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Breastfeeding Awareness and Practices in Abakaliki, Southeast, Nigeria

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Abstract

Background: The Federal Teaching Hospital is the only tertiary hospital in Ebonyi State Nigeria. It receives referrals from the general and private hospitals, primary health centers in the state as well as the surrounding state. Breast feeding is a social norm among the indigenes of the state hence practiced commonly. **Aim:** The study was aimed at determining the knowledge and practice of exclusive breast feeding among the women presenting in the hospital. **Methods:** This was a cross-sectional study in the maternity unit of the hospital over three months' period from March to May 2015. A structured data sheet was administered to each mother presenting in the maternity unit of the hospital and willing to participate which were consecutively recruited into the study. **Results:** A total of 500 mothers participated in the study. About 98.4% were aware of exclusive breast feeding while 90.2% practiced it for different reasons and duration. Only 76.4% practiced it for a period of 4 - 6 months. Majority of the mothers (90.0%) got the information about exclusive breast feeding from the hospital. Times of initiation of breast feeding after delivery were 38.2% within 30 minutes and 33.2% an hour respectively. Seventy six percent of the mothers' breastfed on demand. About 91.6% were willing to practice exclusive breast feeding for subsequent babies. Surprisingly 10.2% of the mothers discarded their colostrums. Practice of exclusive breast feeding was significantly related to educational status and occupation. **Conclusion:** Greater awareness and practice of exclusive breastfeeding has been achieved but more still needed to be done especially about the time of initiation, giving of colostrums and the duration of exclusive breast feeding since up to 10.4% of the participants still discarded their colostrums particularly those that delivered outside the hospital.

Keywords

Breastfeeding Practices, Abakaliki, Southeast, Nigeria

1. Introduction

Breastfeeding is as old as man and is the safest and best child rearing practice in terms of infant feeding. This practice was being relegated to the background as breast milk substitutes were taking its place. The importance of breastfeeding cannot be overemphasized. The breast milk is hygienic, safe, cheap, readily available and affordable. It supplies all the necessary water and nutrients adequate for healthy growth and development in the first six months of life as well as the necessary immunity for some common infections. It does not place undue stress on the immature intestines, liver and kidneys of the newborn baby. For the breastfeeding mother, it serves as a method of family planning especially when done on demand and exclusive. Studies have shown that breastfed babies are less likely to suffer most serious illnesses [1] [2] [3] [4].

The provision of adequate nutrition during infancy and early childhood is a basic requirement for the development and promotion of optimum growth, health and behavior of the child. Adequate nutrition means intake and utilization of enough energy and nutrients to maintain wellbeing, health and productivity of an individual. The period of birth to two years of age is recognized as a critical period for which adequate nutrition should be provided for the child to achieve optimum development and full potential [5].

The World Health Organization in 2010 reported worldwide prevalence or rate of Exclusive Breastfeeding as 35% from 0 - 5 months [6]. The rate of 19.1% was reported in Greece [7], 36% in Bangladesh among rural women and 10% in India [8] [9]. The exclusive breastfeeding awareness in Ethiopia and Tanzania were 93.6% and 58.8% respectively while the prevalence rate in Ethiopia was 59.3% [10] [11].

In Nigeria, the immediate causes of malnutrition in the first two years of life are inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections. About 60% of all childhood deaths are reportedly due to underlying malnutrition [5]. The rate of exclusive breastfeeding in the first six months of life was reported as between 15% to 17% (NFCNS 2001-3, NDHS 2003). Over 50% of Nigerian infants are given complementary food too early which is often of poor nutritional value in terms of energy, protein and micronutrients. Based on these and the innocent declaration as well as the baby friendly initiative adopted in 2005, there was policy development on Infant and Young Child Feeding (IYCF) in Nigeria. The policy is aimed at:

1) Promoting, protecting and supporting exclusive breastfeeding.

2) Creating and sustaining positive images of breastfeeding etc. [5].

