

# Knowledge, Attitude and Practice of Exclusive Breastfeeding among Nursing Mother in Saki West Local Government

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## Abstract

This study was to access the knowledge, attitude and practice of exclusive breastfeeding among nursing mother in Saki west local Government. It is not an understatement that breastfeeding is the most suitable diet for a growing infant, proper breastfeeding practice are effective ways of reducing childhood morbidity and mortality. The objectives of the study is to access the knowledge of nursing mothers regarding exclusive breastfeeding, to verify their attitudes toward exclusive breastfeeding and to know if nursing mothers practice exclusive breastfeeding. The significant of the study is to know why exclusive breastfeeding is not being practice among nursing mother and ways to improve on it such as increase maternity leave to 6months and encourage family members to provide support and assistance to nursing mothers. The target populations were nursing mother in Saki west local Government. A descriptive research was used to select 200 respondents using accidental sampling technique. The main instrument for data collection was questionnaire which consists of 21 items. Data were summarized by simple percentage, frequency table while the hypothesis was analyzed by chi- square at 0.05 level of significance, 52% have good knowledge of exclusive breastfeeding, 54% have poor attitude while 91.5% practice exclusive breastfeeding. The hypothesis shows that there is no significant difference between religion of nursing mother and attitude toward exclusive breastfeeding and also there is no significant difference between employed and unemployed nursing mother. It was recommended that every nursing mother should be actively involve in the practice of exclusive breastfeeding and Government should established crèche in each of our working place for easy access of mother to their child. From the finding it was concluded that health education and proper training of health worker and counseling of nursing mothers and their husband will improve the practice of exclusive breastfeeding.

**Keywords:** Knowledge; Attitude; Practice; Exclusive; Breastfeeding; Nursing Mother

## Introduction

In the past, breast feeding was generally acknowledged across the world among all human group, communities, societies and cultures as the most suitable form of infant feeding which based on scientific evidence that support the immanent role of breast feeding in the survival growth, maturation and development of a child [1]. Breast feeding actually had no comparison and human milk was regarded as natural and most suitable for children despite the advent industrialization however breast feeding practice are being gradually replaced by artificial body food but breast fed children have greater chance of survival in the early month than non-breastfed children [2].

Breast feeding play the fundamental and essential component of the development and child-survival strategy, breast milk is the first natural food for babies. It provides all the essential energy and nutrients that the infant needs for the first six months of life. It provides major child's nutritional needs during the second half of the first year and up to one third during the second year of life [3].

According to United Nation Children's Fund [4], it has been estimated that 1.3 million death could be prevented and most of childhood illness can be eliminated each year if babies were exclusively breastfed for the first six months of life. The breast milk contain numerous substances such as water, protein, fat, carbohydrates, vitamins minerals and colostrums which provide protective antibodies that boost the infant's immune system.

Exclusively breastfeeding can be defined as a practices where by the infants receive only breast milk and not even water, others liquids, tea, herbal preparations or food during the first six months of life, with the exception of vitamins, minerals supplements or medicine [5]. Breastfeeding is less stressful, it required no cleaning of plates or bottles, no heating of feeds, no modification of milk, breast milk is cheap and

easier to produce but expensive to buy and it is readily available at the right temperature.

This study intends to identify the response to exclusive breastfeeding among nursing mothers in three selected hospital in Saki West Local Government. It provide avenue to know their experience and suggestion for improvement of knowledge and practice of exclusive breastfeeding.

## Statement of the Problem

Attitude and knowledge of nursing mother affect their practice of exclusive breastfeeding likewise studies have shown that fewer mothers are breastfed and those who do, stop breastfeeding at earlier age of the child which results to high rate of childhood illness and other complication among infant. Basic socioeconomic and socio-cultural factors like level of education, lifestyle, family income, experience, employment opportunities, family support and mother health status are contributed to the problem in practice of exclusive breast feeding [6]. The consequences of poor infant feeding practice are one of the major childhood problem and serious obstacles to world's social and economic development.

This study explore into the knowledge, attitude and practice of exclusive breastfeeding among nursing mother in three selected hospital

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in Saki West Local Government.

### Objective of the Study

- ✓ To assess the knowledge of nursing mother regarding exclusive breast feeding
- ✓ To verify their attitude toward exclusive breast feeding
- ✓ To know if nursing mother practice exclusive breastfeeding

### Research Question

- ✓ Does the level of education influence the knowledge of nursing mother toward exclusive breast feeding?
- ✓ Does religion influence the attitude of nursing mother toward exclusive breastfeeding?
- ✓ Does mother occupation influence the practice of exclusive breast feeding?

