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FACTORS AFFECTING EXCLUSIVE BREASTFEEDING PRACTICE AMONG LACTATING MOTHERS ATTENDING PRIMARY HEALTH CENTRES IN SHANGA LOCAL GOVERNMENT AREA, KEBBI STATE, NIGERIA.

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Abstract

Exclusive breastfeeding practice among lactating mothers is still low despite associated health benefits. This study examined factors affecting exclusive breastfeeding practice among lactating women attending PHCs in Shanga LGA, Kebbi State, Nigeria. The study adopted descriptive cross–sectional survey. Multistage sampling was used in selecting 225 respondents. A validated research instrument was used, and a reliability of 0.87r was obtained. The findings reveal that Cultural beliefs, level of education and superstition had significant effects on exclusive breastfeeding practice among lactating women attending PHCs in Shanga Lga, Kebbi State (PPMC $_{cal}$ 0.708>$_{tab}$ 0.01); (PPMC $_{cal}$ 0.697 >$_{tab}$ 0.01); and (PPMC $_{cal}$ 0.572>$_{tab}$ 0.01) respectively. This study concluded that cultural beliefs, level of education and superstition significantly affected exclusive breastfeeding practice among lactating women attending PHCs in Shanga LGA, Kebbi State, Nigeria. The study recommended health education on exclusive breastfeeding/early initiation practice. Cultural beliefs towards exclusive breastfeeding practice should be condemned.

Keywords*:* Breastfeeding, Exclusive, Lactating, Mothers, Practice,

Introduction

Exclusive Breastfeeding (EBF) is one of the most effective practices of infant and young children feeding (IYCF) to ensure child health and survival. Although some lactating mothers are found to be practising exclusive breastfeeding, however World Health Organization [WHO] (2020) has shown that nearly two out of three infants are not exclusively breastfed for the recommended 6 months, a rate that has not improved in almost two decades. Nutritionally, Breast milk is the ideal and most recommended food for infants and young children. It is safe, clean and contains antibodies which protect the children against many common childhood diseases. Breast milk provides infants and young children with all the energy and nutrients required for the first six months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one–third during the second year of life (WHO, 2021). Kook (2017) submitted that Exclusive breastfeeding practice is a practice of feeding where an infant receives only breast milk, no other liquids, solids or even water, except oral rehydration solutions, drops, syrups of vitamins, minerals or medicines. Exclusively breastfeeding children perform better on intelligence tests, are less likely to be overweight or obese and are less prone to diabetes later in life. Women who breastfeed their children reduce the risk of breast and ovarian cancer (Akorede et al., 2022).

Exclusive Breastfeeding practice benefits to newborns and infants are well documented. Ojo and Opeyemi (2017) submitted that Exclusive Breastfeeding practice provides infants with superior nutritional content that is capable of improving infant immunity and possibly reducing future health problems and other deformities such as stunted growth. Exclusive Breastfeeding practice is an old method of feeding infants with only the breast milk of their mothers. Essen et al. (2015) opined that Exclusive Breastfeeding practice is an unequalled way of providing ideal food for the growth and development of infants, and it is also an integral part of the

reproductive process with important implications for the health of mothers. World Health Organization (2016) further reported that Exclusive Breastfeeding practice remains the simplest, healthiest and least expensive feeding method that fulfils an infant's needs.

Exclusive Breastfeeding practice has many health and social benefits for both the infant and mother. Breastfeeding protects children against diarrhoea, pneumonia, measles, whooping cough and other childhood killer diseases (Akorede et al., 2022). Exclusive Breastfeeding was defined as feeding infants with only breast milk, whether directly from the breast or expressed, except for syrup, drops consisting of vitamins and mineral supplementation. Exclusive breastfeeding is an integral part of the reproductive process with important implications for the health of the mother and baby (Akorede et al., 2022). Exclusive Breastfeeding (EBF) is a practice of feeding when an infant is given its entire nutrients from human breast milk and receives no complementary food during the first six months of birth (Akorede & Olaleye, 2019). Thereafter, infants should receive complementary food with continued breastfeeding up to two years of age and beyond. Exclusive breastfeeding for the first 6 months of life, followed by optimal complementary feeding are critical public health measure for reducing and preventing morbidity and mortality in young children because breastfeeding supports infants' immune systems and helps protect them from chronic conditions later in life, such as obesity and diabetes (Akorede et al., 2017).

