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Assessment of knowledge, attitude, practice and barriers of exclusive breastfeeding among nursing mothers in Makurdi Local Government Area of Benue State

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Abstract

Introduction: Over the years, breastfeeding has been a universal means of feeding infants and a common feature of all cultures since the survival of mankind. It is a phenomenon that is deeply rooted in the tradition of human culture. Although, breastfeeding practices have fluctuated over the years, it is widely regarded as an unequalled way of providing ideal nutrition for the healthy growth and development of infants. This study aims to assess the knowledge, attitude, practice and some barriers of exclusive breastfeeding among nursing mothers in Makurdi Local Government Area of Benue State.

Method: This is a descriptive cross-sectional study to assess the knowledge, attitude, practice and barriers of nursing mothers towards Exclusive Breast Feeding (EBF). An interviewer-self-administered pretested questionnaire was used to collect data on maternal knowledge, Attitude, Practice and barriers of EBF. The modified Blooms criteria was adapted to grade knowledge, attitude and practice as either Good or poor. Statistical significance was considered at 95% confidence interval.

Results: The results from this study showed that nursing Mother's knowledge of EBF was good, 84.0% of the respondents displayed good knowledge of EBF, good attitude towards EBF was at 54.7% and the practice of EBF was 67.3%. Notable barriers to EBF includes, poor knowledge of EBF among nursing mothers (75.0%), followed by concurrent breast disease 6 months post-natal (66.7%), next was women who have never attended Antenatal Care Clinic (ANC) 62.5%.

Conclusion: These findings suggest good knowledge and practice of EBF, however there is need to institute intervening measures aimed at reducing barriers associated with EBF in the study community.

Keywords: Exclusive breastfeeding (EBF); Mothers; Knowledge; Attitude; Practice

1. Introduction

Exclusive breastfeeding (EBF) is the practice of feeding an infant for the first 6 months of life on breast milk only without any other type of food, not even water. It has been described as the best feeding alternative for infants up to 6 months and has a protective effect against mortality and morbidity.[1] The National Demographic and Health Survey (NDHS) 2013 study in Nigeria showed that while almost 70 % of children 0-23 months are predominantly breastfed (breast milk and only plain water or non-milk liquids such as juice and other liquids), only 17% of children under age 6 months are exclusively breastfed.[2] The aforementioned partially explains the high incidence of infant malnutrition and mortality

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experienced in developing countries like Nigeria which is mainly due to poor infant feeding practices.[3,4] World Health Organization, 2003, recommended EBF for the first six months of life, after which infants should receive nutritionally adequate and safe complementary foods as well as continuing breastfeeding for 2 years or more.[5] Also, American Academy of Paediatrics (AAP), stated that breast feeding has economic health benefits which include reduction in healthcare cost, lower significantly incidence of illness in the breastfed infants and allows the parents more time for attention to siblings and other family duties as well as reduces parental absence from work and loss of income. Despite the significant benefit of EBF there appear to be poor knowledge, attitude and practice by breastfeeding Mothers.[6] Given that women of reproductive age are the focus of EBF, they have inadequate knowledge and there are significant geographical variations in Nigeria, this lack of knowledge further contributes to attitudes and behaviors that do not support EBF. Assessment of the knowledge, attitudes, and practices of EBF among mothers in a region with low EBF practice is fundamental to inform interventions that might be used to reverse the trend. The practice of EBF is relative across Africa, a study in Ethiopia, revealed 38% of women practice EBF.[7] While Victor et al. reported 92.6% of EBF among Ghananian rural lactating mothers.[8] In Nigeria, despite the 17% National prevalence, a study, reported 36% prevalence of EBF among women in Ibadan.[9] Ekholuentale *et al.* reported 65% in Benue state.[10] 45% was reported among antenatal attendees in Uyo, southern Nigeria.[11] In Kano, 47% prevalence of EBF among multigravida women attending antenatal clinic in Aminu Kano Teaching Hospital, and in five rural communities in Savannah region of Nigeria was reported.[12] In Bayelsa state of Nigeria, in a study to ascertain the knowledge and practice of EBF among mothers in Gbaratoru community, 45% EBF prevalence was observed.[13] A similar study in Yobe state, revealed that 78.8% of the Mothers initiated breastfeeding within one hour of delivery.[14] A study on Breastfeeding Knowledge and Practices among mothers of under 2-years children living in a military barrack in Nigeria, reported that most respondents 97% breastfed their babies, 74% practiced EBF for a mean period of 5 months while 31% engaged in bottle feeding.[15] A study conducted in Edo state of Nigeria revealed that only 20.0% did breastfeeding exclusively for 6 months .[16] In Ille-Ife, Oyo state, 61.0% of EBF among mothers was noted,[17] and a study in in Igbo-Ore, in the same Oyo reported about 99% of mothers gave plain water to their infants at birth.[18]

