

Breastfeeding Practice and Awareness Among Women of Child Bearing Age in Abia State Nigeria

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ABSTARCT

Breast feeding practice and awareness among women of child bearing age in Abia State Nigeria were assessed using a structured questionnaire in a clustered random sampling. Out of the 392 women who participated, the demographic data showed an average of 32 years with majority (55.2%) of them were married. The highest educational attainment for most of the women was secondary education (40.0%) while the average number of children per woman was four. Most were self-employed with an average income of between 20,000 -50,000 naira per month. The study further revealed that majority (85.5%) of the women were aware of exclusive breastfeeding with health workers (58.5%) and family members (27.0%) being the major sources of awareness. At the time of survey, only 28.6% of the women were breast feeding and the average of babies being breastfed was found to be 3weeks and 3months old. Major constraints to breastfeeding practice was lack of medical support (35%), return to school (41.8%) and no funding (42.0%). The misconceptions towards breastfeeding were fear of interactions with harmful medications (5.8%), breast fed babies are smaller than formula babies (9.7%), certain foods consumed by mother will harm baby (19.0%). Awareness and practice of exclusive breast feeding could be improved by encouraging social and financial support systems through targeted projects of the government and non-profit organizations. It is also necessary to extend awareness programs to family members and the society at large.

Keywords: breast feeding, Abia State

INTRODUCTION

Breast milk is the greatest for infants in their first year of life since it is special, inexpensive, and best of all (Agostoni & Brunser, 2014). EBF is the practice of solely consuming breast milk from the time of birth until the child is six months old, without the addition of any additional liquids (such as water), solids, oral rehydration solutions, drops or syrups of vitamins or minerals, or medications unless directed otherwise by a doctor.

In order to provide newborns with the best nutrition possible, the World Health Organization (WHO) and the American Academy of Pediatrics both encourage exclusive breastfeeding. Their evaluations state that it is adequate for the infant's six-month growth at its ideal level (Michaelson, 2013). It is one of the evidence-based child survival strategies as well, according to the World Health Organization (WHO, 2015).

Effective breastfeeding practices, particularly in Africa, could avert approximately 11.6% of the 6.9 million under-five deaths worldwide (Black, et al, 2013; WHO, 2013).

Despite the above benefits of nursing worldwide, it is estimated that less than 40% of infants under the age of six months obtained EBF, and only 15% could continue breastfeeding while eating solid food for up to two years, per World Health Organization (WHO) recommendations (WHO, 2015). The situation is significantly worse in underdeveloped and low-income areas. Only 2 out of 10 newborns are believed to obtain adequate EBF in the first six months following birth (Indad & Yakooob, 2013).

Globally, the inability to exclusively breastfeed the baby increases the risk of infant mortality, hospitalization for diseases that can be avoided, such as gastroenteritis and respiratory illnesses, childhood obesity and diabetes rates, adult diseases like coeliac disease, and reduced birth spacing when other methods of contraception are not available. Lack of breastfeeding has a detrimental effect on a child's IQ, educational success, and behavioral results (Mgongo, et al., 2013).

Not breastfeeding has a large financial cost burden that includes the cost of caring for children and mothers with chronic illnesses as well as those with acute illnesses (Bartick & Reinhold 2010; Smith 2010). Unbreasted children between the ages of 6 and 23 are more likely to die from all causes and infections. According to the World Bank's compilation of development indicators, which was compiled from officially recognized sources, the percentage of exclusively nursing mothers in Nigeria in 2017 was estimated to be 23.33%. (WHO, 2015).

METHOD

Study Subject

Nigeria's Abia State includes the Local Government Area of Ukwu East. Its main office is located in Akwete. The population of Akwete is 38,865 while the population of Ukwu East Local Government Area is predicted to be 726200. The location of Akwete is about between latitudes 40° and 60° north and 70° and 80° east. It covers an area of around 5,243.7 sq km, or about 5.8% of Nigeria's total land area.

Sample Size and Study Design

Women in Akwete L.G.A. between the ages of 15 and 40 who had given birth at any point prior to the survey were the focus of the cross-sectional study, which sought to determine their awareness of, attitudes toward, perceptions of, and problems related to exclusive breastfeeding. The minimum sample size was determined using the Taro Yamane () method for sample size computation.