According to UNICEF (2021), about 10 million deaths in children under 5 were recorded in 2016, of which 4 million died within the 1st month of life and half within the first 24 hours. These mortality rates could have been reduced to the barest minimum through support to mothers to practice exclusive breastfeeding. A Nigerian national survey done in 2018 showed that EBF rates remain very low (13%). Exclusive breastfed infants are much less likely to die from diarrhoea, acute respiratory infections and other diseases. They are healthier, have fewer hospitalisations, and lower mortality rates than formula-fed infants (Ajayi et al., 2011). The success of Exclusive Breastfeeding has been attributed to several factors such as provision of accurate information, support to breastfeeding mothers, perceptions, beliefs and attitudes of mothers (Wambach, 2017).

The Federal Ministry of Health (2019) recommended that exclusive breastfeeding should begin within the first 30 minutes of birth. Early exclusive breastfeeding helps the newborn baby to learn to breastfeed while the breast is still soft, hence assisting in reducing post-delivery bleeding and expulsion of placenta. Clostrum (a yellow, thick milk) is a good nutrient which provides newborn babies with lifelong proteinous antibodies that protect the baby against several childhood illnesses and help to reduce dark stool. Medically, the newborn baby does not require additional water or other liquids before the milk comes in, or for the first six months of life. Lactating mothers should not give water or other liquids, as they are dangerous to the overall health of the newborn babies. Health implications of mixed feeding included several diseases such as diarrhoea, pneumonia, damage to the baby's stomach and malnutrition.

Oyewo and Taiwo (2017) reported that the role of the health care professional is critical in providing women with the information they need to make them accept and practice. Exclusive Breastfeeding health information and education significantly influenced mothers' knowledge and practice of EBF. They further explored that knowledge and awareness of exclusive breastfeeding among mothers in Lagos is low compared to other parts of the country. Nigeria Breastfeeding rates among rural African women steadily declined during the 1970s. The introduction of exclusive breastfeeding (EBF) in the 80s helped reduce infant morbidity/mortality; however, misconceptions about when to initiate Exclusive breastfeeding and for how long persist to date. Oche et al. (2018) in their study on Knowledge and Practice of Exclusive breastfeeding conducted in Kwara State, Nigeria reported that the age of the mothers and infants, superstition and level of education of the mother can be adduced to be factors affecting Exclusive breastfeeding among lactating mothers across the state.

According to the Nigerian Demographic and Health Survey (NDHS), in 2016, only 17% of children were exclusively breastfed for less than 4 months, while 13% were exclusively breastfed for less than 6 months. The median exclusive breastfeeding period in Southwest Nigeria by months in the year 2015 was 7 months. In the year 2016, it was 6 months. Within the same period, early initiation of breastfeeding among women in the region was 12.7% in 2015, but increased to 35.5% in the year 2018. All these figures are far below the 90% level recommended by the World Health Organization (Ella et al., 2016). Exclusive breastfeeding strengthens the physical and spiritual bond between mothers and their children. Exclusive breastfeeding was considered

essential but demanding. Only a small proportion (19%) of the nursing mothers in Southwestern Nigeria practised exclusive breastfeeding. The survey showed the major constraints to exclusive breastfeeding to be: the perception that babies continued to be hungry after breastfeeding (29%); maternal health problems (26%); fear of babies becoming addicted to breast milk (26%); pressure from mother-in-law (25%); pains in the breast (25%); and the need to return to work (24%). In addition, the qualitative findings showed that significant others played dual roles with consequences on breastfeeding practices (Agunbade & Opeyemi, 2018).

