



Demographic Determinants to the Practice of Exclusive Breastfeeding among Women of Child Bearing Age in Etche Local Government Area of Rivers State

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ABSTRACT

This study investigated the challenges to the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State. The descriptive cross-sectional survey design was adopted for the study. The population of the study consists of all women of child bearing age in Etche Local Government Area. A multi stage simple random sampling technique was used to select four hundred and twenty five participants for the study. Data was collected using a structured questionnaire and analysed using simple percentage, mean and standard deviation, ANOVA at 0.05 alpha level of significance. The finding of this study shows a significant relationship at $p > 0.05$ level $F(2,378) = 3.930$, $p = 0.061$ in the occupation and socio-cultural status of mothers and the practice of exclusive breastfeeding. There was no statistically significant relationship at $p < 0.013$ for marital status $F(6,394) = 1.820$, $p = 0.013$. In conclusion, occupation and socio-cultural practices influence exclusive breastfeeding among women of child bearing age. It was recommended among others that, government through the different health facilities should make substantial improvements in the postnatal care of mothers exposed to low socio-economic status. Such improvement should include better allocations and prioritization of resources to meet the needs of the more vulnerable mothers and infants.

Introduction

One of the characteristics of living thing is nutrition. Every living thing needs food for survival. Some foods are natural while some foods are processed. Breast milk is one of the natural food for infants. Breastfeeding a child has different patterns, some mothers breast feed by adding other foods while some breast feed with breast milk alone. Exclusive breastfeeding is feeding infants with breast milk alone, either directly from breast or expressed. According to World Health Organization (WHO 2004) exclusive breastfeeding is when an infant receives no food or drink or even water besides breast milk, either expressed or through feeding for the first six months of life.

Exclusive breastfeeding is important because it has several health benefits for both the mother and the baby. But despite its numerous benefits, efforts made to promote its practice have yielded less result. According to Gupta and Arora (2007) Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. It has been shown in the review of recent studies that exclusive breastfeeding for 6 months is the optimal way of feeding infants. This demands that infants should receive other food such as cereals, fruit juice, vegetable soup, mashed banana, mashed and boiled yam and water with continual breastfeeding up to 2 years of age or beyond. The World Health Organization (WHO, 2001) and the American Academy of Paediatrics (AAP, 2010) emphasized the value of breastfeeding for mothers as well as children. Both recommended exclusive breastfeeding for the first six month of life and then, supplement with breastfeeding for at least one or two years or more to improve the growth, health and survival status of new-borns. Similarly, World Health Organization (WHO) and United Nation International Children Education Fund (UNICEF, 1992) launched the Baby Friendly Hospital initiative in 1992 to strengthen maternity practices to support breastfeeding. The BFHI has been implemented in about 16,000 hospitals in 171 countries and it has contributed improving the establishment of exclusive breastfeeding worldwide. The Nigerian Government established the Baby Friendly Hospital Initiative (BFHI) in Benin, Enugu, Maiduguri, Lagos, Jos and Port Harcourt with the aim of providing mothers and their infants a supportive environment for breastfeeding and to promote appropriate breastfeeding practices, thus helping to reduce infant morbidity and mortality rates. Despite these efforts, child and infant mortality continue to be major health issues affecting Nigeria. The infant mortality rate for the most recent five-year period (1999 – 2003) is about 100 deaths per 1,000 live births. EBF rates in Nigeria continue to fall well below the WHO/UNICEF recommendation of 90% EBF in children less than 6 months (WHO, 2009). Despite the benefits of exclusive breastfeeding mentioned, effort made to promote EBF have yield less results. This

may be due to the challenges mother encounter when breastfeeding. The challenges to the practice of exclusive breastfeeding occur at the maternal, infant, family, health care system, and at community and national level.

