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Assessment of Exclusive Breastfeeding Practice among Women of Reproductive Age in Egor Local Government Council Secretariat, Edo State

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Abstract

The research was carried out to investigate the practice of exclusive breastfeeding and its associated factors amongst women of reproductive age in Egor Local Government Council Secretariat of Edo State. A descriptive cross-sectional study design amongst 206 women of reproductive age with a purposive sampling technique was used to select the participants for the study. Data collection was feasible using structured self–administered standard interviewer schedule (questionnaires) over a month. The findings revealed that the level of the knowledge of exclusive breastfeeding among women is high (72.81%), with the modal age group of the respondents being 38-41 (33.66%), only 49.5% of the women practised exclusive breastfeeding. The perceived factors influencing exclusive breastfeeding include non-availability of crèche in the workplace, demanding work schedule and inadequate support from the workplace. Based on the findings, education on breastfeeding and the creation of awareness on the subject matter was recommended to the respondents.

Keyword: Exclusive Breastfeeding, Practice, Women of Reproductive Age.

Introduction

The practice of exclusive breastfeeding has been recognised as a core public health requirement necessary for the promotion of proper growth and well-being of the child. According to World Health Organisation (WHO) (2011),

exclusive breastfeeding is defined as the act or practice of feeding the baby solely on breast milk during the first six months after birth without water, glucose juice or other liquid beside breast milk. The mother is expected to feed at least eight [8] times per day and expected to be continuous for three months, amounting to a total of seven hundred and twenty [720] times in three months. This period is followed by the introduction of supplementary foods along with breast milk, up to the second year of life. It should be noted that naturally, scientifically and physically that breast milk provides the needed nutrition for a baby to grow, and protects infants against some childhood killer diseases such as gastrointestinal infection, pneumonia, and otitis media. It also enhances the reproductive health of the mother, ensures proper child spacing, rapid return of a mother to her previous weight (WHO, 2011).

Breastfeeding remains the finest choice for infants within the first six months of life. It is naturally accepted as convenient, hygienic and cost-effective practice that improves the health of the babies (Oche, Ahmed & Umar, 2011). Breast milk contains important nutrients which are required for the improvement of health and adequate development of the newborn (Hajeeboy, Nguyen & Mannava, 2014). For some years now, there has been rising interest in the encouragement of the art and practice of exclusive breastfeeding. This is so because it has been scientifically proven to be the best method of feeding for neonates and infants and thus, has also played a role in the reduction of infant morbidity and mortality. The WHO recommends that mothers should exclusively breastfeed babies for the first six months of life for the growth and general wellbeing of the child. Furthermore, the child should be given nutritious foods coupled with continued breastfeeding, at least in the first two years of life (WHO, 2011). Cherop, Kaverange-Ettayng & Mbagaya (2009) opined that irrespective of the myriad benefits of breast milk, and WHO's recommendations on breastfeeding,some mothers find it difficult to practice exclusive breastfeeding due to factors such as breast-related problems, a mother's perception of producing insufficient milk. Other factors include societal barriers, like personal looks and work. Also, short maternity leave, inadequate breastfeeding knowledge, lack of family support and encouragement from health care professionals (Thurman & Allen, 2009).

Globally, only 45% of infants of ages less than six months are exclusively breastfed, despite the reported benefits of breastfeeding (United Nation Children Education Fund, 2016). A study conducted by the United States Centre for Disease Control (CDC), and published in 2016, indicated that 1 in 200 British women (0.5%) engages in breastfeeding for a year after giving birth [https://www.hindawi.com/journals/jad/]. The figure is 23% in Germany and

27% in the United States of America. Cai, Wardlaw, and Brown (2010) analysed the worldwide prevalence of exclusive breastfeeding across a total of 140 countries. An increase of breastfeeding practice was reported from 33-39% between the year 1995 and 2010 amongst infants of the age birth-5months. There was more than a twofold increase from12 to 28% between 1995 to 2010 in West and Central Africa. There has also been considerable progress in East and Southern African countries between 1995 and 2010 from 35 to 47 % respectively, but countries in Southern Asia experienced an increase from 40 to 45% in the year of study. Referring to a UNICEF data published in 2013, about 84.9% of babies born in Nigeria in the first six months of their lives are not breastfed exclusively while the 2008 and 2012 witnessed exclusively breastfed of 15.1 %.

