

Attitude and Perception on Exclusive Breast Feeding Among Nursing Mothers Visiting Specialist Hospital Sokoto

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Abstract

The primary purpose of this research is to examine the experiences of mothers who are currently breastfeeding their children. The findings were discussed based on the research objectives and research questions. The population consisted of A total of 250 mothers in the target population who live in or regularly visit the target population's specialist hospital in Sokoto . The sample for the study consisted of one hundred breast feeding mother with babies from 0 – 1year old visiting ANC clinic in Specialist Hospital Sokoto. Self-structured questionnaire was used. Test-retest was used to validate the instrument. Each individual in the population has a probability that is greater than zero of being selected for this sample. Each unit was selected at random with the same chance. The research found that children who were breastfed exclusively for at least six months and two years had better cognitive abilities, were less likely to be stunted or wasted, and were less likely to develop obesity and its related health problems. Breastfeeding exclusively has been shown to improve infant health, which in turn may increase a baby's lifespan, drastically decrease under-5 mortality, and decrease maternal mortality (less diarrhoea, better tooth and gum development, lower lung infection risk, and fewer breast problems). (day or night). Midwives recommend exclusive breastfeeding for at least two years, with the introduction of complementary foods starting around the six-month mark.

Keywords: Attitude, Perception, Exclusive Breastfeeding, Nursing Mothers

Introduction

Breastfeeding is the first line of defence for giving a baby the ideal start in life. There are numerous ways in which breast milk aids a baby's growth and health. The child's mental, emotional, and social growth all improve. The antibodies found in breast milk help protect infants and young children from getting sick and even dying. Breast milk has many health benefits for infants, especially those who are born prematurely or with a low birth weight. Breast milk has been found to be nutritionally superior to store-bought milk by a large margin. Breastfeeding is beneficial for both mother and child; the benefits to the infant are well-documented, and the mother-child bond is strengthened (Heckman, 2011). The WHO and UNICEF have been pushing for mothers all over the world to start breastfeeding and especially to practise exclusive breastfeeding for decades because they believe it to be the best way to nourish a baby's developing immune system and brain (exclusive breast feeding). The World Health Organization (WHO) recommends that for the first six months of a baby's life, they only eat breast milk (and syrups if necessary) (Cattaneo, *et al.*, 2020). Infants who were not breastfed had a higher risk of dying from infection in the first 60 days of life, according to the study (WHO, 2018). Exclusive breastfeeding is best for both the baby and the mother. There is a double benefit here: the mother's health is safeguarded from potential threats like breast cancer as well as the child's.

Although the World Health Organization encourages breastfeeding for the first six months, the percentage of mothers in Nigeria who actually do so varies widely. The percentage of infants and toddlers ages 0-5 who are receiving nothing but breast milk or formula dropped from 18% in 2003 to 12% in 2008 and 12% in 2010, before rising back up to 18% in 2010. This drop was linked to a rise in the infant mortality rate, the research found (NPC & ICF macro, 2018). In addition, this study found that the number of people educated about the importance of exclusive breastfeeding is higher in Nigeria's urban areas than in its rural areas, which poses a threat to the practise (NPC & ICF Macro, 2018). Even though there are many benefits to exclusive breastfeeding; it is not widely practised among Nigerian mothers. Women who try to breastfeed might only do it on and off for the first six months, or they might not do it at all because of their culture. For example, some Nigerian traditions don't think that women should breastfeed their babies exclusively. In light of the challenges that mothers may face while trying to breastfeed in Nigeria, this study aims to learn more about the perspectives of nursing mothers at a specialist hospital in the country on the topic of exclusive breastfeeding.

