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Determinants of Exclusive Breastfeeding Practice among Mothers in Cross River State, Nigeria

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Abstract: Exclusive Breastfeeding (EBF) has a lot of benefits to the infants and the mothers in preventing and reducing the risks of common and preventable childhood illnesses. Many of the breastfeeding mothers do not practice EBF and are not equally aware of the benefits associated with such practice. This may be due to misconceptions and inadequate information regarding breastfeeding practices in their communities. The aim of this study was to evaluate the proportion of breast feeding mothers practicing EBF, the role antenatal care (ANC) plays in educating prospective mothers on EBF, the support breastfeeding mothers receive and their perception of the impact of breastfeeding on the shape and beauty of their breasts. Nine Hundred and thirty two (932) consenting breastfeeding mothers attending immunization clinics in selected Primary Health centres (PHCs) in the state were recruited. An interviewer administered questionnaire was used to collect data. The data was entered and analysed using SPSS version 22 and the level of significance for all statistical anaylsis was taken at $P< 0.05$. The overall prevalence rate of practicing EBF was 69.6%. The practice of EBF was statistically significant for mother's in the 26-35 year age group, with a secondary education, residing in the rural area and southern senatorial district of the state. Also, significant were mothers who attend ANC, being aware of EBF, knew the meaning of EBF as well as the general benefits of EBF to the infant. . Furthermore, other significant factors were mothers that were married, encouraged to practice EBF and those that believed that EBF did not affect the beauty of their breasts. Women of child bearing age should be encouraged to book and attend ANC when pregnant and education on the benefits of EBF should be maintained and sustained during ANC visits in all healthcare facilities in Cross River State of Nigeria. Awareness on misconceptions on EBF and its effect on the beauty of breasts should be advocated. The community should be encouraged to support breastfeeding mothers.

Key words: Exclusive Breastfeeding · Determinants · Practice · Cross River State · Nigeria

INTRODUCTION

Exclusive Breastfeeding is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive oral rehydration solution (ORS), drops and syrups (vitamins, minerals and medicines) [1].

It is recommended that breastfeeding should commence within an hour of a baby's life and should be provided on demand and continued along with appropriate complementary food up to two years or beyond [2, 3]. Breast milk contains virtually all the essential nutrients like fats, vitamins, carbohydrates and most importantly protein needed to keep a baby healthier, stronger and serve as the building block for body tissues [4, 5].

Also, breast milk contains antibodies that help fight infections and the practice of breastfeeding decreases the risk of respiratory tract infections and diarrhea [6].

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Other benefits include lower risk of asthma, food allergies, celiac disease, type 1diabetes and leukaemia [7]. Breastfeeding may also improve cognitive development and decrease the risk of obesity in adulthood [8].

On the other hand, benefits of exclusive breastfeeding to the mothers include less blood loss following delivery, better uterine contractions and involution, weight loss, less post partum depression and aids lactation amenorrhea. Long term benefits may include a decreased risk of breast cancer, cardiovascular disease and rheumatoid arthritis [8].

Breastfeeding is less expensive for the family than infant formula [7] because the funds that will be incurred in buying infant formulas, sterilized nipples or warm bottles may not be available. Breastfeeding gives mothers more time to relax quietly with their newborn and helps in bonding.

Globally about 38% of infants are only breastfed during their first six months of life [2]. The proportion of mothers practicing exclusive breastfeeding is low globally, most especially in the developing countries such as Nigeria and this is mainly due to lack of educational awareness programmes [5] about the need and benefits associated with exclusive breastfeeding.

According to UNICEF, about 15.1% of babies less than 6months of age were exclusively breastfeed, between 2008 and 2012 in Nigeria [9]. However, the Nigeria Demographic and Health Survey of 2013 reported a slightly higher prevalence of 17% for exclusive breastfeeding [10]. Breastfeeding practices, such as initiation and duration, are affected by multiple factors which include health, psychosocial, cultural, political and economic factors [11-15].

