

# **K**NOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG LACTATING MOTHERS IN PRIMARY HEALTH CARE CENTER LEMU, NIGER STATE.

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## **ABSTRACT**

**E**xclusive breastfeeding (EBF) refers to the exclusive intake of breast milk or expressed breast milk by an infant without the addition of any other liquids or solids, however, the decline in exclusive breastfeeding rates in Nigeria is worrisome, and has become of public health importance therefore, this study aim at investigating the knowledge, attitude and practice of exclusive breastfeeding among lactating mothers attending primary health care centre in Lemu, Gbako Local Government Area, Niger state. A cross sectional study was conducted using well-structured questionnaire administered to 80 lactating mothers and data collected were analysed using SPSS version 20.0 while A five-point Likert scale was used to measure the knowledge and attitude of the respondents. About two-third (60.0%) indicated that exclusive breastfeeding is for 6 months while 8.8% disagreed that

## **Introduction:**

Breastfeeding is the normal, natural way to feed infants and is part of laying the foundation for a healthy life from infancy and childhood, it is the first fundamental human right of every child, this is because breast milk is the only source of nutrition freely available to the new born from mother to child (Ekanem, Ekanem, and Eyo, 2012). It is an adequate nutrition to the baby from 0-6 months and it protects the infant from various diseases, it is easily absorbed by their intestinal wall and has a low solute load and an increased bioavailability of minerals, vitamins and proteins

*exclusive breastfeeding is for 6 months. Three-quarter (78.8%) of the mothers strongly agreed that exclusive breastfeeding can help to enhance parent-child intimacy while few (6.2%) disagreed. Majority (65.0%) strongly agreed on the practice of exclusive breastfeeding, 31.7% agreed on combining breastfeeding with infant formula while only 1.2% did not agree on exclusive breastfeeding. Few (6.3%) believed exclusive breastfeeding is an outdated fashion while 62.2% did not accept the fact that exclusive breastfeeding is an outdated fashion. Majority (81.2%) of the mothers exclusively breastfed their infants, almost one-third (42.5%) of the mothers gave breast milk to their infants immediately after delivery while majority (57.5%) breastfed few hours after delivery, majority of the civil servant mothers could not practice exclusive breast feeding for the stipulated period of time ,Thus, it is recommended that maternity be extended for this group of people and policy makers should ensure that crèche are provided within government parastatals or workplace to improve compliance level of mothers.*

**Keywords:** *Exclusive breastfeeding, primary health care, Lemu, Lactating mothers, Niger State.*

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(WHO,2012).

The World Health Organization (WHO) recommends exclusive breastfeeding (EBF) for 6months (at least for the first 4months), (Senthilvel *et. al.*, 2011). However, Udouo and Ajayi (2015) reported that breast milk has antibodies which are not present in infant formula, these antibodies are what protects the baby and boost the immune system of the infant to enable them fight diseases.

Exclusive breastfeeding(EBF) refers to the exclusive intake of breast milk or expressed breast milk by an infant without the addition of any other liquids or solids, with the exception of oral drugs or syrups containing vitamins, mineral supplements or medicines (Aniekan *et. al.*,2014). Exclusive breastfeeding is being advocated globally as the optimal mode of feeding for young infants in the first 6months of life, followed by breast milk and complementary feeds thereafter till two years of age or beyond

(Spedale, 2014). A research done by Johns Hopkins Bloomberg school of public health under the school of Public Health at the University of Zimbabwe in 2005 states that exclusive breastfeeding reduces the risk of diarrhea, respiratory tract infections and allergies three times as compared to mixed feeding (Jones *et al*, 2007).

The single most effective intervention to reduce child mortality in developed and developing countries is the promotion of exclusive breastfeeding practices (UNICEF, 2013). This is because it has found that infant morbidity related to mixed-feeding is high, about 100 deaths per 1000 live births (UNICEF, 2010). Despite this worldwide recommendation only 39% of infants (6months of age) are exclusively breastfed. exclusive breastfeeding (EBF) rate is on the increase globally and in sub-haran Africa, however, it has continuously been on the decline in Nigeria.

The Nigeria Demographic and Health Survey (UNICEF, 2008) estimated the level of exclusive breastfeeding in the country at 13% in 2008 which is a drop from the 17% estimated in 2003. Nigeria has poor nutritional indices which indicates 14% low birth weight, 13% exclusive breastfeeding (EBF), 14% stunting and 27% underweight (Ogbonaya *et. al.*, 2013). Nigeria comes third after India and China in the world list of greatest number of undernourished children and is currently one of the two African countries listed among the twenty responsible for 80% of global malnutrition. Malnutrition is particularly severe in the northern region of the country (UNICEF, 2009).

