

**KNOWLEDGE, ATTITUDES AND PRACTICE OF EXCLUSIVE BREASTFEEDING IN
IDO-OSI LOCAL GOVERNMENT AREA, EKITI STATE.**

BY

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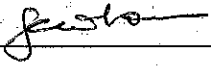
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF DEMOGRAPHY
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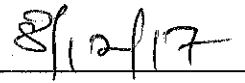
CERTIFICATION

This is to certify that this research work, The Knowledge, Attitudes and Practice of Exclusive Breastfeeding among women in Ido-Osi local government in Ekiti State was carried out by Shittu Razaq Adeola a undergraduate of the Department of Demography and Social Statistics, Faculty of Social Science, Federal University Oye-Ekiti with Matric no DSS/12/0632.



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DEDICATION

This dissertation is dedicated to almighty God who has seen me through to this stage of acquiring my degree program, my parents Late Alh. K.O Shittu and Mrs. Funmilayo Shittu, my passionate uncle Mr. Adepoju Akeem Shittu who shouldered all the burden of my undergraduate studies, my brothers and sisters for their continuous support and encouragement.

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More than I can imagine, these people have contributed immensely to my humble self such as: Mr. Wale Sanusi, Mr. Ajayi Babatunde (T-cash), my friends that are more or less like families such as, Oyekanmi Bukola, Olowookere Sesan (Bigs), Bode Atiku, Esan Tolulope,

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ABSTRACT

Exclusive Breastfeeding has been recommended by the world health organization (WHO) as the optimal feeding mode for young infants. This research study was designed to check out the Knowledge, Attitudes and Practice of Exclusive Breastfeeding among women in Ido-Osi Local Government in Ekiti State.

A cross sectional study was done to determine the current level of the knowledge, attitude and practice of women on exclusive breastfeeding in Ido-Osi Local Government area. Three research question and null as well as alternative hypotheses guided the study, which was tested at 0.05 level of significance. The design of the study was descriptive and 300

Questionnaire was distributed at Federal Teaching Hospital Ido-Ekiti Maternity Ward and Children Wards. This research was a non-experimental, explorative and descriptive study that investigates the perceptions or views of its participants on exclusive breastfeeding. It was found that the mothers find it difficult to practice exclusive breastfeeding for first child as majority who practice exclusive breastfeeding were 59.2% were having other children while only 40.8% of mother with first child practice exclusive breastfeeding. Thus it was found that the position of child determined whether mother would practice exclusive breastfeeding with exclusive breastfeeding increases as education of mother increases, 6.7% of mothers with primary education practice EB while, secondary (23.8%) technical (41.8%) and higher education approximately (32%) this was found to have greater chi-square value $X^2=47.27$, $p=0.000$, which implies that mothers level of education would determine the practice exclusive breastfeeding. Other factors that are significant were employment status of the mother ($X^2=41.57$, $p=0.000$), Does workplace provide for breastfeed, $X^2=18.894$, $p=0.000$, Does workplace provide refrigerator for breast milk, ($X^2=26.74$, $p=0.000$), Mother's age, ($X^2=8.63$, $p=0.13$).

This study recommends that more training and awareness campaign should be done to be able to maintain high rate of compliance of exclusive breastfeeding, house-to-house survey should be conducted to establish in-depth and understanding on the practice and knowledge of exclusive breastfeeding in Ido-Osi, Ekiti State and Nigeria at large. The use of EBF (Exclusive Breastfeeding) should be advocated among mothers and has been recommended by the world health organization (WHO) as the optimal feeding mode for young infants.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND OF THE STUDY

Exclusive breastfeeding (EBF) is defined as the practice of giving no other food or drink except breast milk for the first six months of life to the newborn. "Predominant breastfeeding" means that the infant's predominant source of nourishment is the breast milk. Exclusive breast feeding reduces infant mortality due to common childhood illness such as diarrhea and helps for quicker recovery during illness. There is no added advantage in supplementing the human breast milk with solids food before six months of age for growing infants. In other words, the nutritional needs of the neonates could be adequately met by giving breast milk alone.

In Nigeria, many changes in infant feeding practices have occurred over time, due to the introduction of alien cultures and values, urbanization with consequent changes in lifestyle and adoption of foreign practices by members of the society. All these have affected the practice of breastfeeding and use of breast milk substitutes.