The objective of this study is to evaluate the proportion of breastfeeding mothers practicing excusive breastfeeding and to evaluate mother's knowledge, perception and predictors associated with exclusive breastfeeding practices.

Many studies in breastfeeding have focused mainly on the proportion of mothers practicing exclusive breastfeeding. In addition to the proportion of mothers practicing exclusive breastfeeding, this study would examine in depth, the role ANC plays in informing and educating prospective mothers on the benefits of exclusive breastfeeding. It will also seek to evaluate any supportive role that breastfeeding mothers receive from Healthcare worker, family and friends. Across many societies in Nigeria and Africa, there is a wrong perception that breastfeeding is a contributing factor for women losing the beauty of their breasts. This study intends to evaluate this perception among study participants.

MATERIALS AND METHODS

This was a cross sectional community based study targeting Breastfeeding mothers in communities across southern, central and northern senatorial zones of Cross Rive State, Nigeria.

Breastfeeding mothers attending immunization clinics of selected primary health centres who gave consent to the study were voluntarily recruited.

Immunization clinics were conveniently selected across the three senatorial districts of the state. Eligible and consenting individuals filled a researcher administered questionnaire indicating socio-demographic data such as age, sex and educational level.

Also items on the knowledge and perception of exclusive breastfeeding and practices of exclusive breastfeeding were recorded.

Ethical approval for the study was obtained from the Health Research Ethics Committee (HREC) of the Cross River State Ministry of Health in October, 2016 with REC NO: RD/REC/2016/415. Participants were recruited between February 2017, through November, 2019.

Statistical Analysis: Data was entered and analyzed using Statistical package for Social Sciences (SPSS) version 22. Cross tabulation was used to determine the proportion of breastfeeding mothers practicing exclusive breastfeeding. Variables were summarized using frequencies and proportion for qualitative variables and means and standard deviation for quantitative variables. Variables significant on chi square tests were entered into a multivariate logistic regression model and odds ratios and 95% confidence intervals were computed to determine the independent factors associated with non practice of exclusive breastfeeding. Level of significance for all significance tests were taken at 5% ($p<0.05$).

RESULTS

Table 1 shows that majority of the participants had secondary education (59.7%), attended ANC (89.8%) in a primary health facility (43.1%) and delivered in the hospital (51.3%). Also, nearly all the participants (98.1%) were aware of EBF and the source of information was at the ANC (87.4%). In addition, 89.9% and 88.8% of the participants agreed that EBF and the benefits of EBF were mentioned during attendance at ANC respectively. Most of the participants (95.5%) know the meaning of EBF and 93.1% practiced breastfeeding for 6 months; while only 69.6% practiced EBF. Of these numbers, 88.6% were encouraged to practice EBF but about a third discontinued EBF.

Table 1: Frequency distribution of exclusive breastfeeding among respondents in CRS