Kabir and Ezenkiri (2017) in their study titled Some Factors Affecting Exclusive Breastfeeding Practice among Mothers in Dutsin-ma Communities, Katsina State, Nigeria reported that the educational level of mothers is a factor affecting exclusive breastfeeding practice among lactating mothers in Dutsin-ma communities in Katsina State, Nigeria. Other Constraints to exclusive breastfeeding practice among lactating mothers include maternal health problems, marital status, fried's status, home location and occupation. Ojo and Opeyemi (2018) reported that the desire to practice exclusive breastfeeding was often compromised shortly after child delivery. Poor feeding, inadequate support from the husband and conflicting positions from the significant others were dominant constraints. The nurses related the effects of their workload on providing quality support for nursing mothers. Conclusion: Breastfeeding mothers are faced with multiple challenges as they strive to practice exclusive breastfeeding. Thus, scaling up of exclusive breastfeeding among mothers requires concerted efforts at the macro, meso and micro levels of the Nigerian society. Anthony &

Akwasi (2017) reported that Child mortality remains high in low and middle-income countries. Nigeria has the highest under-five rural mortality rate of 242.7 per 1,000 among selected sub-Saharan African countries (Akorede et al., 2022). Successful breastfeeding is crucial to the curbing of infant malnutrition and achieving Millennium Development Goals four, reducing child mortality, and five, improving maternal health. Breastfeeding practices, including initiation and duration, are influenced by multiple interwoven factors, which include health, psychosocial, cultural, political, and economic factors. Among these factors, decisions regarding initiation and duration of breastfeeding in low-income countries are influenced by education, employment, place of delivery, family pressure, and cultural values.

Research conducted in Rivers State revealed that the majority of nursing mothers, about 304, representing 83.06%, had a positive attitude towards exclusive breastfeeding, as they acknowledged that the practice should be encouraged, while only 64 (16.94%) mothers had a negative attitude towards the practice of exclusive breastfeeding. The finding further revealed that the majority of the respondents responded that factors that hinder exclusive breastfeeding practice among mothers in Kakwagom and Okundi Communities were lack of knowledge about breastfeeding, social class, cultural beliefs, superstition and level of education.

Statement of the problem

In Nigeria, while breastfeeding initiation is on the increase, the duration and practice of exclusive breastfeeding among lactating mothers who had their delivery in a health facility, and outside such a facility, have remained low. The early introduction of complementary feeding, based on erroneous assumptions, affects breastfeeding initiation and sustainability. Among the Hausa people and other ethnic groups in Nigeria, a common belief around infant feeding is that exclusive breastfeeding is beneficial to both infants and mothers, but complementary feeding is essential for babies to adapt to other meals with ease. Besides normative expectations, personal experiences and networks of support influence the forms and quality of breastfeeding practices. Largely, these factors exert pressure on breastfeeding mothers, thereby making their experience pleasurable or painful within time and space. It is a fact that exclusive breastfeeding among lactating mothers has yielded tremendous health benefits in the reduction of children's mortality in Africa and in Nigeria in particular. However, much needs to be done because neonatal mortality has remained at in rate or even worsened in some states across the country. United Nations International Children's Emergency Fund (2017) reported that about 10 million deaths among children under 5 years children were recorded in 2016, of which 4 million died within the first months of life. This mortality rate can be reduced drastically through adherence of mothers to exclusive breastfeeding.

Ajayi et al. (2016) in their study conducted in Kogi State reveal that certain socio-demographic variables such as educational level, marital status, age and occupation have been identified as barriers to exclusive breastfeeding among lactating mothers. The research further reveals that a mother's educational level as a

factor affecting exclusive breastfeeding practice among lactating mothers significantly affects the practice of exclusive breastfeeding among lactating women in Kogi State. Despite numerous health interventions, Health Education, Community Mobilisation, and sensitisation towards promoting optimal exclusive breastfeeding practices in Nigeria and developing countries across the globe. Several reports conducted by National and International organisations and scholars have shown that pockets of suboptimal exclusive breastfeeding are documented. In the study area, Shanga Local Government and other Local Government Areas, the researcher observed that despite nutritional counselling on exclusive breastfeeding during Antenatal care (ANC) visits and after delivery, still only 10 – 15 per cent of women of childbearing age are practising exclusive breastfeeding. About 85 – 90 per cent are yet to accept or adopt the exclusive breastfeeding practice. Most of these communities are rural settings where the level of education is too low, especially among women. It has also been observed that there are reoccurrence cases of diarrhoea and malnutrition among children due to unsanitary preparation of food.