Exclusive breastfeeding has dramatically reduced infant deaths in developing countries by reducing diarrhea and infectious diseases. It has also been shown to reduce HIV transmission from mother to child, compared to mix feeding. Exclusively breast fed infants feed from 6 – 14 times a day. New born babies consume from 30 to 90 ML (1 to 3 us fluid ounces) per feed. After the age of four weeks, babies consume about 129ML (4 us fluid ounces) per feed. All babies are not the same, as they grow the amount of feeds increases. It is important to recognize the baby's hunger sign's. It has been observed that breastfeeding contributes to the health and well-being of mothers, it helps to space Children, reduces the risk of ovarian cancer and breast cancer increases family and national resources, it's a secured feeding and is safe for the environment. According to Osman, Elzein and Wick (2009) breastfeeding in the first four months of life varies from 1 to 90% depending on where the baby is born. Breastfeeding has different meanings and level of acceptance in different cultures, therefore, it is essential that providers explore the specific breastfeeding concerns of the individuals when they are working all women have the right to obtain information about the benefits of breastfeeding so that they are able to make informed decisions. Breastfeeding enhances the significant relationship between a mother and her infant by improving bonding. For example, skin-to-skin contact during breastfeeding has been shown to improve the infants' vital signs especially immediately after birth. Indeed, it is theorized by American Academy of Paediatrics that many of the identified health benefits of breastfeeding may be related to only the composition of human milk but also to the close contact between the mother and her infant during feeding. The Myriad of benefits of breastfeeding are documented extensively in the literature, and new benefits continue to be identified. Emerging research also indicates stronger associations between longer duration of exclusive breastfeeding and enhanced maternal and infant benefits. American Academy of Paediatrics AAP 2012; IP Chung, Raman, Trikalinos, & Lau 2009).The current study aimed at assessing the influence of socio-economic status, occupation, level of education, marital status, cultural and influence of ill-health to the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Statement of Problem

Exclusive breastfeeding for both mother and child has many benefits and it is universally accepted, despite all the efforts made to promote Exclusive breastfeeding has yielded less result. The women of child bearing age in Etche Local Government Area of Rivers State find it difficult to practice exclusive breastfeeding, even if they practice; it is not practice adequately, because they believe that breast milk is not food and cannot satisfy their baby adequately. Hence, they introduce water during breastfeeding, give formula, fed with feeding bottle, and also give cereals early. This therefore, resulted in poor growth, acute respiratory infections and diarrheal diseases, sudden infant death and high mortality rate.

By and large, in the study area, the act of fake feeding of newborn child has turned out to be predominant. Over the long haul, this influence the general public for the most part, since when newborn children who were not only bosom bolstered grow up, the nature of human capital accessible at the transfer of the general public is loaded with people with frail identity and intermittent wellbeing challenges. Etche has a rising instances of lack of healthy sustenance, nutrient An insufficiency, tenacious looseness of the bowels, milk narrow mindedness, this has turned into a noteworthy concern and calls for pressing strides to alter the course. From the fore goings, obviously, the researchers deem it necessary to investigate demographic determinants to the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Purpose of the study

The aim of this study is to examine the demographic determinants to the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State. Specifically the objectives of the study include the following.

To find out if occupation of women of child bearing age has influence on exclusive breastfeeding in Etche LGA of Rivers State.

To find out if marital status of women of child bearing age has influence on exclusive breastfeeding in Etche LGA of Rivers State.

To determine if socio-cultural status of women of child bearing age has influence on exclusive breastfeeding in Etche LGA of Rivers State.

Research Questions

1. What influence has occupation on exclusive breastfeeding among women of child bearing age in Etche LGA of Rivers State?
 2. What influence has marital status on exclusive breastfeeding among women of child bearing age in Etche LGA of Rivers State?
 3. What influence has socio-cultural status of women of child bearing age has on exclusive breastfeeding in Etche LGA of Rivers State?
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Hypotheses

1. There is no significant relationship between occupation and practice of exclusive breastfeeding among women of child bearing age.
 2. There is no significant relationship between marital status and practice of exclusive breastfeeding among women of child bearing age.
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Methodology

Research Design

This study made use of descriptive cross-sectional survey. Survey research design is considered necessary for this research because it seeks to obtain data

on the challenges to practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Population for Study

The population of the study consists of all women of child bearing age in Etche Local Government Area of Rivers State.