A study among female resident doctors in a tertiary institution in Nigeria found the most important barrier to EBF of their infants is to “be return to work" by 61% of respondents.[19] A mixed methods study among breastfeeding mothers in Southwest Nigeria identified barriers to breastfeeding to include: perceived hunger after feeding baby, maternal health problems , fear of infant addiction to breast milk, breast pains, pressure from mother-in-law, and return to work/business.[20] A mixed methods study in three Nigerian cities found return to work to be an important barrier to exclusive breastfeeding.[21] This study aim to assess the knowledge, attitude, practice and some barriers of exclusive breastfeeding among nursing mothers in Makurdi Local Government Area of Benue State.

2. Methodology

- **Study Area**: The study was carried out in Makurdi, the Benue State capital in North-central Nigeria. It offers a fascinating study area. It’s a cosmopolitan city with rich cultural significance and historical background. As the capital city, it serves as a hub for political, economic, and social activities. It is about 106m (348 feet) above sea level with an average monthly temperature between 25^{o}C and 31^{o}C (77^{o}F and 88^{o}F). Its hot weather and arable land make it a center for agriculture, which earn it the name “food basket of the nation’.
- **Study Design:** A cross-sectional study design was employed to assess the knowledge, attitude, practice and barriers of exclusive breastfeeding among nursing Mothers in Makurdi LGA, Benue State.
- **Study Population:** A target population of 150 mothers between the ages of 18-50 years with new born babies 0-6 months old residing in the above-mentioned communities were randomly selected.
- **Inclusion Criteria**: Exclusive breastfeeding Mothers that consent to be part of the study.
- **Exclusion Criteria:** Being absent at the time of study, Mothers using other forms of breastfeeding, HIV positive mothers not breastfeeding their infants, exclusively breastfeeding Mothers not residing in Makurdi

2.1. Sample Size Determination

A suitable sample size of 150 EBF months was chosen using the formula: $n = Z^2 P (1-P)/ d^2$ Naing et al.[22] with a confidence interval of 95% and precision of 5%. Where Z = 1.96 (Statistical constant), P = 11% (based on previous prevalence), d = 5% (marginal error).

$$n = Z^2 P (1-P)/d^2 = (1.96)^2 \times 0.11(1-0.11)/ (0.05)^2 = 150$$

2.2. Sampling Technique

A simple random sampling technique method was used for the study, after all necessary explanation regarding the purpose of the study, completed copies of questionnaires were collected from respondents on the same day of administration.

2.3. Data Collection Instrument and Technique

A structured questionnaire was used as adapted from a previous study.[16] An interviewer-self-administered, pretested questionnaire was used to collect data. The questionnaires were used to collect information on maternal knowledge, Attitude and Practice of mothers on exclusive breastfeeding as well as the barriers to EBF

