBS and EBFS) were on a 4-point modified Likert format of Strongly Agreed, Agreed, Disagreed and Strongly Disagreed. The questionnaire was validated by experts in the field of Health Education. The reliability of the questionnaire was established through a test-retest procedure yielding a correlation coefficient of 0.82 for SCFPEBS and 0.85 for EBFS.

### **Procedure for Data Collection**

The researchers administered the questionnaire on the respondents with the support of three research assistants.

### **Procedure for Data Analysis**

Inferential statistics of regression was used to test the hypotheses set at 0.05 alpha levels.

## Results

### Demographic Information

Table 1: Distribution of Respondents according to age

| Age          | Frequency | Percentage |
|--------------|-----------|------------|
| 15 - 20      | 29        | 3.9        |
| 21 - 30      | 493       | 66.9       |
| 31 - 40      | 144       | 19.5       |
| 41 and above | 71        | 9.6        |
| Total        | 737       | 100        |

Table one above shows that 29 (3.9%) respondents were in age range 15-20, 493 (66.9%) were in age range 21-30, 144 (19.5%) were in age range 31-40 while 71 representing 9.6% of the respondents were in age range 41 and above.

Table 2: Distribution of respondents according to number of children

| Number of Children | Frequency | Percentage |
|--------------------|-----------|------------|
| 1 - 2              | 313       | 42.5       |
| 3 - 4              | 367       | 49.8       |
| 5 and Above        | 57        | 7.7        |

The table two above revealed that 313 (42.5) respondents gave birth to between 1 to 2 children, 367 (49.8%) respondents were mothers to 3 to 4 children while 57 (7.7%) were number of mothers who gave birth to 5 children and above.

### Hypothesis One

There is no significant joint contribution of socio-cultural variables (Education, spouse attitude, occupation, dressing and culture) to exclusive breastfeeding among nursing mothers attending health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

Table 3: Multiple Regression showing composite contributions of socio-cultural variables to exclusive breastfeeding

$$R = .292$$

$$R^2 = .085$$

$$\text{Adj. } R^2 = .079$$

## ANOVA

| Model      | Sum of Square | Df  | Mean Square | F      | Sign. |
|------------|---------------|-----|-------------|--------|-------|
| Regression | 2690.922      | 5   | 538.184     |        |       |
| Residual   | 28832.942     | 731 | 39.443      | 13.645 | .000  |
| Total      | 31523.864     | 736 |             |        |       |

The result on table three shows that there was significant contribution of independent variables to exclusive breastfeeding ( $R = 0.292$ ,  $P < .05$ ). The table further shows that 7.9% ( $Adj R^2 = .079$ ) variance in the perception of the nursing mothers, exclusive breastfeeding was determined by socio-cultural factors. The result of Analysis of Variance (ANOVA) from regression analysis also shows joint contribution of independent variables to exclusive breastfeeding ( $F_{(5,731)} = 13.645$ ,  $P < .05$ ). This implies that the independent variables observed actually predicted exclusive breastfeeding. The unexplained variance or chance factors were taken as variables that were not within the scope of this research.

### Hypothesis Two

There is no significant relative contribution of socio-cultural variables (education, spouse attitude, occupation, dressing and culture) to exclusive breastfeeding among nursing mothers attending health facilities in Akinyele Local Government Area of Oyo State, Nigeria.

**Table 4: Multiple regression showing the relative contribution of socio-cultural variables to exclusive breastfeeding**

| Model           |        | Std. Error | Beta  | T      | Sign. |
|-----------------|--------|------------|-------|--------|-------|
| Constant        | 12.851 | 1.107      |       | 11.614 | .000  |
| Education       | .317   | .069       | .196  | 4.602  | .000  |
| Spouse attitude | -1.140 | .111       | -.065 | -1.259 | .208  |
| Occupation      | .237   | .073       | .158  | 3.525  | .001  |
| Dressing        | .101   | .104       | .056  | .977   | .329  |
| Culture         | -.008  | .076       | -.005 | -.111  | .911  |

The above table revealed the relative contributions of education ( $B = .196$ ,  $p < 0.05$ ); spouse attitude ( $B = -.065$ ,  $p > 0.05$ ); occupation ( $B = .158$ ,  $p < 0.05$ ), dressing ( $B = .056$ ;  $p > 0.05$ ) and culture ( $B = -.005$ ;  $p > 0.05$ ). The implication is that education and occupation significantly contributed while the contributions of spouse attitude, dressing and culture were not significant. Only education and occupation significantly contributed to exclusive breastfeeding among the nursing mothers.

## Discussion of the Findings

This study investigated socio-cultural factors as predictor of exclusive breastfeeding among nursing mothers attending health facilities in Akinyele Local Government Area of Oyo State, Nigeria. The study provided the details of demographic characteristics of the nursing mothers. It was found that some mothers started giving birth to children as early as age 15. Also, mothers aged between 31 and 40 have the highest number of children.

It was revealed in this study that indices of socio-cultural factors (level of education, spouse attitude, occupation, dressing and culture) when taken together contributed to exclusive breastfeeding. In this study educational attainment individually contributed to exclusive breastfeeding among the mothers. This is not a surprise because educational attainment to a greater extent influence choices including decision to breastfeed babies exclusively. This result is in agreement with the finding of DeOliveria, Camacho and Tedstone (2001) that education and support from a healthcare providers improved exclusive breastfeeding.

In this study spouse attitude did not contribute significantly to exclusive breastfeeding. However, occupation significantly contributed to exclusive breastfeeding. This result corroborated that of El-Gilany, Shady and Helal (2011) which identified work demand as the reason why women generally either stop breastfeeding early or do not breastfeed babies at all. Dressing did not contribute significantly to exclusive breastfeeding. A woman who has determined to exclusively breastfeed her baby would always endeavour to wear dress that will make breastfeeding convenient. She can always ignore negative reactions of some people to the sight of breastfeeding in the public. Also, culture did not contribute to exclusive breastfeeding significantly. Samega-Janney, Behler, Holm, Matheson and Holmboe-Ottasen (2001) attributed low proportion of exclusive breastfeeding in a study to cultural belief and misconceptions held about the practice. Increased level of educational attainment and massive health education in prints and electronic media could be responsible for the weakened effect of culture on exclusive breastfeeding recorded in this study.

## Conclusion

The exclusive breastfeeding practice is still low as it is greatly affected by certain personal factors. Most mothers stopped breastfeeding their babies abruptly giving poor reasons. Low level of educational attainment as well as occupation affected breastfeeding. The employed nursing mother faced a lot of challenges as a result of pressure from high office demands which prevent

them from feeding their babies on demand. Exclusive breastfeeding has nutrition and immunology effect; therefore its practice must be encouraged.

### Recommendation

Based on the findings of this study, the following recommendations are made:

1. Infant feeding education should be organized for mothers. They should be encouraged to attend postnatal clinic very early in order to curb initiation of any inappropriate infant feeding pattern.
2. Adult literacy programme in which health education will feature prominently should be organized for mothers with low level of formal education.
3. Health workers should not only target the nursing mothers as the sole recipient of infant feeding education, but also the general public, since anyone could be a reference point or a significant other for a lactating mother.
4. Work policy that will protect women from persecution or harassment for breastfeeding baby at workplace should be put in place. Also, nursery facilities and secured place where nursing mothers can express or store breast milk at work place should be provided.

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