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Attitude, perception & knowledge of nursing mothers towards exclusive breastfeeding (EBF) in Igoli, Ogoja local government area

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Abstract---Based on the findings of the study, it was concluded that Nursing mothers in Igoli were aware of the importance of exclusive breastfeeding and the benefit derived from it. However only, very few of them did posed negative attitude regarding tight schedule while majority of the nursing mother had positive perceptions regarding exclusive breast feeding. It was recommended that nursing mothers should be advice to adopt exclusive breastfeeding as the best method of feeding their babies for the first six month of life. Also nursing mothers in Igoli should be educated on the benefits of exclusive breastfeeding to change their negative perception.

Keywords---breastfeeding, nursing mothers, attitude, perception & knowledge.

Introduction

Universally, the very first stage of improving child's survival is as a consequence of Breastfeeding, hence breast milk as a food is importantly beneficial for the growth of an infant. It enriches the physical, mental, and social growth of a child. Breast milk contains many nutritional values like antibodies which enhance the immunity of a child, prevents child mortality and morbidity. Breast milk has an enormous impact on the health of infants, most especially those who weighed less at birth. It has been discovered that breast milk is far more nutritious than processed milk. Aside from the benefits of breast milk on an infant, breastfeeding creates an inevitable bond between a mother and her child (Heckman, 2011). Besides, many women seem to undermine the important of breastfeeding due to the fact that they are working class, some due to breast & nipples complications. This implies that if a nursing mother is actually not fit to breastfeed her infant, she would not do it perhaps with adequate health education and revitalization during antenatal, she could be efficiently taught on how to express her breast milk in other not for the baby to be deficient of breast milk and its constituent nutrient for enhancement.

Exclusive breastfeeding (EBF) is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non human milk, and no foods) except for vitamins, minerals, and medications until six months". WHO (2010). Exclusive breastfeeding (EBF) for six months is important for both infant and maternal health. Infants who are not exclusively breastfed are more likely to develop gastrointestinal infections, Olaoluwa (2013) not only in developing but also in industrialized countries. During the first two months of life, infants who are not breastfed are nearly six times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants. Care 2010).

In Nigerian the perception of mothers towards exclusive breastfeeding is discouraging as most mothers complain of financial & physical challenges, not having enough breast milk and pressure from family and sometimes the effects of drugs taken while breast feeding (Agunbaide & Ogunleye, 2012). These factors have hampered the practice of exclusive breastfeeding. It has been observed that most women due to their own believe about having fallen breast once they have breast fed their babies have made them disregard the nutritional benefits of directed breastfeeding. Mothers' good knowledge and positive attitude play key roles in the process of breastfeeding (Hamze, Mao & Reifsnider, 2019). However, despite the recommendation of Exclusive breastfeeding by WHO, the rate of Nigerian mothers who practice EBF is fluctuating. Not minding the enormous benefits of EBF, Nigerian mothers for reasons best known to them do not practice EBF. Some of them who sluggishly try to practice it might just do it partially not up to six months, while some could be based on their cultural beliefs as some traditions in Nigeria see EBF as being unnecessary and some this horrible idea of their breast sagging due to breastfeeding. Based on factors that could hamper the knowledge of breastfeeding in Nigeria, this study is aimed at discovering the attitude and perception of nursing mothers in Igoli, Ogoja LGA.

Statement of the problem

Globally and particularly in Nigeria, exclusive breastfeeding is one of the feeding method used among mothers because of its importance to both mothers and children. Experience have shown that most mothers do not use this method because of hustle, hardship, lack of time and the high rate of poverty in our country and this has drastically reduced the rate of exclusive breastfeeding among mother.