Statement of the Problem

There is no better food for new-borns than breast milk. All of a baby's nutritional needs can be met by drinking breast milk. God's own sterile food for infants is human breast milk. For the baby, that's the equivalent of ordering in. Babies thrive best on a diet of breast milk (Balogun, *et al.*, 2017). Geographic location, socioeconomic status, and racial or ethnic backgrounds all have an impact on breastfeeding rates. Even though breastfeeding is proven to be the healthiest option for babies, some mothers who are currently feeding their children formula believe that only wealthy women can breastfeed exclusively. The mother ought to eat at least that many times a day.

Where would you find enough food to feed that many people several times, given the current state of the economy? One of these problems is the widespread poverty throughout the nation. It has already been mentioned that some mothers in Nigerian households are the primary providers for their families. They have to work to support their families and don't have the time to

breastfeed their new-borns. The issue of poor sensitization of nursing mothers to the nitty-gritty of exclusive breast feeding compounds the difficulty of overcoming the negative attitudes of some nursing mothers toward exclusive breast feeding. This is more common among mothers who reside in rural areas. Mothers who don't breastfeed their babies have higher rates of infectious diseases like otitis media, gastroenteritis, and pneumonia. They also have higher rates of childhood obesity, type 1 and type 2 diabetes, leukemia, and SIDS (sudden infant death syndrome). These are just some of the concerns that have been voiced, prompting research into the experiences and perspectives of breastfeeding mothers at a specialty hospital. So, this study is to find out the attitude and perception of nursing mothers towards exclusive breastfeeding in Nigeria (a case study of Specialist hospital Sokoto), this form the basis of the study.

Purpose of the Study

The purpose of this work is to determine the attitude and perception of nursing mothers towards exclusive breastfeeding in Nigeria (a case study of Specialist hospital Sokoto). Specifically, the work sort to;

1. find the attitude of nursing mother towards the utilisation of exclusive breast feeding in Specialist Hospital Sokoto
2. examine the perception of nursing mother on the utilisation of exclusive breast feeding in Specialist Hospital Sokoto.
3. determine the socio-demography distribution of respondents in in Specialist Hospital Sokoto

Research questions

1. What are the attitudes of nursing mothers in Specialist Hospital Sokoto towards exclusive breast feeding?
2. What are the perceptions of nursing mother on utilisation of exclusive breast feeding in Specialist Hospital Sokoto?
3. What are the socio-demographic determinants of nursing mother on exclusive breastfeeding in Specialist Hospital Sokoto?

Significance of the study/ Justification of the study

The purpose of this research is to spread information about the advantages of breastfeeding, particularly to nursing mothers. It's also meant to let policymakers know that they can help spread the word about how important it is for mothers to breastfeed their babies exclusively for the first six months.

In addition to being a valuable resource for academics interested in learning more, this study can also be used by professionals in other fields to inform and improve their own practises. This research adds to existing knowledge and can be used as a reference for future endeavours.

Methodology

Study participants' knowledge, motivation, and efficacy were assessed using a cross-sectional design with the help of interviews and structured observations with breastfeeding mothers.

Sokoto State, Nigeria, borders the country of Niger to the west. Sokoto serves as Nigeria's capital. According to the Official Gazette of the Federal Republic of Nigeria, the Sultan serves as the caliphate's spiritual leader. Low humidity makes temperatures of 40 degrees or less bearable for the vast majority of the year. In February and April, daily highs typically reach 45 °C (113

°F). The months of June through October are the wettest (Trussel, 2017). The intensity of these storms is lower than that of tropical ones. From the Sahara in the winter, dusty harmattan winds blow all over the world.

As a result of the Sokoto-Rima river system, there are extensive grain-growing plains in the state. The drought has limited crop production to just a few staples: millet, rice, corn, cereals, and beans (Trussel, 2017).

In last population count, the population was over 4.2 million. The Sahel, an arid region of savanna and bare hills in Sokoto State, is home to the vast majority of the state's population. Sokoto State is largely governed by Fulani people (NPC, 2006).

