



International Journal of Research Publications
Volume 8 – Issue. 1, July 2018

**Attitude of Nursing Mothers towards Exclusive Breast feeding in Dogon
Ruwa Community Kaltungo L.G.A of Gombe State**

¹P.Babylon, ⁴B.E Daniel ³J.Philemon ⁴Y.Comfort and ⁵P.Hassara

¹Department of Public Health, Faculty of Health Sciences, Taraba State University
Jalingo, Nigeria

²School of Art and Social Sciences, College of Education Billiri, Gombe State, Nigeria

^{3&4} Department of Community Health, Centre for Distance Learning, Modibbo Adama
University of Technology, Yola, Nigeria

⁵Department of Science Laboratory Technology, Modibbo Adama University of
Technology Yola, Nigeria

¹pheelbylon@gmail.com and ²biyentadaniel@gmail.com

Abstract

The main objective of this research project is to assess the attitude of nursing mothers towards exclusive breastfeeding in Dogon Ruwa Community of Kaltungo LGA of Gombe State. The study is significant to health workers, nursing mothers and their spouses, and to policy makers in so doing it will help in improving the health being of nursing mothers in the study area and the entire nation at large. Populations of sample size of 88 nursing mothers were selected at random from the population of the study without bias and questionnaire was administered in English to them. The result of the study regarding the responses of the breastfeeding mothers based on their age shows that 37% and 31% agree and strongly agree respectively that breastfeeding tie one down; 46% and 32% agree and strongly agree respectively that breastfeeding is healthier for the baby; 38% and 36% strongly disagree and disagree respectively that breastfeeding is likely to be embarrassing at times. The result of the study regarding the responses of the breastfeeding mothers based on their occupation shows that 51% and 29% agree and strongly agree respectively that breastfeeding ties one down; 48% and 31% agree and strongly agree respectively that breastfeeding is healthier for the baby; 31% and 33% strongly disagree and disagree respectively that breastfeeding is likely to be embarrassing at times. However, Chi-square statistical analysis shows that there is no significance difference in their responses in relation to their age and occupation. It is recommended that the *health practitioners' knowledge should frequently be* updated through workshops and seminars. This will improve the knowledge of both clients and staff thus forestalling the hazardous consequences of nonexclusive breastfeeding practice.

Key words: Nursing Mothers, Breastfeeding

1.1 Introduction

Breastfeeding is a unique source of nutrition that plays an important role in the growth, development, and survival of infants (Giashuddin, 2004). Breastfeeding is promoted internationally as the preferred method of feeding infants up to 6 months and continuing up to 2 years with the addition of weaning food (Giashuddin, 2003). The World Health Organization (WHO) defines exclusive breastfeeding as feeding a child only with breast milk without any additional supplementation such as water, juices or solids (Kakute et al., 2005). The duration of breastfeeding is an important factor to extend the exclusive breast feeding (Memon, 2006). The WHO recommended that the duration of exclusive breastfeeding should be the first six months for babies. Unfortunately, the breastfeeding initiation and duration rate was quite low in both developed and developing countries and particularly in Bangladesh (Galler, 2006). However, in a previous study, global monitoring found that only 39% of all infants were exclusively breastfed for six months due to community beliefs and lack of social support (Quinn, 2004). Thirty-eight percent of infants under 6 months of age in the developing world are exclusively breastfed (Central Intelligence Agency World Factbook, 2010). Breastfeeding is also a cost-effective approach for children's health improvement and decreases the load of childhood diseases (Alden, 2004). Breastfeeding has a vital birth spacing effect which is especially important in developing countries where the awareness, acceptability and availability of modern family planning methods are very low (Reddy, 2009). The enormous benefits of breastfeeding for infants, mothers, family and society are evident. There are several factors influencing breastfeeding practices. These include mothers' beliefs about insufficient breast milk, support from the family members (such as the husband, mother's mother, mother-in-law, and grandmother), financial insufficiency, household workload and mothers' disinterest (Haider, 1997). The baby's father is the most influential person for exclusive breastfeeding practice of a lactating mother. The husband's influence is more significant than that of health professionals (Humphreys, 1998). Support from a baby's father by active participation in decision making about breastfeeding has a powerful effect on the initiation and duration of breastfeeding (Pisacane, 2005). The father's role includes child caring, doing household work, ensuring mother's care during breastfeeding or when mother feels tired (Februhartanty, 2006). Husbands had a significant role for mothers who stop breastfeeding. Mothers from rich families stopped breastfeeding earlier than mothers of poorer families due to their ability to buy powdered milk and other baby formulas (Giashuddin, 2004). Low income family women had little confidence in their ability to successfully breastfeed and had very little knowledge about the realities of breastfeeding of a newborn baby (Whelan, 1998). Among these factors, support from family members makes a high contribution to breastfeeding. Without support from family members, it may be difficult for lactating mothers to practice and maintain their breastfeeding practice.