Some studies have shown improvement but there is still much work to be done. Currently, scientific evidence overwhelmingly indicates that breastfeeding is the optimal method of infant feeding and should be promoted and supported to ensure the best health for women and children. Breastfeeding is the single most powerful and well documented preventive modality available to health care providers to reduce the risk of common causes of infant morbidity. Significantly, lower rates of diarrhea, otitis media, lower respiratory tract infections, type 1 & 2 diabetes, childhood leukemia, necrotizing

enterocolitis and sudden infant death syndrome occur among those who were breastfed [12]. Women who breastfeed have lower risk of type 2 diabetes, breast and ovarian cancers [13]. Recent evidence also suggests that reduction in the risk for cardiovascular and other related diseases may be added to the benefits of breastfeeding for women [14]. Recently breastfeeding has been found to play fundamental role in preventing childhood overweight and development of later obesity. Recent analysis showed that breastfeeding consistently reduced risk for overweight and obesity and that the greatest protection is seen when breastfeeding is exclusive for more than three months [12] [13] [14].

There is no previous study in this center on breastfeeding practices. This study is aimed at determining the awareness and breast feeding practices among mothers presenting at the maternity unit of the Federal Teaching Hospital Abakaliki.

2. Materials and Methods

This cross-sectional descriptive study was prospectively carried out at the maternity unit of the Federal Teaching Hospital Abakaliki, Nigeria between March and May, 2015. The purpose and methods of the study were explained to the mothers in details and informed consent obtained prior to enlisting them into the study. The exclusion criteria were those that refuse consent and HIV positive mothers.

The study population comprised of consecutively recruited mothers in the maternity unit (postnatal and antenatal wards and antenatal clinic). An open-ended questionnaire designed for the study administered to the mothers. Socio-demographic information including the age of the mothers, maternal occupation, educational status, parity, religion, marital status were obtained. The details of breastfeeding and weaning practices were recorded.

2.1. Ethical Issues

The research and ethics committee of the Federal Teaching Hospital approved the study protocol. Informed consent was obtained from the participants and given the option to opt out at any time if they do not wish to continue. Those who do not practice exclusive breastfeeding were counseled adequately on the importance for both the mother and the baby. The importance of colostrums and early initiation of breastfeeding were also emphasized with particular attention to those that discarded their colostrums.

2.2. Sample Size Calculation

A similar study in the country reported the awareness of 67.1%. This was chosen to calculate the minimum sample size using the following formula:

$$n = z^2 P(1-P)/d^2$$

where

n = The required minimum sample size,

z = A number relating to the degree of confidence = 1.96,

P = The proportion of awareness from a similar study = 67.1%,

d = The tolerable error for the study = 5%.

Thus the estimated minimum sample size was 339 but we analyzed 500 clients.

The information obtained was recorded in the data collation sheet designed for the study. The coded data were fed into the computer using epi info program (2008) of CDC Atlanta USA 3.5.1 version and analysis done. A P value less than 0.05 was considered significant.

3. Results

A total of 500 mothers participated in the study. The mean age in the study was 29.4 ± 5.4 years and ranged between 18 - 48 years. The median parity was 2.0 ± 1.4 and ranged between Para 1-Para 9. Majority of the mothers were aged between 20 - 39 years, more of Para 1 - 4 and hard tertiary education. Thirty six percent (180/500) of the mothers were civil servants and 96.0% (480/500) were married. Ninety seven percent of them were Christians. Sixty percent (301/500) had their last delivery in a tertiary hospital and 85.0% (425/500) hard spontaneous vertex delivery (Table 1).

Awareness of exclusive breastfeeding (EBF) was 98.4% (492/500) while 90.2% (451/500) practiced it for different reasons and duration. About 76.4% practiced EBF for duration of 4 - 6 months. Major source of information about EBF was from the hospital 90.0% (450/500). Times of initial of breastfeeding after birth were mostly within 30 minutes (38.2%) and an hour (33.2%). Complementary food was mostly introduced after 6 months of birth. Approximately 76% of the mothers breastfed on demand and baby sucks for 15 - 20 minutes (35.6%) or as long as the baby wants (28.4%). Majority of the mothers (72.4%) practiced EBF for all their babies. About 63.2% of them believed that breast milk was enough for the baby during the EBF period and 91.6% are willing to do it again for their subsequent babies. Surprisingly 10.4% of the mothers discarded their colostrums and 70.6% breastfed their babies for a year, (Table 2).