Observation has also shown that some nursing mothers have this notion that it is only the rich mothers that can practice exclusive breastfeeding; reason being that a mother who is breastfeeding must feed very well. She is expected to feed at least 8 times in a day. Considering the economic situation of things, which mother has the food in her kitchen to feed up to such number of times? Additionally, some cultural beliefs in Nigeria kick against exclusive breastfeeding. A good example is the Yoruba culture which so much belief in the giving of an infant some herbs to keep the child healthy. They belief it is unnecessary to feed a child with just breast milk which will not adequately supply the baby nutrient at its appropriate proportion. Nevertheless, poor sensitization of nursing mothers on the essentials of exclusive breastfeeding poses a challenge, as some nursing mothers have various negative feelings about EBF.

Methods and Materials

The research design adopted for this study is the survey research approach. The study was carried out in Igoli community, Ogoja local government area of Cross River State. It has an area of about 535.9km³ with an estimated population of about one hundred and seventy five thousand (2006 Census). Igoli is almost an Island with a heterogeneous landscape otherwise seen as undulating with slopes where land terminates in a river. The town was one of the provinces during pre-colonial times. It consists of many tribal units, including Ishibori (this village has different clans such as Uhmuria, Ikaptang, Ikajor, Ishinyema, Ikariku, Imerakorm) and Igoli as the central town. Mbube, being one of the major tribes, comprises different villages, including: Odajie, Adagum, Ekumtak, Idum, Ojerim, Egbe, Nkim, Ogberia Ogang & Ogberia Ochoro, Oboso, Benkpe, Edide, Bansan, Aragban, etc. Their major source of livelihood is subsistence agriculture, basically farming of cassava, yams, palm oil, palm wine etc. They have some amenities which includes schools, churches and health care centres.

This comprises of nursing mothers who were present at the time of administration of the questionnaire numbering about 120 women. The sample size for this study is 120 respondents. Subjects were selected through accidental sampling techniques. Base on the sampling technique adopted a total sample size of 120 women currently breastfeeding was adopted for the study. Self-designed questionnaire was used to collect information from nursing mothers. The items were first examined by the researcher for face validity. In other to test the reliability of the instrument a trial test study was carried out on 20 nursing mothers who are currently breast feeding in Igoli, Ogoja Local Government Area. Split-half reliability method was used to determine the reliability of the instrument. Here, the questionnaire was administered on the respondent once

and the respondent were divided into two groups, Pearson product moment correlation coefficient was calculated which was further corrected with Spearman Brown Prophecy formula as presented in table 1 as shown below. The reliability coefficients were considered high enough for the study. The researcher visited the community and administers the questionnaire to the woman found at the time of study in the health centre. Data was collected and analyzed using frequency, percentage and chi-square probability. Formal permission was obtained from Boards OF Ethical Committee and was submitted to the director of nursing service for endorsement of the study to be carried out.

Table 1: Split-half reliability estimate of Attitude, Perception and knowledge of nursing mothers towards exclusive breastfeeding

| Variables | Split | No. of items | N | X | SD | Rsy | rtt |
|--------------------|-------|--------------|----|-------|------|------|------|
| Attitude on EBF. | Even | 6 | 10 | 19.72 | 1.98 | 0.86 | 0.92 |
| | Odd | 6 | 10 | 21.04 | 2.66 | | |
| Perception of EBF. | Even | 6 | 10 | 20.90 | 2.48 | 0.82 | 0.88 |
| | Odd | 6 | 10 | 21.68 | 3.14 | | |
| Knowledge of EBF | Even | 6 | 10 | 19.82 | 2.88 | 0.74 | 0.81 |
| | Odd | 6 | 10 | 18.72 | 1.90 | | |

