

## **Knowledge of the Importance of Exclusive Breastfeeding among Lactating Young Mothers in Enugu Urban, Nigeria**

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### ***Abstract***

*This study focused on knowledge of the benefits of exclusive breastfeeding among young lactating mothers in Enugu urban, Nigeria. Four hospitals the young mothers used for their antenatal/ postnatal care were used for the study. They were Poly General Hosiptal, Asata, Enugu, New Haven Health Centre, Enugu, Balm of Gilead Hosiptal Achara Lay-out, Enugu and the National Orthopaedic Hospital, Enugu. The population of the study was made up of all the lactating young mothers who visited the hospitals with their infants for service. However, for data collection purpose, 80 copies of the questionnaire (20 copies to each hospital) were randomly shared among the young mothers in not less than two visits to each of the hospitals by the researchers. Sixty copies (70%) of the questionnaire were properly completed and returned. Data collected were analyzed using percentage, frequencies and mean scores. Mean scores of 2.5 and above represented positive responses to the question items. The study has shown that 53(88.3%) of the respondents had knowledge of exclusive breastfeeding, while 7(11.6%) of them did not have it. Majority of the young mothers were within the ages of 26-35 years old and most of them 42(70%) had tertiary education. Many of them 23(38.3%) were civil servants, followed by traders 19(13.6%). 55(91.3%) of the young mothers got information on the importance of exclusive breastfeeding from their hospitals and during antenatal/post-natal care. 28(46.6%) others got the information from their friends. The importance of exclusive breastfeeding had the following mean scores: Best food for infants 3.7; Baby looks healthy 3.3; Baby receives immunity against disease 3.0; strong bond between mother and child 3.0; it saves money 2.9; delays re-occurrence of menstruation 2.5, and fights against breast cancer 2.5. Uploading exclusive breastfeeding had the following mean scores: mother should feed on balanced diet (3.6); drink water adequately (3.4); and should be available 24 hours (2.7). Problems included maternal poor feeding (3.4); nature of mother's work (3.4); state of health (3.2) and maternal education (2.6).*

**Keywords: knowledge, Importance, Exclusive breastfeeding, Lactation, Young mothers,**

## **Introduction**

Knowledge is the product of information provided and received systematically on a given subject. Information is defined by Olajide(2008) as facts and opinions provided and received in the course of human daily activities. Facts communicated and received on a subject are capable of modifying the knowledge state of an individual (Afolabi, 2003). Acquisition and utilization of knowledge, especially in the area of health helps in preserving and enriching lives. Thus, provision of knowledge or facts on exclusive breastfeeding to young lactating mothers is necessary as its application encourages continuity of the natural process of human development which starts in the womb. This knowledge can be delivered orally, in print and non- print resource. It can also be delivered through the use of information and communication technologies such as radio and television stations. Exclusive breastfeeding is the provision of only breast milk as food for an infant without any other liquid except syrups which may be medicines or vitamins. Food is important in the life of every human being because it provides energy and nutrients required for activities, growth, repair and prevention of diseases (Olofin, 2016). When an infant is

poorly fed, it becomes weak, loses weight and becomes inactive and can be easily attacked by infectious diseases.

Exclusive breastfeeding for six months is being recommended because it provides all the nutrients needed by the growing infant. According to kuchenbecker et al (2015), in a Malawian cross- sectional study on exclusive breastfeeding, it was found that while 58.8% of the male infants (105) whose mothers were interviewed had exclusive breastfeeding; 49'5%did not receive it. On the part of the female infants (91), 41.2% had exclusive breastfeeding, while 50.5% did not receive it. The infants who did not receive exclusive breastfeeding did not grow as others. It is a natural means of providing energy, nutrients and antibodies for fast growth and disease prevention in infants. It can be practised by lactating young mothers for six months and the breast milk should be given as demanded (Nlend and Ekani, 2010). As a way of encouraging exclusive breastfeeding, and preventing high mortality rates among infants, there should be improved maternal nutrition (Editorial, 2010). Since infants get their nutrition from their mothers, improved maternal nutrition means improved nutrition for the infants; the result is good health for the mothers and their infants because they feed on high

quality foods. Breastfeeding is healthy for both the mother and the infant [Ejezie, 2018]. The major point in advocating exclusive breastfeeding is to avoid diarrhea and other related diseases capable of affecting the lives of the infants easily. One

should be proud to carry an infant who looks healthy and who is active. Exclusive breastfeeding creates a rewarding opportunity for interaction between the mother and her child.

