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INFLUENCE OF SOCIO-ECONOMIC VARIABLES ON THE PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS IN OBUDU LOCAL GOVERNMENT AREA.

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Abstract

Background: Exclusive breastfeeding (EBF) is a critical component of infant health, providing numerous benefits such as infection prevention and improved survival rates. Despite its proven advantages, EBF rates remain low in many developing countries, including Nigeria. This study aimed to identify factors influencing EBF practices among mothers in Obudu Local Government Area, Cross River State, Nigeria.

Method: A sample of 100 women of childbearing age was surveyed using questionnaires, and data were analyzed to determine demographic characteristics and perceptions regarding EBF.

Result: Results indicated that maternal literacy, workplace environment, and economic factors influences EBF practices.

Conclusion: Recommendations based on primary and secondary data include promoting early initiation of breastfeeding, providing postnatal support, intensifying health education, banning infant formula importation, and organizing awareness campaigns. Despite limitations such as financial constraints and small sample size, this research provides valuable insights for future studies exploring the impact of EBF on child development and strategies to enhance breastfeeding practices.

INTRODUCTION

Breast milk is the safest and most natural food for infants¹. When the baby is fed on breast milk only, it is called exclusive breast feeding (EBF) (world health organization (WHO)⁴. According to (WHO)², "EBF" is the provision of no other food or drink, not even water, except

breast milk for at least six months of life, apart from drops or syrups consisting of vitamins, minerals supplements or medicine, and nothing else⁴. Exclusive breastfeeding when practiced for the first 6months has shown to improve the survival chances of newborn². It is cost effective, natural and a proven means for infection prevention in infant³. Its role is



crucial and influences the health, growth and development of infants, and is associated with a reduced incidence of early life diseases and condition⁴.

Prior to 2001, the recommended period for EBF by the WHO was 4-6 months after which any fluid or food other than breast milk may be introduced⁵. However, following series of findings review and consultation, the recommendation for exclusive breastfeeding was encouraged to be for the first 6 months of life^{6,7}. Findings from the review of Fewtrell et. al.,⁵ clearly demonstrated that infants in the second category (exclusive breast feeding for 6months) were less susceptible and had fewer cases of gastrointestinal infection and normal growth compared to the infants who had exclusive breastfeeding for 3-4 months. Ladomenu et. al.⁸ agrees that nursing mothers that breast fed their babies exclusively as recommended by WHO had fewer cases of infections than those infants that were either partially or not breastfeed. American Academy of Pediatric (AAP)⁹ emphasized that breast-feeding provides an infant complete nutritional needs, protection from infectious disease, increases their physical and mental growth; and develop parent and equally benefit maternal health by reducing the risk of hemorrhage, osteoporosis, ovarian, uterine and breast cancer. It is recommended that exclusive breast feeding last for the six months of life and then followed by supplemented breast-feeding for at least one year (AAP)⁹. While WHO recommended that supplemented breastfeeding be continued up to two years or more².

Globally only 38 percent of infants are exclusively breast fed during the first four months of life and complimentary feeding practice are often ill timed, inappropriate and unsafe³. In developed countries where the baby friendly-

Hospital-Initiative has begun in earnest, exclusive breastfeeding rate are increasing such as Canada, China and U.S.A³.

Despite the huge benefits of exclusive breast feeding and ill-effects of not exclusively breastfeeding (EBF) is not extensively adopted and practices in the developing countries¹⁰. In Nigeria, exclusive breastfeeding adoption and practice is still below the recommended WHO and UNICEF standard of 90 percent in children below the age of 6 months¹¹. Kayode, Oyedeji, & Alabi¹² conducted a study in Lagos state and found out that non acceptance and practice of exclusive breast feeding was associated with socio-demographic factors. Similarly, the present study focuses on those factors which may directly or indirectly place nursing mothers in the current study area (Obudu local government area), in the likelihood of not adopting and practicing exclusive breastfeeding. Some of the major factors that affect exclusivity and duration of breastfeeding include breast problems such as sore nipples or mother perception that she is producing inadequate milk, Societal barrier such as employment and length of maternity leave, inadequate breastfeeding knowledge, lack of families and societal support, lack of guidance and encouragement from health when breast milk or infant formula no longer supplies required energy and nutrients to sustain normal growth and development^{13,14}. These factors in turn promote the early use of breast milk substitute. When breast milk or infant formula no longer supplies infant with required energy and nutrients to sustain normal growth and optimal health and development, complementary feeding should be introduced according to the (WHO) recommendation the appropriate age at which solids should be introduced is around 6month owing to the immaturity of the gastrointestinal tract and the renal system as well as on the neurophysiologic status of the infants. Understanding the



factors affecting infant nutrition in Nigeria can help in developing strategies to promote breast feeding and overcoming problems faced by mothers and children.