Majority of the mothers breastfed as a social norm (72.6%) as well as for healthy growth of the baby (70.0%) (Table 3). Some of the mothers (19.4%) discontinued EBF because they believe baby remains hungry and 17.8% because of return to work or school but majority of them 76.6% discontinued at the right time (Table 4). Educational status and occupation were the variables that had statistical significant relationship with the practice of EBF (X^2 = 6.0486), P value = 0.0486 and X^2 = 13.2923, P value = 0.0386 respectively) (Table 5). The mode of delivery has significant relationship with the time of initiation of breastfeeding after birth (X^2 = 120.9952, P value = 0.0000). The place of delivery had statistically significant relationship with discarding of the colostrums (X^2 132.2072, P value = 0.0000).

Educational level also played a significant role in the duration of EBF (X^2 = 27.7582, P value = 0.0000). Age of mother also played a significant role in the total duration of breastfeeding (X^2 = 22.9749, P value = 0.0008) as well as parity (X^2 = 12.3825, P value = 0.0147) and occupation (X^2 = 23.0868, P value 0.0270) (Table 6).

Table 1. Socio demographic characteristics of responses.

Variable	N = 500	%
Age		
≤19	10	2
20 - 29	253	50.6
30 - 39	212	42.4
≥40	25	5
Parity		
1 - 4	462	92.4
≥5	38	7.6
Education		
None	55	11
Secondary school	136	27.2
Tertiary	309	61.8
Occupation		
Civil servant	180	36.0
Student	49	9.8
Trader	97	19.4
House wife	79	15.0
Self education	36	7.2
Teacher	43	8.6
Farmer	16	3.2
Marital status		
Single	20	4.0
Married	480	96.0
Religion		
Christian	485	97.0
Islam	10	2.0
Others	5	1.0
Place of delivery		
Traditional birth attendant	25	5.0
Primary healthcare/Maternity home	52	10.4
Private Hospital	74	14.8
Second centre	48	9.6
Tertiary centre	301	60.2
Mode of delivery		
Spontaneous Vertex Delivery	425	85.0
Assisted Vaginal Delivery	14	2.8
Caesarean Section	61	12.2

Table 2. Practice of breastfeeding.

	No = 50	%
Awareness of exclusive Breastfeeding		
Aware	492	98.4
Not aware	8	1.6
Source of information on Exclusive Breastfeeding		
Relatives	87	17.4
Church	105	21.0
Friends	138	27.6
Hospital	450	90.0
Media	223	44.6
Practice of Exclusive Breastfeeding		
Practiced Exclusive Breastfeeding	451	90.2
Did not practice	49	9.8
Complimentary food		
From birth or within 4 weeks	45	9.0
≤3 months	73	14.6
4 months	80	16.0
5 months	86	17.2
6 months	216	43.2
Time initiated		
Within 30 minutes	191	38.2
In an hour	160	33.2
Within 2 hours	88	17.6
*3 - 5 hours	-	
6 hours	26	5.2
*7 - 11 hours	-	
12 hours	14	2.8
*13 - 23 hours	-	
24 hours	15	3.0
Frequency		
2 hourly	43	8.6
3 hourly	46	9.2
8 - 5 hourly	-	
6 hourly	6	1.2
On demand	379	75.8
When baby wakes	26	5.2
Duration per feed		
≤15 minutes	46	9.2
15 - 20 minutes	178	35.6
21 - 25 minutes	90	18.0
26 - 30 minutes	44	8.8
As long as baby sucks	142	28.4
Number of children Exclusively Breastfed		
All	362	72.4
Some	89	17.8
None	49	9.8
Enough for baby		
Yes	316	63.2

Continued

No	**184**	**36.8**
Willing to do it again		
Yes	458	91.6
No	42	8.4
Colostrums		
Given	448	89.6
Discarded	52	10.4
Total duration of Breastfeeding		
≤11 months	31	6.2
A year	353	70.6
Up to 2 years	116	23.2

Table 3. Reason for breastfeeding.