The Nigeria Demographic and Health Survey (NDHS, 2013) reported an exclusive breastfeeding rate of 17% for the first 6months of life and Only 38% of mothers initiate breastfeeding early and low socioeconomic status was found to be associated with a decrease in the exclusive breastfeeding rate. Health for All initiative (HFA) sought to increase by 2015, the percentage of all infants being exclusively breastfed to 80%. Within Nigeria, breastfeeding rates vary widely with a very high rate reported in a study conducted in Sokoto state where the exclusive breastfeeding rate for the first 6months of life was found to be 78. 7%, but only 8% of mothers initiated breastfeeding within the first hour after delivery.

In Calabar, southern Nigeria, an exclusive breastfeeding rate of 22.9% was reported in infants less than 6 months old (Ene-obong, 2011; Abasiattai, Etukumana, et.al.,2014). A study conducted in Edo state, Nigeria, reported that although 82% of the women were breastfeeding their babies, only 20% did so exclusively for 6 months. Another study in Edo state revealed that 16% of the mothers introduced bottle feeding to their infants when they were just 3 weeks old. In Ile-ife, Oyo state, Nigeria, a relatively high rate of exclusive breastfeeding of 61% was reported. However, in Igbo-ora, 99.8% of the mothers sampled in a study gave plain water to their infants at birth. Less than half of these women had heard about exclusive breastfeeding, and only 7.5 of them knew any mother who was practicing exclusive breastfeeding. This great variability in breastfeeding practices and reported decline in exclusive breastfeeding rates in Nigeria is worrisome, because mortality rates are still persisting among babies who are not exclusively breastfed (UNICEF, 2005). Lack of knowledge, poor attitudes, negative beliefs and poor practices of exclusive breastfeeding are among the risk factor for high infant mortality rate in Nigeria however, an estimated 13% reduction of infant mortality rates can be achieved with exclusive breastfeeding (Ogbonaya *et al.*, 2013). Therefore, this study aim at investigating the knowledge, attitude, and practice of exclusive breastfeeding among lactating mothers in Lemu, Gbako local government of Niger State, Nigeria.

## Materials and Method

### Study Area

The study area is the primary health care center located in Lemu, Gbako local government area Niger state, Nigeria with the region font code of Africa Middle East. It is located at an elevation of 164meters above sea level and its population amounts to 102,780. Its coordinates are 9°24'0"N and 6°16'0"E in Degrees Minutes Seconds (DMS). Its UTM position is JR74 and its joint operation graphics reference is NC 32-09 (Wikipedia, 2008) maps.(NPC,2014)

### Study Design

The study design for this research was descriptive and crosses- sectional.

### Target Population

The population for this study were lactating mothers attending Primary Health care Centre in Lemu, Gbako local government area, Niger state. Nigeria.

### Ethical Approval

Permission was obtained from the local government chairman and the management of the primary health care centre in Lemu, Gbako Local Government Area, Niger state.

### Informed Consent

Verbal consent of the respondents was obtained for their willingness to participate in the study after thorough explanation of the objectives of the research was done and confidentiality of the retrieved information was ensured.

### Sampling Techniques

Purposive sampling of all the lactating mothers was used for the study since the population size was not large.

### Method of Data Collection

A well-structured questionnaire was used to collect information from the respondent. The questionnaire was structured into sections; section A was directed on assessing the demographic and socio-economic characteristics of the respondents, section A was centred on the knowledge of exclusive breastfeeding among lactating mothers and section B was focused on the attitude and practices.

### Statistical Analysis

A 5 point Likert scale was used to determine knowledge and attitude of respondents respectively. The 5 point Likert scale had a score of 5 for strongly agree, 4 points for agree, 3 points for undecided, 2 points for disagree and 1 point for strongly disagree (Essien, *et. al.*, 2009). Data collected from this study was analyzed and presented in a tabular form and results expressed in percentages and frequencies.

