

# Breastfeeding Practices among Mothers Living in Ede North Local Government, Osun State, Nigeria

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## Abstract

**Background:** Breastfeeding is the feeding a baby with milk that is coming straight from the mother's breast. It provides the infant with the necessary nutrients they require for healthy growth and development. For an infants to live, grow and develop properly they need the right proportion of nutrients. Breast milk is copious in nutrients and anti-bodies and consists of the correct quantities of fat, sugar, water and protein. These nutrients are major requirements for the health and survival of the baby.

**Objective:** This study was carried out to have a clear understanding about the the breastfeeding practices among mothers in Ede, Osun State, Nigeria.

**Methodology:** 50 mothers living in Ede were randomly and systematically selected to participate in the study. Questionnaire containing two sections was used for data collection. Results were analyzed using SPSS version 21.

**Results:** The study revealed that 18 (36 %) of the respondents were aged 26-30 years, 45 (90%) were Islam, 49 (98%) were Yoruba, 42 (84%) were married, 16 (32%) were civil servants, 30 (60%) had tertiary education and 24 (48%) earned above 41,000. 30 (60%) strongly agree that they have heard of breastfeeding from hospital, maternity clinics, TBA, 34 (68%) strongly agree that breastfeeding a child for six months is good, 22 (44%) agree that breastfeeding is a good contraceptive method, 16 (32%), 22 (44%) strongly agree that breastfeeding promote mother-baby bonding, 18 (36%) strongly agree that breastfeeding has effect on care of family members and marital relationship, 16 (32%) agree that breastfeeding is a good way to decreases family expenses, 20 (40%) agree that breastfeeding prevent low weight in baby, 18 (36%) strongly agree that breastfeeding helps the uterus to return to its pre-pregnancy state quickly.

**Conclusion:** Breast milk remains the best and most guaranteed kind of nourishment for infants. The health benefits of breastfeeding to infants should not be underestimated. Breastfeeding is well known as the best source of food for infants. Health education programmes on the benefits of breastfeeding to the infant, mother, family and the community should be promoted.

**Keywords:** Breastfeeding • Practices • Mothers

## Introduction

Appropriate breastfeeding is important for the healthy growth and development of infant. Breast milk is the natural first food for babies. It go on to provide up to half or more of the child's nutritional needs during the second half of the first year, and up to one third during the second year of life. Breastfeeding is the safest and best feeding method for the infant. It has nutritional, immunological, behavioural and economic benefits and also provides suitable mother-infant bonding. In spite of the established benefits of breastfeeding, prevalence and duration of breastfeeding in many countries are still

lower than the international recommendation of breastfeeding for the first six months of life. There are still a large proportion of women who do not initiate or continue breastfeeding. Although breastfeeding is widely recognized as the optimum feeding method for infant, many infants across the globe are being breastfed only for a little time. The WHO recommends exclusive breastfeeding for 6 months and extended breastfeeding until 2 years of age with complementary foods [1]. Urging women to start and continue breastfeeding presents a major public health challenge in Nigeria and across the world entirely. Knowledge concerning breastfeeding can be gotten through several channels and it is assumed to influence the attitudes of women towards breastfeeding and their intention to breastfeed.

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Knowledge about breastfeeding and attitude for breastfeeding were identified to anticipating factors of the intention to breastfeed in several studies. Although advertising formula feeding products are disallowed in many countries, it is clear that supplying women with information regarding the advantages and disadvantages of breastfeeding may shapes their attitude towards breastfeeding behaviour and so the actual behaviour as well [2].

Socio-demographic characteristics of the mother also play a vital role in explaining the low rates breastfeeding. Illness also affects infant feeding options since weak and depressed women may doubt their strength to feed the infants leading to early termination of breastfeeding efforts. Early resumption to work after giving birth is also significant element in deciding whether to continue breastfeeding or not. There are some prove advising that formal assistance offered by health practitioners may promotes duration of breastfeeding by the mothers. This support should be from capable health practitioners and the information should be design in a way that will be coherent. Intervention such as group health education and promotion sessions during antenatal clinics, medical checkups or individual counselling before and after birth may support in promoting positive breastfeeding attitudes and duration of breastfeeding.

## Methods

### Study area

The study was conducted in Ede North Township. Ede is one of the Local Government Area in Osun State situated in the south-west part of Nigeria and speaks Yoruba language. It is known as one of the ancient towns of the Yoruba people. Ninety percent of the population in Ede are Muslim. Ede is well known as land of hospitality [3].

### Study population

The study population consists of fifty breastfeeding mothers living in the community of Ede North Local Government Area, Osun State, Nigeria.

### Study design and sampling

This study was a cross-sectional descriptive study. Appropriate sampling method was utilized in selecting the breastfeeding mothers living in the community of Ede North Local Government Area, Osun State, Nigeria.

### Data collection methods

Questionnaire was used for collecting data from the sampled population comprises of 60 respondents. The questionnaire comprises of two sections namely socio-demographic characteristics of the respondents and knowledge and attitudes of mothers towards breastfeeding practices.