Results

Socio-Demographic Data of Respondents. The Socio-Demographic Data of Respondents in Shown as Presented in Table 1

| Age | Frequency | Percentage |
|----------------------------------|------------|------------|
| 15-20 | 60 | 50 |
| 21-25 | 50 | 16.7 |
| 20-30 | 10 | 8.3 |
| 31-35 | 20 | 16.7 |
| 36-above | 10 | 8.3 |
| Total | 120 | 100 |
| Marital Status | | |
| Married | 36 | 30 |
| Single | 68 | 56.6 |
| Divorced | 16 | 13.3 |
| Total | 120 | 100 |
| Educational Qualification | | |
| FSLC | 40 | 33.3 |
| SSCE | 28 | 23.3 |
| OND/NCE | 12 | 10 |
| HND/B.Sc | 30 | 25 |
| Others | 10 | 8.3 |
| Total | 120 | 100 |
| Occupation | | |
| Applicant | 32 | 26.7 |
| Business | 50 | 41.7 |

| | | |
|---------------------------|------------|------------|
| House wife | 10 | 8.3 |
| Civil servant | 8 | 6.7 |
| Student | 4 | 3.3 |
| Farmers | 16 | 13.3 |
| Total | 120 | 100 |
| Number of children | | |
| 0 – 3 | 78 | 65 |
| 4 – 5 | 26 | 21.7 |
| 6 – 8 | 16 | 13.3 |
| 9 above | 0 | 0 |
| Total | 120 | 100 |

The socio-demographic data of respondents indicate that 60(50%) of the respondents were 15-20 years old, 50(16.7%) were 21-25 years, 10(8.3%) were 26-30 years, 20(16.7%) were 31-35 years old while 10(8.3%) were 36 years and above. On their marital status, 36(30%) were married, 68(56.6%) were single, while 16(13.3%) were divorced. 40(33.3%) had first school leaving certificate, 28(23.3%) had senior school certificate, 12(10%) had OND/NCE, 30(24%) had HND/B.Sc while 10(8.3) had other qualifications. On their occupation, 32(26.7%) were applications, 50(41.7%) were into business, 10(8.3%) were house wives, 8(6.7%) were civil servants, 4(3.3%) were students while 16(13.3%) were farmers. The range of the number of children they had indicate that 78(65%) of the respondents has children in d range of 0 – 3, 26(21.7) of the respondents had children in the range of 4 – 5, 16(13.3%) had children in the range of 6 – 8.

Table 3: Attitude of nursing mothers towards exclusive breast feeding

| | SA | A | SD | D |
|---|----------|----------|----------|----------|
| I don't feel comfortable breast feeding my infant in the public | 28(23.3) | 16(13.3) | 16(13.3) | 60(50.0) |
| I like exclusive breastfeeding because it also a way of bonding me to my infant | 44(36.7) | 40(33.3) | 6(5.0) | 30(25.0) |
| I don't like exclusive breast feeding because it causes breast sagging | 72(60) | 8(6.7) | 30(25.0) | 10(8.3) |
| I like exclusive breast feeding because it makes my infant look more healthier | 96(80) | 4(3.3) | 8(6.7) | 12(10.0) |
| I don't like exclusive breast feeding because my husband feel left out | 38(31.7) | 16(13.3) | 50(50.0) | 16(13.3) |
| I like exclusive breast feeding because it is cheaper | 86(71.7) | 10(8.3) | 4(3.3) | 20(16.7) |

Note: Numbers in parentheses are percentages.

Results in table 3 indicate that 28(23.3%) of the respondents strongly agreed that they don't feel comfortable breast feeding my infant in the public, 16(13.3%) agreed, 16(13.3%) strongly disagreed while 60(50.0%) strongly disagreed. 40(33.3%) agreed that they like exclusive breastfeeding because it also a way of bonding me to my infant, majority of the respondents 72(60%) strongly agreed that they don't like exclusive breast feeding because it causes breast sagging, 30(25.0%) strongly disagreed, , 8(6.7%) agreed while 10(8.3%) disagreed. As

regards to I like exclusive breast feeding because it makes my infant look more healthier, 96(80%) of the respondents strongly agreed, 4(3.3%) agreed, 8(6.7%) strongly disagreed while 12(10%) disagreed. Majority of the respondents 50(50%) strongly disagreed to I don't like exclusive breast feeding because my husband feel left out, 38(31.7%) strongly agreed, 16(13.3%) of the respondents disagreed and 16(13.3%) agreed respectively. As regards to I like exclusive breast feeding because it is cheaper, majority of the respondents 86(71.7%) strongly agreed, 10(8.3%) agreed, 4(3.3%) strongly disagreed while 20(16.7%) of the respondents disagreed. It is a clue that nursing mothers in Igoli community of Ogoja local government area of Cross River state had both positive and negative attitude towards exclusive breast feeding.