Variables	Frequency N = 932, (%)
Age category of mothers (years)	
16-25	363 (38.9%)
26-35	491 (52.7%)
36-45	76 (8.2%)
>45	2 (0.2%)
Marital status	
Single	104 (11.2%)
Married	828 (88.8%)
Educational status	
No formal education	13 (5, 2%)
Primary	107 (16.5%)
Secondary	556 (59.7%)
Tertiary	256 (27.5%)
Occupation	
Student	48 (5.2%)
Unemployed	154 (16.5%)
Self-employed	595 (63.8%)
Employed	88 (9.4%)
Others	47 (5.0%)
Place of residence	
Rural	557 (59.8%)
Urban	375 (40.2%)
Senatorial districts	
Northern	149 (16.0%)
Central	139 (14.9%)
Southern	644 (69.1%)
Age gap between siblings in months	
≤ 12	315 (33.8%)
13-24	131 (14.1%)
25-36	146 (15.7%)
37-48	113 (12.1%)
49-60	59 (6.3%)
>60	168 (18.0%)
ANC attendance	
Yes	837 (89.8%)
No	95 (10.2%)
ANC facility	
Primary	402 (43.1%)
Secondary	355 (38.1%)
Tertiary	78 (8.4%)
None	97 (10.4%)
Place of delivery	
Home	148 (15.9%)
TBA	127 (13.6%)
Hospital	478 (51.3%)
Church	88 (9.4%)
Maternity home	91 (9.8%)
Awareness of EBF	
Yes	914 (98.1%)
No	18 (1.9%)
Source of information about EBF	
ANC	815 (87.4%)
Media (TV, Radio, Newspaper	7 (0.8%)
Friends/Relations	44(4.7%)
Immunisation center	48 (5.2%)
Not aware	18 (1.9%)
EBF mentioned at ANC	
Yes	838 (89.9%)
No	9 (1.0%)
Never attended ANC	85 (9.1%)
Benefits of EBF mentioned at ANC	
Yes	828 (88.8%)
No	9 (1.0%)
Never attend	95 (10.2%)
Knowledge of EBF	
Breastfeeding without supplement	890 (95.5%)
Breastfeeding with supplements	9 (1.0%)
No idea	33 (3.5%)
Duration of EBF	
<3 months	12(1.3%)
3 months	13 (1.4%)
6 months	868 (93.1%)
>6 months	7 (0.8%)
Not sure	32 (3.4%)
Benefits of EBF	
Yes	905 (69.9%)
No	283 (30.4%)
Practice of EBF	
Yes	649 (69.6%)
No	283 (30.4%)
Frequency of EBF per day	
<6-8 times	159 (17.1%)
6-8 times	35 (3.8%)
>8 times	68 (7.3%)
On baby's request	670 (71.9%)
Duration of EBF (time)	
<30 minutes	338 (35.9%)
30 minutes	140 (15.0%)
>30 minutes	199 (21.4%)
Don't keep time	250 (26.8%)
When asleep	8 (0.9%)
Discontinue EBF	
Yes	288 (30.9%)
No	644 (69.1%)
Encouraged to practice EBF	
Yes	826 (88.6%)
No	106 (11.4%)
Happy practice EBF	
Yes	918 (98.5%)
No	14 (1.5%)
Makes breast less attractive	
Yes	170 (18.2%)
No	702 (81.8%)