Predictors of breast feeding and weaning practices vary between and within countries. Urban or rural difference, age, breast problems, good breastfeeding practice, mode of delivery, healing system practices and community beliefs have all been found to influence breast feeding in different areas of developing countries. This present study seeks to determine infant feeding pattern and its predictors among Nigerians mothers.

METHODS

Study Area: The study area, Obudu local government area in Cross River State, Nigeria, is characterized by its geographical and cultural diversity. It comprises two constituencies, each with five wards, and is known for its tourist attractions such as the Obudu Mountain Resort and Cattle Ranch. The population primarily practices Christianity, with some adherence to traditional beliefs. Governance follows a decentralized system, with decision-making involving village units, age grades, and community leaders. The local economy relies on agriculture, trading, and civil service employment. Educational and healthcare institutions are present, with efforts to integrate traditional healing practices into primary healthcare. The climate is characterized by distinct wet and dry seasons, with temperatures ranging from warm to hot throughout the year. The population of Obudu Local Government Area of Cross River State as of National Population Census Commission¹⁵ Obudu as a whole had the total population of One Hundred and Sixty One Thousand Four Hundred and Fifty Seven (161,457) making Obudu population density and the estimated population of women was thirty

nine thousand Nine Hundred and Sixty Women (39960) approximately.

Population of the study: The population for this study comprise of women of child bearing Age (15-45 year) in Obudu Local Government Area of Cross River State up to 1000 people. Five (5) wards where randomly selected out the ten (10) wards in Obudu which include: Alege/Ubang, Utugwang South, Ipong, Utugwang Central and Obudu Urban

Sample and sampling techniques: The sample frame consist of the cluster sampling of 10 wards/units making up Obudu Local Government Area the researcher selected five (5) unit out of the ten (10) units which becomes the representative sample for study. The researcher determined the sample size by using the Slovin's formula. Using simple random sampling of balloting without replacement method, the researcher selected 20 respondents from each of the five (5) selected cluster areas to made up the sample size of 100 respondents(50% of the calculated sample size).

Inclusion and exclusion criteria: inclusion criteria are women of child bearing age which practiced exclusive Breast feeding; whose ages were between 15-45 years within five (5) selected wards in Obudu Local Government Area of Cross River State. Women who do not meet this criteria were excluded from the study.

Data Collection Instrument: To elicit and extract a relevant information for this study, the researcher used questionnaires as the primary source of information. The questionnaires were developed by the researcher and made up of open-ended questions and it was divided into three parts: Part 1 collected Informed consent, Part 2; Background information and Part 3 consisted of the main questions. The



researcher used the likert response scale to categories her data in the ranking order, interview were conducted by the researcher.

Validity of the instrument: The questionnaire that was constructed by the researcher and approved by the project supervisor who confirmed that the items were valid for the purpose of the study.

Reliability of the instrument: The reliability test was done using test-retest method. Here the researcher gave 20 questionnaires to health providers in Obudu PHC who were part of the study and collected. Thereafter the similar set of the Questionnaire were administered to the same respondents and retrieved after one week as the two test was correlated using Pearson Product moment Co-efficient Statistic.

Method of data collection: The researcher administered 100 Questionnaire to respondents in order to get their responses for the purpose of this study. To make sure the questionnaire were filled correctly the researcher made thorough explanation to the respondents about the purpose of this study and how they should fill the questionnaires.

Coding and scoring of the instrument: The researcher used simple percentage mean score to score the questionnaires according to research questions given under the study. Therefore the means score used were calculated using the formular:

$$\text{Mean X} = \frac{\sum X}{N}$$

Method of data analysis: The data collected were analyzed using percentages and presented on table for precise determination of individuals variables.

RESULT

Table 1, which describes the demographic profile of the respondents show that 39% were 15-20 years, 38% were 21-30 years 16% were 31-40 and the remaining 7% of respondent were 41-45 years and above. 50% were farmers, traders were 15%, tailors were 15%, civil servants 10% and salonists were 10%. 15% of the respondents were single, 60% were married, 15% were divorced and 10% were widows. 10% of the respondents completer primary school, 42% of the respondents completed SSCE, 39% represent 39% are NCE/ND 8 respondent representing 8% are HND/BSC while 1 respondent representing 1% are of other certifications. 81 respondents representing 81% Christian, 12 respondents representing 12% are Muslims, 7 respondents representing 7% are traditional religion.

Table 1: Demographic profile of respondents

variables	Frequency	Percentage (%)
Age		
15-20	39	39%
21-30	38	38%
31-40		
41-45	16	16%
Total	7	7%
	100	100%
Occupation		
Farmers	50	50%



Traders	15	15%
Tailors	15	15%
Civil servants	10	10%
Saloonists	10	10%
Total	100	100%
Marital status		
Single	15	15%
Married	60	60%
Divorced	15	15%
widowed	10	10%
Total	100	100%
Educational qualification		
FSLC	10	10%
SSCE	42	42%
NCE/ND	39	39%
HND/BSC	8	8%
Others	1	1%
Total	100	100%
Religion		
Christianity	81	81%
Islam	12	12%
Traditional	7	7%
Total	100	100%

Result in table 2 revealed that majority of the nursing mothers are aware of the practice of Exclusive breast feeding. Out of 100 respondents, 40 strongly agree on the level of literacy of the nursing mothers towards Exclusive breast feeding, 30 agree, 10 disagree and 20 strongly disagree to the fact.

