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# Factors Affecting Breastfeeding Practices in Odeda Local Government Area of Ogun State, Nigeria

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**Abstract:** Adequate nutrition and health care during the first few years of life is fundamental for a child's survival and prevention of malnutrition. This study was therefore conducted to assess the factors affecting breastfeeding practices in Odeda Local Government, Ogun State, Nigeria. A representative sample of one hundred and eighty seven lactating mothers was surveyed using a purposive sampling technique. The breastfeeding practices showed that 27% breastfed their babies exclusively according to recommendation by United Nation Infant and Children Education Fund/World Health Organization. On the factors limiting exclusive breastfeeding; 11% of the respondents had sore nipples, 34% had breast pain, 10% engorgeness while 46% had no problem. Forty four percent of the respondents were influenced by breastfeeding campaign initiatives. Most of the mothers (85%) forcefully fed their babies with cereal gruel. A positive correlation  $r$  value of 0.03 existed between age of the mothers and exclusive breastfeeding ( $p < 0.05$ ). It can be concluded from the research that most of the mothers did not practice exclusive breastfeeding. There is need for more nutrition education on the benefit of exclusive breastfeeding.

**Keywords:** Breastfeeding, child nutrition, complementary feeding, malnutrition

## I. INTRODUCTION

There is a universal consensus about the fundamental importance of breastfeeding for children's adequate growth and development and for their physical and mental health. Breastfeeding, particularly exclusive breastfeeding, and appropriate complementary feeding practices are universally accepted as essential elements for the satisfactory growth and development of infants as well as for prevention of childhood illness. This has culminated in a publication by the World Health Organization (WHO) recommending that infants should be exclusively breastfed up to 6 months of age [1]. Benefits of breastfeeding includes; decrease in the incidence and severity of infectious diseases such as diarrhea, respiratory tract infections, otitis media and urinary tract infection; decreased incidence of types 1 and 2 diabetes mellitus, overweight, obesity and asthma. Too early introduction of breast milk substitutes and too late introduction of semi-solid complementary feeds are common and are responsible for rapid increase in the prevalence of under nutrition between 6-24 months. The importance of breastfeeding cannot be over emphasized for mothers.

Some studies have reported factors that are positively associated with exclusive breastfeeding to include; high maternal educational level, gestational age greater than 37 weeks, mothers with previous experience of breastfeeding, etc [2]. The study was carried out therefore help the health workers to intensify more effort in the area of nutrition education and to educate parents more on the importance of exclusive breastfeeding and when and how to introduce complementary feeding.

### **Objectives of the study**

- To examine factors affecting breastfeeding practices of lactating mothers in Odeda LGA area of Ogun State.

## II. MATERIALS AND METHODS

### **A. Study design**

A descriptive survey was carried out in Odeda local government using lactating mothers having babies between 6-24 months.

### **B. Study area**

The study was conducted in Ogboja, KofesuAlaro, Odeda, Ikeye, Agbede, Alabata, Kango, Owe, Isolu, Ojoo-Oluwo, Ogidan all in Odeda local government in Ogun state. Odeda local government council with the headquarters in Odeda is situated along Abeokuta – Ibadan road and is about 20km from Abeokuta the state capital. Odeda local government was created out of Egba Divisional Council in October 1955 by the Action Group controlled Western Nigeria government of late Chief Obafemi Awolowo, the first premier of the region.



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The majority of the people are predominantly farmers who engage in small scale farming alongside petty trading though a very few are found in quarry business, cattle and livestock. However, agric based industries take a lion share of the economic activities of the area.

C. Sample size

The sample size was selected using purposive sampling method. A total number of One Hundred and Eighty Seven respondents (187) were selected.

D. Data collection

A structured pre tested questionnaire was used to obtain information from One Hundred and Eighty Seven respondents (187). Information gathered using the questionnaire included: Socio economic characteristics of the respondents, nutritional knowledge of the mother, feeding behavior of the child, availability and access to hospital (visits and medical care) and food frequency table.

