

# AWARENESS OF THE BENEFITS OF BREASTFEEDING AMONG MOTHERS AND ITS INFLUENCE ON THE BREASTFEEDING PRACTICES IN JOS

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## ABSTRACT

**Background:** Breastfeeding is an effective intervention to reduce child morbidity and mortality. The third of ten steps to successful breastfeeding is to inform all pregnant mothers about the benefits of breastfeeding. This awareness of the benefits of breastfeeding by breastfeeding/Nursing mothers may serve as a motivation for good breastfeeding practices. The aim of this study therefore was to determine awareness of breastfeeding benefits among nursing mothers in Jos and its relationship with selected breastfeeding practices

**Methods:** The cross-sectional study was carried out among 482 breastfeeding mothers in 6 immunization clinics in Jos. Information on sociodemographics, breastfeeding practices and Mothers' level of awareness of the benefits of breastfeeding. The awareness level was then graded good, fair and no awareness. Bivariate analysis was done using SPSS 21

**Results:** Of the 482 nursing mothers interviewed, 77.6% were assessed to have good knowledge, 8% had fair, while 14.5% had no knowledge of the benefits of breastfeeding. Significantly more women of younger ages, lower socioeconomic status, lower education and unskilled had No awareness of the benefits of breastfeeding. Good breastfeeding practices and intention to breastfeed for more than a year were associated with good level of awareness.

**Conclusion:** The results of this study suggest that socioeconomic status, age, education and awareness of the benefits of breastfeeding are important factors for breastfeeding practices. Breastfeeding messages which stresses on the benefits to mother and child be simplified and targeted at the less educated, less skilled, mothers of lower socioeconomic status and in the extreme of ages, This will ensure better breastfeeding practices.

**Keywords:** Awareness, Benefits, Breastfeeding, Mothers, Influence, Practices

## BACKGROUND

Breastfeeding is a cultural practice conferring important health and development benefits to children, families, communities and the nation.<sup>1,2</sup> It is the fundamental component of the child-survival strategy. The Baby Friendly Hospital Initiative (BFHI) was designed to support, protect and promote breastfeeding practices. The third of ten steps to successful breastfeeding in the initiative is to inform all pregnant mothers about the benefits of breastfeeding.<sup>3</sup> Such benefits that accrue to the baby include reduction in the risk of acquiring acute otitis media, gastroenteritis, respiratory tract infections, allergies, asthma, diabetes, obesity, hypertension, childhood leukemia, sudden infant death syndrome (SIDS), and necrotizing enterocolitis. Breastfeeding helps prevent growth faltering and stunting. It's also good for the health of mothers as it helps moms bond with their newborns, recover from childbirth, regaining pre-pregnancy weight rapidly, and can reduce mothers risks of Type 2 diabetes, heart disease, breast and ovarian cancer. Analyses of studies show clearly that apart from being the safest and healthiest infant feeding method, breastfeeding is also the least expensive.<sup>5</sup> In the past, there has been extensive involvement of government and nongovernmental organizations at all levels in creating awareness about breastfeeding and encouraging mothers to optimally breast feed.<sup>6</sup> Presently with the dwindling breastfeeding rates awareness of the benefits of breastfeeding may serve as a motivation for good breastfeeding practices. Our aim was to determine the awareness of breastfeeding benefits among nursing mothers in Jos and its relationship with selected breastfeeding practices

## METHOD

The cross-sectional study was carried out among 482 breastfeeding mothers in Jos attending immunization and well child clinics in 6 selected private and public hospitals (2 tertiary, 1 secondary, 2 private health facility and 1 Primary Health Care center). Using an interviewer administered semi-structured pretested questionnaire, Data was collected on sociodemographics and breastfeeding practices of breastfeeding mothers. Socioeconomic status was determined by application of the scoring system designed by Olusanya<sup>7</sup>

Mothers' level of awareness of the benefits of breastfeeding was graded as, 'Good' if she proffered

3 or more different benefits, 'Fair' with 1 or 2 benefits and 'No' awareness if she didn't mention any at all. Bivariate analysis was done using SPSS 21. Variable of interests were categorized and relationship with the level of awareness tested using chi-square analysis. *p*-value of less than 0.05 were regarded as significant.