Exclusive breastfeeding is a mode of breastfeeding whereby infants only receives breast milk without any additional food or drink, not even water. A case whereby no any other food is given to infant except the mother's milk. Childhood illnesses, obesity, and hypertension later on in life, it reduces the cost to the family and the entire country as a result of fact that the infant is not place on any supplement but solely for a period of not less than a six months the breast milk of the mother which will cause a major impact on reduction of childhood morbidity and mortality. The optimal food for infants is the breast milk and it benefits are numerous; it contains bacterial and viral antibodies, including relatively high concentrations of secretory immunoglobulin that

prevents microorganisms from adhering to the intestinal mucosa. Macrophages in human milk may synthesize complement, lysozyme, and lactoferrin. The breast milk contains lactoferrin, an iron-binding whey protein that is normally about one-third saturated with iron and has an inhibitory effect on the growth of *Escherichia Coli* in the intestine. The lower pH of the stool of breast-fed infants is thought to contribute to the favorable intestinal flora of infants fed human milk in contrast to formula by containing more bifid bacteria and lactobacilli; fewer *E. coli*. This helps to protect against infections caused by some species of *E. coli*. Human milk also contains bile salt-stimulated lipase, which kills *Giardia lamblia* and *Entamoeba histolytica*. Transfer of tuberculin responsiveness by breast milk suggests passive transfer of T-cell immunity. Breastfeeding is associated with fewer feeding difficulties, fewer incidences of allergy and intolerance to bovine milk. These include diarrhoea, intestinal bleeding, occult melena, colic, and atopic eczema. It also has well established short and long term benefits, particularly the reduction of morbidity and mortality due to infectious diseases in childhood such as Otitis media, diarrhoea, and upper respiratory tract infections, sudden infant's death syndrome SIDS, necrotizing enter colitis NEC and decreased risk of obesity, hypertension, high cholesterol, type 1 DM later on in life. Also breastfeeding is associated with good performance in intelligent test. But of disadvantage is its association with maternal-to-child transmission of HIV, but the risk is influenced by duration and pattern of breast feeding and maternal factors, including stage and severity of HIV/AIDS, immunologic status and presence of mastitis.

Breastfeeding is important for mothers, families and communities. Compared to women who breastfeed, not breastfeeding may increase the risk of breast cancer, and some forms of ovarian cancer, hip fractures in older age. In addition, not breastfeeding increases retention of fat deposited during pregnancy which may result in later obesity. When a baby is not breastfed there

may be loss of income through a parent's absence from work to care for an ill child, higher family expenses to purchase and prepare artificial feeds as well as extra time needed to give these feeds and the expense as a result of the child's illnesses. In addition, children who are not breastfed have increased illness, therefore increased use of health care services, and increased health care costs, both as infants and later. In addition, healthy infants grow to become healthy, intelligent adults in the workforce, contributing to the wellbeing of their community. So in respect to the proven benefits of breastfeeding, the world health organization (WHO) has recommended that infants should be exclusively breastfed for the first six months of life and thereafter to start complementary feeding while continuing to breastfeed for a minimum of two years.

Proper early breastfeeding practices are very important for the success of exclusive breastfeeding. Campaigns are being done to spread the knowledge on importance of breast milk and breastfeeding to both infant and mother. Such campaigns also discuss the practices that support the initiation and maintenance of exclusive breastfeeding such as; initiation of breastfeeding within the first 1 hour of life, no offering prelacteal feeds and exclusive breastfeeding, skin to skin contact, rooming in and age appropriate weaning.

Historically, breastfeeding has generally considered by health professionals as the ideal feeding practice for infants. It is the first communication pathway between the mother and her infant. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy (The Office on Women's Health, 2012). In addition, infants

can absorb and digest breast milk more easily than baby formula (The Office on Women's Health, 2012).

World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. Between six months and two years old, it is recommended that mothers could use other supplemental sources (such as water, other liquids, or solid baby food) to feed their babies along with breastfeeding (WHO, 2013). In the last decade, a breastfeeding rate in the United States has risen from 35 percent in 2000 to 49 percent in 2010 (Centers for Disease Control and Prevention (CDC), 2013). The Healthy People objectives for 2020, has set a target to increase the percentage of infants who are breastfed by 2020 to be 81.9 % for children who ever breastfed, 60.6% for children who breastfed for 6 months, 34.1% for children who breastfed for 12 months, 46.2% for children who exclusively breastfed for 3 months, and 25.5% for children who exclusively breastfed for 6 months (United States Breastfeeding Committee, 2013). Another effort for encouraging breastfeeding practice is "Baby Friendly" hospitals. More hospitals in Nigeria are achieving national "Baby Friendly" designations, which means that their maternity staffs are trained to support new mothers when they indicate a willingness to try exclusive breastfeeding. Therefore, researchers expected that the exclusive breastfeeding rate would increase within Nigeria with more "Baby Friendly" hospitals but the CDC results show the opposite. The exclusive breastfeeding rates in Nigeria have declined from 81.9% in 2010 to 78% in 2012 for children who are ever breastfed and from 49% in 2010 to 35.5% in 2012 for children who exclusively breastfed at 3 months, and from 20.4% in 2010 to 16.1% in 2012 for children who are exclusively breastfed at 6 months (CDC, 2012; CDC, 2010). The following figures present these percentages for Nigerian and other states for 2010 and 2012.