2.4. Data Management and Analysis

- **Knowledge of exclusive breastfeeding:** There were 7 questions (12-18) in the questionnaire which was used to assess the level of respondent's knowledge of EBF, Attitude (20-23) and Practice (24-27). A scoring system was adapted (Blooms, 1968).[23] Each correct response("Yes") was given a score of 1" and a wrong answer("No") given a score of 0." Modified Bloom's cut off points with slight modification was used to categorize the knowledge, attitude and practice as good 50–100% and poor below 50%. The average score was computed to determine the overall knowledge, attitude and practice of exclusive breastfeeding of respondents and was further classified as either good or poor (Blooms, 1968).[23]
- Chi-square test was used to test for significant difference in socio demographic characteristics of respondents with respect to their knowledge, attitude and practice as well as barriers. All test was carried out at 95% confidence level using SPSS version 27.0. Results were presented using tables and charts.
- **Ethical Clearance**: An introductory letter was collected from Benue State University, Makurdi. Thereafter the nature of the study was explained to each respondent to obtain a written informed consent stating clearly that participation is voluntarily. Consenting participants were administered questionnaire and were at liberty to withdraw from the study at any stage without consequences. All information obtained was treated with absolutely confidentiality.
- **Limitations of this study:** Respondents for whatever reason who could not breastfed their children were excluded, since they are not practicing exclusive breastfeeding, however, ascertaining those mother's adherent to exclusive breastfeeding was not done, hence all respondents were adjudged as being practicing exclusive breastfeeding irrespective of our prior knowledge of them

3. Results

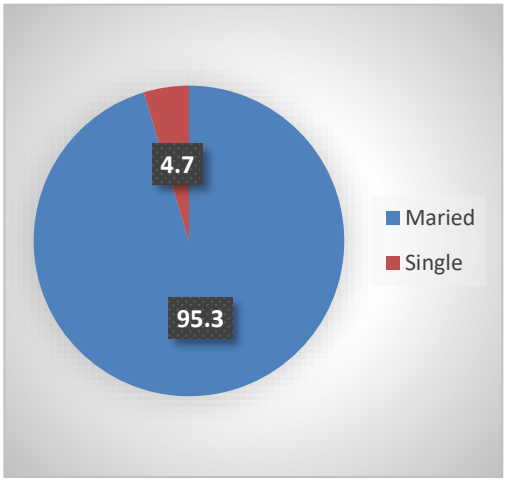
Table 1 Socio demographic characteristics of respondents on the knowledge, attitude and practice of EBF in Makurdi, Benue State

Variables	Response	Frequency	Percentage (%)	$\chi 2$	df	p-value
Age (years)	18-27	133	88.7	1.930	1	0.195
	28-37	17	11.3			
	TOTAL	150	100			
	Mean age	32.54±11.2				
Religion	Christianity	125	83.3	2.027	1	0.493
	Islam	25	16.7			
	TOTAL	150	100			
Occupation	Civil servant	7	4.7	7.391	3	0.037
	Farmer	62	41.3			
	Business	54	36.0			
	Unemployed	27	18.0			
	TOTAL	150	100			

Ethnicity	Tiv	76	50.7	2.831	3	0.652
	Idoma	46	30.7			
	Igede	12	8.0			
	Others	16	10.7			
	TOTAL	150	100			
Age of last child	0-24 months	101	67.3	7.34	1	0.002
	25-60 months	49	32.7			
	TOTAL	150	100			

Result is significant were p<0.05 at 95% C.I

Table 1 above shows the socio demographic characteristics of respondents on the knowledge, attitude and practice of EBF in Makurdi, Benue State. The highest age group was between 18-27 years, the mean age was 32 years. Majority where Christian (83.3%), and Farmers (41.3%) from the Tiv Tribe (50.7%), with secondary level of education (67.3%). Majority had their last child birth 0-24 months (67.3%). (95.3%) where married.