1.2 Research Methodology

1.2.1 Study Area

Gombe state is located at Latitude 9°30' and 12°30'N and Longitude 8°45' and 11°45'E in the centre of the North East region of Nigeria with the land area of 20, 265 Km². Being located in the north eastern zone, right within the expansive savannah allows the state to share common borders with the states of Borno and Yobe to the north and east, Taraba and Adamawa to the south, and Bauchi to the west. The climate type of the state is characterized by warm, though not exceeding 30°celcius during the hottest months of March-May. The rainfall period is around the months of June –November with the estimated annual average rainfall of 850mm. Similarly, the vegetation of the area is dominated by the Guinea Savannah with concentration of wood lands; and the topography of the place is mainly mountainous, undulating and hilly to the South-East and flat open plains in the Central, North, North-East West and North-West. River Gongola transverse the state by watering most parts of the state into the River Benue at Numan. Other numerous streams that are mostly seasonal served as tributaries to the River Gongola. The major dams in the state are the Dadin Kowa Multipurpose Dam, the Balanga Dam and the Cham Dam providing regional water supply and irrigational activities (Gombe State Government Diary, 2013).

1.2.2 Design of the Study

This study used a cross-sectional design that allowed the researcher to determine trends about breastfeeding in the study area. This type of research design does not require follow-up, therefore, it is less costly and less time intensive than other designs. The researcher used descriptive statistics including means, frequencies, and other statistical measures to analyze quantitative data collected. Informed consent will be sought from the participants. Ethical approval was received from the appropriate authorities before the study was undertaken. Consent was sought from breastfeeding mothers within the study by explaining the concept of study to them. Those who gave their consent were employed to participate in the research work.

1.2.3 Population of the Study

A group of approximately 108 comprise the total population breastfeeding mothers in the study area during the period of this research.

1.2.4 Sample/ Sampling Techniques

A sample population of 88 was selected at random without bias. This sample size is calculated using a sample size calculator which is an online research software calculator that was design for this purpose. Breastfeeding mothers selected in the study area were interviewed using pre-structured, pre-tested questionnaires. The questionnaire was administered in English to those who gave their consent to participate in this study. The questionnaire was generally aimed at addressing various parameters such as age, education background, attitude towards exclusive breastfeeding, financial income, socioeconomic background etc.

1.2.5 Instrument for data collection

The instruments used for this study was structured questionnaires which was developed by the researcher. The instruments consisted of three parts: Part I: Personal Assessment Form (demographic information); Part II: Exclusive Breastfeeding Practice Quality and Duration Questionnaire. Part I: Personal Assessment Form. This form was used to collect demographic data. It consisted of items including the mother's age, marital status, mother's education, mother's occupation, family monthly income, child's sex, birth order of current childbirth, place of birth, assistance with delivery, pattern of infant feeding, number of persons in the family. Part II: Exclusive Breastfeeding Practice Quality and Duration Questionnaire. This part was used to collect data on the quality and duration of exclusive breastfeeding practice of the mothers. They were asked to answer "Yes" or "No" to indicate the practices of breastfeeding. There was three (3) main statements that was vary the degree of breastfeeding practices: (1) strictly feed only breast milk without any additional supplementation (exclusive breastfeeding); (2) feed breast milk with water-based drink and/or small amount of ritual fluids, without any food-based fluid (predominantly breastfeeding); and (3) feed breast milk and any food or liquid including non-human milk (partial breastfeeding). For each statement, subjects were further asked to provide information about the duration of the exclusive breastfeeding practice.

