Factors affecting exclusive breastfeeding practice in rural communities of Cross River State, Nigeria

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Introduction

- Malnutrition and other related diseases account for over 50% of infant mortality in Nigeria.
- Promotion of exclusive breastfeeding is a proven intervention to build an infant’s immune system, reduce incidence and prevalence of preventable infections and diseases and ultimately reduce infant mortality.

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Extensive health education on exclusive breastfeeding during the first six months of an infant’s life have become standard practice at the health centers during pre- and post-natal visits.
Despite the promotion of exclusive breastfeeding, most mothers end up at the health centers and other health facilities with infants and children suffering from severe diarrhea and other malnutrition-related illnesses.
Objective

The general objective of this study is to determine the factors associated with exclusive breastfeeding in Kakwagom and Okundi communities in Boki Local Government Area of Cross River State, Nigeria.
Specific objectives

The specific objectives of this study are to:

- Assess level of knowledge on exclusive breastfeeding among mothers in Okundi and Kakwagom communities of Cross River State;
- Identify the source(s) of information on exclusive breastfeeding;
- Determine the rate of exclusive breastfeeding practice among mothers;
- Identify the perceived barriers to exclusive breastfeeding practice among mothers;
- Determine the relationship between mothers’ knowledge and perceptions and exclusive breastfeeding practice.
Cross River State, Nigeria

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Boki Local Government Area

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Hypothesis

Ho: there is no significant relationship between a mother’s knowledge level and exclusive breastfeeding practice in Okundi and Kakwagom communities of Cross River State, Nigeria
Methods

- An interviewer-administered questionnaire was distributed to a sample of three hundred and sixty-six (366) mothers selected through simple random sampling.

- The distribution of respondents were 50% from Okundi and 50% from Kakwagom.

- Data was analyzed using Statistical Packages for the Social Sciences (SPSS), version 20.0.

- Chi square ($x^2$) analysis was used to test relationship between mothers’ knowledge and exclusive breastfeeding practice.
Respondents’ socio-demographic characteristics

- Of the 366 respondents, 189 (51.64%) were between the ages of 31-40, while 71 (19.40%) were below 21.
- 303 (82.79) were married; 49 (13.38) were single.
- About 287 (78.42%) had secondary education, 56 (15.30%) had tertiary and only 23 (6.28%) had primary education.
- Majority of the respondents were farmers 102 (27.87) and 89 (24.32) were civil servants.

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Knowledge level of mothers on EBF

- About 84% of respondents had good knowledge of EBF
- For source of EBF information,
  - Antenatal clinics/health workers, 172 (47.00%)
  - Mass media, 51 (13.90%)
  - Friends, 25 (6.80%) 30 (8.20%) knew through relative
  - Multiple sources, 88 (24.00%)
Knowledge level of mothers on EBF

![Bar graph showing frequency of high and low level knowledge of mothers on EBF. The graph indicates that 306 mothers have high level knowledge and 60 have low level knowledge.]

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Mothers’ sources of knowledge about EBF

![Bar chart showing sources of knowledge]

- ANC/Health Worker(s): 172
- Mass Media: 51
- Friend(s)/Relative(s): 55
- More than one source: 88

Sources of Knowledge

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Respondents’ EBF Practice

- Despite high knowledge levels
  - only 49 (13.39%) exclusively breastfed their babies up to six months
  - Others introduced water and/or other food supplements to their infants at
    - One month after birth (15.30%)
    - Two months after birth (88.03%) and
    - Three months after birth (30.87%)

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Respondents' Attitudes about EBF

- Majority, (71.58%) perceived EBF to be stressful
- While (54.90%) view EBF as being beneficial to the child
- Factors that hindered exclusive breast feeding practice were;
  - job conditions (48.9%)
  - inadequate breast milk (11.48%)
  - sore nipples (8.74%)

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Mothers’ attitude towards EBF

- Positive Attitude: 83.06%
- Negative Attitude: 16.94%

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Results continued

- Chi square ($X^2$) value of 11.09 at $P<0.05$ revealed significant negative relationship between mothers’ knowledge and exclusive breastfeeding practice.

- Majority of the mothers 306(83.6) had very high knowledge levels on the benefits of EBF yet only 13.39% practiced EBF for the recommended period of an infant’s life.

- Chi square ($X^2$) value of 22.91 at $P<0.05$ revealed significant negative relationship between mothers’ attitudes and exclusive breastfeeding practice.
Discussion

- This study showed that only 13.39% of respondents exclusively breastfed their babies for the recommended first six months of the infants life.

- This is much lower than found in a recent study at neighbouring Ikom where 21.1% had exclusively breastfed their older babies while 29.5% have exclusively breastfed their current babies (Okon, 2015).
Discussion continued

- Stress (71.58%) and workplace conditions (48.9%) seem to have influence on EBF practice.

- Research has shown that social support from family (husbands, mothers, mother-in-laws and siblings) and friends have a significant influence on EBF practice (Ojo & Opeyemi, 2012).

- The major source of EBF information was healthcare workers at the health centers. EBF information is recommended during ante- and post-natal visits (Matsuyama et al, 2013).
Social support

- Mass media campaigns on exclusive breastfeeding should highlight the importance of social support for the practice of EBF for the recommended duration
  - Husbands
  - Mothers and/or mother-in-laws
  - Siblings
  - Friends
Workplace conditions

- Support for mothers who are farmers to encourage EBF even at the farm
  - Encourage mothers to eat before going to farm
  - Have a family member to help babysit at the farm so mother and baby are always together
- Breastfeeding-friendly workplaces have been shown to greatly influence EBF practice
  - Workplace policies could support the establishment of
    - breastfeeding rooms
    - Nurseries for infants to follow mothers to work
    - Additional social support from bosses and colleagues

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Conclusion

Social support and workplace policies promoting EBF could encourage EBF practice which could then translate to positive health effects for both mothers and children.
**References**


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Thank you!

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