Sample and Sampling Techniques

A multi-stage sampling technique was adopted for the study to select four hundred and twenty five women of child bearing age. These women took part in the study as they had neonates, infants/children between the ages of 0 – 6months and 24months.

Instrument for Data Collection

The research instrument used for data collection was Self-Structured questionnaire titled demographic determinants to the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area.

Reliability of instrument

The test-retest was used to establish the reliability of the measuring instrument. Forty (45) copies of the validation questionnaire was tested in Omuma Local Government Area which is homogenous to the main study Area. These pilot tested questionnaires were subjected to a reliability test using the Cronbach alpha statistics for testing the internal consistency of an instrument. A reliability co-efficient of 0.72 was obtained. This is to ensure the consistency of the instrument for data collection.

Methods of Data Analysis

The analysis of data was done using descriptive statistics such as simple percentage and frequencies, Analysis of variance (ANOVA) at 0.05 alpha level.

Result

Research question 1: Does occupation of mothers influence the practice of exclusive breastfeeding among women of child bearing age?

Table 1: Occupation and the practice of exclusive breastfeeding among women of child bearing age

Occupation	Practice of Exclusive Breastfeeding		Total
	Yes F(%)	No F(%)	
Farming	73(19.9)	65(17.8)	138(37.7)
Civil servant	64(17.5)	37(10.1)	101(27.6)
Self-employed	55(15.0)	39(10.6)	94(25.7)
Fishing	11(3.0)	22(6.0)	33(9.0)
Total	203(55.5)	163(44.5)	366(100)

Table 1 showed that among those who practice exclusive breastfeeding, 73(19.9%) were farmers, 64(17.5%) were civil servants, 55(15.0%) were self-employed, while 11(3.0%) were fishermen.

Research question 2: Does marital status of mothers influence the practice of exclusive breastfeeding among women of child bearing age?

Table 2: Marital status and the practice of exclusive breastfeeding among women of child bearing age

Marital status	Practice of exclusive Breastfeeding		Total
	Yes F(%)	No F(%)	
Married	134(33.5)	103(25.8)	237(59.2)
Single	47(11.8)	55(13.8)	102(25.5)
Divorced	21(5.2)	26(6.5)	47(11.8)
Widowed	8(2.0)	6(1.5)	14(3.5)
Total	210(52.5)	190(47.5)	400(100)

Table 2 showed that among those who practice exclusive breastfeeding, 134(33.5%) were married, 47(11.8%) were singles, 21(5.2%) were divorced while 8(2.0%) were widowed.

Research question 3: Does socio-cultural status of mothers influence the practice of exclusive breastfeeding among women of child bearing age?

Table 3: Influence of socio-cultural status on the practice of exclusive breastfeeding among women of child bearing age

SN	Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean	S.D
1	My family do not have interest in breastfeeding exclusively	26(6.4)	33(8.2)	145(36.2)	197(49.2)	3.4	0.7
2	People's belief towards breastfeeding affect the practice of exclusive breastfeeding	146(36.5)	162(40.5)	51(12.7)	41(10.3)	2.3	1.0
3	exclusive breastfeeding is against the norms of my community	17(4.3)	48(12.0)	189(47.2)	146(36.5)	1.6	1.0
4	Babies are not allowed to be breastfed exclusively in my community	31(7.8)	38(9.5)	158(39.5)	173(43.2)	3.0	0.6
Grand mean						2.6	0.8

Table 3 showed that the grand mean = 2.6. The result showed that the grand mean (2.6) is greater than the criterion mean = 2.5. This showed that socio-cultural status influences the practice of exclusive breastfeeding.

Hypothesis 1

There is no significant relationship between mothers' occupation and the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Table 4: One-Way ANOVA of Occupation and exclusive breastfeeding

Source	SS	Df	MSS	F-cal	P-value	Decision
Between groups	44.645	2	22.322	3.930	0.061	Rejected
Within groups	1596.155	378	5.680			
Total	1640.799	380				

*Significant

Table 4 shows One-Way ANOVA on occupation and exclusive breastfeeding. The finding of this study shows a significant relationship at $p > 0.05$ level $F(2,378) = 3.930$, $p = 0.061$ in the occupation of mothers and the practice of exclusive breastfeeding. The null hypothesis which states that there is no significant relationship between occupation and exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State is rejected.