1.2.6 Method of Data Analysis

The data obtained was analyzed using the statistical package for social sciences (SPSS) software version 22. And the information gotten was presented in form of tables or charts since this were suitable for the kind of data that was generated.

1.3 Result and Discussion

This Chapter contains the findings of this research. Populations of sample size of 88 women were selected at random from the population of breastfeeding mothers in the study area without bias. The selected women were interviewed using pre-structured, pre-tested questionnaires. The questionnaire was administered in English to those who gave their consent. The responses of the subject were analyzed using SPSS Version 22 Edition. Chi-Square test was used to determine if the responses of the subject was significant or insignificant in relation to their Age and their Occupation. However the result of the Chi-square test shows that the p-values are greater than 0.05 in all the responses of the participant in relation to both their age and occupation, this implies there was no significant difference in all the responses.

Table 1: Shows the responses of breastfeeding mothers regarding if breastfeeding ties one down based on age.

Age	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
20-30	2	7	8	12	12
30-40	1	4	7	19	15
50 and above	0	1	2	6	4
Total	3	12	17	37	31

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their age shows that 37% and 31% agree and strongly agree respectively that breastfeeding ties one down (Table 1 above). The age distribution of the participants in the current study is similar to other studies carried out in Nigeria (Adebayo et al., 2014; Oliemen et al., 2013; Ukegbu et al., 2010; Ijarotimi, 2010, Oche et al., 2011) as well as that of countries like Ethiopia (Bayissa et al., 2015), Nepal (Adhikari, 2014), India (Mondal et al., 2014).

Table 2: Shows the responses of breastfeeding mothers regarding if breastfeeding ties one down based on their occupation.

Occupation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Civil Servants	0	1	2	7	5
Unemployed	1	3	6	20	11
Self Employed	1	2	4	24	13
Total	2	6	12	51	29

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their occupation shows that 51% and 29% agree and strongly agree respectively that breastfeeding ties one down (Table 2 above). The occupation in this study is in contrast to a similar study among breastfeeding mothers attending tertiary health institution in Enugu where the participants were mainly civil servants (Okolie, 2012) however, mothers in this study who were mostly self-employed (44%) and unemployed (41%) only a few as civil servants (15%). However, Chi-square statistical analysis shows that there is no significance difference in their responses in relation to their occupation.

Table 3: Shows the responses of breastfeeding mothers regarding if breastfeeding is healthier for the baby more than bottle feeding based on age.

Age	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
20-30	2	3	5	18	13
30-40	1	2	6	20	17
50 and above	0	1	2	8	2
Total	3	6	13	46	32

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their age shows that 46% and 32% agree and strongly agree respectively that breastfeeding is healthier for the baby (Table 3 above). The age distribution of the participants in the current study is similar to other studies carried out in Nigeria (Adebayo et al., 2014; Oliemen et al., 2013; Ukegbu et al., 2010; Ijarotimi, 2010, Oche et al., 2011) as well as that of countries like Ethiopia (Bayissa et al., 2015), Nepal (Adhikari, 2014), India (Mondal et al., 2014).

Table 4: Shows the responses of breastfeeding mothers regarding if breastfeeding is healthier for the baby more than bottle feeding based on their occupation.

Occupation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Civil Servants	0	0	1	9	5
Unemployed	1	3	6	19	12
Self Employed	1	2	7	20	14
Total	2	5	14	48	31

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their occupation shows that 48% and 31% agree and strongly agree respectively that breastfeeding is healthier for the baby (Table 4 above). The occupation in this study is in contrast to a similar study among breastfeeding mothers attending tertiary health institution in Enugu where the participants were mainly civil servants (Okolie, 2012) however, mothers in this study who were mostly self-employed (44%) and unemployed (41%) only a few as civil servants (15%). However, Chi-square statistical analysis shows that there is no significance difference in their responses in relation to their occupation.

Table 5: Shows the responses of breastfeeding mothers regarding if breastfeeding is likely to be embarrassing at times based on age.