### **Statement of the Problem**

Experts in the health profession emphasize the need for lactating mothers to give their infants exclusive breastfeeding for at least the first six months. Some of them obey the

advice but others over look it. The problem is do these lactating young mothers who do not practise exclusive breastfeeding know its importance? What factors militate against them?

### **Objectives of the Study**

The study is specifically intended to:

1. Ascertain the importance of exclusive breastfeeding as perceived by the lactating young mothers of 18 – 40 years old in Enugu urban.

2. Know the major sources of their information on exclusive breastfeeding.
3. Find out factors militating against the practice of exclusive breastfeeding by young mothers.

### **Literature Review**

Exclusive breastfeeding is recommended by experts in health profession for the first six months life of an infant. This is because it contains essential micronutrients, antibodies and antimicrobial agents [Ejezie, 2018]. The presence of these life supporting

elements help in fighting against diverse diseases. World Health Organization recommends that pregnant women in need of treatment of HIV should have access to anti- retroviral therapy to reduce mother- to child transmission and encourage breastfeeding intervention [ Horvath, T., Madi, B.C; Tuppa,

T.M.(2009) cited in Nlend & Ekani, 2010]. Proper treatment of HIV in pregnant mothers reduces its transmission to their infants through breastfeeding. UNICEF (2006), points out that exclusive breastfeeding stimulates babies' immune systems and protects them from diarrhea and acute respiratory infections. The organization indicates that Nigeria is among African countries that have made appreciable progress in exclusive breastfeeding since 1990. According to Sekyi and Anyobodeh(2016), exclusive breastfeeding provides an infant with superior nutritional contents capable of improving the infant's immunity and reduce expenses in future health care.

It is equally on records that the World Health Organization recommends exclusive breastfeeding for infants for

### **Factors That Are Against Exclusive Breastfeeding**

According to Ejezie(2018), insufficient provision of vitamin D through breastfeeding can lead to rickets among the infants. The mother's poor health during and after pregnancy can lead to inferior breast milk production

the first six months because of the health implications. Healthy development of an infant is a natural process which starts in the womb of a pregnant woman. After birth, the mother is expected to ensure continued natural and right nutritional supply to the infant for at least six months

To Oyeniyi, (2015), exclusive breastfeeding reduces stress level because the practice involves relaxation. It is cheap, helps mothers lose weight and boosts the infant's intelligence. As a result of these important advantages to both the mothers and their infants, exclusive breastfeeding is cherished. It provides opportunity for skin- to- skin touch and eye contact between the mother and her infant. It restores uterus fast to its pre-pregnancy size and fights against breast cancer.

[Yoddumnern – Attig, Attig and Kanungsukkasem, 1991]. The inferiority

of the breast milk can be seen in terms of its quantity and quality. An infant fed with poor breast milk appears unhappy and sickly. Low maternal micronutrients in take during lactation consequently lead to a reduction in the quality and

quantity of some nutrients available for the infant in the breast milk [Ejezie, 2018]. Poor maternal nutrition is dangerous to the life of the infant whose food is the breast milk only. The absence of maternal care contributes largely to the poor growth of the affected baby who receives alternative nutritional substitute to breastfeeding. [Yoddumnern- Attig, Attig and kanungsukkasem, 1991]. Sekyi and Anyobodeh(2016) found that occupation, health condition, education and husband/ family support were the most militating factors against exclusive breastfeeding among lactating women in Sekondi-Takoradi Metropolis, Ghana. According to Ugboaja et al (2013), the major reasons for some women in the Southeastern Nigeria not involved in exclusive breastfeeding are their refusal to do it and their belief that it is stressful. Some of the lactating mothers in the area refuse exclusive breastfeeding because they want their breasts to remain firm and pointed. Others as a result of their worldly activities see sitting down to breastfeed their infants as extending the stress of the day. They also refuse exclusive breastfeeding if they do not eat

well and the breast milk is not flowing as expected.