There was, however, a report in the same year (2013) by the Nigerian Demographic and Health Survey that about 17% of infants are breastfed exclusively in their first six months of life. This is poor and not up to the world average of over 35%. Many researchers have worked on exclusive breastfeeding in Nigeria and other parts of Edo State, however, recent attention has not been given, to assess exclusive breastfeeding practice in the workplace like the Secretariat in Egor Local Government Area in Edo State. Although the rate of Exclusive Breast Feeding in the last two decades have escalated, it is understandable that WHO targets of 90% coverage of exclusive breastfeeding in 2025 remain a demanding task (WHO, 2013).

Exclusive breastfeeding is essential for infants' survival, and it has been known as a vital tool for preventing infant/child morbidity and mortality. About 6.9 million children under the ages of five (5) were reported dead in 2011 alone worldwide. However, an estimated number of the lives of about one million under-five children could have been spared by the simple practice of baby-friendly or exclusive breastfeeding (WHO, 2012). UNICEF (2012) reported that in the year 2010 alone, about 8 million children under the age of five (5) died due to diseases like pneumonia, diarrhoea, and childbirth complications. In the same year (2010), 88/1000 live births were the reported for infant mortality rate in Nigeria, while the mortality rate for under the age five (5) is 143/1000 live births and the neonatal mortality rate was 40/1000 low birth weight (UNICEF, 2012). UNICEF (2016) was of the view that cases of diarrhoea and pneumonia are the two most important causes of infant mortality among children fed artificially. Studies have shown a strong association between exclusive breastfeeding and child survival (Horta, 2013), and that adequate breastfeeding is essential in reducing malnutrition in infants. In addition, breastfeeding is meant to ensure the attainment of millennium development goal four and five which is to reduce child mortality and improve maternal health respectively.

Efforts and strategies have been put in place by WHO and UNICEF to increase awareness of exclusive breastfeeding using baby-friendly hospital initiatives in order to reduce complications from respiratory and gastrointestinal infections. Despite all these measured, it is observed that most mothers are still reluctant in practicing exclusive breastfeeding, whereas all mothers are expected to answer the clarion call for exclusive breastfeeding. In this modern-day society, women are devotedly entangled in several paid jobs that have firm laws and codes of conduct. These stringent workplace rules and regulation may not afford the freedom to practice baby-friendly or exclusive breastfeeding. This study is meant to assess the knowledge of mothers in exclusive breastfeeding practices, as well as the factors influencing exclusive breastfeeding amongst women of reproductive age groups in Egor Local Government Council Secretariat of Edo State. This assessment is aimed at describing the level of knowledge and recommends means of improvement in the rate of exclusive breastfeeding, to prevent infant mortality and morbidity in the Locality and Nigeria.

Research Methodology

The research adopted a descriptive survey research design in assessing exclusive breastfeeding practice amongst women of reproductive age in Egor Local Government Council Secretariat of Edo State. To collect data and describe its systematic manner and characteristics pertinent to the studied population (Omorogiuwa, 2006).

Study Setting

Egor Local Government Council Secretariat is along Mela Motel Road behind Ediaiken market (Uselu market) which is along the Uselu Lagos Express Road. It was established in 1996 and consists of 11 departments. They are; Administrative and General Service, Works, Finance and Treasury, Environmental, Primary Healthcare, Social Welfare, Planning, Agriculture, Information, Legal and Revenue departments. The staff strength of Egor Local Government Secretariat is 557, with - 202 male and 325 female. Female between ages 18-49 years are 224 (Head of department personnel, 2017). Egor Local Government Council Secretariat was chosen because the establishment has the data or information relevant to this research work. It was also chosen due to the proximity of the establishment of the researcher.

The population of the Study

The population of this study comprised of women between the reproductive ages of 18-49 years and has at least a child in Egor Local

Government Council Secretariat of Edo State. Egor Local Government Councils Secretariat has 224 women of reproductive age, which cuts across the eleven departments of the secretariat (Head of Department personnel, 2017).