Figure 1.1. Breastfeeding rate in 2010 (Centers for Disease Control and Prevention, 2010)

Figure 1.2. Breastfeeding rate in 2012 (Centers for Disease Control and Prevention, 2012)

1.1 Statement of the problem:

Exclusive Breastfeeding is an important topic in health education because of the many benefits that can be gained for babies, mothers, and communities. For example, the components of breast milk provide the needed nutrition for babies and boost the baby's immune system. Also, practicing exclusivebreastfeeding helps mothers lose weight after pregnancy and stimulates the uterus to return to its previous position before pregnancy (The Office on Women's Health, 2012).

Exclusive Breastfeeding has many benefits for the community including, breast milk contains no waste or pollution, and food support programs, such as WIC program could reduce costs by encouraging breastfeeding and decreasing formula use (Montgomery & Splett, 1997).

The rate of breastfeeding in Nigeria has been decreased and consequently health educators in Nigeriacould improve the awareness of exclusive breastfeeding in their communities. The researcher is interested in improving the awareness of exclusive breastfeeding in Nigeria. In order to improve the awareness toward exclusive breastfeeding, breastfeeding knowledge, practice, and attitudes were investigated to identify the factors that will encourage breastfeeding practice. In addition, the findings of this research can be a reference for other researchers.

1.2 Research questions:

1. What is the level of knowledge and practice of exclusive breastfeeding among mothers in Ido-Osi Local Government Area?
2. What are the sampled mothers' attitudes toward exclusive breastfeeding?

1.3 Objective of the study

The main objective of this study is to examine the knowledge, attitude and practice of exclusive breastfeeding in Ido-Osi Local government area.

Other specific objective to:

1. Ascertain the level at which exclusive breastfeeding is known and practiced among mothers in Ido-Osi Local government.
2. Determine the attitude towards exclusive breastfeeding among women in Ido-Osi Local government.

1.4 Significance of the Study

Theoretically, the findings of this study are considered significant because there is need for empirical information for explaining the prevalence of exclusive breast feeding among the rural women, attitudes towards exclusive breast feeding, practices of exclusive breast feeding in order to facilitate a better understanding of this subject matter. The theoretical significance of this study is anchored on the social and environmental structures. This study will, therefore, contribute to knowledge on the attitude and practice of exclusive breast feeding among the rural women in Ido-Osi local government area and the country as a whole. Theoretically, this work is in a position to add valuable literature to the area of exclusive breast feeding in general. It will

also provide valuable knowledge on the reason why women should practice breast feeding their infants exclusively. Consequently, it will contribute in improving the attitudes among the rural women. This study will further provide insights to the ministry of health on the extent to which infants are breast fed, and it will assist the ministry of health to proffer mechanisms for dealing with the issue.

1.5 Scope of the study

The geographic scope of the study was limited to women in the rural areas of Ido-Osi local government area in Ekiti State, Nigeria. It was also concerned with ascertaining the level of prevalence of women attitude and the practice of exclusive breast feeding in the rural areas in the area of study, determining the relationship between cultural inhibitions to discuss breast feeding matters of infants.

1.6 Limitations of the study:

Access to information about this topic was limited, because there are no previous published studies about exclusive breastfeeding in Ido-Osi Local Government Area.

1.6.1 Assumptions:

1. Participants were breastfeeding mothers. This was assumed because the aim of the study was to describe exclusive breastfeeding mothers' knowledge and attitudes toward breastfeeding.
2. The supplemental feedings participants' infants might have received were due to hospital policy, not maternal request.

According to The Federal Medical Center's health policies, babies are not given supplemental feedings if the mother does not so desire. Therefore, whether or not the baby received

supplemental formula at the hospital was assumed not to be related to the mothers' beliefs about exclusive breastfeeding.

3. Exclusive Breastfeeding is easy and problem free.

1.6.2 Definition of terms

Exclusive breastfeeding is a mode of breastfeeding whereby infants only receives breast milk without any additional food or drink, not even water. A case whereby no any other food is given to infant except the mother's milk.