Kimani – Murage et al(2015) are of the view that poverty, livelihood and living arrangements, early and single motherhood, poor knowledge, HIV and unintended pregnancies are the major factors that militate against exclusive breast feeding in the poor urban setting of Nairobi, Kenya. Moreover, Setyaning et al (2018) found out in their study that mothers with low socio- economic status and others who had less knowledge of exclusive breast feeding did not involve themselves in the practice. The same authors discovered that mothers who were among the high income group employed the service of maids and did not involve themselves in exclusive breast feeding. In a study conducted by Igbal et al (2017), they discovered that mothers who did not practice exclusive breast feeding were not employed, belonged to lower socio-economic status, and lived in joint family system. According to Ajabode et al(2013), very low income and occupation such as peasant farming are other factors that do not support exclusive breastfeeding.

Woldie et al (2014) found out through their study that some mothers in the urban areas were less likely to practice exclusive breast feeding as mothers in the rural communities. KL (2009) points out that infants who do not sleep with their mothers at night are not likely to receive exclusive breast feeding. The author equally states that many mothers who are from high income group do not practice exclusive breast feeding. One major reason some mothers do not

involve themselves in exclusive breast feeding is their inability to lactate adequately (Kio, 2015). From the study conducted by Kimani – Murage et al(2015), it was found that many male infants could not be satisfied with breast milk feeding only. Hallmark News (2015) is of the view that other factors that are against exclusive breast feeding would include work outside the home, inadequate breast milk, ill-health and fear of sagging the breasts.

**Research Method**

The survey research method was used for this study. Questionnaire was used in collecting data from the lactating young mothers who were between the ages of 18 – 40 years. Twenty copies of the questionnaire were administered to the mothers who attended antenatal/postnatal care at each of the following hospitals:

- a. Poly General Hosiptal, Asata, Enugu.
- b. Balm of Gilead Hospital, Achara Lay-out, Enugu.
- c. National Orthopaedic Hosiptal, Enugu.
- d. New Heaven Health Centre

Provision of data by the young mothers was done voluntarily. The questionnaire was designed in Likert scale of Strong Agree (SA), Agree (A), Disagree (D) and Strong Disagree (SD). A total of 80 copies of the questionnaire were distributed among the respondents. However, 60(70%) copies of the questionnaire were properly completed and returned. Percentage was used in analyzing the first five questions. For the Likert scale used, the scores of each of the question items were allowed to attract a total of 10 marks shared in the following order: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) =2, Strong Disagree (SA) = 1.

SA	A	D	SD
4	3	2	1

Mean  $\frac{10}{4} = 2.5$

Thus, 2.5 and above stand for acceptance.

**Presentation of Results**

**Table 1: Demographic information of the Respondents.**

	Age Range	Number of responses	Percentage
(a)	18-25 years	12	20
(b)	26-30 years	15	25
(c)	31-35 years	22	36.6
(d)	36-40 years	11	18.3

Table 1 shows the following age ranges of the mothers;

- (a) 18-25 years 12(20%);
- (b) 26-30 years 15 (25%);

- (c) 31-35 years 17 (28%); and
- (d) 36-40 years 11(18.3%).

Majority of the mothers were within the ages of 31-35 years old followed by those who were within 26-30years old.

**Table 2: Highest Level of Education**

	Item	Number of Response	percentage
(a)	No formal education	-	-
(b)	Had Primary education only	-	-
(c)	Had Secondary education	16	26.6
(d)	Had tertiary education	44	73.3

Table 2 shows their educational levels in the following order:

- (a) 44(73.3%) had tertiary education;

- (b) 16 (26.6%) had secondary education;
- (c) None of them had primary education only.

Majority of the mothers 44(73.3%) had secondary education tertiary education, while others had

**Table3: Occupation**

	Item	Number of Response	percentage
(a)	Teacher	6	10
(b)	Trader	19	31.6
(c)	House wife	11	18.3
(d)	Civil servant	24	40

In table 3, we are shown that 24 (40%) of them were civil servants. 19(31.6%) were traders, while 11 (18.3%) were house wives, 6(10%) were teachers. Majority of the mothers were civil servants and these were followed by traders.