χ2=9.290; p=0.0.043

Figure 1 Marital status of respondents in the study area

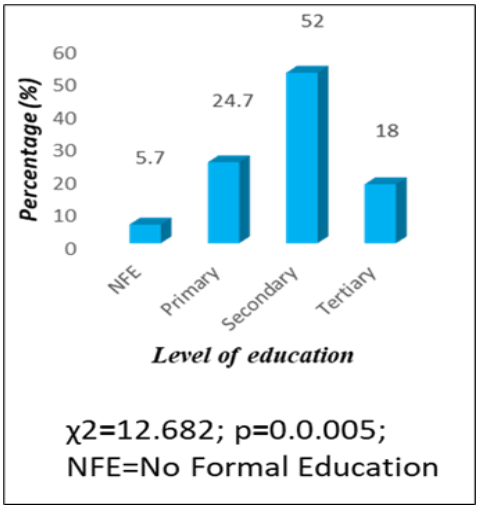


Figure 2 Level of education of respondents in the study area

Table 2 Distribution of Knowledge, attitude and Practice grading of exclusive breastfeeding among nursing Mothers in Makurdi, Benue State

Variables	**Grade**	**No. Observed**	**EBF (%)**	**χ2**	**df**	**p-value**
Knowledge	Good	126	84.0	23.901	1	0.002
	Poor	24	16.0			
	TOTAL	**150**	**100**			
Attitude	Good	82	54.7	0.341	1	0.559
	Poor	68	45.3			
	TOTAL	**150**	**100**			
Practice	Good	101	67.3	14.203	1	0.007
	Poor	49	32.7			
	TOTAL	**150**	**100**			

Result is significant were p<0.05 at 95% C.I

Table 2 above shows the distribution of Knowledge, attitude and Practice grading of exclusive breastfeeding among nursing Mothers in Makurdi, Benue State. Majority of respondents had a good knowledge of exclusive breastfeeding (84.0%), 54.7% had a good attitude of EBF, while 67.3% had good practice.

Table 3 Factors affecting the practice of exclusive breastfeeding among nursing mothers in Makurdi Benue State

Factors	Response	Freq	EBF (%)	Non-EBF (%)	χ2	df	p-value
Knowledge of EBF	Good	126	84(66.7)	42(33.3)	17.420	1	0.003
	Poor	24	6(25.0)	18(75.0)			
Childs weight	Normal weight	98	69(70.4)	29(29.6)	9.531	1	0.002
	Over weight	36	13(36.1)	23(63.9)			
	Under weight	16	13(81.2)	3(18.8)			
ANC Visits	Regular	101	92(91.1)	9(8.9)	11.503	1	0.028
	Not regular	41	16(39.0)	25(61.0)			
	Never attended	8	3(37.5)	5(62.5)			
LOE	NFE	8	3(37.5)	5(62.5)	18.931	1	0.001
	Primary	37	27(73.0)	10(27.0)			
	Secondary	78	70(89.7)	8(10.3)			
	Tertiary	27	23(85.2)	4(14.8)			
RVD status	Positive	12	6(50.0)	7(58.3)	2.853	1	0.541
	Negative	138	126(91.3)	12(8.7)			
Breast Disease 6 months post-natal	Yes	6	2(33.3)	4(66.7)	8.501	1	0.021
	No	144	133(92.4)	11(7.6)			
Maternal Health in First six post-natal	Not Sick	132	127(96.2)	5(3.8)	3.012	1	0.060
	Sick	18	10(55.6)	8(44.4)			

Result is significant were $p<0.05$ at 95% C.I; RVD=Retroviral Disease (e.g. HIV, HBV, HCV); LOE=Level of Education; ANC=Antenatal Care; EBF=Exclusive Breast feeding

Table 3 above shows factors affecting the practice of exclusive breastfeeding among nursing mothers in Makurdi Benue State. Among the barriers affecting EBF, poor knowledge of EBF among respondents had the highest effect on practicing EBF (75.0%), followed by respondents having Breast Disease 6 months post-natal (66.7%), next was women who have never attended Antenatal care clinic (ANC) 62.5%.