Reason	Number	%
Child spacing	98	19.6
Easy/comfortable	136	27.2
Encouragement from relatives	141	28.2
Healthy growth of baby	350	70.0
Immunity	267	53.4
Pressure from relatives	15	3.0
Return the body to normal	64	12.8
Social norm	363	72.6

Table 4. Reason for discontinuation exclusive of breastfeeding.

Reason	Number	%
Baby continues to be hungry	97	19.4
Baby refused	23	4.6
Baby islosing weight	6	1.2
Became pregnant	23	4.6
Inadequate milk production	14	2.8
Lack of support (husband)	5	1.0
Maternal health problem	20	4.0
Pain in the breast	4	0.8
Return to work/school	89	17.8
Time to discontinue	383	76.6
Too tiring	33	6.6

Table 5. Demographic characteristics/practice of Exclusive breastfeeding.

characteristics	practiced EBF		X^2	*P*-value
	Yes	No		
Age				
≤19	7	3		
21 - 29	226	27		
30 - 39	195	17		
≥40	23	2	5.6861	0.1279
Parity				
1 - 4	46			
≥5	35	3	3.8126	0.1486
Education				
None/primary	45	10		
Secondary	121	15		
Tertiary	285	24	6.0486	0.0486
Occupation				
Civil servant	170	10		
Student	44	5		
Trader	79	18		
House wife	70	9		
Self Employed	34	2		
Teacher	39	4		
Farmer	15	1	13.2923	0.0386
Marital status				
Single	16	4		
Married	435	85	1.3974	0.0793

4. Discussion

There was high awareness (98.4%) and practice (90.2%) of exclusive breastfeeding among the participants in this study. The awareness was much higher than previous reports from different parts of the country which ranged between 35.9% - 71.3% [15] [16] [17]. This shows that more people are becoming aware of exclusive breastfeeding as there is wide spread information available for the mothers. It may also mean that more of the mothers now have access to antenatal care services and skilled attendant at birth who educated them on breastfeeding. This level of awareness may also be because the study was carried out in a tertiary hospital. About 90.2% of the mothers practiced exclusive breastfeeding for different duration, but 76.4% practiced it between 4 - 6 months. This is also higher than previous reports from different parts of the country which ranged between 10.2% - 61% [16]-[21]. This also may be due to increased

Table 6. Variables that influence breastfeeding practice.

Variables	Mode of delivery			X^2	*P*-value
	SVD	AVD	C/S		
Initiation time					
Within 30mins	182	1	8		
An hour	149	8	9		
2 hours	68	4	16		
6 hours	11	1	14		
12 hours	4	–	10		
24 hours	11	–	4	120.9952	0.0000
Colostrums	**Place of delivery**				
	TBA	PHC/maternity	PH	*Sec	*Tert
Given	9	35	69	47	291
Discontinued	16		5	1	10
				132.2072	0.0000
Education level	**Duration of Exclusive Breastfeeding**				
	Within	1 month ≤ 3	4 - 6 moths		
None/primary	4	21	30		
Secondary	14	21	101		
Tertiary	19	36	252	27.7582	0.0000
Age	**Total Duration of Breastfeeding**				
	<1 year	1 year	2 years		
≤19	4	6	0		
20 - 29	15	174	64		
30 - 39	11	156	45		
≥40	1	17	7	22.9749	0.0008
Parity					
1 - 4	31	320	111		
≥5	-	33	5	12.3825	0.0147
Occupation					
Civil servant	13	141	26		
Student	3	40	6		
Trader	7	61	29		
House wife	5	51	23		
Self employed	2	22	12		
Teacher	1	28	14		
Farmer	-	10	6	23.0868	0.0270

Note: SVD = Spontaneous Vertex Delivery, AVD = Assisted Vaginal Delivery, C/S = Caesarean Section, TBA = Traditional Birth Attendant, PHC = Primary Health Centre, PH = Private Hospital, *Secondary Health Centre and Tertiary Health Centre.

awareness and previous experience by the mothers, increased antenatal care and access to skilled birth attendants at delivery. Major source of information was from the hospital (health workers) which was 90.0% and is similar to previous report of 82.1% [15].