Table 4: Perception of Nursing Mothers about the Benefit of Exclusive Breastfeeding

| | Agree | Disagree |
|--|----------|----------|
| Exclusive breastfeeding prevent rapid physical growth in babies. | 32(26.7) | 88(73.3) |
| Exclusive breastfeeding prevent infants from illness during pregnancies. | 74(61.7) | 46(38.3) |
| Exclusive breastfeeding help child spacing, that is delay pregnancies. | 72(60) | 48(40) |
| Exclusive breastfeeding promotes mother to child bonding. | 96(80) | 24(20) |
| Exclusive breastfeeding does not delay. | 82(68.3) | 38(31.7) |
| Exclusive breastfeeding is economically, conversant, save mothers time. | 86(71.7) | 34(24.3) |

Note: Numbers in parentheses are percentages.

Result in table 4 indicate that 32(26.7%) of the respondents agreed that exclusive breastfeeding prevent rapid physical growth in babies while 88(73.3%) disagreed. 74(61.7%) agreed that exclusive breastfeeding prevent infants childhood from illness during childhood while 46(38.3%) agreed that exclusive breastfeeding helps in child spacing, that is delay pregnancies while 48(40%) disagreed 96(80%) agreed that exclusive breast feeding promotes mothers to child bonding while 24(20%) disagreed, 82(68.3%) agreed that exclusive breastfeeding does not delay while 38(31.7%) disagreed. 86 (71.7%) agreed that exclusive breastfeeding is economical, convenient and saves mothers time while 34(28.3%) disagreed. Based on the data presented above, it is concluded that Nursing mothers in Igoli, Ogoja local government quite appreciate the benefits of exclusive breastfeeding.

Table 5: Knowledge of nursing mothers about exclusive breastfeeding

| | Yes | No |
|--|-----------|----------|
| I have heard about exclusive breastfeeding from health workers | 99.(82.5) | 21(17.5) |
| I have heard about exclusive breastfeeding from friends, relatives, mother or mother in-law. | 68(56.7) | 52(43.3) |
| I heard about exclusive breastfeeding through mass media. | 64(53.3) | 56(46.7) |

| | | |
|--|----------|-----------|
| Exclusive breastfeeding is feeding the baby from birth to 6months with only breast milk. | 89(7.42) | 31(25.8) |
| Exclusive breastfeeding is feeding the baby with water, and breast milk from birth to six months. | 23(19.2) | 97(80.8) |
| Exclusive breastfeeding means all food and cereals given to baby with breast milk and water till six months. | 14(11.7) | 106(88.3) |

Results in table 5 indicate that 89(74.2%) of the respondents agreed that exclusive breastfeeding is feeding the baby from birth to six months with only breast milk while 31(25.8%) disagreed. 23(19.2%) agreed that exclusive breastfeeding is feeding the baby with water and breast milk from birth to six months while 97(80.8%) disagreed, 14(11.7%) agreed that exclusive breast means all food and cereals given to a baby with breast milk and water till six months while 106(88.3%) disagreed. 99(82.5%) agreed that they heard about exclusive breastfeeding from health workers while; 21(17.50/0) disagreed 68(56,7%) agreed that they heard about exclusive breastfeeding from friends, relatives, mother or mother in-laws while 52(43.3%) disagreed. It is a clue that Nursing mothers in Igoli community have adequate knowledge of exclusive breastfeeding.