Table 2: The Practice of exclusive breastfeeding among participants in CRS

Variables	Practice Exclusive Breastfeeding (N =649), %	No Practice of Exclusive Breastfeeding (N =283), %	Statistics Values	p-value
Age category of Mothers (years)				
16 – 25	231 (35.6%)	132 (46.6%)	15.656 (LR)	0.001*
26 – 35	360 (55.5%)	131 (46.3%)		
36 – 45	58 (8.9%)	18 (6.4%)		
Above 45	0 (0.0%)	2 (0.7%)		
Marital status				
Single	57 (8.8%)	47 (16.6%)	12.172 (X^2)	0.0001*
Married	592 (91.2%)	236 (83.4%)		
Educational status				
None	10 (1.5%)	3(1.1%)	8.461 (LR)	0.037*
Primary	77(11.9%)	30(10.6%)		
Secondary	368(56.7%)	118(66.4%)		
Tertiary	194(29.9%)	62(21(21.9%)		
Occupational status				
Student	36(5.5%)	12(4.2%)	8.668 (X^2)	0.070
Unemployed	98(15.1%)	56(19.8%)		
Self-employed	413(63.6%)	182(64.3%)		
Employed	71(10.9%)	17(6.0%)		
Others	31(4.8%)	16(5.7%)		
Place of residence				
Rural	421(64.9%)	136(48.1%)	23.165 (X^2)	0.0001*
Urban	228(35.1%)	147(51.9%)		
Senatorial district				
North	117(18.0%)	32(11.3%)	29.585 (X^2)	0.0001*
Central	118(18.2%)	21(7.4%)		
South	414(63.8%)	230(81.3%)		
ANC attendance				
Yes	603(92.9%)	234(82.7%)	22.515 (X^2)	0.0001*
No	46(7.1%)	49(17.3%)		
Aware of EBF				
Yes	649(100.0%)	265(93.6%)	42.092 (FE)	0.0001*
No	0(0.0%)	18(6.4%)		
Meaning of EBF				
EBF without supplements	641(98.8%)	249(88.0%)	49.746 (LR)	0.0001*
EBF with supplements	3(0.5%)	6(2.4%)		
I don't know	5(0.8%)	28(9.9%)		
Benefits of EBF mentioned in ANC				
Yes	599(92.3%)	229(80.9%)	23.868 (LR)	0.0001*
No	4(0.6%)	5(1.8%)		
Never attended ANC	46(7.1%)	49(17.3)		
Duration of EBF				
< 3 months	7(1.1%)	5(1.8%)	29.697 (LR)	0.0001*
3 months	9(1.4%)	4(1.4%)		
6 months	621(95.7%)	247(87.3%)		
> 6 months	4(0.6%)	3(1.1%)		
Not sure	8(1.2%)	24(8.5%)		
Infant benefits of EBF				
Yes	644(99.2%)	235(89.4%)	52.689 (X^2)	0.0001*
No	5(0.8%)	30(10.6%)		
Maternal benefits of EBF				
Yes	501(77.2%)	204(72.1%)	2.794 (X^2)	0.095
No	148(22.8%)	79(27.9%)		
Happy practising EBF				
Yes	642(98.9%)	276(97.5%)	2.384 (X^2)	0.107
No	7(1.1%)	7(2.5%)		
Breast less attractive with EBF				
Yes	98(15.1%)	72(25.4%)	14.132 (FE)	0.0001*
No	551(84.9%)	211(74.6%)		
Age gap between infants				
<12 months	206(31.7%)	109(88.5%)	11.009 (X^2)	0.051
13-24 months	101(15.6%)	30(10.6%)		
25-36 months	107(16.5%)	39(13.8%)		
37-48 months	86(13.3%)	27(9.5%)		
49-60 months	39(6.0%)	20(7.1%)		
>60 months	110(16.9%)	58(20.5%)		
Encouraged to practice EBF				
Yes	592(91.2%)	234(82.7%)	14.231 (X^2)	0.0001*
No	57(8.8%)	49(17.3%)		

ANC – Ante-natal clinic, EBF – Exclusive breastfeeding,

*Significant value, LR - Likelihood ratio, (X^2) - Pearson Chi-square, FE - Fisher's Exact Test

Table 3: Awareness of exclusive breastfeeding among study participants

Variables	Aware of Exclusive Breastfeeding (N =914), %	Not aware of Exclusive Breastfeeding (N =18), %	Statistic values	p-value
Senatorial districts				
North	146(16.0%)	3(16.7%)	1.612 (LR)	0.447
Central	138(15.1%)	1(5.6%)		
Southern	630(68.9%)	14(77.7%)		
Marital status				
Single	98(10.7%)	6(33.3%)	9.104 (X^2)	0.003*
Married	816(89.3%)	12(66.7%)		
Educational status				
None	12(1.3%)	1(5.6%)	18.798 (LR)	0.0001*
Primary	100(10.9%)	7(38.9%)		
Secondary	546(59.7%)	10(55.6%)		
Tertiary	256(28.0%)	0(0.0%)		
Occupational status				
Student	48(5.3%)	0(0%)	9.591 (X^2)	0.048*
Unemployed	148(16.2%)	6(33.3%)		
Self-employed	583(63.8%)	12(66.7%)		
Employed	88(9.6%)	0(0.0%)		
Others	47(5.1%)	0(0.0%)		
Place of residence				
Rural	554(59.5%)	13(72.2%)	1.185 (X^2)	0.276
Urban	370(40.5%)	5(27.8%)		
ANC attendance				
Yes	833(91.1%)	4(22.2%)	47.569 (FE)	0.0001*
No	81(8.9%)	14(77.8%)		

ANC – Ante-natal clinic

*Significant value, LR - Likelihood ratio, (X^2) - Pearson Chi-square, FE - Fisher's Exact Test