Inclusion Criteria

The inclusion criteria for selecting members of the population for this study include;

- The individual must be a woman.
- The woman must have at least a child.
- The woman must be within the reproductive ages of 18-49 years.
- The woman must be a member of the staff of the Egor LGA Secretariat.
- The individual must be available at the time of data collection.
- The individual who is ready to participate in the research after due information.

The Instrument for Data Collection

The research instrument used in this study is a structured self-administered questionnaire. The questionnaire was divided into five sections viz:

Section A - the respondent provides information on socio-demographic characteristics. It consists of 10 points of both closed and open-ended questions.

Section B - contains structured questions on participants' awareness about exclusive breastfeeding practice, and it consists of 4 questions.

Section C - contains structured 7-point closed-ended questions on knowledge of exclusive breastfeeding practice.

Section D - contains structured 13-point questions on the practice of exclusive breastfeeding.

Section E - contains a structured 13-point questions on associated factors influencing exclusive breastfeeding practice.

Validity and Reliability of the Instrument

The face and content validity were ascertained by experts in the field of reproductive health nursing in the clinical area in the Teaching Hospital and lecturers in the Department of Nursing Science at the University. The reliability of the instrument was established through the test-retest process. The data collected from the process was analysed to estimate the reliability of the instrument by using Pearson's Product Moments Correlation Co-efficient and Kuder Richardson Formula 20test to check the internal consistency of measurements with dichotomous choices, the reliabilities value obtained were a

subscale of 0.8 and 0.75 respectively which were considered fit for the instrument used in this study.

Data Analysis and Presentation

The raw data collected were coded in a spreadsheet for easy analysis. Coded data were entered into a computer for analysis using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics of percentages and frequency tables were used to analyse the data.

Ethical Consideration and Informed Consent

The ethical principles guiding the use of human participants in research was strictly followed. Letter of introduction was obtained from appropriate authorities from Egor Local Government Area Secretariat as well as informed consent obtained from respondents in the study before administering the questionnaire. Confidentiality, beneficence, and justice were taken as the priority in this research as well.

Results

The data were obtained from questionnaires distributed to 224 respondents, and 206 copies were retrieved. This indicates that about 91.96% of the questionnaire were retrieved.

Table 1: **Demographic characteristics of the respondents**
n = 206

Variable	Tenets	Frequency	Percent
Age in years	20-29	23	11.1
	30-39	113	54.9
	40-49	70	34.0
Ethnicity	Yoruba	5	2.4
	Hausa	1	0.5
	Ibo	12	5.8
	Others	188	91.3
Educational background	Primary	4	2.0
	Secondary	73	35.4
	Tertiary	129	62.6
Number of children	1-2	55	26.7
	3-4	144	69.9
	5-6	7	3.4
Monthly Income in naira	Less than 24000	18	8.7
	25000-30000	31	15.0
	31000-60000	62	30.1
	61000-100000	65	31.6
	Above 100000	30	14.6

Table 1 showed that respondents within the age range 30-39years recorded the highest frequency of 113(54.9%), followed by 40-49years age group with a frequency of 70(34.0%) while those within 20-29 years had the least with a frequency of 23(11.1%). The ethnicity, those of other ethnicities other than the three major ethnic groups in Nigeria were more 188(91.3%), but among the three major ethnic groups, the Ibos were the highest 12(5.8%) while the Yoruba and the Hausa were 5(2.4%) and 1(.5%) respectively. Higher proportion 129(62.6%) of the respondents had tertiary educational qualification while 73(35.4%) and 4(2.0%) had secondary and primary educational qualifications, respectively. More than two-third 144(69.9%) of them had 3-4 children, 55(26.7%) of them had 1-2 children while 7(3.4%) had 5-6 children. Concerning monthly income, those with

an income range of 61000-100000 were more 65(31.6%), closely followed by those with an income range of 31000-60000 which were 62(30.1%) while those with monthly income Less than 24000 were the least 18(8.7%).