Results for Research Hypotheses

- There is no significant relationship between attitude of nursing mothers and the perception of exclusive breast feeding.
- This hypotheses is tested using chi-square analysis as presented in table 6

Results in table 6 indicate that a calculated X^2 value of 0.047 was obtained. This value when compared to the critical x^2 of 3.84 at 0.05 probability level and 1 degree of freedom was formula to be lower. On the basis of this observation, the null hypothesis is retained, meaning that there is no significance influence of attitude of nursing mothers and the perception of exclusive breastfeeding

Table 6: Chi-square analysis of the influence of attitude of nursing mothers and perception of exclusive breast feeding

| Attitude of Nursing mothers | Perception of exclusive breastfeeding | | | |
|--|---------------------------------------|-----------------------------------|-------|-------|
| | Those who had positive perception | Those who had negative perception | Total | X^2 |
| Nursing mothers who had positive attitude towards exclusive breast feeding | 41(34.2) | 48(40) | 89 | |
| Those who had negative attitude towards exclusive breast feeding | 7(5.8) | 24(20) | 31 | |
| Total | 48 | 72 | 120 | |

Not significant at 0.05, df = 1 critical x^2 = 3.84

Discussion

Results in table 3 indicate that 28(23.3%) of the respondents strongly agreed that they don't feel comfortable breast feeding their infant in the public, 16(13.3%) agreed. This is in line with Wojcicki et al. (2010) investigated maternal attitudes towards breastfeeding in San Francisco, California, by interviewing mothers who recently delivered a healthy newborn. The main findings of the study showed that those participants who were using instant formula were more likely to have a negative attitude towards breastfeeding. Elements that promoted the negative attitude were embarrassment of breastfeeding in public, physical concerns, uncomfortable feelings and negative influence from family/friends. Stuebe & Bonuck (2011) also found comfort with breastfeeding in social environments and knowledge about the benefits of breastfeeding as factors related to the intension of exclusively breastfeeding. The authors suggested that strong reinforced messages about the health benefits of breastfeeding and strategies for encouraging breastfeeding in social environments should increase the duration and the exclusivity. In another study, Idris et al. (2012) found that Asian women, who are not well informed about breastfeeding advantages or who previously have breastfed for a short period tend to exclusively breastfeed shorter than the recommendations. Also Asian women who work tend to have a shorter duration of exclusive breastfeeding.

Result in table 4 indicate that 32(26.7%) of the respondents agreed that exclusive breastfeeding prevent rapid physical growth in babies while 88(73.3%) disagreed. This result is supported by the American Medical Association (2008) which pointed out that most of the mothers perceived that breastfeeding promotes sensory and cognitive development, and protects the infants against infections and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illness such as diarrhea or pneumonia and helps for a quicker recovering during illness. This result is supported by UNICEF (2008) who have enumerated the benefits of exclusive breastfeeding to include reduction of infant mortality rate, promotion of the health of all women and their role in the community and also promotes development in the children that grow health and productive leaders of tomorrow.

Result of findings revealed that nursing mothers in Igoli had knowledge of exclusive breastfeeding this result is supported by Michelle (2004) who reported that urban and rural mothers had the knowledge that breast milk is enough to supply all the necessary nutrients and fluids in the first 4-6 months of life. Bull (2007) also supports this result by explaining that the common reason for breastfeeding exclusively is having knowledge that exclusive breastfeeding is giving the baby breast milk for 4-6months. Yeile (2005) again supports this result by reporting in his study that mothers say that babies receive immunity to a verity of infections through colostrum's and that exclusive breastfeeding delays return to ovulation, that it provides all the energy and nutrients that infants need the first year of life up to the third quarter during the second year of life.

Conclusion

Based on the findings of the study, it was concluded that Nursing mothers in Igoli were aware of the importance of exclusive breastfeeding and the benefit derived from it. However only, very few of them did posed negative attitude regarding tight schedule while majority of the nursing mother had positive perceptions regarding exclusive breast feeding. It was recommended that nursing mothers should be advice to adopt exclusive breastfeeding as the best method of feeding their babies for the first six month of life. Also nursing mothers in Igoli should be educated on the benefits of exclusive breastfeeding to change their negative perception.

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