Age	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
20-30	13	17	5	4	2
30-40	18	15	6	4	3
50 and above	7	6	0	0	0
Total	38	36	11	8	5

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their age shows that 38% and 36% strongly disagree and disagree respectively that breastfeeding is likely to be embarrassing at times (Table 5 above). The age distribution of the participants in the current study is similar to other studies carried out in Nigeria (Adebayo et al., 2014; Oliemen et al., 2013; Ukegbu et al., 2010; Ijarotimi, 2010, Oche et al., 2011) as well as that of countries like Ethiopia (Bayissa et al., 2015), Nepal (Adhikari, 2014), India (Mondal et al., 2014).

Table 6: Shows the responses of breastfeeding mothers regarding if breastfeeding is likely to be embarrassing at times based on occupation

Occupation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Civil Servants	1	3	2	7	2
Unemployed	16	19	3	2	1
Self Employed	14	16	2	7	5
Total	31	38	7	16	8

Source: Field Research, 2018

The result of the studies regarding the responses of the breastfeeding mothers based on their occupation shows that 31% and 38% strongly disagree and disagree respectively that breastfeeding is likely to be embarrassing at times (Table 6 above). The occupation in this study is in contrast to a similar study among breastfeeding mothers attending tertiary health institution in Enugu where the participants were mainly civil servants (Okolie, 2012) however, mothers in this study who were mostly self-employed (44%) and unemployed (41%) only a few as civil servants (15%). However, Chi-square statistical analysis shows that there is no significance difference in their responses in relation to their occupation.

1.4 Conclusion

Breastfeeding awareness was generally high among the respondents in this study. Although the source of information or education on breastfeeding of mothers were not reported, but the high level of awareness reported by these studies may be as a result of health talk usually given to the women during antenatal clinics.

1.5 Recommendation

The following recommendations were drawn:

1. It is recommended that breastfeeding should be initiated within the one hour of delivery
2. There is a need for enlightenment programme by the concerned authorities to ensure that these women and their spouses are properly educated
3. To ensure improvement in the rate of optimum practice of infant feeding especially exclusive breastfeeding, it is important to extend intervention to the “respectable orders” such as grandmothers and mother in-laws as well the male partners or spouses
4. The health practitioners’ knowledge should frequently be updated through workshops and seminars. This will improve the knowledge of both clients and staff thus forestalling the hazardous consequences of non-EBF practice

References

- Adebayo AA., Leshi OO, Sanusi RA (2014). Breastfeeding Knowledge and Practice of Mothers with Infants less than Six Months Old, in Kosofe Local Government of Lagos State. Niger. J. of Nutritional Sci. Vol. 35 No. 2 pp 60-67.
- Adhikari TM (2014). Knowledge and Practice of Mother regarding Exclusive Breastfeeding Having Infant at a Tertiary Level Hospital, Kathmandu. J. Nepal Paediatr. Soc. Vol 34, No. 3
- Al-Binali, A. M. (2012). Breastfeeding knowledge, attitude, and practice among school
- Alden, K. R. (2004). Newborn nutrition and feeding. In Lowdermilk, D. L., & Perry, S. E., Maternity & women’s health care. (8th ed., PP. 755-788). St. Louis: Mosby.
- Bayissa ZB, Gelaw BK, Geletaw A, Abdella A, Chinasho B, Alemayehu A, Yosef A, Tadele K (2015) Knowledge and Practice of Mothers towards Exclusive Breastfeeding and its Associated Factors in Ambo Woreda West Shoa Zone Oromia Region, Ethiopia. Int. J. of Med. Sci. and Pharma Res. Vol 1, No 1
- Brand, E., Kothari, C., & Stark, M. (2011). Factors related to breastfeedingbreastfeeding: Mothers’ self-reported reasons for stopping during the first year. Cochrane Database of Systematic Reviews, 8. doi:10.1002/14651858.CD003517 discontinuation between hospital discharge and 2 weeks postpartum. Journal of factors associated with it. Indian Journal of Community Medicine, 28, 34-38.