Breastfeeding: the method of feeding a baby with milk directly from the mother's breast (Bristow, 2012). Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development (WHO, 2013).

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy (WHO, 2013).

Exclusive breastfeeding: breast milk only, excluding water, other liquids, and solid foods (WHO, 2013).

1.7 Hypotheses

The following hypotheses guided the study and were tested at 0.05 level of significance.

H₀: Socio demographic does not influence practice of exclusive breastfeeding among mothers in Ido-Osi Local Government.

H₁: Socio demographic characteristics influences practice of exclusive breastfeeding among mothers in Ido-Osi Local Government.

1.8 Justification of the study

Exclusive breastfeeding is an important strategy for prevention of childhood morbidity and mortality. WHO recommend exclusive breastfeeding for the first six months of life. Thus, WHO/UNICEF Baby Friendly Hospital Initiative developed the Ten Steps to Successful Breastfeeding to protect, support and promote breastfeeding. Studies have been conducted on breastfeeding in different parts of the world in respect to knowledge, attitude and practices, but up to now no data have been reported on the level of awareness of mothers towards breastfeeding and the practices. This study is being done therefore to assess mothers' knowledge and practices that support exclusive breastfeeding, to compare them with the international standards, identify factors that affect breastfeeding and make suggestions on how to improve the practices and reduce breastfeeding obstacles.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

LITERATURE REVIEW

There are several practices that support the success of exclusive breastfeeding. Antenatally, giving mothers information about the benefits of breastfeeding might influence those who have not already made the decision to breastfeed or not. This also builds their confidence. Kistin et al in 1990, as cited by WHO, did a study on the effects of antenatal education on breastfeeding rates. In that study, it was found that mothers who attended the antenatal classes started breastfeeding more than those who did not attend the classes (45% compared to 22%)

Another good practice that supports the success of exclusive breastfeeding is avoidance of prelacteal feeds. Giving prelacteal feeds increases the risk of infection in infants, and if given by bottle, may interfere with suckling (step nine of successful breastfeeding). In a study done in Israel by Leefsus and Habafsky in 1980 as cited by WHO, it was found that infants who receive one or more prelacteal formula feeds were less likely to be fully breastfeeding at 6 weeks. Also Kurinij et al in 1984, USA, as cited by WHO, found that infants who received water in the hospital were significantly more likely to stop breastfeeding by 4 months of age than those who did not receive water.

Early skin to skin contact increases breastfeeding success both soon after delivery and two to three months later. It was established that as little as 15-20 minutes contact in the first hour will

be beneficial. And it is in this first one hour that mothers should initiate breastfeeding. Mothers and infants should not be separated after birth unless for an unavoidable medical reason

.In a study done in California, it was determined that the longer the mother practices early skin to skin contact in the first three hours, the more likely she will exclusively breastfeed. Similarly, in Sweden, it was found that kangaroo mother care was associated with the sustainability of breastfeeding. In that study, they also advocated for non-separation between mother and infant.

Rooming in is another good practice. In a randomized controlled trials done in Malaysia investigating the effect of separate mother infant care versus rooming in, it was found that exclusive breastfeeding before discharge from hospital was significantly lower in the separate care group compared to the rooming in group. In a study done in Emirates, it was found that 87.2% of mothers practiced rooming in and it was found to be significantly associated with breastfeeding. Of equal importance is the support from peers and relatives. In a randomized control study done in Belguam,India on the effect of peer counselors on exclusive breastfeeding practices, it was found that the prevalence of exclusive breastfeeding at six months was 66.67% in the intervention group and 36.6% in control group. Also more number of mothers in the intervention group administered colostrum and initiated early breastfeeding. Similarly, in a study done in Malaysia on factors associated with exclusive breastfeeding, it was found that mothers with supportive husband were more likely to exclusively breastfeed compared to the ones with non-supportive husbands. As mentioned earlier, exclusive breastfeeding is recommended for the first six months of life. Progress in exclusive breastfeeding rates has been made since early 1990s. Based on data from 37 countries, the rate of exclusive breastfeeding for the first 6 months of life has increased from 34% to 41% across the developing world between 1990 and 2004. Western and central Africa in particular experienced significant improvement with rates rising

from 4% to 22 %. Certain beliefs and practices in some African communities affect the success of exclusive breastfeeding, for example, in Chad the percentage of mothers who exclusively breastfeed their babies starting from the first hour is only 2-4% because the baby is usually taken away from the mother in the first few days and given hot drinks believing that this will warm up the intestines. While in Tanzania, about 86% of the rural mothers believe that water should be given to the new born just after the birth compared with 65% of the urban mothers.