### Research Hypothesis

The research specifically tested the following hypothesis

- ✓ There is no significant difference between highly education and lowly educated respondents in their knowledge toward exclusive breast feeding
- ✓ There is no significant relationship among religion attitude of nursing mother and attitude toward exclusive breast feeding
- ✓ There is no difference between employed nursing mother and unemployment nursing mother in their practices of exclusive breast feeding.

### Scope of the Study

The scope of this study is nursing mother from three selected ward in Saki West Local Government irrespective of religion, age, culture and socio-economic background.

### Operational Definition of Term

**Attitude:** Is the way you feels, think and behave toward exclusive breastfeeding

**Knowledge:** Is the information or awareness gained through experience or education about exclusive breast feeding.

**Practice:** Is the process of repeating exclusive breast feeding at regularly interval so that you can improve your skills or help the baby to grow.

**Milk:** Is the fluid food secreted by female mammals from mammary gland.

**EBF:** Is the abbreviation for exclusive breast feeding

**Exclusive breastfeeding:** This means that the infant receives only breast milk no other liquids or solids are given, not even water with the exception of oral dehydration solution or drops/syrups of vitamins, minerals or medicines.

**Weaning:** Is to gradually stopping breast milk giving to a baby by her mother and start feeding with solid food.

**Nursing:** Is the practice of providing care for baby

**Mother:** A female parent look kindly and protectively after baby.

**Nursing Mother:** A mother who breastfeeding her baby.

### Definition of Exclusive Breastfeeding

Exclusive breastfeeding can be define as a practice of which infants receive only breast milk and not even water, or liquids, tea, herbal preparations or food during the first six months of life with the exception of vitamins, mineral supplements or medicine [5].

According to the WHO [7], exclusive breastfeeding means that the infants receives only breast milk, no other liquids or solid are given not even water exception of oral rehydration solution or drops/syrups of vitamins, minerals or medicines.

Exclusive breastfeeding is the feeding of infants on breast milk only without adding only other fluid including water for six months of life [8].

### Advantage of exclusive breastfeeding for infants

- ✓ Provision of essential and adequate nutrient to the newborn at the normal temperature
- ✓ It is well tolerated and easily absorbable by the infant body.
- ✓ It help in reducing incidence of allergic reaction
- ✓ Provision of bonding between the mother and child
- ✓ It helps to improving psychosocial development of the child.
- ✓ It is hygienic, safe and always available at room temperature to the infant.
- ✓ It comforts and reduce child crying.
- ✓ It reduces any form of child obesity
- ✓ It contained colostrums which help to immunize the child against any form of infection agent [8].

### For the mother

- ✓ It provides satisfaction for the mother.
- ✓ It provide natural family planning (breastfeeding amenorah)
- ✓ It helps to protects against breast and ovarian cancers.
- ✓ It is economical
- ✓ Aids quickly involution recovery of the uterus with reduction in postpartum hemorrhage.
- ✓ Breastfeeding release prolactin and oxytocin hormones that makes mother feel more nurturing toward her baby [8].

### Knowledge of Exclusive Breastfeeding

It has been proved that woman with higher income and higher education level were less likely to breastfed, knowledge of exclusive breastfeeding among the nursing mother were significantly higher compare with younger age who were less informed and adherent to the practice. Education and sensitization targeting adolescents for exclusive breastfeeding is essential in preparing them for motherhood [9].

Appropriate counseling and education on exclusive breastfeeding practice could be adopted to accomplish a charge in knowledge, attitude and practice of exclusive breast feeding, the insufficient and ineffective quality information and support from health care provider as illustrated by the experience nurse, could be a challenge which is not part of the provision of supportive education on breastfeeding [10].

### Attitude of exclusive breast feeding

Attitude of nursing mother affect their practice of exclusive breast

feeding, studies have shown that fewer mother are breastfed and those who do, stop breast feeding at an earlier developmental stages of life, this result to high rate of mobility and mortality among infant [6].

### Practice of exclusive breast feeding

The practice of exclusive breast feeding among women who delivered at health facility and outside the health facility is very low. The early introduction of complementary feeding is based on wrong assumption which affects exclusive breast feeding initiative and sustainability [11].

Among the Yoruba ethnic, a common belief toward infant feeding is that exclusive breast feeding is beneficial to both infant and mothers; personal experience and network of support have influence quality of exclusive breast feeding practice [12].