The population consisted of A total of 250 mothers in the target population who live in or regularly visit the target population's specialist hospital in Sokoto. A population is a collection of individuals or organisations that all fit a certain description. Mothers who were breastfeeding were from a wide range of ages, races, socioeconomic levels, and locations. It's not always feasible to survey everyone who might be involved, despite the popularity of the term "target population" (the "study population"). But this study only looks at a small part of that population (the responses that meet the study's criteria).

This is a random sample drawn from a population of units in such a way that every member of the population has the same probability of range and different units are selected autonomously.

The inclusion criteria for this study are only breast feeding mother with babies from 0 – 1 year old, irrespective of their, religious background, status and social class. The exclusion criteria for this study are pregnant women, mother that are not breast feeding and aged mothers.

The sample for the study consisted of one hundred breast feeding mother with babies from 0 – 1 year old visiting ANC clinic in Specialist Hospital Sokoto. The sample mass for this study was determined using Cochran's formula: $n = Z^2 (pq)/d^2$ (Cochran, 1977) with a 95% confidence level and a precision rate of 0.05.

Where n = calculated sample size; Z = z-score = 1.96; p = proportion of specialist hospital from previous study = ...; q = $1-p$; and d = precision = 0.05. As a result, $n = 1.96^2 \times (130)/0.05^2 = 100$.

The research instruments used in this investigation were adapted from those used by Peter (2017) and modified to include similar items. The instrument rests on the three bases of information, outlook, and finding. A total of 25 measurements can be taken with this tool.

This study encoded questionnaire set-ups to compile their data. In order to collect information that is useful for addressing the study's objectives, research questions and hypotheses was used.

The designed questionnaire tool was formulated to capture, attitude and perception among breast feeding mother. The self-structured questionnaire was used for data collection in this study. The questionnaire comprised the following sections: Section one; Questions related to demographic information of the mother; Section two; Questions related to Attitude and behaviour; Section three; Questions related to perception. Face validity was used to evaluate the instrument's validity. The instrument reliability checked was by test-retest reliability.

A total of 250 mothers in the target population who live in or regularly visit the target population's specialist hospital in Sokoto were given the questionnaire.

The information was analysed using SPSS, and a p-value of less than 0.05 was considered significant. The respondents' attitude, and practise of appropriate exclusive breast feeding was determined through a descriptive analysis of tables, frequency, percentage, and statistical data analysis tools of pie chart and bar charts.

The chi-square test was used to determine the extent of locals' familiarity with the benefits of breastfeeding before starting to supplement.

Results

Table: 1 Socio-Demography Distribution of All Respondents

Variables	Categories	Frequency	Percent%
Married	No	4	1.9
	Yes	207	98.1
Age	18-25years	26	12.3
	25-45years	99	46.9
	>45years	86	40.8
Educational Status	Primary	23	10.9
	Secondary	49	23.2
	University	139	65.9
Work Experience	<1year	12	5.7
	1-5 years	108	51.2
	6-10 years	89	42.1
	>11 years	2	1
Religious Status	Muslim	149	70.6
	Christian	62	29.4

The finding shows that 207 (98.1%) of the respondents are married and majority of the respondents are of the age 25-45 with 46.9%. the educational status of the respondents are 139 (65.9%) are university graduates with 51.2% has between 1-5 years working experience and a total of 149 representing 70.6% are Muslims as shown in table 1 below;

Table 2: The Attitude of Nursing Mother towards the Utilisation

Variables	Categories	Frequency	Percent%
Giving breast milk for a newborn	Strongly Agree	184	87.2
Immediately within one hour (early initiation) is important?	Agree	27	12.8
Discarding the first milk or Colostrum in important	Strongly Agree	3	1.4
	Agree	12	5.7
	Disagree	191	90.5
	Neutral	5	2.4
Do you think of starting complementary	Strongly Agree	27	12.8
Food before 6 months is important	Agree	14	6.6
	Disagree	134	63.4
	Strongly Disagree	36	17.1
Do you believe that Exclusive Breast Feeding is beneficial	Agree	211	100.0