Table 4: Knowledge of exclusive breastfeeding among respondents

Variables	Breastfeeding without supplements (N=890), %	Breastfeeding with supplements (N=9), %	No knowledge (N=33), %	Statistic values	P-value
Senatorial districts					
Northern	143(16.1%)	1(11.1%)	5(15.2%)	8.970 (LR)	0.062
Central	138(15.5%)	0(0.0%)	1(3.0%)		
Southern	609(68.4%)	8(88.9%)	27(81.8%)		
Age categories of mothers in years					
16-25	338(38.0%)	6(66.7%)	19(57.6%)	12.929 (LR)	0.044*
26-35	474(53.3%)	3(33.3%)	14(42.4%)		
36-45	76(8.5%)	0(0.0%)	0(0.0%)		
>45	2(0.2%)	0(0.0%)	0(0.0%)		
Educational status					
None	12(1.3%)	0(0.0%)	1(3.0%)	17.189 (LR)	0.009*
Primary	98(11.0%)	1(11.1%)	8(24.2%)		
Secondary	527(59.2%)	6(66.7%)	23(69.7%)		
Tertiary	253(28.4%)	2(22.2%)	1(3.1%)		
Place of residence					
Rural	527(59.2%)	8(88.9%)	22(66.7%)		
Urban	363(40.8%)	1(11.1%)	11(33.3%)	4.559 (LR)	0.102
ANC attendance					
Yes	814(91.5%)	7(77.8%)	16(48.5%)	39.263 (LR)	0.0001*
No	76(8.5%)	2(22.2%)	17(51.5%)		
ANC facility					
Primary	386(43.4%)	4(44.4%)	12(36.4%)	46.448 (LR)	0.000*
Secondary	348(39.1%)	3(33.3%)	4(12.1%)		
Tertiary	78(8.8%)	0(0.0%)	0(0.0%)		
None	78(8.8%)	2(22.2%)	17(15.5%)		

ANC – Ante-natal clinic

*Significant value, LR - Likelihood ratio, (X^2) - Pearson Chi-square, FE - Fisher's Exact test

Table 5: Logistic regression showing predictors of exclusive breast feeding

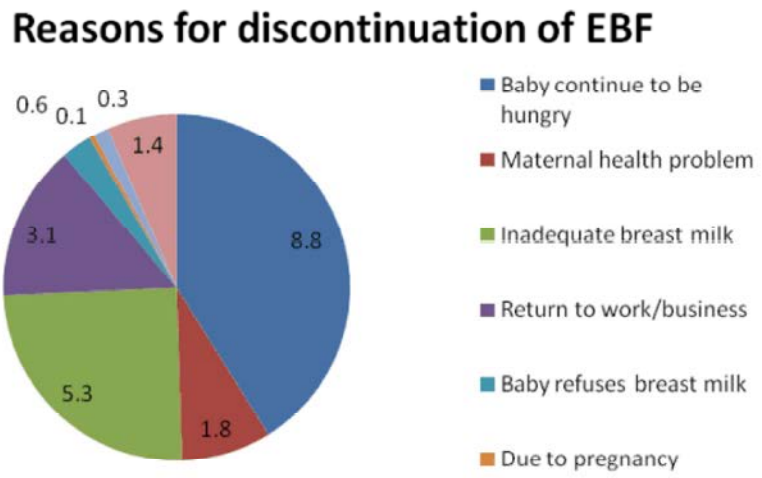
Variables	Exp(B)	95% C.I. for EXP(B) Lower	Upper	p-value
Age	0.964	0.908	1.023	0.288
Age category				
Age category (1)	0.000	0.000		0.999
Age category (2)	0.000	0.000		0.999
Age category (3)	0.000	0.000		0.999
Maritalstatus(1)	1.759	1.138	2.719	0.011
Educational status				
Educational status (1)	0.780	0.204	2.983	0.717
Educational status (2)	0.999	0.590	1.692	0.996
Educational status (3)	1.338	0.941	1.902	0.105
Attended ANC (1)	0.443		0.286	0.688
Senatorial district				
Senatorial district (1)	0.537	0.349	0.826	0 .005
Senatorial district (2)	0.363	0.220	0.597	0.0001
Meaning of EBF				
Meaning of EBF(1)	0.192	0.065	0.065	0.003
Meaning of EBF(2)	0.902	0.153	0.153	0.909
Aware of EBF(1)	0.000	0.000	0.000	0.998
Infant benefits of EBF(1)	0.154	0.154	0.054	0.0001
Breast less attractive with EBF (1)	1.851	1.310	2.616	0.0001
Place of residence(1)	0.494	.370	0.659	0.0001
Benefits of EBF mentioned in ANC				
Benefits of EBF mentioned in ANC (1)	0.362	.362	0.374	0.0001
Benefits of EBF mentioned in ANC (2)	1.496	1.496		0.569
Duration of EBF				
Duration of EBF(1)	0.293	0.071	1.209	0.090
Duration of EBF(2)	0.176	0.042	0.741	0.018
Duration of EBF(3)	0.169	0.073	0.393	0.0001
Duration of EBF(4)	0.312	0.056	1.732	0.183
Encouraged to practice BF(1)	0.613	0.393	0.956	0.031