**Tables 4: Knowledge of Exclusive Breastfeeding**

Yes	Percentage	No	percentage
53	88.3%	7	11.6%

Table 4 shows that 53(88.3%) of them had knowledge of exclusive breastfeeding,

While7 (11.6%) did not have it

**Table 5: Sources of information on Exclusive Breastfeeding**

	Item	Number of Response	percentage
(a)	Libraries	4	6.6
(b)	Radio	13	21.6
(c)	Television	14	23.3
(d)	Hospital: Antenatal/ Postnatal care	55	91.6
(e)	Friends	28	46.6
(f)	Internet	14	23.3

(g)	Family Members	20	33.3
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55(91.6%) of them got the information from the hospitals (Antenatal/ post-natal care). 28 (46.6%) got their information from their friends. 20(33.3%) received the information from their family members. 14(23.3%) got the information from the Internet, another

14(23.3%) got the information from television. 13 (21.6%) from radio and 4(6.6%) got their information from libraries. It can be seen that majority of them got their information from hospitals.

**Table 6: The Importance of Exclusive Breastfeeding**

	Item	SA	A	D	SD	Mean	REMARK
(a)	Breast milk is the best food for children below six Months	176	42	-	-	3.6	Accepted
(b)	When to breastfeed a baby is determined by the mother only	48	24	54	7	2.2	Rejected
(c)	Baby looks healthy	148	57	2	-	3.4	Accepted
(d)	Baby is given immunity against diseases	164	42	2	-	3.4	Accepted
(e)	It saves money	132	33	8	3	2.9	Accepted
(f)	It stops bleeding after birth	64	36	18	6	2.0	Rejected
(g)	Strong bond between mother and the infant	124	63	4	1	3.2	Accepted
(h)	It delays reoccurrence of Menstruation	64	70	14	6	2.5	Accepted
(i)	It fights against breast cancer	92	51	10	1	2.5	Accepted

From table 6, we can see that the mean scores 3.6, 3.4, 3.2, 2.9 and 2.5 were rated

positive, while the mean score 2.0 and 2.2 were rated negative.

**Table 7: Factors against Exclusive Breastfeeding**

	<b>Item</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>Mean</b>	<b>REMARK</b>
(a)	Maternal poor feeding hinders her exclusive breastfeeding.	140	54	4	2	3.3	Accepted
(b)	Maternal education can affect her exclusive breastfeeding.	72	72	10	7	2.6	Accepted
(c)	Nature of a mother's work can affect her practice of exclusive breastfeeding.	112	75	6	1	3.2	Accepted
(d)	State of health of the mother may not Support exclusive breastfeeding.	136	66	-	2	3.4	Accepted

Table 7 shows the mean scores 3.4, 3.3, 3.2 and 2.6 which were all rated positive.

**Table 8: How to Uphold Exclusive Breastfeeding.**

	<b>Item</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>Mean</b>	<b>Remark</b>
(a)	Mother should feed satisfactorily on balanced diet every day.	188	36	-	-	3.6	Accepted
(b)	Mother should be available 24 hours every day.	108	51	20	2	3.0	Accepted
(c)	Mother should drink water every day adequately.	136	75	-	1	3.5	Accepted

All the means scores in this table 8: 3.6, 3.0 and 3.5 were all rated positive.

### **Discussion of Findings**

In this study, it has been known that majority of the women 32(53%) were at the age range of 26-35 years. At that age, they should be able to maintain exclusive breastfeeding for their infants, having been adequately supported by their husbands/ families. Majority of them 44(73.3%)

received tertiary education and as such were in a position to appreciate the need for exclusive breastfeeding of their infants for at least the first six months.

Nigerian government grants each of the nursing mothers sixteen (16) weeks maternity leave to enable them take good care of their infants. On resumption of duty,

each of them is allowed to dismiss from work at least two hours earlier than others. This gesture must be one of the reasons Nigeria has become one of the African countries that have made appreciable progress in exclusive breastfeeding since 1990 (UNICEF 2006). The implication is

that nurses in Nigerian hospitals spend time in teaching these young mothers the role of exclusive breastfeeding, and they have appreciably started to practice what they learn. There is hope for proper intellectual development and immunity of Nigerian children against diseases.

## Conclusion

The study has shown that exclusive breastfeeding has numerous advantages that should be harnessed by lactating young mothers for healthy development of their infants. This exclusive breastfeeding should be done for at least six months because of the advantages.

The various husbands/ families should support their lactating mothers to be able to practice exclusive breastfeeding effectively. The lactating mothers should not be allowed to participate in stressful works for the first six months they take adequate care of their infants.

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