to child

Breastfed babies are healthier than 100.0 Fed babies	Agree	211	
Breast milk is more easily digested than formula	Agree	195	92.4
	Disagree	3	1.4
	Neutral	13	6.2
Do you think breastfeeding limits 26.1 activity	Agree	55	
	Disagree	123	58.3
	Don't know	33	15.6
Does breastfeeding increase Mother infant bonding	Agree	211	100.0
Women need adequate food for exclusive breast feeding For 6 months?	Agree	204	96.6
	Disagree		
	Neutral	7	3.3
Do you think that exclusive breast feeding is better than Artificial feeding	Yes	211	100.0
	Prevent infection and infant death	186	88.2
	Improve infant's strength	22	10.4
Why do you encourage exclusive breastfeeding	Cost effective	3	1.4

The table 2 below show that the attitude of breast feeding mothers to utilization of exclusive breast feeding indicates that 184 (87.2%) strongly agree to giving breast milk to newborn baby immediately and within an hour of birth as initiation of breast feedings 1.4% strongly disagree to discarding the colostrum, while 134 (63.4%) disagree with feeding the baby with complementary food before 6 month. 100% of the respondents believe the exclusive breast feeding is beneficial to the child and same percentage agree to the fact that the baby become more healthier when feed with only breast milk. Only 1.4% of the respondents disagree that Breast milk is more easily digested than formula, 55 (26.1%) agree that breast feeding reduces activities in mother but 1000% Of the respondents agree that breast feeding increase bonding between the baby and the mother. 3.3% of the respondents are neutral to the fact that women need adequate food for exclusive breast feeding. 88.2% encourages breast feeding because it prevents infection in children and infants death while 1.4% says it is cost effective.

TABLE 3: Perception of Nursing Mother on Exclusive Breast Feeding

Variables	Categories	Frequency	Percent%
What is the Daily Frequency of breastfeeding	on Demand	114	54.0
	Regularly	36	17.1
	Randomly		
	< 4 times a day		
	> 4 times a day	11	5.2
Do you breastfeed you baby Exclusively	<8		
	8 to 12	46	21.8
	> 12	4	1.9
Do you breastfeed you baby Exclusively	YES	207	98.1
	NO	4	1.9
Have you given your last baby Anything before initiating Breastfeeding (Prelacteal food)?	YES	10	4.8
	NO	201	95.2

On demand for exclusive breast feeding 114 (54.0%) gives daily breast feeding, 17.1 % give breast feed to baby on regular basis but only 1.9% of the respondent gives breast milk after 12 hour, 207 representing 98.1% agrees to perform exclusive breast feeding and only 10 (4.8%) gives prelacteal food to baby before initiating breast milk to their baby this can be seen from the table 3:

Discussion of Finding

These work deals with the discussion of the findings that originated from the study. The findings were discussed based on the research objectives, research questions and hypothesis.

The primary purpose of this research is to examine the experiences of mothers who are currently breastfeeding their children, as it is commonly believed that most mothers are not prepared to do so. By the time the survey was returned, 95% of respondents were already married, suggesting that those who hadn't gotten married before sending in the survey either didn't want children or were already married. Not all mothers in this age group are committed to breastfeeding their infants exclusively. Due to the current economic climate, neither the mother's job nor the mother's desire to save money in order to provide for her family are ideal. Therefore, the newborn baby is the one who suffers the most because she isn't getting her basic nutrition when she needs it. The mothers had an above-average understanding of the advantages of breastfeeding, but there were some glaring gaps in their knowledge. According to the inceptions

set forth by the Food and Agriculture Organization (FAO), nutrition interposition is critically needed at scores of 70% or less.