## RESULTS

Mothers' ages ranged from 18 to 45 years with a mean of  $27.04 \pm 4.98$ . Most (66.4%) mothers fell into the 21-30 year age group. Mothers from low socioeconomic class (SEC) accounted for 45.3%, Middle-29.6% and Upper SEC- 25.1%. Of the 482 nursing mothers interviewed, 77.6% were assessed to have good knowledge, 8% had fair, while 14.5% had no knowledge of the benefits of breastfeeding. Most mothers (92.5%) only mentioned benefit of breastfeeding to the babies but did not state any benefit to the mother. Only 36 (7.5%) indicated benefits to mothers, these also had good knowledge.

**TABLE 2: RELATIONSHIP BETWEEN DEMOGRAPHIC CHARACTERISTICS AND MOTHERS AWARENESS OF BREASTFEEDING BENEFITS**

Variables	Mothers level of awareness of breastfeeding benefits				$X^2$	<i>p</i>
	None	Fair	Good	Total		
<b>Mothers age</b>						
=20	14(29.2)	16(40.0)	18(45.0)	48 (10)	73.828	0.001*
21-30	46(14.4)	18(5.6)	256(80.0)	320(66.3)		
31-40	8(7.5)	2(1.9)	96(90.6)	106(22)		
>40	2(25)	2(25)	4(50)	8 (1.6)		
<b>Occupation</b>						
Professional/skilled	4(10)	0(0)	36(90)	41(8.6)	20.663	0.001*
Semi-skilled	8(6.8)	18(15.3)	92(77.9)	118(27.7)		
Unskilled	56(17.6)	20(6.3)	242(76.1)	318(66.7)		
<b>Educational level I</b>						
Tertiary	4(4.2)	6(6.4)	84(89.4)	94 (19.6)	25.208	0.001*
Secondary	38(14.2)	16(5.9)	214(80.0)	268(55.8)		
Nil- Primary	28(23.7)	16(13.6)	74(62.7)	118(24.6)		
<b>Socioeconomic class</b>						
Upper	6(4.9)	10(8.2)	106(86.9)	122(25.6)	23.212	0.001*
Middle	14(9.7)	12(8.5)	116(81.7)	142(29.8)		
Lower	48(22.6)	16 (7.5)	148 (69.8)	212(44.5)		
<b>Child's ranking</b>						
First	30(18.5)	10(6.2)	122(75.3)	162(34.2)	3.329	0.504
Second & third	26(13.0)	14(7.0)	160(80.0)	200(42.2)		
Fourth & above	14(12.5)	10(8.9)	88(78.6)	112(23.6)		

\*Statistically significant

**TABLE II: RELATIONSHIP OF MATERNAL PRACTICES WITH LEVEL OF AWARENESS OF BENEFITS OF BREASTFEEDING**

<b><u>PRACTICES</u></b>	<b><u>AWARENESS OF BENEFITS OF BREASTFEEDING</u></b>				<b><math>\bar{X}</math></b>	<b>P</b>
	<b>NONE</b>	<b>FAIR</b>	<b>GOOD</b>	<b>TOTAL</b>		
<b><i>Frequency of ANC attendance</i></b>						
<4	8(12.5)	8(12.5)	48(75.0)	64	1.830	0.400
= 4	56(14.1)	30(7.5)	312(78.4)	398		
<b><i>Baby's first meal</i></b>						
Breastmilk	46(12.6)	26(7.1)	294(80.3)	366	8.320	0.016*
others	24(21.8 )	12(10.9)	74(67.3 )	110		
<b><i>Colostrum</i></b>						
Given	69(14.5)	36( 7.6)	371(77.9 )	476	5.607	0.061
Discarded	1 ( 16.7)	2(33.3)	3(50.0)	6		
<b><i>Daily Frequency of breastfeeding</i></b>						
1-5	6(23.1)	8(30.8)	12(46.2)	26	26.464	0.001*
6-10	34(13.0)	14(5.3)	214(81.7)	262		
>10	14(10.0)	8(5.7)	118(84.3)	140		
<b><i>Breastfeeding in the 1<sup>st</sup> 6months</i></b>						
EBF	30(14.7)	8(3.9)	166(81.4)	204	7.703	0.021*
None EBF	40(14.4 )	30(10.8 )	208(74.8 )	278		
<b><i>Discussing breastfeeding with other mothers</i></b>						
Never	52(21.1)	2(0.8)	192(78.0)	246	17.048	0.002*
Occasionally	15(9.6)	12(7.6)	130(82,8)	157		
frequently	1(2.2)	2(4.4)	42(93.3)	45		
<b><i>Intended breastfeeding duration</i></b>						
=1yr	68(16.1)	30(7.1)	324(76.8)	422	8.781	0.012*
>1 year	2 (3.3)	8(13.3)	50(83.3)	60		