The constituency of Ukwu East is divided into 17 electoral wards, each of which is further subdivided into sections. A multistage cluster sampling methodology was utilized in this study. Using a straightforward random procedure, two parts from the chosen ward were chosen. The two parts' households were chosen using a practical sampling technique. A questionnaire was used to conduct interviews with 359 women who were childbearing age.

An informed oral consent was sought before the respondents were given the questionnaire. Over the course of fourteen (14) days, participants were recruited for the data collection in the comfort of their own homes. Before the interview began, the respondents were informed of the study's purpose.

Statistical software package was used to easily code and analyze the raw data obtained from the questionnaire (SPSS). To analyze and understand the data, frequency distribution tables and descriptive statistics like percentages, the mode, and the mean were used.

RESULT

Demographic Characteristics of Respondents

According to sociodemographic data on women of childbearing age in Akwete, Ukwu East Local Government Area, Abia State, 8 (2.2% of the women) were between the ages of 15 and 20, 144 (40.1%) were between the ages of 21 and 30, 139 (38.7%) were between the ages of 31 and 40, and 68 (18.9%) were over the age of 41.

According to the breakdown of the women's marital status, 143 (39.8%) were single, 198 (55.2%) were married, 3 (1.8%) were widowed/divorced, and 15 (4.2%) were separated from their husbands or partners.

Distribution based on educational attainment revealed that 64(17.8) had a higher education while 147(40.9%) had only completed secondary school. 33(9.2%) had only attended primary school.

On parity, 241 (67.1%) of the women gave birth to children ranging in age from 1 to 3, 109 (30.4%) of the women had children ranging in age from 4 to 6, and 9 (2.5%) of the women gave birth to children ranging in age from 7 to 9.

Data showed that 23 (6.4%) of the women were housewives, 14 (3.9%) were employees of the government, 285 (79.4%) were self-employed, and the remaining 37 (10.1%) were working in Private establishments. Their monthly income levels revealed that 93 (25.9%) of them made less than N20,000, 163 (45.4%) made between N20,000 and N50,000, and 103 (28.7%) made more than N50,000. The respondents' family sizes ranged from 1-3 (67.1%), 4-6 (30.4%), and 7-9 (2.5%).

Breastfeeding Practice Among Women of Child Bearing Age

Fifty-one women (14%) of the 359 women studied, were found to be unaware of exclusive breastfeeding. However, the majority of the women, 308 (85.2%), were aware of these advantages for both the mother and the child. Furthermore, 211 (58.8%) of the women learned about exclusive breastfeeding (EBF) from health professionals in the health center; 97 (27.0%) learned about EBF from family members; 24 (6.7%) learned about EBF from friends; and 27 (7.5%) of the women learned about EBF from other sources.

Breastfeeding Practice Among Women of Child Bearing Age

Only 27 (7.5%) of Akwete women exclusively breastfeed their infants, compared to 289 (80.5%) who combine breast milk and formula feeding and 43 (12.0%) who exclusively use formula. Additionally, it was found that 76 (21.2%) of the women tried EBF for less than a month, 13 (3.6%) for between one and two months, 65 (18.1%) for between three and four months, and 35 (9.7%) for between five and six months. Additionally, the results revealed that 103 (28.6%) of the women were currently breastfeeding, whereas 256 (71.4%) were not.

Challenges Influencing Exclusive Breastfeeding

In Ukwae East L.G.A., Abia State, challenges to exclusive breastfeeding included 63 (17.5%) of the women reporting sore and painful nipples, 42 (11.6%) reporting a premature birth, 68 (18.9%) reporting a lack of breast engorgement, 39 (10.8%) reporting breast infection, 127 (35%) reporting a lack of support from hospital staff when asked for assistance with breastfeeding, and 45 (12.5%) reporting a lack of information from Additional responses were 24 (6.7%) on nipple type (flat, inverted), 75 (20.9%) on return to work, and 150 (41.8%) on return to school. More specifically, 151 (42%) respondents reported having insufficient income to support EBF while remaining at home.