### Data analysis

The results were analyzed using Statistical Package for Service Solutions (SPSS) Version 21.

## Ethical consideration

Letter of introduction was sought from the Faculty of Basic Medical Sciences, Adeleke University, Ede. Approval to conduct the research in the community was also sought from Ede North Local Government Authority. Permission was obtained from the respondents before administering the questionnaire and confidentiality of all respondents was ensured [4].

## Results

Variables	Observable variables	Frequency (%)
Age (Years)	15-20	2 (4.0 %)
	21-25	4 (8.0 %)
	26-30	18 (36.0 %)
	31-35	16 (32.0 %)
	36 and above	10 (20.0 %)
Religion	Christianity	5 (10 %)
	Islam	45 (90 %)
Tribe	Yoruba	49 (98 %)
	Others	1 (2.0 %)
Marital status	Single	8 (16.0 %)
	Married	42 (84.0 %)
Occupation	Artisans	12 (24.0 %)
	Self-employed	14 (28.0 %)
	Students	2 (4.0 %)
	Civil servants	16 (32.0 %)
	Others	6 (12.0 %)
Level of education	Primary	2 (4.0 %)
	Secondary	14 (28.0 %)
	Tertiary	30 (60.0 %)
	Others	4 (8.0 %)
Level of income	10,000-20,000	4 (8.0 %)
	21,000-30,000	14 (28.0 %)
	31,000-40,000	8 (16.0%)
	41,000 and above	24 (48.0 %)

**Table 1.** Socio-demographic characteristics of the respondents (n=50).

S/N	Variable s	Strongly agree (%)	Agree (%)	Uudecid ed (%)	Disagree (%)	Strongly disagree (%)
1.	Heard of breastfee ding from hospital, maternity clinics, TBA	30 (60.0 %)	12 (24.0 %)	2 (4.0 %)	4 (8.0 %)	2 (4.0 %)

2.	Woman who is fully breastfeeding is less likely to become pregnant 3 months after delivery	10 (20.0 %)	20 (40.0 %)	4 (8.0 %)	10 (20.0 %)	6 (12.0 %)
3.	Community encourages breastfeeding	28 (56.0 %)	6 (12.0 %)	10 (20.0 %)	4 (8.0 %)	2 (4.0 %)
4.	Breastfeeding a child for six months is good	34 (68.0 %)	14 (28.0 %)	0 (0.0 %)	2 (4.0 %)	0 (0.0 %)
5.	Breastfeeding is a good contraceptive method	10 (20.0 %)	22 (44.0 %)	4 (8.0 %)	6 (12.0 %)	8 (16.0 %)
6.	Breastfeeding is the safest and best method	16 (32.0 %)	16 (32.0 %)	2 (4.0 %)	12 (24.0 %)	4 (8.0 %)
7.	Frequent breastfeeding in early period can reduce jaundice	16 (32.0 %)	16 (32.0 %)	10 (20.0 %)	4 (8.0 %)	4 (8.0 %)
8.	Have training on breastfeeding	6 (12.0 %)	16 (32.0 %)	8 (16.0 %)	10 (20.0 %)	10 (20.0 %)
9.	Breastfeeding decrease diarrhea	12 (24.0 %)	22 (44.0 %)	8 (16.0 %)	4 (8.0 %)	4 (8.0 %)
10.	Breastfeeding promote mother-baby bonding	22 (44.0 %)	18 (36.0 %)	2 (4.0 %)	4 (8.0 %)	4 (8.0 %)
11.	Three months breastfeeding is long enough	8 (16.0 %)	4 (8.0 %)	6 (12.0 %)	16 (32.0 %)	16 (32.0 %)
12.	Breastfeeding has effect on care of family members and marital relationship	18 (36.0 %)	12 (24.0 %)	6 (12.0 %)	12 (24.0 %)	2 (4.0 %)
13.	Breastfeeding is a good way	10 (20.0 %)	16 (32.0 %)	10 (20.0 %)	6 (12.0 %)	8 (16.0 %)

	to decrease family expenses					
14.	Doctors and Nurses encourage breastfeeding	12 (24.0 %)	16 (32.0 %)	2 (4.0 %)	12 (24.0 %)	8 (16.0 %)
15.	Feeling shy of breastfeeding in the public	26 (52.0 %)	14 (28.0 %)	2 (4.0 %)	4 (8.0 %)	4 (8.0 %)
16.	I'm comfortable with breastfeeding	10 (20.0 %)	8 (16.0 %)	2 (4.0 %)	20 (40.0 %)	10 (20.0 %)
17.	It is not difficult for breastfeeding mother to care for the family	16 (32.0 %)	4 (8.0 %)	4 (8.0 %)	20 (40.0 %)	6 (12.0 %)
18.	Maternity leave of three months is enough to successful breastfeeding	8 (16.0 %)	14 (28.0 %)	4 (8.0 %)	10 (20.0 %)	14 (28.0 %)
19.	Medical practitioners have no role in breastfeeding	12 (24.0 %)	8 (16.0 %)	2 (4.0 %)	16 (32.0 %)	12 (24.0 %)
20.	It is painful to breastfeed a baby	10 (20.0 %)	8 (16.0 %)	2 (4.0 %)	16 (32.0 %)	14 (28.0 %)
21.	Time determine how long a mother will breastfeed the baby	12 (24.0 %)	18 (36.0 %)	6 (12.0 %)	4 (8.0 %)	10 (20.0 %)
22.	Workplace provide designated places for breastfeeding	8 (16.0 %)	12 (24.0 %)	6 (12.0 %)	8 (16.0 %)	16 (32.0 %)
23.	Breastfeeding is a waste of time	6 (12.0 %)	12 (24.0 %)	6 (12.0 %)	8 (16.0 %)	16 (32.0 %)
24.	Community, family and relative encourages breastfeeding over	18 (36.0 %)	16 (32.0 %)	4 (8.0 %)	16 (32.0 %)	22 (44.0 %)