Despite the existing body of knowledge on breast feeding practice in Nigeria, studies show that agency of breast feeding mother within their socio-cultural framework are limited [13].

As revealed in this study and similar finding by owners, Tayem and Froelicher, Otoo and Perez [10], breast feeding could be exhausting, stressful or satisfying to some mothers. Breast feeding was describe as traumatic, excruciating or enjoyable based on personal and existing circumstance around breast feeding mothers. Therefore designing efficient, effective and promote intervention initiative that encourage provision of quality support for nursing mother's would require tangible effort from all stake holder, not just from health care system or hospitals setting.

In industrial countries, many working mothers do not breast feed their children due to work force and very short period of maternity leaves. For example, a mother needs to schedule for frequency breastfeeding on demand, these inconveniences may cause mothers to stop exclusive breast feeding and use infant formula and food [14].

### Barrier to Breast Feeding

Nearly all the expectant mothers aim to practice exclusive breastfeeding as soon as their babies are born. There are numerous factors that interrupt exclusive breastfeeding some are;

- a. Birth procedure: Mode of delivery, separation of the baby from mother, delayed breastfeeding initiation also interferes with breastfeeding (Center for Disease Control and Prevention (CDC)).
- b. Ignorance, Partner who lacks basic breastfeeding knowledge will not encourage their role on breastfeeding.
- c. Practitioner: surprisingly some care givers have a little training on lactation and lactation support techniques.
- d. Workforce (pressure) is the common reason for discontinuing breastfeeding [15].
- e. Breast pain from inappropriate positioning of the baby to the breast can initiate pain to the mother and discourage her from breastfeeding [15].

### Breastfeeding Difficulties

It include the following

- a. Physiological constraints and breastfeeding challenges with the multiple factors were implicated as constraints. The findings revealed that health related problems, inadequate feeding, lactation problems, and refusal of breast milk by some children were common constraints to exclusive breastfeeding [16].

Some mothers find it difficult to breastfeed for 6months because they find it hard for the milk to flow steadily. Nevertheless, a breastfeeding mother needed to consume well-nourished balanced diet and have a good support from relative, this will keep secretion of milk constant. But when such support and appropriate nutrition is lacking, the secretion of milk will fluctuates lead to complaints of breast pain, infant supplement will becomes an necessary while painful experience persist, one of the grandmothers argued that some breastfeeding mothers do not breastfeed because they believe it could make their breast sagging. This may be binged some cultural beliefs associated with child birth and raring practices among the Yoruba people [17].

### Methodology

The study adopted the descriptive research design of accidental sampling technique and the population consisted of all 402 Nursing Mother of three selected hospitals in Saki West Local Government in Oyo State. The sample comprised 200 nursing mothers using Taro yamane's formula in determining the sample size used. The Taro yamane's formula is  $n = \frac{N}{1 + (Ne^2)}$  (where, n=Sample size, N=Total population, e=0.05 (constant)). Accidental sample was used to select the respondent three selected hospitals in Saki West Local Government in Oyo State. From each hospital, 100 respondents from State Hospital, 70 respondents from Baptist Medical Centre and 30 respondents from Muslim Hospital were selected using accidental sampling technique. The main instrument for data collection was questionnaire which consists of 21 items. Face and content validity of the instrument were established through experts' review, and test re-test method of reliability was adopted to achieve the Cronbach's Alpha reliability coefficient of 0.83. The data collected was analysed descriptively, using Frequent count and percentage scores to answer the research questions and inferentially, using correlation statistics to analyse hypothesis. The hypothesis was tested at 0.05 level of significance.

### Results

**Research Question 1:** Does the level of education influence the knowledge of nursing mother toward exclusive breast feeding?

From the table 1 above, the result showed that 41 (20.5%) have poor knowledge, 55 (27.5%) have excellent knowledge while 104 (52%) have good knowledge toward exclusive breastfeeding.

**Research Question 2:** Does religion influence the attitude of nursing mother toward exclusive breastfeeding

The result from the table 2 showed that 92 (46%) have good attitude while 108 (54%) have poor attitude toward exclusive breastfeeding.