Breastfeeding benefits exclusive breastfeeding among newborns and infants are numerous. Breastfeeding provides infants with superior nutritional content that is capable of improving infant immunity and possibly reducing future healthcare spending. At the Innocenti Declaration in 2009, the World Health Organization and United Nations International Children's Emergency Fund called for policies that would cultivate a breastfeeding culture that encourages women to breastfeed their children exclusively for the first 6 months of life and then up to 2 years of age and beyond. However, a recent estimate by the WHO in 2017 showed that worldwide, only 35% of children between birth and their 5th month are breastfed exclusively. Based on the WHO Global data on Infant and Young Child Feeding in Nigeria, 22.3% of children were exclusively breastfed for less than 4 months, while 17.2% were exclusively breastfed for less than 6 months, in the year 2016 (WHO & UNICEF, 2019). The above challenges are what motivated the researcher to embark on this study titled

Objective of the Study

The objective of this is to investigate and find out whether -

i. Cultural beliefs will be a factor affecting exclusive breastfeeding practice among lactating women attending Primary Health Centres in Sanga Local Government Area of Kebbi State.
ii. Level of education will be a factor affecting exclusive breastfeeding practice among lactating women attending Primary Health Centres in Sanga Local Government Area of Kebbi State.
iii. Superstition will be a factor affecting exclusive breastfeeding practice among lactating women attending Primary Health Centres in Sanga Local Government Area of Kebbi State.

Research Hypotheses

The following Research Hypotheses were formulated and tested :

i. There is no significant relationship between cultural beliefs and exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area.
ii. There is no significant relationship between the level of education and exclusive breastfeeding practice among lactating women attending Primary Health Centres in Shanga Local Government Area.
iii. There is no significant relationship between superstition and exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area.

Methodology

The study adopted descriptive cross–sectional survey (Akorede et al., 2023). The population of the study covered 225 lactating women attending five selected Primary Health Centres in the State. A multistage sampling procedure of purposive proportionate and simple random sampling techniques was used in selecting samples for this study. At first stage Purposive Sampling Technique was used to select 10 Comprehensive Primary Health Care Centres out of 45 Primary Health Care Centres in Shanga Local Government Area due to high turnout of clients/patients in almost all health services across the Local Government Area within the period of this research due to several supports and health interventions given by WHO, UNICEF, Saving One

Million Lives for Result (somlr), Kebbi State Primary Health Care Development Agency (KBSPHCDA) Integrated Health Programme (IHP) and Marrie stope Organizations among others. At the second stage proportionate sampling technique was used to select 10 per cent of the total number of registered clients in each selected Health facility to participate in the study. Third Stage: Simple random sampling was used to select the sample size required to participate in the study. This was done by picking one out of every two (2) that is n = 2 clients by considering even numbers as clients to participate in the study, using the Immunisation register of each selected Primary Health Centres across the Local Government Area to get the total sample size of 225 respondents that participated in the study. The instrument was validated and subjected to reliability testing. A reliability index of 0.87r was obtained.

Table 1: Details of Proportionate Sampling Procedure

S/N	Political Wards	PHCs	Total No of Clients	Total Number of Sample Size
1	Atuwo	PHC Atuwo	205	21
2	Dugutsoho	PHC Dugo-tsoho	214	22
3	Gebbe	PHC Gebbe	217	22
4	Kawara	PHC Kawara	208	21
5	Rafin kirya	PHC Tafki Tara	226	22
6	Sakace	PHC Sakace	234	23
7	Sawashi	PHC Gironmasa	241	24
8	Shanga	PHC Samunaka	243	25
9	Takware	PHC Tungangiwa	224	22
10	Yar'besse	PHC Yar"besse	225	23
	Total		2237	225

Results

Hypothesis 1: There is no significant relationship between cultural beliefs and exclusive breastfeeding among lactating mothers attending primary health centres in Shanga LGA, Kebbi State.