\*Statistically significant

## DISCUSSION

A good proportion of mothers had good level of awareness of the benefits of breastfeeding (77.6%), this is in keeping with finding from similar studies carried out in Kogi and Ogun states of Nigeria where majority of mothers had good knowledge of the benefits of breastfeeding even though our figures were less than theirs.<sup>8,9</sup> In our study, the vast majority of mothers were only aware of benefits of breastfeeding to the baby, very few (7.5%) mothers could mention breastfeeding benefits to the nursing mother. This is similar to study finding in Malaysia, where 'almost all mothers interviewed thought that breastfeeding had only benefits for the baby, while in fact the mothers are also beneficiaries of breastfeeding.'<sup>10</sup> Being aware of benefits to the mother seems to give an edge over others who did not know as all the subjects who knew the benefits to the nursing mother herself were all assessed as having good level of awareness also.

Being unaware of the benefits of BF has attendant backlash on child development efforts thus the apparently smaller percentage (14.5%) of mothers who were not aware of any breastfeeding benefit, represents a substantial proportion of nursing mothers that are completely ignorant of the "good news" on breastfeeding as a child survival strategy and cannot be glossed over. Consequently, health workers should endeavor to continuously inform all pregnant and nursing mothers they come in contact with about proper breastfeeding practices and its benefits a significant proportion of mothers did not attend Antenatal clinic where these issues are discussed as regularly as recommended.

Sociodemographic factors influenced the level of awareness as the youngest and oldest mothers, unskilled workers, least educated, and those from lowest socioeconomic class had the largest proportion of nursing mothers with no awareness of breastfeeding benefits. A low educational, socioeconomic and occupational position has often been associated with poor health choices and increased morbidity through the presence of unhealthy lifestyle factors, unequal access to – and quality of – health care, more material deprivation and a stressful psychosocial environment.<sup>11-</sup>

<sup>13</sup>However the link between lack of awareness of breastfeeding benefits and poor socioeconomic and educational status may specifically be attributed to lack of the capacity to understand health issues and life skills that allow better-educated persons to gain

more ready access to information and resources to promote health.<sup>14</sup> This suggests that efforts to educate women on breastfeeding and its benefits need to be geared more strongly to those in the vulnerable groups.

Good breastfeeding practices such as giving breastmilk as baby's first meal ( $P = 0.016$ ) increased frequency of breastfeeding ( $P = 0.001$ ), practicing Exclusive Breastfeeding in the first six months of life ( $P = 0.021$ ) and intending to breastfeed for more than a year ( $P = 0.012$ ) were associated with good level of awareness. This affirms one of the key constructs of health belief model, that if an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behavior regardless of objective facts regarding the effectiveness of the action. Simply put, a person would tend to accept and sustain a recommended health action if it was perceived as beneficial.<sup>15</sup> Knowledge often plays an important role in building confidence thus motivating nursing mothers who had good awareness to frequently engage in sharing breastfeeding experiences with others. This finding could be a useful strategy in passing important health information among mothers in informal setting as experiences are shared.

In conclusion the results of this study suggest that are socioeconomic status, age, education and awareness of the benefits of breastfeeding are important factors for breastfeeding practices. Breastfeeding education which stresses on the benefits to mother and child be simplified and targeted at the less educated, less skilled, mothers of lower socioeconomic status and in the extreme of ages, This will ensure better breastfeeding practices, increase exclusive breastfeeding rates and encourage longer durations of breastfeeding with resultant reduction in childhood morbidity and mortality

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