**Research Question 3:** Does mother occupation influence the practice of exclusive breast feeding?

|                     | Frequency  | Percentage (%) |
|---------------------|------------|----------------|
| Excellent knowledge | 55         | 27.5%          |
| Good knowledge      | 104        | 52.0%          |
| Poor knowledge      | 41         | 20.5%          |
| <b>Total</b>        | <b>200</b> | <b>100%</b>    |

**Table 1:** Showing knowledge of exclusive breastfeeding of exclusive breastfeeding.

|               | Frequency  | Percentage (%) |
|---------------|------------|----------------|
| Good attitude | 92         | 46%            |
| Poor attitude | 108        | 54%            |
| <b>Total</b>  | <b>200</b> | <b>100%</b>    |

**Table 2:** Showing attitude toward Exclusive.

The result from the table 3 above showed that 17 (8.5%) of the respondent were not practice exclusive breastfeeding while not practice exclusive breastfeeding while 183 (91.5%) of the respondent practice exclusive breastfeeding.

|                  | Frequency | Percentage (%) |
|------------------|-----------|----------------|
| Practice of EBF  | 183       | 91.5%          |
| Non-practice EBF | 17        | 8.5%           |
| Total            | 200       | 100%           |

Table 3: Showing Practice of Exclusive Breastfeeding.

### Hypothesis one

There is no significant difference between highly educated and lowly education respondents in their knowledge toward exclusive breastfeeding.

From the table 4 the result showed that value  $X^2=5.597$ ,  $df=6$  and  $P=0.470$ . Since  $>0.05$  level of significant, the null hypothesis is accepted. Therefore there is no significant difference between highly educated and lowly educated.

### Hypothesis Two

There is no significant relationship among religion attitude of nursing mother and attitude toward exclusive breastfeeding.

From the table 5; above, the result show that 52.8%, 38.6% and 25% of Muslim, Christian and Traditional worship has good knowledge toward exclusive breastfeeding respectively. The chi-square value is 4.628, degree of freedom (df) is 2 and  $P=0.99>0.05$ , therefore the hypothesis is accepted. Therefore there is no significant difference between religion of nursing mother and attitude toward exclusive breastfeeding

### Hypothesis Three

There is no difference between employed nursing mother and un-employed nursing mother in their practice of exclusive breastfeeding.

### Description

The result on table 6 revealed that 98.5%, 96.7%, 85.6% and 84.6% of

civil servant, student, self-employed and complete house wife practice exclusive breastfeeding respectively.

Therefore, chi-square value=0.141, degree of freedom (df) is 3 and  $P=0.017<0.05$ , it indicated that the calculated value is less than the table values at 0.05 levels of significant, therefore the hypothesis is accepted. Therefore the hypothesis is rejected. The researcher concluded that there is no significant different between occupation of nursing mother and practice of exclusive breastfeeding.

### Discussion

The purpose of the study is to know the knowledge attitude and practice of exclusive breastfeeding among nursing mother in Saki West Local Government.

For any research to be useful, the evidence for the data analysis must be carefully organized, examined and interpreted. It is for this reason that the researcher translated the result into finding and interpreted them in relation with existing literatures.

From the finding 52.0% have good knowledge, 27.5% have excellent knowledge and 20.5% have poor knowledge of exclusive breastfeeding. 46% of the respondents have good attitude toward exclusive breastfeeding while 54% have poor attitude toward exclusive breastfeeding. There is an agreement with Nigerian Demographic Health survey [18] that 13% of children bellow six months are exclusive breastfed while 87% of Nigerian infants bellow six months receive complementary liquid or foods.

91.5% of the respondents practice exclusively breastfeed while 8.5% did not. This is not in agreement with Agunbiade and Oguntoye [16] that said only 19% (136) of the breastfeeding mothers whose infants were below or up to six months of age in the study of practice of exclusive breastfeeding.

### Research Hypothesis One

It was concluded that there is no significant different between highly educated and lowly educated respondents in their knowledge toward exclusive breastfeeding. This was against what Niger, that it has been shown that woman with higher education and higher incomes

| Education           | Knowledge of exclusive |                |                | X <sup>2</sup> | df | P     |
|---------------------|------------------------|----------------|----------------|----------------|----|-------|
|                     | Excellent knowledge    | Good knowledge | Poor knowledge |                |    |       |
| No formal education | 5 (21.7%)              | 14 (60.9%)     | 4 (17.4%)      | 5.597          | 6  | 0.470 |
| Primary             | 9 (45%)                | 7 (35%)        | 4 (20%)        |                |    |       |
| Secondary           | 14 (28.5%)             | 32 (58.2%)     | 9 (16.4%)      |                |    |       |
| Tertiary            | 27 (26.5%)             | 55 (27.5%)     | 24 (23.5%)     |                |    |       |

Table 4: Education and Knowledge toward Exclusive Breastfeeding.

