

Knowledge and Attitude of Women to Exclusive Breastfeeding in Ikosi District of Ikosi - Isheri Local Government Area, Lagos State

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ABSTRACT

Background: Infant malnutrition is a public health problem in developing countries.

Objective: To determine the knowledge and attitude of women to exclusive breastfeeding in Ikosi district of Ikosi/Isheri Local Government Area.

Methods: This was a descriptive cross sectional study which employed a multistage sampling technique to select four hundred female participants. Data was collected using structured interviewer-administered questionnaires. A woman was included if she was within the reproductive age group and her last confinement was not more than five years.

Results: Awareness was high (98.3%) but only about one third (39%) had good knowledge of exclusive breastfeeding. Almost all respondents (98.8%) felt that breastfeeding was important. Majority (73.3%) believed that breast milk alone is sufficient for the baby in the first six months of life while more than half (61%) believed in the appropriateness of breastfeeding in public.

Conclusion: Given that a relatively high proportion of women had positive attitudes despite the poor knowledge of exclusive breastfeeding, public enlightenment and continued health education especially in the antenatal clinics are pertinent to maternal and child care to attain the recommendation of 90% practice in developing countries.

Keywords: Knowledge, attitude, exclusive breastfeeding

INTRODUCTION

Millions of children in the underdeveloped areas of the world are suffering from malnutrition as a result of poverty, ignorance and non availability of suitable food. According to estimates by the United Nations Children's fund, one quarter (25%) of all children in the developing countries under the age of five years are underweight. A study in a semi-rural community in Nigeria showed that 23% and 22.6% of under-five were stunted and wasted respectively. Another recent study showed that the situation is not different among urban children in Nigeria as 28.6% of the children were underweight. Growth faltering been shown to start as early as three months of life, but the children most at risk are between the ages 6-24 months. Malnutrition among the under five is one of the important underlying causes of morbidity and mortality in Nigeria.

Breast milk is the most complete form of nutrition and the sustainable way to feed a baby in the first six months of life; to prevent malnutrition and its complications especially in the developing countries. It was recommended to Governments and health care professionals in the Innocenti declaration that mothers should breast feed their children exclusively for 4-6 months from birth and to continue breastfeeding, supplemented by other appropriate foods up to the second year of life or later. Exclusive breastfeeding means that the infant receives only breast milk from the breast, or expressed breast milk, and receives no other liquids or solids with the exception of syrups and vitamins, mineral supplements or medicines. Early introduction of complementary foods does not provide any advantages in terms of weight gain in our environment, rather it is frequently associated with illness episodes and growth faltering. Exclusive breastfeeding also produces lactational amenorrhea and enhances maternal and infant bonding in many women. The lactational amenorrhea may in turn help child spacing while the physical contact helps the babies feel more secured, warm and comforted.

Breastfeeding has declined worldwide in recent years as a result of urbanization, female participation in the labour force, increased availability of processed milks and their promotion and the regimentation of breast-feeding; therefore exclusive breastfeeding up to 6 months is uncommon in many areas. Before The British colonization and subsequent independence, Nigerian infants were traditionally breastfed exclusively and for long periods. Motherless babies and infants of mothers who could not breastfeed were routinely put to the breast of close relatives and neighbours.

Infants aged 0-5 months who are not breastfed have seven-fold and five-fold increased risks of death from diarrhoea and pneumonia, respectively, compared with infants who are exclusively breastfed. At the same age, nonexclusive rather than exclusive breastfeeding results in more than two-fold increased risk of dying from diarrhoea or pneumonia. Infants aged 6-11 months who are not breastfed also have an increased risk of such deaths. Universal practice (i.e. 90 percent, recommended by WHO/UNICEF) of exclusive breastfeeding for the first six months and continued breastfeeding for 6-11 months can save about 13-15 percent deaths in children under 5 years

of age in a developing country. Which means well over 300,000 could be saved in one year. The epidemiological evidence is now overwhelming that, even in developed countries, breastfeeding protects against gastro intestinal and (to a lesser extent) respiratory infection, and that the protective effect is enhanced with the greater duration of exclusive breastfeeding¹⁷.

In a study conducted in Ilesa, Nigeria to assess the knowledge and attitude towards exclusive breast feeding among females, approximately 47% of the total population had low level of knowledge of exclusive breastfeeding and seventy percent of the primigravidae were graded as having poor attitudes. Mothers' knowledge and attitude are important for lactation behavior. A similar study conducted in the rural community of Igbo-Ora in South Western Nigeria showed that most of the mothers believed that breast milk alone would not satisfy their children and would be physically draining on themselves.

This study aims to determine the level of knowledge and attitude of mothers to breastfeeding, especially exclusive breastfeeding. This information will be useful for health care professionals in determining areas where interventions are needed and in making policy decisions regarding breastfeeding to improve the knowledge and attitude of women in the community.