Table 2: Correlation Analysis between cultural belief and exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area

Variable	N	X	SD	Df	r-value	p	Decision
cultural belief & exclusive	225	70.93	4.824				
breastfeeding practice	225	14.10	1.475	223	0.708	0.001	Ho Rejected

$P \leq 0.05$

The above table shows that the calculated value 0.708 is greater than the critical value of 0.001 at (0.05) alpha level of significance of degrees of freedom 223. Therefore, the null hypothesis is rejected. This implies that cultural beliefs had a significant effect on exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area, Kebbi State.

Hypothesis 2: There is no significant relationship between level of education and exclusive breastfeeding among lactating mothers attending primary health centres in Shanga LGA, Kebbi state.

Table 3: Correlation Analysis between level of education and exclusive breastfeeding practice among lactating women attending Primary Health Centres in Shanga Local Government Area

Variable	N	X	SD	df	r-value	p	Decision
level of education &	225	70.93	4.824				
exclusive breastfeeding practice	225	14.10	1.475	223	0.693	0.001	Ho Rejected

$P \leq 0.05$

The above table shows that the calculated value 0.693 is greater than the critical value of 0.001 at (0.05) alpha level of significance of degrees of freedom 223. Therefore, the null hypothesis is rejected. This implies that the level of education had a significant effect on exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area, Kebbi State.

Hypothesis 3: There is no significant relationship between superstition and exclusive breastfeeding among lactating mothers attending primary health centres in Shanga LGA, Kebbi state.

Table 4: Correlation Analysis between superstition and exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area.

Variable	N	X	SD	DF	r-value	p	Decision
superstition & exclusive	225	70.93	4.824				
breastfeeding practice	225	14.10	1.475	223	0.572	0.001	Ho Rejected

P≤ 0.05

The above table shows that the calculated value 0.693 is greater than the critical value of 0.001 at (0.05) alpha level of significance of degrees of freedom 223. Therefore, the null hypothesis is rejected. This implies that superstition had a significant effect on exclusive breastfeeding practice among lactating mothers attending Primary Health Centres in Shanga Local Government Area, Kebbi State.

Discussion

The result of hypothesis one revealed that cultural beliefs had a significant effect on exclusive breastfeeding practice among lactating mothers in Shanga Local Government Area, Kebbi State. The findings are similar to those of Wambach (2017), who reported that the success of exclusive breastfeeding practice among nursing mothers has been attributed to several factors, such as provision of accurate information, support to breastfeeding mothers, perceptions, beliefs, level of education, traditional beliefs, social class, in-laws' pressure and attitude of mothers.

The finding is also in consensus with the finding of Akwasi (2019), who submitted that Child mortality remains high in low and middle-income countries. Successful breastfeeding is crucial to the curbing of infant malnutrition and achieving Millennium Development Goal four, reducing child mortality. Breastfeeding practices, including initiation and duration, are influenced by multiple interwoven factors, which include health, psychosocial, cultural, political, and economic factors. Among these factors, decisions regarding initiation and duration of breastfeeding in low-income countries are influenced by education, employment, place of delivery, family pressure, and cultural values. Furthermore, the finding is also in line with the findings of Ella et al. (2018) who reported that, majority of the respondents responded that factors that hinder exclusive breastfeeding practice among mothers in Kakwagom and Okundi Communities were lack of knowledge about breastfeeding, social class, cultural belief, superstition and level of education.