The mean age in the study was 29.4 ± 5.4 years. This compares with previous report of 27.4 ± 5.9 years [16]. Age did not show significant association to practice of exclusive breastfeeding. This was different from the previous study which found a significant relationship between age and practice of exclusive breastfeeding [16]. Age however showed significant association with total duration of breastfeeding as older women were more likely to breastfeed for a longer period. They was no significant association between parity and practice of exclusive breastfeeding but was significantly associated with total duration of breastfeeding as the mothers of higher parity were more likely to breastfeed for a longer period. Only occupation and level of education had significant association with the practice of exclusive breastfeeding. This was similar to previous studies [16]. Education also played a very significant role in the duration of exclusive breastfeeding. Mothers with higher level of education were more likely to breastfeed exclusively for 4 - 6 months. This may be because they have better understanding of the concept and also use it as a form of post partum contraception.

Only 38.2% of the mothers initiated breastfeeding within 30 minutes of delivery. This is low for a baby friendly facility. This was also lower than previous studies in the country which reported 61% for designated baby friendly hospital and 39% from undesignated hospital [21]. This may be because of the general believe among the mothers that breast milk does not flow soon after delivery. This may also be due to the inclusion of unbooked mothers and those that delivered outside the hospital but presented in the facility for one reason or the other during the study period. It may also be due to exhaustion and discomfort after delivery which proper counseling can take care of. The mode of delivery also played a very significant role on the time of initiation of breastfeeding. Mothers who had spontaneous vertex delivery were more likely to initiate within 30 minutes of delivery.

Some of the mothers (10.4%) still discarded their colostrums for various reasons. This was however lower than previous reports in the country [15]. Some believe it is harmful to baby, dirty and infected. Others believed it is witch milk and is bad so should not be given to the baby. Some were told not to give by their aged mother or traditional birth attendants. The place of delivery played a very significant role in the discarding of colostrums. This was similar to previous reports [15].

Some of the women discontinued exclusive breastfeeding due to various reasons majority of which was at the right time. Some however discontinued because they believed that baby continues to be hungry (17.8%), returned to work or school (17.8%). These were lower than previous reports of 29.0% [19] and 20.8% [16] and 24.0% respectively. This may be because the mothers now know better feeding methods, positions, more are breastfeeding on demand and feeds baby till satisfaction.

5. Conclusion

Greater awareness has been achieved and more mothers are practicing exclusive breast-

feeding.

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Recommendation

More work is needed to be done in the areas of time of initiation, duration of exclusive breastfeeding and giving of colostrums to the babies, especially among those delivering outside the hospital.

Limitation

This study was conducted in the tertiary hospital located in the urban area; thus, may not be a true representation of what is obtainable among the whole population in the state.

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Questionaire

Demographic characteristics of participants

Age (years)…….. Parity…….. Occupation…….. Religion……..

Educational status…… Marital status……..

Where did you get information on breastfeeding?

Media…… Friends……. Church…….. Hospital……. Relatives……..

Breastfeeding practices

Did you practice exclusive breastfeeding?.....yes/no? How long……..

For how many children…….. Was it enough for the baby…….yes/no?

Will you do it again…….yes/no?

Time of initiation……..Duration per feed……Frequency……

Complementary food introduced at…… Total duration of breastfeeding……

The first milk (colostrums)…….. Given to baby/Discarded?

Give reason……

Reason for breastfeeding	Reason for discontinuation	
It is the social norm	Baby continues to be hungry	Baby was losing weight
Child spacing	Maternal health problem	Became pregnant
Healthy growth of baby	Pain in the breast	It was time to discontinue
Natural immunity for baby	Inadequate milk production	
Easy and comfortable	Return to work/school	
Returns the body to normal	Lack of support (husband)	
Encouragement from relatives	It is too tiring	
Pressure from relatives	Baby refused	

Place of last delivery

With TBA, maternity home, private hospital, secondary health center, tertiary health centre

Mode of delivery

Spontaneous vertex delivery, operative vaginal delivery, Caesarean Section

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