Hypothesis 2

There is no significant relationship between marital status and the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Table 5: ANOVA results showing the significant relationship between marital status and the practice of exclusive breastfeeding

Sources of variance	Sum of squares	Df	Mean sum of squares	F-value	P-value	Decision
Between group	48.523	6	8.087	1.820	0.013	Accepted
Within group	2631.053	394	4.444			
Total	2679.576	400				

*Not significant

A one way between group analysis of variance was conducted to explore the relationship between marital status and the practice of exclusive breastfeeding. Respondents were in 4 categories of marital status. There was no statistically significant relationship at $p < 0.013$ for marital status $F(6,394) = 1.820$, $p = 0.013$. The null hypothesis was therefore accepted as the findings of the study showed there is no significant relationship between marital status and the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State.

Discussion of findings

The finding of this study showed that among those who practice exclusive breastfeeding, 73(19.9%) were farmers, 64(17.5%) were civil servants, 55(15.0%) were self-employed, while 11(3.0%) were fishers. However, the tested hypothesis showed a significant relationship between occupation and the practice of exclusive breastfeeding among women ($F(2,378) = 3.930, p = 0.061$). The finding of this study is in keeping with that of Ella et al (2016) who showed that low level of practice of exclusive breastfeeding was found and this was attributed to the jobs of the mother. The finding of this study is also similar to the result of Neji et al (2015) which showed that 53% of the respondents were unable to breast feed their children exclusively due to mother's occupation. The elaborate numbers of hours spent in the work place by breastfeeding mothers might be implicated for these findings. There is the possibility that breastfeeding mothers wake very early in the morning and go to work and then, return late at night when probably their babies must have eaten other food and slept hence, this affect the breastfeeding of the baby.

The finding of this study also showed that among those who practice exclusive breastfeeding, 134(33.5%) were married, 47(11.8%) were singles, 21(5.2%) were divorced while 8(2.0%) were widowed. However, the tested hypothesis on this showed that there was no statistically significant relationship between marital status and exclusive breastfeeding ($F(6,394) = 1.820, p = 0.013$). The null hypothesis was therefore accepted as the findings of the study showed there is no significant relationship between marital status and the practice of exclusive breastfeeding among women of child bearing age in Etche Local Government Area of Rivers State. The finding of this study is at variance with that of Neji et al (2015) who noted marital status as one of the contributing variable that can influence the practice of exclusive breastfeeding. Also against the findings is studies by Ella et al (2016) which recorded that 62 (16.94%) cited marital problem as the factor hindering their practice of exclusive breastfeeding in Cross River State. Similarly, Ekanem, Ekanem, Asuquo and Eyo (2012) in Calabar municipality also recorded that married women were observed to have the highest EBF than singles and divorced mothers. Also studies by Ajibade, Okunlade, Makinde, Amoo and Adeyemo (2013) also recorded that married mothers who are living with their husbands practice EBF more than single in Osun State.

The finding of this study indicated that socio-cultural status influences the practice of exclusive breastfeeding (Mean = 2.6, criterion mean = 2.5). The finding of this study on this corroborates that of Ajibade et al (2013) where it was noted that rural women practice traditional method of breastfeeding which is not baby friendly. Similarly, Kimani-Murage, Wekesah, Wanjohi, Kyobutungi, Ezeh, Musoke, Morris, Madise and Griffiths (2015) also reported that socio-cultural factors is perceived to influence breastfeeding behaviour of urban poor mothers in Nairobi. The findings are also in keeping with that of Frota, Mamede, Vieira, Albuquerque and Martins in Brazil (2009) where it was recorded that social and cultural factors were difficulties faced by mothers in Brazil to carry out exclusive breastfeeding. In the same vain Kakute and Meyer (2005) also recorded that cultural factors influences mothers decision to mix feed their babies.