Attitudes and Perceptions Regarding Breastfeeding

The women's attitudes toward breastfeeding revealed that 97 (27%) said they didn't think about breastfeeding exclusively during their pregnancies, 35 (9.7%) said they were concerned about producing enough breast milk, 31 (8.5%) said it was stressful and boring, and 96 (26.7%) said they were embarrassed.

According to perceptions, 66 (18.4%) believed that exclusively breastfed infants had fewer chances of developing skin allergies, asthma, diarrhea, and ear infections than infants who were fed formula, 99 (27.6%) believed that infants who were exclusively breastfed had fewer chances of developing obesity, diabetes, high blood pressure, and cholesterol in the future, and 112 (31.2%) believed that breastfeeding mothers had fewer chances of experiencing postpartum depression, bleeding after delivery, and a lower rate of occ a few of the females 21 (5.7%) of the women expressed concern that some medications might be harmful to the baby, while 68 (10.6%) worried that breastfed babies are smaller than formula babies, 34 (9.5%) expressed worry that the baby will become ill from the mother's diet, and 69 (19%) expressed worry that the baby won't get enough nutrition.

DISCUSSION

The majority of the women in this study in Ukwae East L.G.A., Abia State, are aware of exclusive breastfeeding (80.5%), but only a small percentage (27.5%) of them actually practice it. Some of the study's findings may be the cause of this practice's poor uptake. The women in this study had, on average, completed their secondary education. Women's high levels of education may have influenced their awareness of exclusive breastfeeding. According to a study by Gastner et al. (2014), the major ethnic groups in Kogi State, Nigeria, differ significantly in their acceptance and use of exclusive breastfeeding. Exposure to the media and handouts on EBF is made possible by formal education, which also contributes to raising awareness of the benefits of exclusive breastfeeding, which in turn leads to acceptance and use (Ajayi, Hellandensis & Odekunle, 2014).

The majority of respondents worked for themselves, and the majority of their income ranged from N20,000 to N50,000, or an average of 35,000 naira, to support a household of six on average, suggesting poor income. This shows that women may not practice EBF because of the necessity to work and provide for their families, which is exacerbated by the absence of assistance from husbands and other family members with household duties. Therefore, they will be less focused on EBF and the wellbeing of the infant and more worried with their everyday tasks in order to feed their children. This was in line with the findings of Imdad & Yakoob (2013), who documented cases of neglecting breast-fed infants in underdeveloped and low-income areas. Researchers have found that the practice of exclusive breastfeeding is influenced differently by sociodemographic characteristics. The study has identified a few elements that supported and might favorably affect the use of EBF. Due to their belief that exclusively breastfed kids are less likely than formula-fed babies to experience skin allergies, asthma, diarrhea, and ear infections, women of childbearing age who have practiced EBF have been positively persuaded to do so. Additionally, infants who are exclusively breastfed are less likely to grow up to be obese, diabetic, have high blood pressure, or have high cholesterol. Some believed that breastfeeding mothers had lower risks of postpartum depression, bleeding after delivery, and diseases linked to obesity, such as high blood pressure and diabetes. Additionally, some believed that women who breastfeed had a lower risk of ovarian breast cancer and fractures caused by thinning bone. The main barriers to EBF in Akwete Ukwae East LGA, Abia State, included health issues, returning to work (20.9), returning to school (41.8%), embarrassment (26.7%), and lack of support from hospital staff when asking for assistance with breastfeeding (35%). Other barriers to EBF practices in the region were essentially misunderstandings. Some of the women were concerned that some medications might be harmful to the baby, 9.7% were worried that exclusively breastfed babies are smaller than formula-fed babies, 9.5% were afraid that the baby might get sick from the mother's diet, and 19% were afraid that the baby wouldn't get enough nutrition.

CONCLUSION

The respondents in Akwete, Ukwae East Local Government Area, Abia State, were generally aware of exclusive breastfeeding and had a good understanding of its benefits; however, they may have negative attitudes toward breastfeeding due to a combination of socio-demographic factors, misconceptions, and restrictions. The area's women's practice of exclusive breastfeeding was found to be significantly hampered by their low income. Government and non-governmental organizations' financial support and incentives can go a long way toward easing this problem and subsequently enhancing the practice of EBF in society.

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