Table 2: Level of illiteracy of nursing mother on the practice of exclusive breast feeding

QUESTION	SA	A	D	SD	Total
Does the level of illiteracy of nursing mother affect the practice of exclusive breast feeding?	40	30	15	15	100
Percentage	40%	30%	10%	20%	100%

In table 3 below, it revealed that out of 100 respondents, 35 strongly agree to the fact that nature of works of mother affect the practice of exclusive breast feeding, 20 Agree, 20 Disagree and 25 strongly disagree to the fact.

Table 3: Nature of work affect the practice of Exclusive breast feeding

QUESTION	SA	A	D	SD	TOTAL
Does the nature of works of Mothers affect the practice					



Of exclusive breast feeding?	35	20	20	25	100	
Average:		35%	20%	20%	25%	100

In the below table, it shows that out of 100 respondents' 45 (45%) strongly agreed, 20 (20%) strongly disagreed and 20 (20%) disagreed to the fact.

Table 4: Socio-Economic factors affecting the practice of Exclusive breast feeding

Items	SA	A	D	SD	Total
Does Socio-Economic Factors Affect the practice of exclusive Breast feeding?	45	15	20	20	100
Average:	45%	15%	20%	20%	100%

Discussion

This study revealed that the illiteracy of mothers affect exclusive breast feeding. This is highlighted in table 2 which show 40 (40%) respondents strongly agreed to this. This result is in alignment with Valero-Chilleron et. al.,¹⁶ which had approximately half the participants (343 women) of low or inadequate health literacy level. It inferred that health literacy levels are closely related to maintaining exclusive breastfeeding and act as a protective factor against early cessation.

According to results on table 3, as 35% strongly agreed out of 100 respondent. This resonates with Abekah-Nkrumah et. al.,¹⁷ which emphasized on influence of workplace factors on working mothers' decision to exclusively breastfeed their babies.

Table 4, it shows that economic factor affect the practice of exclusive breast feeding as 45% of respondent strongly agreed to this. This correlates with Jebena and Tenagashaw¹⁸ which shows that economic factor is significantly associated factors of exclusive breastfeeding.

Conclusion

The findings of this study shed light on the various factors influencing exclusive breastfeeding practices among mothers. It is evident that maternal literacy, workplace environment, and economic factors all play significant roles in shaping mothers' decisions regarding exclusive breastfeeding. Addressing the multifaceted challenges associated with exclusive breastfeeding requires a comprehensive approach that encompasses educational, workplace, and economic interventions. By addressing these factors, healthcare providers, policymakers, and communities can collectively promote and support exclusive breastfeeding, thereby contributing to the health and well-being of both mothers and infants.

Limitation of the Study

The major limitations of this research work was financial constraints, Lack of previous research studies on the topic was a delicate and cumbersome hindrance to the researcher and time constraint. In addition, small sample size, issues with convincing potential respondents on privacy and confidentiality non disclosure; were limitations too.

Recommendation



Based on the finding of this study, the following recommendation were made based on primary and secondary data synthesis: Babies should be put to breast 30 minutes after delivery, Follow-up home visit should be done by health personnel after discharge from the hospital or health facility so as to support mothers to sustain exclusive breast feeding practice, Health education should be given to mothers during antenatal visit to clinic on good nutrition and how to care for their breast. So as to help prepare mother for a successful breast feeding, Public enlightenment campaigns in form of adverts, relieve, jingle, posters and hand bills should be intensified to promote the practice of exclusive breast feeding, Importation of infants formula or artificial milk for babies should be banned by the federal government so as to increase the price of local manufactured ones. This will discourage mothers, especially those of low income status from buying and breast feeding will be established. An award program to healthy babies who are

exclusive fed, like babies shows; may be carried out by voluntary and non-governmental organization to encourage mothers to breast feed exclusively. Exclusive breast feeding seminars and workshops should be organized regularly in other to create and increase awareness of the practice.

Suggestions for further research include: visiting schools to assess the level of intelligence in children who were exclusively breast fed; compared to those who were not exclusively breast fed, home visits to compare the rate of growth and development of children who were exclusively breast fed compared to those who were not, use of clinic cards/folders to assess the health status of exclusively breast fed children to those who were not: in terms of infant related illness. Plus, Study should be carried out on the impact of essential nutrients from breast milk on children mental development in school. There also should be further study on strategies to maximize breast milk production.

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