4. Discussion

This descriptive study was carried out among nursing mothers. The mean age was 32 years, about half of the respondents were of Tiv ethnicity; this is expected because the study was carried out in Benue state, which is a Northcentral state predominantly inhabited by Tiv who are predominantly farmers, and farming was the predominant occupation. Expectedly, the respondents predominantly had secondary level of education, and this was also the finding from the Nigerian National Demographic and Health Survey of 2013.[20] However, the difference in education between both groups was not statistically significant. The results from this study indicated that the women's awareness about EBF was good as 84.0% of the respondents heard of the term EBF. This was similar to a study in Osun State, Nigeria, in which 88.0% had heard of EBF and also in Southwestern Ethiopia where 93.6% of mothers had heard of EBF.[7,24] This finding was remarkably higher than other similar studies reported in Sokoto, Northwest Nigeria 31%, and in another urban community in Lagos 39%.[25,26] Similar study about the knowledge of women on EBF in far distant Ajmer, India showed that nursing mothers had a knowledge of 62%.[27] The finding in our study may be attributed to the cosmopolitan nature of Benue State where rural areas are increasingly receiving health awareness campaigns and targeted health education from local government authorities and health workers as well as the city being the administrative

headquarter of the state. In specific areas of their knowledge, 84.6% of the urban respondents knew the usefulness of colostrum to the newborn. This was however lower than 89% found in a study among female teachers in Southwestern, Saudi Arabia,[28] but higher than 77% found in a study among women in Dhaka city, Bangladesh.[29] This disparity in knowledge when compared with the Saudi Arabian study may be because the latter was among teachers who are often used as health promoters in schools.[30] Higher proportions of mothers with at least secondary education had better knowledge of breastfeeding as documented in some other studies.[31,32] This underscores the importance of female education, which is a clearly identified strategy for children's survival and health.[32] Regarding occupation, it has been previously reported that although Nigerian women in formal employment may have satisfactory knowledge of EBF, their engagement in economic activities impedes their breastfeeding practices.[33] There was no statistically significant difference in the overall attitude toward EBF in this study similar to study findings in India among respondents with attitude scores of 82%.[26] Most of the respondents (61.7%) agreed that breast milk alone was sufficient for the baby for the first 6 months, which was similar to the finding in a study carried out in Iraqi, in which 61% of mothers agreed that breast milk is insufficient for babies <6 months.[34] About half (52.8%) of the respondents, disagreed that breastfeeding was old-fashioned, embarrassing and should not be done publicly. This finding was lower than a study in Delhi where majority (78%) of the respondents agreed that breastfeeding is not embarrassing and 82.0% stated that it is not old-fashioned.[30] The difference could possibly be as a result to the time interval between the studies and the declining popularity of EBF among Nigerian mothers. Regarding the practice of EBF in this study, most women practice EBF 67.3. Other studies that had similar findings of better EBF practices is in Pradesh, India 61%.[35] and Kakinada, India 65%.[36] Similar, findings in Imo State, Nigeria, had EBF practices of (66%) this could possibly due to the positive beliefs held, especially by the women.[37]

Regarding barriers to exclusive breast feeding among nursing Mothers in this study, poor knowledge of EBF contributed by (75.0%), Child being overweight and outgrowing the capacity of only breast milk to satisfying his/her nutritional demand was (63.9%), Nursing mothers that never attended antenatal care (ANC) visits to receive health education on EBF (62.5%), being retroviral disease positive (58.3%), having a breast disease within the first 6 months after birth (66.7%) and being sick from any disease 6 months post-natal (44.4%) were found to be the barriers or factors affecting practice of EBF among respondents in Makurdi LGA. Related barriers have been reported elsewhere.[19,20]

5. Conclusion

These findings suggest that the knowledge about breastfeeding was good, while attitude was indifferent among the respondents; the practice of breastfeeding among respondents was also good. Poor knowledge of exclusive breastfeeding was found to be the chief barrier affecting EBF. Benefits of good EBF practice should therefore serve as potential themes for educational campaigns. Government and nongovernmental agencies should focus on programs that improve attitude, reduce barriers and increase breastfeeding practices, especially among urban and rural women.

Recommendations

There is need to institute intervening measures aimed at increasing EBF rates and reducing barriers.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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