	infant formula					
25.	The level of income of the family determine breastfeeding duration	10 (20.0 %)	12 (24.0 %)	8 (16.0 %)	14 (28.0 %)	6 (12.0 %)
26.	Breastfeeding prevent low weight in baby	14 (28.0 %)	20 (40.0 %)	4 (8.0 %)	6 (12.0 %)	6 (12.0 %)
27.	Breastfeeding prevent obesity and health related diseases in infants and mother	20 (40.0 %)	14 (28.0 %)	6 (12.0 %)	6 (12.0 %)	4 (8.0 %)
28.	Breastfeeding helps mother to lose weight	8 (16.0 %)	16 (32.0 %)	10 (20.0 %)	12 (24.0 %)	4 (8.0 %)
29.	Breastfeeding helps the uterus to return to its pre-pregnancy state quickly	18 (36.0 %)	2 (4.0 %)	16 (32.0 %)	10 (20.0 %)	4 (8.0 %)
30.	People that breastfeed their baby are exclusively poor	4 (8.0 %)	4 (8.0 %)	2 (4.0 %)	8 (16.0 %)	32 (64.0 %)

**Table 2.** Knowledge and attitudes of mothers towards breastfeeding (n=50).

## Discussion

### Socio-demographic characteristics of the respondents

From the result, 18 (36 %) of the respondents were aged 26-30 years, 45 (90%) were Islam, 49 (98%) were Yoruba, 42 (84%) were married, 16 (32%) were civil servants, 30 (60%) had tertiary education and 24 (48%) earned above 41,000.

### Knowledge and attitudes of mothers towards breastfeeding

From the 50 respondents, 30 (60%) strongly agree that they have heard of breastfeeding from hospital, maternity clinics, TBA, 20 (40%) agree that woman who is fully breastfeeding is less likely to become

pregnant 3 months, after delivery, 28 (56%) strongly agree that community encourages breastfeeding, 34 (68%) strongly agree that breastfeeding a child for six months is good, 22 (44%) agree that breastfeeding is a good contraceptive method, 16 (32%) strongly agree and agree that frequent breastfeeding in early period can reduce jaundice, 16 (32%) agree they have had training on breastfeeding, 22 (44%) strongly agree that breastfeeding decreases diarrhoea, 22 (44%) strongly agree that breastfeeding promote mother-baby bonding, 16 (32%) disagree and strongly disagree that three months breastfeeding is long enough, 18 (36%) strongly agree that breastfeeding has effect on care of family members and marital relationship, 16 (32%) agree that breastfeeding is a good way to decreases family expenses, 16 (32%) agree that doctors and nurses encourage breastfeeding, 26 (52%) strongly agree that they feel shy of breastfeeding in the public [5].

20 (40%) disagree that they are comfortable with breastfeeding, 20 (40%) disagree that it is not difficult for breastfeeding mother to care for the family, 14 (28%) strongly disagree that maternity leave of three months is enough to successful breastfeeding, 16 (32%) strongly disagree that medical practitioners have no role in breastfeeding, 16 (32%) disagree that it is painful to breastfeed a baby, 18 (36%) agree that time determine how long a mother will breastfeed the baby, 16 (32%) strongly disagree that workplace provide designated places for breastfeeding, 16 (32%) strongly disagree that breastfeeding is a waste of time, 22 (44%) strongly disagree that community, family and relative encourages breastfeeding over infant formula, 14 (28%) disagree that the level of income of the family determine breastfeeding duration, 20 (40%) agree that breastfeeding prevent low weight in baby, 20 (40%) strongly agree that breastfeeding prevent obesity and health related diseases in infants and mother, 16 (32%) agree that breastfeeding helps mother to lose weight, 18 (36%) strongly agree that breastfeeding helps the uterus to return to its pre-pregnancy state quickly and 32 (64%) strongly disagree that people that breastfeed their baby are exclusively poor [6].

## Conclusion

Breast milk remains the best and most guaranteed kind of nourishment for infants. The health benefits of breastfeeding to infants should not be underestimated. Breastfeeding is well known as the best source of food for infants. Health education programmes on the benefits of breastfeeding to the infant, mother, family and the community should be promoted.

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