## Results and discussion

### Knowledge of lactating mothers on exclusive breastfeeding

The knowledge of exclusive breastfeeding among the respondents is revealed in table 1 below. The study showed that about two-third (60.0%) of the respondents had proper knowledge of exclusive breastfeeding to last for 6 months according to WHO. This could be that the community health workers emphasized on the importance of exclusive breastfeeding. This is slightly similar to the findings of Mulugeta *et. al.*, (2017) in knowledge and attitude towards exclusive breastfeeding among lactating mothers attending antenatal clinic at Dabat health care centre, northwest Ethiopia were 69.8% of the respondents had good knowledge of exclusive breastfeeding. Majority (81.3%) knew that colostrums contain antibodies which could be due to the fact that nutrition education was given. This is in disagreement with the findings of Oche *et. al.*, (2011) where only 31% knew that colostrums was best for infants. Almost all (78.8%) of the lactating mothers knew that exclusive breastfeeding can help to enhance parent-child intimacy, more than two-third (61.3%) strongly agreed that exclusively breastfed children develop stronger immune system than those fed with infant formula. This may be as a result of health talks given at immunization clinics. These findings are similar to the findings of Jennifer *et. al.*, (2016) where an overwhelming majority of the study group agreed with the fact that exclusive breastfeeding creates a close bond between mother and child and that exclusive breastfeeding provides immunological advantages to infants.

**Table 1. Knowledge of lactating mothers on exclusive breastfeeding**

S/N	Knowledge statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\sum fx$	$\bar{x}$
1	Exclusive breastfeeding is for 6 months	48 240 60%	14 56 17.5%	0 0 0%	11 22 13.7%	7 7 8.8%	325+80 100%	4.0
2	Exclusive breastfeeding can serve as a means of child spacing	55 275 68.8%	13 52 16.2%	2 6 2.5%	8 16 10%	2 2 2.5%	351 + 80 100%	4.4

<b>3</b>	Exclusive breastfeeding involves giving of water	5 25 6.2%	5 20 6.2%	1 3 1.3%	52 104 65%	17 17 21.3%	169 + 80 100%	2.1
<b>4</b>	Exclusive breastfeeding involves feeding with infant formula	4 20 5%	8 32 10%	6 18 7.5%	51 102 63.8%	11 11 13.7%	183 + 80 100%	2.2
<b>5</b>	Colostrums contain antibodies	65 325 81.3%	5 20 6.2%	5 15 6.2%	2 4 2.5%	3 3 3.8%	367+80	4.5
<b>6</b>	I can exclusively breastfeed my child even if I am HIV positive	58 290 72.5%	8 32 10%	1 3 1.2%	10 20 12.5%	3 3 3.8%	340 + 80 100%	4.4
<b>7</b>	Exclusive breastfeeding will help to improve my health	48 240 60%	23 92 28.8%	1 3 1.2%	4 8 5%	4 4 5%	347 + 80 100%	4.3
<b>8</b>	Exclusive breastfeeding will help to enhance parent-child intimacy	63 315 78.8%	10 40 12.5%	2 6 2.5%	5 10 6.2%	0 0 0%	371 + 80 100%	4.6
<b>9</b>	Exclusively breastfed children develop stronger immune system than those fed with infant formula	49 245 61.3%	28 112 35%	1 3 1.2%	2 4 2.5%	0 0 0%	364+80 100%	4.6

### Attitude and of lactating mothers towards exclusive breastfeeding

The study revealed that more than half (65.0%) of the mothers had positive attitude towards exclusive breastfeeding. This may be that nutrition educators stressed the need for exclusive breastfeeding. This is slightly related to the findings of Mbada *et. al.*, (2013) where 50% of the women had positive knowledge of exclusive breastfeeding. Also, these findings revealed that majority (72.2%) did not see exclusive breastfeeding as a waste of time and 61.2% strongly disagreed with that exclusive breastfeeding is an outdated fashion. This may be as a result of

the influence of nutrition educators. This is in consonance with the findings of Kramer (2003) where 72% agreed that maximum time should be spent during breastfeeding. More than half (58.0%) of the respondents were against the fact that immunization only can prevent infection instead of exclusive breastfeeding which could be as a result of their knowledge about exclusive breastfeeding; and that it is the best option for the infant immediately after birth to aid the proper growth and development of the infant and protection against diseases and infection. This study is higher and in contrast with the research carried out by Jennifer *et al.*, (2016) where the attitude of the respondents was 34% as indicated in table 2 below.