Conclusion

Based on the data and the findings, it was concluded that marital status, occupation and socio-cultural practices influences exclusive breastfeeding among women of child bearing age.

Recommendations

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

1. The United Nations Children Education Fund (UNICEF) should embark on community based interventions through proper counseling by health workers to clear every misconception about exclusive breastfeeding arising from cultural practices which influences exclusive breastfeeding.
2. Government and the ministry of labour should extend maternity leave to at least six months for working mothers.
3. Federal and State ministry of works and other employers of labour should make provision for crèches or day care centres in the ministries, parastatals and other working places where working mothers can breast feed their babies at work.

REFERENCES

- Ajibade, B. L., Okunlade, J. O., Makinde, O. Y., Amoo, P. O. & Adeyemo M. O. A. (2013). Factors influencing the practice of exclusive breastfeeding in rural communities of Osun State Nigeria: *European Journal of Business & Management*.
- American Academy of Paediatrics (2010). Breastfeeding and the use of human milk. *Paediatrics* 129(3) 827-841).
- Ekanem. I. A, Ekanem, A. P, Asuquo, A, & Eyo V. O. (2012). Attitude of working mothers to exclusive breastfeeding in Calabar Municipality, Cross River State, Nigeria. *Journal of Food Research*.
- Ella, R. E., Ndep, A. O., & Akpan, M. I. (2016). Factors affecting exclusive breastfeeding practices in rural communities of Cross River State, Nigeria. *International Journal of Humanities Social Science and Education (IJHSSE)* 3(4), 101 – 110.

- Frota, M. A., Mamede, A. L. S., Viera, L. J. E. S., Albuquerque, C. M., & Martins, M. C (2009). Feeding practices, healthcare and kinship during the first year of life. Brasil
- Gupta A, & Arora .V. (2007). The State of World's Breastfeeding Tracking Implementation of the Global Strategy for Infant and Young Child Feeding International Baby Food Action Network (IBFAN), Asia Pacific, South Asia report.
- Ibe, S. N. O., Obasi, O., Nwoke, E. A., Nwufo, C. R., Ebirim, C. I. C., Osuala, E. O., Amadi, C. O, &Ezewuba, C. O. (2017). Cultural practices on infant feeding and nursing – mothers' adoption on exclusive breastfeeding practice in Imo State, Nigeria. *Moj Public Health* Vol. 5, issue 5 2017.
- IP, 5, Chung. M. Raman. G, Chew. P, Magula. M, Devine, D, Trikalinos, T, & Lau. J. (2007). Breastfeeding and Maternal and Infant health outcomes in developed Countries. Rockville, MD; US Department of Health and Human Services.
- Kakute, P. & Meyer, D. J. (2005). Cultural barriers to exclusive breastfeeding by mothers in a rural of Cameroon, Africa.
- Kumani-Murage, E. W., Wekesah, F., Wanjohi, et al (2015). Factors affecting actualization of the WHO breastfeeding recommendations in urban poor setting Kenya. Vol. 11, Issue 3 pp. 314 – 332.
- Neji, O. I., Nkemdilim, C. C., & Ferdinand, N. F (2015). Factors influencing the practice of exclusive breastfeeding among mothers in tertiary health facility in Calabar, Cross River State, Nigeria. *American Journal of Nursing Science 4(1): 16 – 21.*
- Osman, H., Elzein& Wick (2009). Cultural beliefs that may discourage breastfeeding among women: a qualitative analysis. *International Breastfeeding Journal.*
- UNICEF, (1992). Take the baby friendly initiative. Retrieved www.unicef.com. 2017/31/10
- World Health Organization (2009). Infant and young child feeding model chapter for textbooks for medical students and allied health professionals.
- World Health Organization, (2004). Promoting proper feeding for infants and young children. Geneva. <http://www.who.int/nutrition/topics/infantfeeding/ent>.
- World Health Organization, Fifty-four World Health Assembly (2001). Global strategy for infant and young child feeding. The optimal duration of exclusive breastfeeding. Geneva, Switzerland: World Health Organization.