Result further indicated that, mothers who have a positive outlook on breastfeeding are more likely to succeed at it and continue it for a longer period of time. Mothers who had a positive attitude toward breastfeeding were also more likely to do so exclusively. According to FAO recommendations, a nutrition intervention is deemed necessary when the attitude score is below 70%. If a mother scored 70% or higher on the attitude survey, she was considered to have a positive outlook, and if she scored lower, she was considered to have a negative outlook (Hamze et al. 2019). Very few mothers in this study had a supportive attitude toward exclusive breastfeeding, as determined by indicators such as delaying the introduction of complementary foods until after the baby had been breastfed for six months and the belief that breast milk is best for their child. Still, most mothers disagreed with the following claims: Newborns need colostrum from their mothers within the first hour of life; exclusive breast feeding is good for the first six months; breastfeeding strengthens the tie between mother and child; breastfed infants are healthier than those who are bottle-fed; and formula feeding is more laborious and difficult than breastfeeding. This study's findings that mothers hold the most negative attitudes toward exclusive breastfeeding are consistent with those of studies by Hamze, et al. (2019). It is essential that they change their negative outlook.

The findings of this study shed light on the realities of mothers' decisions to breastfeed their infants exclusively. Research in East Africa found that "poverty, livelihood, and living conditions; early and single motherhood; poor social and professional support; commercial sex work; poor knowledge, myths, and misconceptions" all hampered the region's ability to implement the WHO's breastfeeding recommendations.

Even though it is commonly held that "baby boys" need to start on solid foods as soon as possible to build strong, healthy bones, studies by Microsoft Encarta (2017) and Arts, et al. (2011) have found that exclusively breast-feeding a child for six months results in feeble bones. This hindrance most probable caused from a lack of knowledge and awareness of the significance of exclusive breastfeeding in the first six months of a baby's life, indicating that future breastfeeding promotion programmes should focus on improving this knowledge and attitude and providing more backing to mothers. Thus, in Nigeria, both government and non-government organisations have set up platforms to address the gaps and collectively find the solutions for promoting and supporting exclusive breastfeeding in a variety of settings, such as hospitals, clinics, homes, and communities, with the mass media helping as the crucial means of raising public awareness of the issue.

Conclusion

Exclusive breastfeeding for at least the first six months after birth and continuing for at least two years improved cognitive abilities, prevented stunting, wasting, and obesity and its attendant problems, according to the study. Due to its positive effects on infant health (less diarrhoea, better tooth and gum development, lower risk of lung infection, and fewer instances of breast problems), exclusive breastfeeding may also increase a baby's lifespan and drastically decrease under-5 mortality and maternal mortality. In order to achieve this goal, infants should be breastfed whenever they desire (day or night).

Infants who were not exclusively breastfed but were given infant formulas were more likely to develop health problems and were either smaller than average or overweight.

The decline in exclusive breastfeeding rates has been attributed in part to societal discouragement (in-laws, friends), pains in the breast while breastfeeding, sour on the nipple, and the misconception that breast milk alone cannot satisfy a child.

But the study shows that most moms start breastfeeding within 6 hours, stick with it for 6 months, supplement with artificial milk, clean their breasts before each feeding, and feed their babies directly from the breast.

The research on whether mothers can tell if their babies are getting enough breast milk, if they've done breastfeeding, and if they're a reduced amount of possible to get sick from the stomach flu or the flu has revealed that mothers can always tell if their babies are getting enough breast milk, if they've finished breastfeeding, and if they're less likely to get sick from the stomach flu or the flu.

Recommendations

1. This study suggests that for the first six months of a baby's life, beginning within the first hour of life, the baby should be breastfed exclusively.
2. Midwives and other health care professionals recommend that babies only eat breast milk for the first six months of their lives. After that, when the baby's nutritional needs start to change (usually between six and 12 months of age), complementary foods can be added.
3. Infants essential depend on merely on breast milk. This feature makes it possible to breastfeed at any time of day or night.
4. Government and non-government organisations should organized to spread information about the benefits of exclusive breastfeeding to new and expectant mothers.

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