MATERIALS AND METHODS

The research was done in Ikosi, the headquarters of Ikosi/Isheri Local Government Area of Lagos State, Nigeria. It was a cross sectional descriptive study. The total population of Ikosi was about six hundred and fifty thousand. The estimated population in the wards i.e Shangisha/Magodo, orile-ketu, Orile-Ikosi and Ikosi-oke wards were about eighty eight thousand nine hundred and forty five (88,945), one hundred and seventeen thousand, one hundred and twenty seven (117,127), one hundred and seventy five thousand, one hundred and fifty seven (175,157) and two hundred and sixty eight thousand, seven hundred and sixty nine (268,769) respectively.

Multistage sampling method was used to select the 400 respondents. All the four wards in the local government area were included. The number of streets in each ward range from twenty eight to fifty five (28-55). The number of houses on each street also ranges from three to seventy (3-70). Four streets were chosen from each ward by simple random sampling using the list of streets as sample frame. The first twenty five households were chosen from each street. Only one woman was interviewed in each household. Where they were more than one, balloting was done to select one of them. A woman was included if she was within the reproductive age group and her last confinement was not more than five years. Twenty five eligible women were interviewed from each street starting from the index house determined by balloting to make a total of four hundred women.

Flow chart of the selection process

Local Government → Wards → Streets → House-holds → Women

Data collection was through quantitative method using pre-tested interviewer-administered questionnaires with the assistance of two interviewers who were trained for the

purpose. Informed consent was obtained from the intended respondents before questionnaires were administered. Confidentiality was maintained.

The Epi Info software (windows 2000) was used for data entry, validation, cleaning and analysis. In determining the level of knowledge of exclusive breastfeeding, each of the fourteen questions on knowledge was scored one point. Those who scored seven points or less were considered as having low knowledge; those who scored between eight and ten points had fair knowledge while those who scored eleven to fourteen points were considered as having good knowledge.

RESULTS

The modal age group of the respondents was 30-34 years. Almost all (97%) of them were married. More than three quarter (77%) were Christians. Most (87%) of them had at least secondary education meanwhile only 39% were skilled workers or professionals. Many (57%) of them had only one or two children; only 5.8 % had more than four children. Most of the respondents (78%) were Yoruba, while Ibos constituted 10%.

Majority (96.8%) of the respondents knew that breast feeding has many advantages compared to feeding with infant formula however only 25% knew that breastfeeding should start within the first one hour of delivery. Most (79%) of them knew that colostrum is good for the baby.

Almost all (98.3%) the respondents have heard about exclusive breastfeeding (EBF). Antenatal Clinic was the commonest source of information about exclusive breastfeeding (82.4%). This was followed by Radio or television which constituted 8.10%.

About three quarters (77.1%) of the 393 respondents who were aware of EBF understood exclusive breastfeeding to mean "infant taking breast milk alone without water or any other food" while 84.5% knew the duration to be six months. A lot of them (90.3%) knew that the incidence of diarrhoea is usually less in exclusively breastfed compared to bottle fed infants but only 28.2 % knew that it makes babies to grow well and prevent infection. Most of the respondents who were aware of exclusive breastfeeding (91.3%) knew that it increases mother and child bonding while only 61.1% knew that they could continue exclusive breastfeeding after resuming work outside the home. Many of them (69.7%) knew that the expressed milk could be kept in the fridge or freezer in case of irregular power supply. Less than half (39%) of all the respondents had good level of knowledge of exclusive breastfeeding.

Almost all (98.2%) the respondents considered breastfeeding as essential. Only (73.3%) of respondents who were aware of exclusive breastfeeding considered breast milk alone as sufficient in the first six months while (62%) believed that it is proper to breastfeed in the public. Only 13% of those who were aware of exclusive breastfeeding believed that it is proper to continue breastfeeding when pregnant. About three quarters (74%) of those respondents' husbands encouraged them to practice exclusive breastfeeding.

The percentage of mothers with good knowledge of exclusive breastfeeding increased with increasing level of education. The association between level of education and knowledge of exclusive breastfeeding was positive and

statistically significant ($p > 0.05$). The Ibos had the highest percentage (47.6%) of those who had good knowledge of exclusive breastfeeding. 38% of the Yorubas had good level of knowledge. There was a significant association between ethnicity and knowledge of exclusive breastfeeding ($p < 0.05$). There was a statistically significant positive association between the age of respondents and the knowledge of exclusive breastfeeding ($p < 0.05$).

Table 1
Significance of breast feeding and sources of information.

Knowledge about breastfeeding	N= 400 Frequency(%)
Breastfeeding is advantageous	387 (96.8)
Breastfeeding should start within the first one hour of delivery	98 (24.5)
Main Source of knowledge	Frequency(%)
Radio/television	32(8.1)
Through a friend/mate	15(3.9)
In the school, as a student	7(1.8)
Others (books, magazines)	15(3.8)
TOTAL	393(100)

Table 2
Respondents' knowledge about exclusive breastfeeding.