Table 2: **Sources of awareness of Exclusive Breastfeeding (EBF).**

Awareness of EBF	Response	Frequency	Percent
	Yes	206	100
	No	-	-
Total		206	100
Sources of information			
	Electronic media	24	11.65
	Health professionals	136	66.03
	School Seminar Lecture	8	3.88
	Friends and relatives	28	13.59
	Religious organization	10	4.85
Total		206	100

Table 2 showed respondents' sources of awareness regarding exclusive breastfeeding. It revealed that all the respondents 206(100%) were aware of the exclusive breastfeeding policy. However, many of them got the information about the exclusive breastfeeding policy from health professionals 136(66.03%). Others got the information through other sources such as friend and relatives 28(13.59%), electronic media 24(11.65%), religious organization 10(4.85%), and school seminar lecture 8(3.88%).

Table 3: **Respondents' level of knowledge of exclusive breastfeeding**

Level of knowledge	Frequency	Percent
Low	16	7.77
Moderate	40	19.42
High	150	72.81
Total	206	100

Table 3 revealed that 150 (72.81%) of the respondents have high knowledge of exclusive breastfeeding, whereas 40 (19.42%) have a moderate

level of knowledge and 16 (7.77%) of the respondents have low knowledge of exclusive breastfeeding. The areas where the respondents had good knowledge include the understanding of exclusive breastfeeding concept 156 (75.73) and expected time to start baby-friendly practice 149 (72.33).

Table 4: **Respondents' level of compliance to Exclusive Breastfeeding (EBF)**

Levels of compliance to EBF	Frequency	Percent
Low	40	19.42
Moderate	64	31.07
High	102	49.51
Total	206	100

Table 4 showed that 40 (19.42%) of the respondents demonstrated low-level practice of exclusive breastfeeding whereas 64 (31.07%) of the respondents have a moderate level practice of exclusive breastfeeding while 102 (49.51%) of the respondents have a high-level practice of exclusive breastfeeding.

Table 5: **Factors influencing Exclusive Breastfeeding (EBF)**

		Response		
S/N	**Items**	**Yes (%)**	**No (%)**	**Decision**
1	Do you experience any difficulty in practising EBF?	16(7.8)	189(92.2)	Non-factor
2	Do you breastfeed in public?	184(89.3)	22(10.7)	Non-factor
3	Is it easy to breastfeed in public?	125(60.7)	81(39.3)	Non-factor
4	Are you permitted to carry a baby to work?	34(16.5)	172(83.5)	Factor
5	Is there crèche in place of work?	20(9.7)	186(90.3)	Factor
6	Does working time affect the practice of EB?	113(54.9)	93(45.1)	Factor
7	Do you have break time?	16(7.8)	190(92.2)	factor
8	Do you do shift duty?	183(89)	23(11)	Non-factor

Table 5 revealed that factors such as non-permission to carry baby to work 172 (83.5%), absence of crèche in the place of work 186 (90.3%), and duration of working time 113 (54.9%), and absence of break time at work 190 (92.2%) were some of the factors perceived to be influencing exclusive breastfeeding among women of reproductive age in Egor Local Government secretariat of Edo State.

Discussion

This study investigated the knowledge, practice and associated factors influencing exclusive breastfeeding practice among women of reproductive age in Egor Local Government Council Secretariat of Edo state. The study revealed that a high percentage of women of reproductive age in Egor Local Government Council of Edo state is knowledgeable about exclusive breastfeeding practice. The general knowledge should translate into better exclusive breastfeeding practices. However, some of the women expressed difficulties in complying with the policy of exclusive breastfeeding practice. This study also reveals that 72.8% of the respondents have high knowledge of exclusive breastfeeding. This study agrees with the work done by AI-Bimali among teachers in Abha Female Educational District, South Western Saudi Arabia, which revealed that 89% of mothers had a good knowledge of exclusive breastfeeding practice. The study revealed that 72.33% said that exclusive breastfeeding should be initiated immediately after delivery. This is in agreement with the study done by Niguse, Frehiwot, Dinu and Eyesus, (2016) among lactating mothers in Mizan, South Western Ethiopia where 73.2% think that initiation of breast milk should be commenced right away after childbirth.