III. RESULTS

A. Socio Demographic Characteristics of the Respondents

Socio demographic characteristics of the respondents' as shown in table 1 indicated that majorities (97%) of the respondents were between the ages of 20 and 39years while the rest were between 40 and 59years. Majority of the respondents (96%) were married, 3% were single parents, and 1% were divorced. In terms of occupation; 36% were traders, 35% were artisans, 4% were civil servants, and the remaining 24% were house wife. Slightly more than half of the respondents (55%) earned income less than ₦ 5 000, 18% earned between ₦ 6 000 and ₦ 10000, 5% earned between ₦ 11, 000 and ₦ 15, 000, 4% earned between ₦ 16, 000 and ₦ 20, 000 while 5% earned above ₦ 20, 000. Most of the respondents (71%) were from monogamous family and 95% of the respondents had 1-5 children. About 51% of the babies were female. 53% of the babies were between 6-12 months, and 24% were between 12 and 18 months while 13% were between 18 and 24 months old.

Table 1: Socio demographic characteristics of the respondents

CHARACTERS	FREQUENCY	PERCENTAGE (%)
<b>Age (years)</b>		
20-29	131	70
30-39	52	27
40-49	3	2
50-59	1	1
<b>Marital status</b>		
Single	5	3
Married	179	95
Divorced	2	1
Separated	1	1
<b>Education</b>		
None	57	31
Primary	69	37
Secondary	47	25
Tertiary	12	6
Post Graduate	2	1
<b>Occupation</b>		
Trader	68	36
Artisan	66	35
Civil servant	7	4
House wife	45	24
<b>Income (₦)</b>		
Less than 5, 000	102	55
6, 000-10,000	33	18
11, 000-15,000	10	5
16, 000-20,000	7	4
20, 000 and above	10	5
<b>Number of children</b>		
1-5	177	95



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6-10	10	5
<b>Sex of babies</b>		
Male	91	49
Female	96	51
<b>Age of babies</b>		
6-12 months	99	53
12-18 months	64	34
18-24 months	24	13

**B. Feeding practices by the mothers**

The feeding practices of the mothers is presented in table 2. Slightly more than half (56%) of the respondents' breastfeed their babies immediately after birth, 39 % fed their babies with water, and 4 % fed them with infant formula while 0.5% fed the babies with local herbs. 49% of the respondents secreted breast milk (colostrums) less than an hour after birth, 16% between 1-12 hours, 17% between 12-24 hours while 18% between 2 to 3 days after birth. Most of the mothers (78%) place their babies by the side when breast feeding. 27% of the mothers practiced exclusive breast feeding. More than half (54%) gave the breast milk to their babies on demand, while 46% gave breast milk to their babies at scheduled time. Most of the babies (95%) accepted breast milk easily. Majority of the babies spent 1- 10 minutes breast feeding per session, 12% spent between 11-20 minutes while others spent more than 20 minutes.

**Table 2: Behaviors and practices of breast feeding mothers**

CHARACTER	FREQUENCY	PERCENTAGES (%)
<b>First feed</b>		
Pap	1	0.5
Water	72	39
Breast milk	106	56
Herb	1	0.5
Infant formula	7	4
<b>Breast milk secretion</b>		
Less than 1 hour	93	49
1-12 hours	30	16
12-24 hours	31	17
2-3 days	33	18
<b>Position of breast feeding</b>		
Sideways	146	78
Other methods	41	22
<b>Mode of feeding</b>		
On demand	100	54
On schedule	87	46
<b>Breast feeding duration per session (Minutes)</b>		
1 – 10	104	56
11 – 20	22	12
21 – 30	61	32
<b>Exclusively breast fed</b>		
Yes	50	27
No	137	73
<b>Babies' acceptance of breast milk</b>		
Yes	178	95
No	9	5

**C. Complementary feeding practices of the mothers**

Table 3 shows that 73% of the mothers introduced complementary foods before six month, 4% introduced complementary foods before 9 months while 2% introduced complementary foods after 12 months. Most of the mothers used cereal (gruel) (58%) as complementary foods, 17% used solid foods as complementary food while 24% used beverages. Higher proportion (57%) of the mothers were giving complementary foods 1-2 times in a day, 27% were fed 3-5 times in a day, 9% were fed 5-7 times while 8% were fed more than 8 times with complementary foods.