Knowledge about exclusive breastfeeding	N =393 frequency(%)
Defined as - Breast milk without water or any other food	303 (77.1)
Duration should be six months	332 (84.5)
Incidence of diarrhea less than in bottle fed infants	355 (90.3)
Can make baby grow well and prevent infection.	111 (28.2)
Increases mother and child bonding	359 (91.3)
Can continue if one works outside the home.	240 (61.1)
Expressed milk can be kept in the fridge/Freezer and used later	274 (69.7)

Table 3
Distribution of all respondents by level of knowledge of exclusive breastfeeding

Level of knowledge of exclusive breastfeeding	frequency(%)
Poor	84 (21.0)
Fair	160(40.0)
Good	156(39.0)
Total	400(100)

Table 4
Attitude of respondents to exclusive breastfeeding

Attitude to exclusive breastfeeding	N =393 frequency (%)
Sufficient in the first six months	288 (73.3)
Breastfeeding in the public proper	242 (61.6)
Proper to continue breastfeeding when pregnant	51 (13.0)

DISCUSSION

Majority (93.8%) of the respondents were between the ages of 20-39 years. This was not surprising since the age range falls within the prime reproductive period. Almost all of them (97%) were married and majority was Yoruba.

Almost all (98%) of the respondents had heard about exclusive breastfeeding. Most of them (82.4%) heard about it in the antenatal clinic while only 3.8% heard about it from other sources such as books and magazines. This means that many women who don't attend the health talk in antenatal clinic may not know the importance of exclusive breastfeeding and therefore may not practice it. The health facilities also provided a good source of information about exclusive breastfeeding for mothers in Mbarara, in Uganda. Therefore it can be concluded that strengthening this mode of providing information can help to raise the prevalence of EBF significantly. This is however in contrast with a study conducted in Poland in 2004 where 24.1% of the respondents had labour classes as their source of information for exclusive breastfeeding while 60% learnt about it from magazines. This disparity compared with this study, may be because of low female literacy levels in Nigeria hindering the reading of magazines or handbills. More importantly, more likely to be due to the generally very poor attitude to reading and the poor reading culture of the wider community of Nigerians even among the so called educated elites.

Most (79%) of the respondents knew that colostrum is good for the baby. This proportion is high but not high enough for universal practice (90%) of exclusive breastfeeding because it means twenty one (21%) of the respondents may decide to throw the colostrum away. This is similar to the finding in Bangladesh where 83.5% of

mothers knew that colostrum is good for the child, and in Turkey where only 10.8% of women were not aware that they should offer colostrum to their babies. This proportion is high but not high enough for universal practice (90%) of exclusive breastfeeding because it means twenty one (21%) of the respondents may decide to throw the colostrum away.

About three quarters (77.1%) of respondents understood exclusive breastfeeding to imply an infant taking breast milk alone without water or any other food while 84.5% knew the duration to be six months. This is similar to the study in Uganda where the majority, 73.8%, knew that a child is supposed to be exclusively breastfed for six months. This however disagrees with the finding in Bangladesh where most mothers did not have the correct knowledge about exclusive breastfeeding and the appropriate time for introduction of weaning foods.

In this study, 39% of the respondents had overall good level of knowledge of exclusive breastfeeding while 21% had poor level of knowledge. This is in contrast with a study in Ile-Ife and Ilesha, Nigeria; where 47% of the respondents had low knowledge of exclusive breastfeeding. The more urban setting of Lagos may account for the lower proportion of those with poor level of knowledge. However the proportion of respondents who had good knowledge is not enough for universal practice of exclusive breastfeeding since knowledge usually affects practice.

This study revealed that the percentage of mothers with good knowledge of exclusive breastfeeding increased with increasing level of education. The association between the respondents' level of education and the level of knowledge of exclusive breastfeeding was positive and statistically significant ($p < 0.05$). This is expected since those who are educated are likely to have had more opportunities of coming across the subject in school or the media and understand the advantages better.

In this study there was a statistically significant positive association between the age of subjects and knowledge of exclusive breastfeeding ($p < 0.05$). The percentage of those who had good knowledge increased with age up to 39 years. This is in keeping with the study conducted at Ile-Ife and Ilesha where there was also, a significant relationship between the age of subjects and increased level of knowledge about exclusive breastfeeding. This might have been so because older women were likely to have had more opportunities of hearing about it compared to the young women.

Almost all (98.2) the respondents considered breastfeeding as being essential for a baby which agrees with the findings in a study in Japan where most sampled mothers believed that breast milk was the best food for their infants and knew that breast milk had many advantages for infants, mothers and families. A relatively lower proportion (73%) however considered breast milk alone as sufficient in the first six months of life. This probably is a result of inadequate knowledge especially about the composition of breast milk with respect to the need of the infant. This is similar to the findings in the study in southwestern Nigeria where most of the mothers believed that the breast milk will not be sufficient for their babies.

Many (62%) respondents believed that it is proper to breastfeed in the public but only 13% believed that it is proper to continue breastfeeding when pregnant. This agrees with a study in Isfahan province where more than

half of mothers believed that pregnancy is an inhibitor factor for normal breast feeding.

Conclusion

Notwithstanding, the relatively high proportion of mothers with good attitude to breast feeding, the low level of knowledge of exclusive breast feeding will make the attainment of a universal practice of 90% unattainable without public enlightenment and proper health education especially during antenatal clinics.

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