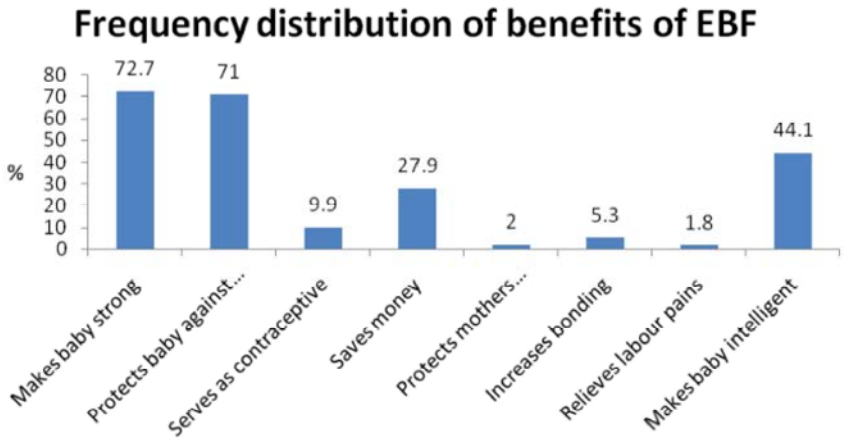
Table 2 shows that the practice of EBF was statistically significant ($p < 0.05$) among participants in the 26-35 years age category (55.5%), those with secondary education (56.7%) and those in the southern senatorial district (63.8%) that resides in the rural community (64.9%). Participants that attended ANC (92.9%), aware of EBF (100.0%), know the meaning of EBF (98.8%), know the general benefits of EBF (92.3%) and that to the infants (99.2%) were more likely to practice EBF; and these were statistically significant ($p < 0.05$). Also, participants that were encouraged to practice EBF (91.2%) and those that believe breastfeeding will not affect the attraction of their breasts (84.9%) significantly practiced EBF ($p < 0.05$).

Table 3 shows that participants with secondary education (59.7%), those that are married (89.3%), self-employed (63.8%) and those that attended ANC were more aware of EBF; and these were statistically significant ($p < 0.05$).

Table 4 shows that 53.3% of the participants in the 26-35 years age category, 59.2% with secondary education and 91.5% of those that attended ANC in primary healthcare facility (43.4%) tend to know the actual meaning of EBF; and these were statistically significant ($p < 0.05$).

The predictors of EBF were participants that are married; know the meaning of EBF, aware of infant benefits of EBF and those that had benefits of EBF mentioned at ANC. Other predictors of EBF were participants that breastfed for a duration of 6 months, encouraged to practice EBF and those in southern senatorial and people that live in the rural community.