- Februhartanty, J., Bardosono, S., & Septiari, A. M. (2006). Problems during lactation are associated with exclusive breastfeeding in DKI Jakarta province: Father's potential roles in helping to manage these problems. *Malnourish Journal of Nutrition*, 12, 167-180.
- Giashuddin, M. S., & Kabir, M. (2004). Duration of breast-feeding in Bangladesh. *International Breastfeeding Journal*, 7(1), 10-15. doi:10.1186/1746-4358-7-10
- Gijsbers B, Mesters I, André Knottnerus, Constant P, van Schayck (2008). Factors associated with the duration of exclusive breastfeeding in asthmatic families. *Health Ed Res*;23 (1):158–69
- Godfrey, J., & Lawrence, R. (2010). Toward optimal health: the maternal benefits of breastfeeding...Ruth A. Lawrence, M.D. *Journal of Women's Health*, 19(9), 1597- 1602. doi:10.1089/jwh.2010.2290
- Grieco, S.F.M., and Corsini, C.A., 1991. Historical perspectives on breastfeeding. Unicef publication. Available at http://www.unicef.org/publications/pdf/hisper_breast.pdf (accessed 05 -02-2013)
- Haider, R., Kabir, I., Hamadin, J. D., & Habte, D. (1997). Reasons for failure of breast-feeding counselling: Mothers perspectives in Bangladesh. *Bulletin of the World Health Organization*, 75, 191-196.
- Humphreys, A. S., Thompson, N. J., & Miner, K. R. (1998). Intention to breastfeed in low-income pregnant women: the role of social support and previous experience. *Birth: Issues in Perinatal Care*, 25, 169-174.
- Kennedy, G.E., 2005. From the ape's dilemma to the weanling's dilemma: early weaning and its evolutionary context. *Journal of Human Evolution* 48; pp. 123-145
- Kramer, M., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. *Perinatal Education*, 20(1), 36-44. doi:10.1891/1058-1243.20.1.36
- Labbok, M., 2006. Breastfeeding: a woman's reproductive right. *International Journal of Genecology and Obstetrics* 94, 277-286
- Memon, Y., Sheikh, S., Memon, A., & Naheed, M. (2006). Feeding beliefs and practices of mothers and caregivers for their infants. *Liaquat University of Medical and Health Sciences*, 8-13.
- Mondal T, Sarkar A, Shivam S, Thakur R (2014). Assessment of Infant and Young Child Feeding Practice among Tribal Women in Bhatar Block of Burdwan District in West Bengal, India *Intl. J. of Med. Sci. and Public Health*: Vol 3 (1) 314-316
- Oche MO, Umar AS, Ahmed H (2011). Knowledge and practice of exclusive breastfeeding in Kware, Niger. *Afr Health Sci*.;11(3):518– 523.
- Okolie U (2012). Problems encountered by breastfeeding mothers in their practice of exclusive breast feeding in tertiary hospitals in Enugu State, South-east Niger. *Intl. J. of Nutrition and Metabolism* Vol. 4(8), pp. 107 – 113.
- Palmer, G., 2009. The politics of breastfeeding: when breasts are bad for business. 3rd ed. London: Pandora press *Pediatrics*, 122, S69-S76.
- Quinn, V., Guyon, A., & Ramiandrazafi, M, C. (2004). Successfully Scaling up Exclusive Breastfeeding. *Child Health and Nutrition Research Initiative*.
- Reddy, M. S. (n. d.). Breast feeding - practices, problems and prospects Retrieved on May 27, 2009 from <http://www.bpni.org/breastfeeding/>

- Rojjanasrirat, W., & Sousa, V. (2010). Perceptions of breastfeeding and planned return to work or school among low-income pregnant women in the USA. *Journal of Clinical Nursing*, 19(13/14), 2014-2022.
- Sokol, E., Aguayo, V. and Clark, D., 2007. Protecting breastfeeding in West and Central Africa: 25 years implementing the international code of marketing breast milk substitutes. Unicef Publication.
- Steven, E.E., Patric, T.T. and Pickler, R., 2009. A history of infant. *The Journal of Prenatal Education* 18 (2) pp. 32-39 teachers in Abha female educational district, southwestern Saudi Arabia.
- Tonz, O., 2000. Breastfeeding in modern and ancient times: facts, ideas, and beliefs. In: Berthold, K., Michaelsen, K.F., and Hernell, O. eds. 2000. Short and long term effects of breastfeeding on *child's health*. [e-book]. Kluwer Academic/Plenum Publishers.