The result of hypothesis two revealed that the level of education had a significant effect on exclusive breastfeeding practice among lactating mothers in Shanga Local Government Area, Kebbi State. The findings are similar to the findings of Kabir and Ezenkiri (2017), who reported that the educational level of mothers is a factor affecting exclusive breastfeeding practice among lactating mothers in Dutsin-ma communities in Katsina State, Nigeria. Other constraints to exclusive breastfeeding practice among lactating mothers include maternal health problems, marital status, fried's status, home location and occupation. This finding is in line with the findings of Mohammed et al (2016), who reported that employed women did not practice exclusive breastfeeding compared to unemployed women. The majority of lactating mothers in this setting were self-employed (farmers). For exclusive breastfeeding to be effective and sustained for up to six months, mothers need both physical and emotional support from significant others, such as their husbands, in-laws, friends and counsellors and support from their employers.

This finding is also in line with the findings of Oche et al. (2018), who confirmed that the level of education of mothers, maternal health problems, pressure from mothers-in-law in-law and mothers' work demands are factors affecting Exclusive breastfeeding practice among nursing mothers in the study area. Other factors were marital problems, inadequate breast milk, sore nipples resulting from excessive breast-sucking, and the stress/boredom associated with regular breastfeeding of babies. Considering the communities in question, these factors could be anticipated because most often mothers leave early for their farms carrying their babies without eating or drinking and engage in farm work for long hours before thinking of breakfast or water.

This could be responsible for the inadequate flow of breast milk. Inadequate flow could cause a lack of satisfaction to the infant, thus long suck before satisfaction. In addition, they find breastfeeding to be stressful and boring because the task of their work, as engaged by the majority of the mothers, coupled with that of babysitting, could be physically and emotionally stressful. Bhavana (2017) also reported that, lack of adequate support results in a negative attitude or dislike for breastfeeding practice; level of education and cultural belief significantly affected exclusive breastfeeding among nursing mothers in rural areas in Nigeria.

The result of hypothesis three revealed that superstition had a significant effect on exclusive breastfeeding practice among lactating mothers in Shanga Local Government Area, Kebbi State. The findings corroborate the findings of In addition, the qualitative findings of Agunbade & Opeyemi (2018) who reported that exclusive breastfeeding practice among nursing mothers is affected by many factors, which include lack of social support, superstition, lack of exclusive breastfeeding knowledge and family pressure.

Ojo and Opeyemi (2019) also reported that the desire to practice exclusive breastfeeding was often compromised shortly after child delivery. Poor feeding, inadequate support from the husband and conflicting positions from the significant others were dominant constraints. Conclusion: Breastfeeding mothers are faced with multiple challenges as they strive to practice exclusive breastfeeding. Thus, scaling up of exclusive breastfeeding among mothers requires concerted efforts at the macro, meso and micro levels of the Nigerian society.

Conclusion and Recommendations

Based on the findings, it was concluded that exclusive breastfeeding practice among lactating mothers in Shanga Local Government Area, Kebbi State, is faced with multiple challenges, just like other parts of the country where similar studies were conducted. The finding further indicated that the rate of exclusive breastfeeding among lactating mothers in the study area is alarming, requiring urgent attention from the Government, stakeholders, Health educators, Health workers and entire communities. Thus, scaling up of exclusive breastfeeding among mothers in the study area requires concerted efforts at the macro, meso and micro levels of the Nigerian society.

Based on the conclusion, the following recommendations were made:-

- Health care Service providers should intensify health education on the importance of exclusive breastfeeding towards the physical, mental and intellectual development of children.
- Health services providers should emphasise early initiation after delivery to all mothers delivering at their health facilities so as to inculcate the practice of breastfeeding at an early stage.
- Cultural beliefs towards exclusive breastfeeding practice should be strongly condemned through community sensitisations, seminars, health education and compound house meetings.
- Health workers should intensify efforts to continuously inform all pregnant women about the benefits of exclusive breastfeeding, as well as show mothers how to carry out exclusive breastfeeding and how to maintain lactation even if they are separated from their infants by going to farm or office work.
- There should be proper health education on the awareness and practice among lactating mothers in Shanga Local Area.
- Breastfeeding support groups should be established so that, on discharge from the hospital or clinic, mothers would be referred to them for proper orientation on exclusive breastfeeding practice.
- Teenage boys who are potential fathers and men need to be educated on the need to support and encourage their wives to exclusively breastfeed their babies, and to feed well.

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