The study also reveals that 75.73% of respondents have an understanding of exclusive breastfeeding only for 6months. This contrasts the study done by Niguseet al. (2016) among lactating mothers in Mizan South-Western Ethiopia, in respect to the time of exclusive breastfeeding where only 34.7% mentioned up to six months with only breast milk.

The research shows that 75.24% of the study participants have received information about exclusive breastfeeding and their source of information was healthcare professionals. This is similar to the study done in Niguse et al. (2016) among lactating mothers in Ethiopia, which found that 93.6% of respondents' significant sources of information were health professionals.

In the study, even though breastfeeding has found worldwide acceptance with all mothers breastfeeding their babies using exclusive breastfeeding practice rate was revealed to be 49.51%. The exclusive breastfeeding rate obtained in this study was high compared to 17% reported for Nigeria in the Nigeria Demographic and Health Survey (NDHS, 2008).

The similar study was done by Tilahu et al. (2015) among mothers of babies below six months old in Ethiopia and revealed that only 50.1% of mothers were reported to have practised exclusive breastfeeding on the infants. Another study, by Agho Dibley, Odiase and Ogbonmwam, (2013) among female resident doctors in Plateau State revealed that 61.7% of the resident doctors practiced exclusive breastfeeding. Contrast to this study was Matthew (2016) a study among mothers attending infant welfare clinic in a tertiary health institution in South-West Nigeria, which revealed that 70% of the respondent practiced exclusive breastfeeding.

In this study, the perceived associated factors influencing exclusive breastfeeding practice negatively, were non-permission to carry a baby to work, an absence of crèche in place of work, long duration of working time and absence of break time. This study is similar to the study done by Okwy-Nweke, Anyanwu, and Maduforo, (2014) among the working-class mother attending infant welfare clinic at the University of Nigeria, Enugu State. It was found that the majority of the workplace is not conducive for baby-friendly as there were no crèches, where mothers could keep and breastfeed babies during office hours. In a study by Ouyang, Xu, and Zhang, (2012) among Chinese female physicians and nurses revealed that most of the responses given by doctors for failure to practice exclusive breastfeeding despite its knowledge were due to workload. In the health sector, nurses/midwives are on the front line of providing health care services to women in the antenatal clinic, postnatal clinics, and maternity ward. Hence, they are at the advantage of teaching mothers about exclusive breastfeeding, its management, importance and way to sustain lactation even when they are not with their babies.

Conclusion

The benefits derived from the practice of exclusive breastfeeding in the first six months of birth need to be expressed mainly in a country like Nigeria with poor health indices, malnutrition, and high infant mortality. Although, women of reproductive age in this study have a good knowledge of exclusive breastfeeding; the practice of exclusive breastfeeding is moderate. The general knowledge should translate into better exclusive breastfeeding practices. However, some of the respondents expressed difficulties in complying, with the policy of exclusive breastfeeding practice as mothers go to work, and the work environment cannot support the practices of exclusive breastfeeding. Hence the level of compliance is low.

Recommendations

Despite the efforts of different governmental and non-governmental organisations in the encouragement of exclusive breastfeeding practice, the findings from the study revealed that exclusive breastfeeding practice is still infrequent. In order to spread the message of the profit of exclusive breastfeeding for the survival and nutritional status of the children and the promotion of the reproductive health of the mother, the following recommendations are therefore made:

- The Local Government Authority and non-governmental organisations involved in support of exclusive breastfeeding should arrange a refresher training programme for health workers in the antenatal, postnatal and child welfare units. Members of staff should be encouraged to take part in such programme, where they can renew their knowledge with most recent information on the practice of exclusive breastfeeding since they make up the great means of information dissemination on exclusive breastfeeding practice time.
- Employers of labour that is the government and private sectors should extend the maternity leave of mothers to six months or more in order to promote the culture of exclusive breastfeeding among women across the country to enhance healthy living among upcoming generation.
- The importance of exclusive breastfeeding should be introduced into the school curriculum as this would go a long way in giving the female and the male students required information needed for the practice.

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