DISCUSSION

The overall prevalence of exclusive breastfeeding (EBF) in sub Saharan Africa in a multilevel study was 36.0% [13]. This is almost half the value obtained in our study although our study findings are comparable to similar studies [14, 15]. However, the prevalence rate in our study is higher than rates from other studies where their rates ranged from 21.5% to 58% [16-21]. Varying prevalence rates may be due to different sociocultural beliefs and practices and study methods. All the participants in our study were recruited from immunization clinics which underscore a positive health seeking behavior. Also majority of the mother's were aware of EBF, attended ANC where benefits of EBF were mentioned and they were supported/ encouraged to exclusively breastfeed. These reasons may explain the relatively high prevalence rates obtained in this study.

Increasing maternal age is a significant factor which is associated with practice of EBF in this study and this finding has been corroborated in several studies [13, 15, 22-24]. Some scholars have argued in support of this finding and attributed younger women as possibly having a lower understanding of EBF practice and the consequence of discontinuing EBF on their infants [17]. Also mothers gain experience in child management as they increase in age [22]. At variance, a study finding in southeastern Nigeria opined that maternal age did not affect the practice of EBF [25] In conformity with our study findings and as demonstrated elsewhere, the practice of EBF was found to increase with better educational status of women. [13, 15, 16, 19, 26, 27] Contrastingly, mother's higher education negatively affected EBF practices [14] and educational level did not affect the practice of EBF [25] in similar study findings. Better educated women may be more easily knowledgeable about awareness and benefits of the practice of EBF and also be more confident in taking informed decisions than their less educated counterparts.

The study participants in the Southern Senatorial district were more likely to practice EBF. The state capital is located in the southern senatorial zone and also harbors the largest tertiary health facility in the state. Also most

Non-Governmental Organizations (NGOs) operate from the state capital along with media houses. The women in the southern senatorial district have the opportunity of constant health talks and campaigns. It is expected that women from this zone are more likely to have access to information about Exclusive Breast feeding practice than their counterpart from other zones. This may impact positively on their practice of EBF.

Residing in a rural area as being associated with EBF practice is in agreement with other study findings [28, 29]. There are more job opportunities in the urban than rural areas. Engagement in formal jobs has been shown to negatively affect EBF practice [14]. A study predicted unemployment and being self-employed to be associated with EBF practice [30]. Furthermore, infants whose mothers were unemployed were more likely to EBF than those whose mothers were employed [26.] Employed mothers may have time constraint. Attending ANC has been shown to be associated with increased practice of EBF [14, 22, 25, 31, 32] as in our study. Attendance at ANC is associated with good knowledge of EBF [21] as the common source of information on EBF is from the ANC [18]. In addition, mothers with good knowledge of EBF and the associated benefits were more likely to practice EBF [27].

To further buttress this point, a Tanzanian study revealed that women not having knowledge of EBF were more likely to terminate EBF practice [33]. However, in a divergent view, ANC visits were not associated with EBF practice elsewhere [34]. Partner supporting EBF predicted EBF knowledge [24], while postnatal support by healthcare workers influenced mother's initiation of EBF [21] and a positive family attitude towards EBF has been associated with EBF practice [23]. These observations support our study findings.

Contrary to beliefs by some mothers especially the younger ones that breastfeeding may hurt their breast shape, size and beauty, more than three quarters of our study participants believed that breastfeeding did not affect the beauty of their breast which positively impacted on their practice of EBF. This belief may reflect participants' sufficient awareness and possible knowledge of benefits of EBF practices. Being married was found to be a predictor of EBF in tandem with other studies [25, 29, 35]. This may be attributable to spousal support towards EBF which has been found to positively impact on EBF practice. Reasons for discontinuing EBF included perception that breast milk was insufficient for the child return to work amongst others. These findings are consistent with those by other authors [21, 29, 30, 33, 36, 37].

Women of child bearing age should be encouraged to book and attend ANC when pregnant and education on the benefits of EBF should be maintained and sustained during ANC visits. Awareness on misconceptions on EBF and its effect on the beauty of breasts should be advocated.

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