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Most of the mothers (73%) preserved the complementary foods in feeding bottles, 5% used food flask while 22% prepared the food immediately it is needed. Most of the babies (59%) were being given biscuit, 16% were given sweet and confectionaries while 27% were given soft drinks.

**Table 3: Complementary feeding practices of the mothers**

COMPLEMENTARY FOODS	FREQUENCY	PERCENTAGE
<b>Introduction period</b>		
< 3 months	36	19
3 months	101	54
6 months	40	21
9 months	8	4
12 months	2	2
<b>Type of complementary food</b>		
Semi-solid foods	32	17
Beverage	45	24
Cereal (gruel)	110	59
<b>Method of giving the complementary food</b>		
Forceful feeding	158	85
Willingly	29	15
<b>Frequency of feeding (per day)</b>		
1-2 times	107	57
3-5 times	50	27
5-7 times	16	9
8 times and above	14	8
<b>Storage method</b>		
Preserved in feeding bottle	136	73
Flask	10	5
No storage (prepare and feed)	41	22
<b>Snacks</b>		
Biscuit	107	58
Sweet and confectionaries	30	16
Soft drinks	50	27

**D. Factors affecting the breast feeding mothers**

Table 4 shows factors that affected breast feeding pattern of the mothers. The result showed that 11% of the respondents experienced sore nipple when breast feeding, 34% experienced breast pain while others had no problem in breast feeding their babies. Most of the mothers (70%) were responsible for introduction of variety of foods while the rest were influenced by advisers and media.

**Table 4: Factors affecting the breast feeding pattern of the mothers**

CHARACTER	FREQUENCY	PERCENTAGE
<b>Challenges</b>		
Sore nipple	20	11
Engorgeness	19	10
Breast pain	63	34
Safe breast feeding	85	46
<b>Determinant of breastfeeding pattern</b>		
Self (mother)	93	50
Advice	4	2
Mother in law	7	4
Breast feeding campaigns	83	44
<b>Determinants of baby's food</b>		
Self	131	70
Others	56	30



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**E. Health status of the babies**

Table 5 revealed that most of the respondents (87%) visited hospital once in a month, 11% visited hospital thrice in a month while the rest did not respond to the question. More than half of the respondents (51%) went to receive immunization, 18% went for medical checkup, and 12% went for treatment before birth while 20% did not respond. Majority of the respondents (96%) received antenatal care while 91% received post natal care. 32% of the respondents get sick occasionally, 29% get sick often while 39% get sick when teething. Most of the babies still accept breast milk during sickness, 26% accept food and breast milk when sick, 8% rejected milk while 19% rejected both breast milk and food when sick.

**Table 5: Child's health and care practices**

<b>CHARACTER</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>Hospital visit</b>		
Yes	162	87
No	26	13
<b>Reason for visitation</b>		
Check up	34	18
Immunization	95	51
Treatment	22	12
No response	36	20
<b>Number of times</b>		
1-5	91	49
6-10	56	30
No response	40	21
<b>Frequency of sickness</b>		
Occasionally	59	32
Often	54	29
When teething	74	39
<b>Response to breast feeding when sick</b>		
Accept breast milk	88	47
Accept food and breast milk	49	26
Reject breast milk	15	8
Reject both milk and food	35	19