**Table 2. Attitude of lactating mothers on exclusive breastfeeding**

S/N	Attitude statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\sum fx$	$\bar{x}$
1	I will exclusively breastfeed my child	52 260 65%	25 100 31.3%	0 0 0%	3 6 3.7%	0 0 0%	366 ÷ 80 100%	4.6
2	I can only breastfeed if I do not have enough money for formula	17 85 21.2%	3 12 3.8%	7 21 8.8%	49 98 61.2%	4 4 5%	220 ÷ 80 100%	2.8
3	I will combine breastfeeding with infant formula	25 125 31.3%	30 120 37.5%	5 15 6.3%	19 38 23.7%	1 1 1.2%	299 ÷ 80 100%	3.7
4	Exclusive breastfeeding is a waste of time	7 35 8.8%	3 12 3.7%	2 6 2.5%	10 20 12.5%	58 58 72.5%	131 ÷ 80 100%	1.6
5	Babies should be given breast milk on request	3 15 3.8%	22 88 27.5%	12 36 15%	6 12 7.5%	37 37 46.2%	188 ÷ 80	2.3



							100%	
<b>6</b>	I cannot breastfeed in public	8 40 10%	6 24 7.5%	2 6 2.5%	17 34 21.2%	47 47 58.8%	151÷80 100%	1.8
<b>7</b>	Exclusive breastfeeding is an outdated fashion	5 25 6.3%	4 16 5%	2 6 2.5%	20 40 25%	49 49 61.2%	116÷80 100%	1.4
<b>8</b>	Children looking healthy should not be breastfed	0 0 0%	8 32 10%	4 12 5%	30 60 37.5%	38 31 47.5%	135÷ 80 100%	1.6
<b>9</b>	Immunization can prevent infection instead of exclusive breastfeeding	0 0 0%	14 56 17.5%	6 18 7.5%	47 97 58.8%	13 13 16.2%	181÷80 100%	2.3

### Practice of exclusive breastfeeding by lactating mothers

The practice of exclusive breastfeeding among respondents is presented in table 3 below. This study revealed a little above half (57.5%) of the respondents initiated breastfeeding less than 24 hours after birth. This could be because the mothers had prior information about the importance of early initiation of breastfeeding. This is in consonance with the findings of Colson (2008) where 58% of mothers initiated breastfeeding immediately after birth. More than two-third (68.7%) of the lactating mothers gave breast milk as the first feed to their infants within the first three days of life while a little above half (55.0%) of the respondents breastfed their babies on demand indicating that mother's practice of exclusive breastfeeding was positive which could be due to the fact that the mothers were full time house wives and so it afforded the time to exclusively breastfeed their babies. This is slightly similar to a study conducted in southwestern Ethiopia by Niguse *et. al.*, (2016) were 59% of

the mothers initiated breastfeeding immediately after birth. Majority (81.2%) of mothers exclusively breastfed their infants. This could be because the mothers were full time house wives and this gave them much time to breastfeed. This is in disagreement with a similar study conducted by Adetugbo (2005) where 52.3% had knowledge of exclusive breastfeeding. Almost all (83.8%) of the respondents gave colostrums to their infants. This could be that the decision to exclusively breastfeed might be as a result of their acquisition of some form of education. This is in contrast with a previous study conducted by Nigerian Demographic and Health Survey (2008) where only 17% was reported to practice exclusive breastfeeding.

**Table 3. Practice of exclusive breastfeeding among lactating mothers**

Exclusive breastfeeding statement	Frequency (80)	Percentage (%)
<b>When did you start breastfeeding?</b>		
Immediately after birth	34	42.5
After few hours of delivery	46	57.5
<b>Total</b>	<b>80</b>	<b>100</b>
<b>In the first three days after delivery, was your child given anything apart from breast milk?</b>		
Yes	25	31.3
No	55	68.7
<b>Total</b>	<b>80</b>	<b>100</b>
<b>How frequently do you breastfeed your baby?</b>		
Hourly	44	55.0
On demand	27	33.8
When I am free	9	11.2
<b>Total</b>	<b>80</b>	<b>100</b>
<b>Did you breastfeed your baby exclusively?</b>		

Yes	65	81.2
No	15	18.8
Total	80	100

### Conclusion and Recommendation

The knowledge of exclusive breastfeeding revealed that 60% of the respondents knew that exclusive breastfeeding is for 6 months. 68.8% knew that exclusive breastfeeding serves as a means of child spacing, 81.3% agreed with the fact that colostrums contain antibodies. 78.8% knew that exclusive breastfeeding helps to enhance parent-child intimacy and 61.3% strongly agreed that exclusively breastfed children develops a stronger immune system than children fed with infant formula (non-breast milk formula). Attitude of lactating mothers indicated that 65% of the strongly agreed that they exclusively breastfed their babies since it prevents infection because it is readily available and safe. In view of these, it is hereby recommended that improved nutrition education on exclusive breastfeeding knowledge, attitude and practices should be encouraged through media prints in the local dialect during antenatal and postnatal clinics. Likewise, Government should encourage establishment of standard crèche in workplace and institutions of learning for the convenience of mothers and proximity of the child.

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