|              | Attitude toward EBF |            | X <sup>2</sup> | Df | P    |
|--------------|---------------------|------------|----------------|----|------|
|              | Good                | Poor       |                |    |      |
| Christianity | 34 (38.6%)          | 54 (61.4%) | 4.628          | 2  | 0.99 |
| Islam        | 57 (52.8%)          | 51 (47.2%) |                |    |      |
| Traditional  | 1 (25%)             | 3 (75%)    |                |    |      |

Table 5: Religion and Attitude Toward Exclusive Breastfeeding.

| Occupation          | Practice of EBF |              | X <sup>2</sup> | df | P     |
|---------------------|-----------------|--------------|----------------|----|-------|
|                     | Practice        | Non-practice |                |    |       |
| Civil servant       | 66 (98.5%)      | 1 (1.5%)     | 0.14           | 3  | 0.017 |
| Complete house wife | 11 (84.6%)      | 2 (15.4%)    |                |    |       |
| Self employed       | 77 (85.6%)      | 13 (11.4%)   |                |    |       |
| Student             | 29 (96.7%)      | 1 (3.3%)     |                |    |       |

Table 6: Occupation and practice of exclusive breastfeeding.

were less likely to breastfeed. Also women with higher education and higher income were less likely to breastfeed, similarly employed mother, mother with lower number of children and does who delivered by cesarean section were less likely to fully breastfed [19].

### Hypothesis Two

It was concluded from the study that the religion does not affect an attitude toward exclusive breastfeeding. This was in support with [20], that mother ethnic and religious afflictions have no significant influence on breastfeeding practices. However, it was observed that despite the awareness of the benefit of exclusive breastfeeding some traditional beliefs still hinders mothers from practicing it. It is therefore understood that the problem of disbelief in the practice and deliberate resistance to the idea of exclusive breastfeeding are the major hindrance to the practice of exclusive breastfeeding. Moreover, this was against what Cedorgren [6], said that attitude of nursing mother affect their practice of exclusive breastfeeding, in studies show that fewer mother are breastfeeding at an earlier age, this then result in high rate of morbidity and other complication among infant.

### Hypothesis Three

It was evidenced from this study that occupation of nursing mother affect the practice of exclusive breastfeeding. This was in line with what Myers [14] said that many working mothers do not breastfeed their children due to work pressure and very short periods of maternity leaves for example a mother needs to schedule for frequency pumping, those inconvenience may cause mothers to give up on breastfeeding and use infant formula. The findings of Nilson and Hanson in United State of America, Sweden and Australia were in support of this findings in which they showed a contributory effect on the pattern of breastfeeding among the respondents, occupation, hours of work per day and income per annum were statistically significant. Thus practice of exclusive breastfeeding is higher among civil servant that work for less than eight hours per day than among self employed who work for more than eight hours per day. Exclusive breastfeeding is also higher among respondent that are higher income earners than woman that are low income earners. The assertion [21-23], that there is inadequacy in pattern of breastfeeding among woman having highest work load is in support of the above findings. Similarly the assertion of this researcher that, the expanding role of woman in the society in which they serve as wife, mother and worker bring about role strain and role conflict particularly between there official duties and reproductive role is supported by these findings. It means that for mother to practice exclusive breastfeeding they need more free time and therefore a reduction of work load.

### Conclusion and Recommendation

Based on the finding of this study, the paper concluded that irrespective of the level of education, family income and occupation or employment opportunity and religion exclusive breastfeeding is still practicable among nursing mother. The practice of exclusive breastfeeding is still low among educated people and people who are working, hence there is an urgent need of polices aimed at improving exclusive breastfeeding uptake should also incorporate significant others (husband) in the process of encouraging breastfeeding mothers. The health sector will also require substantial improvement in working conditions are empowering of health care providers to provide improved care.

Base on the finding of the study, the follow recommendations were made: every nursing mother should be actively involved in the

practice of exclusive breastfeeding especially he employed ones; Nurses and other health workers need to promote the knowledge, attitude and method of practice exclusive breastfeeding; Nurses should liase with government to increase maternity leave to six months so that nursing mother will not have excuse for not breastfeed exclusively for six months; The Government should established Creche in each of our working place for easy asses of mother to their child; Establishment of more child welfare clinic in rural and urban center which involve nursing mother on exclusive breastfeeding, there important and advantage and there should be more awareness campaign an exclusive breastfeeding in our country; there should also be involvement of husband during antenatal clinic to support and improve the practice of exclusive breastfeeding.

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