**IV. DISCUSSION**

The findings of the study revealed that all the mothers' breast feed their babies ( $p < 0.05$ ). This shows that breastfeeding was given priority by the mothers, although it was not done exclusively by all the mothers according to the recommended period which is a period of 6months (WHO/UNICEF (PAHO/WHO 2003) [3]. This could be as a result of the general believe of the mother that breast milk alone cannot satisfy and quench the thirst of the baby therefore water and herbal teas (agbo) were the source of thirst quenching. This trend was also observed by Oganah and Dalmeida (2008) [4]. The study conducted by Davies Adetugbo (2008) in rural villages in Osun state also observed similar findings in Osun State [5]. The study highlighted that most of the respondents introduced water to the baby at a tender months before six months. This introduction of water at this period may make these infants to be vulnerable to infection and diseases as a result of contamination of the supplement given through the water used in preparation. Majority of the mothers introduced water and other supplements might be as a result of the fear of dehydration and insufficient nutrients from the breast milk .This observation is similar to the work of Egbunaet al who studied rural villages in Delta state [6]. Most of the mothers received antenatal care which would have exposed them to higher level of knowledge of foods expected to be consumed by the breast feeding mothers and also helped in proper usage even after the delivery. It was disheartening to discover that most of the respondent visits the hospital occasionally and do not have a proper medical record of their babies.

Most of the women gave breast milk to their babies on demand and the babies readily accept this breast milk for a longer period of time with the child being placed at the side. About 27% of the women practiced exclusive breast feeding. This proportion of exclusive breastfeeding mothers could be as a result of influence of health workers and campaigns by various initiative agencies on exclusive breast feeding. Few respondents introduced complimentary foods to their babies at 3 months. Since these respondents had introduced complimentary foods



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before six month, this might contribute to frequent sickness of the baby observed in the study ( $p>0.05$ ). This same trend was observed in the report of NDHS [7]. Early introduction of solid foods must be discouraged among the mothers as it gives opportunity to introduce foods that may cause infections to the babies. Oganah, (2010) observed this kind of contamination in a related research work in Igbesa a rural village in Ogun state [8].

It was observed that most of the respondents gave their babies complimentary foods 1-2 times in a day, which were mostly stored in feeding bottles, few respondents stored their baby food in a flask while some prepared the foods and gave it to their babies immediately. Also, it was observed that most of the breast feeding mothers gave biscuits to their babies before six months. These practices could be as a result of the affordability and availability of the biscuits in these villages. The reason for higher proportion of cereals in the diets of the babies may be because these food groups are cheaper and readily available in the community. This observation is similar to the findings of Oganah (2010) where babies were given confectioneries and soft drinks at tender months [8]. This raises serious health concern and nutrition issues. The issue of giving babies complimentary foods forcefully was observed among mothers. Davies (2008) also reported that force feeding of infants in Yoruba land has been an age long cultural practices [5]. Infants who refused to take *ogi* and herbal tea (*agbo*) are traditionally force fed. The refusal of the cereal gruel may be due to the bland taste which may not be palatable to the baby; therefore, they have to forcefully feed them. Other factors influencing exclusive breastfeeding significantly are media and advice from friends and families ( $p<0.05$ ). This is in conformity with the work of Egbuna *et al* (2009) who observed similar findings in a similar research work [6].

## V. CONCLUSION

The highlight of findings from this survey revealed that the breast feeding mothers in this study were of low socioeconomic status in term of income and education. Some of the mothers had faulty breastfeeding practices towards their babies. The breast feeding mothers had some challenges confronting them; which includes sore nipples, engorged breasts and breast pain.

## VI. RECOMMENDATIONS

Based on the findings, it is recommended that exclusive breast feeding campaign should be intensified by all stake holders in the community.

- There is need for extension education in the community to change the attitude of force feeding infant and use of herbal teas as an alternative to seeking adequate medical care when the child is sick.
- Food demonstration should be carried out on maternal, new born and child health week to enable mothers to learn how to prepare adequate complementary meals for their babies and be enlightened on the proper breastfeeding duration per session. Alternative for force feeding babies should also be taught in primary health care centers, ante-natal and maternity hospitals, both private and public.

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