In a study done in Ghana, breast milk during pregnancy was believed to be warm and could cause diarrhea to the baby. There was also the existence of pakopilla mago or the use of herbal concoction to bath the baby with.

This herbal substance was also being given to the baby to drink. In that work it was demonstrated that infant feeding and for that matter exclusive breastfeeding was heavily influenced by families of the breastfeeding women. In a study done in Mauritius, it was found that only 17.9% of women exclusively breastfed for 6 months, with mean duration of exclusive breastfeeding 2.1 months.

Addition of water was the main reason for not exclusively breastfeeding. In Kenya, a study done by Daniel Ganu showed that 42% of mothers exclusively breastfed, 64% initiated breastfeeding within two hours of delivery, 66% strongly agreed that colostrums should be discarded and 28% agreed that breast milk alone is inadequate for their babies up to 6 months of age.

A similar study done in Sudan found that almost all mothers, 99.9% initiated breastfeeding on the first day mostly (83.2%) between 1-5 hours following delivery. The presence of sore or retracted nipples had a negative effect on the duration of breastfeeding. The majority (89.2%) thought that a new pregnancy contraindicated the continuation of breastfeeding and 67.1%

reduced or stopped breastfeeding when the baby had diarrhea. In a survey done in Somalia, it was found that knowledge, attitude and practices (KAP) on breastfeeding are mainly controlled by culture through maternal grandmothers and other elderly women in the community and are generally unsatisfactory. Most children are put on breast 2-3 days after delivery and the colostrum is not fed to the children by the majority as it is considered heavy, thick, coarse, dirty and toxic to the children's health. Pregnancy also was found to contraindicate breastfeeding, as the milk is thought to be red and poisonous to the breastfeeding infant. It was also thought to affect the unborn infant by making it weak. Breastfeeding is, however acceptable to all mothers and almost all children breastfeed on demand. Lack of knowledge, inappropriate beliefs, and very close birth spacing are the major obstacles to successful breastfeeding.

Literature has confirmed that breastfeeding knowledge positively affects the success of exclusive breastfeeding. In a clinical trial performed in Brazil to assess the knowledge of mothers and fathers about breastfeeding and its relationship to the frequency of breastfeeding, they found that the mothers with the highest level of knowledge had 6.5 times higher chance of exclusively breastfeeding to the end of the 3rd months and 1.97 times higher chance of continuing breastfeeding to six months compared to the other mothers. In the same regard, step three of the ten steps to successful breastfeeding advocates for provision of mothers with information about the benefits of breastfeeding, as mothers' knowledge can influence their breastfeeding intention although it might not necessarily have much effect by itself.

In Africa several studies were conducted to assess mother's knowledge on exclusive breastfeeding. In Nigeria it was found that 71.35% of the mothers had good knowledge on breastfeeding. In that study, 46% of mothers reported that breastfeeding is a contraceptive method, while 76% knew that it promotes mother, baby bond and 70% knew that it maintains

mothers' weight. Another study done in a different state in Nigeria showed that only 18.2% knew that breastfeeding promotes bonding between mother and baby, 27% of mothers gave correct definition of EBF while Ogbonnac in Jos, Nigeria found a higher response rate for the correct definition of EBF which was 82.3%.

Literature has confirmed that proper positioning of the baby positively affects the success of EBF. Studies were done to assess mother's knowledge on proper techniques of breastfeeding. Ajibua in his study (Nigeria, 2013) reported that 52.8% of the mothers couldn't properly position their babies to breastfeed. Of importance is mother's knowledge on mother to child transmission of HIV through breastfeeding because this determines the choice of baby's feeding, whether EBF or formula feeding. M C Maputle et al in his study to assess pregnant women's knowledge on MTCT of HIV found low levels of mother's knowledge on MTCT. Socio demographic factors were found to be associated with the success of exclusive breastfeeding in various studies. In a study done in Ethiopia, it was found that unemployment and age of an infant less than two months were independently associated with EBF, and the median duration of EBF was 3 months, so working mothers were found to be more likely not to exclusively breastfeed their babies compared to unemployed ones. While in Cape Coast, Ghana, it was found that infant feeding practice was associated with age of baby, marital status of the mother.

Level of education and employment of mother; and the person who assists the mother in taking care of the baby were also found to influence the mother's choice in infant feeding practice.

Maternal education, age and marital status were found to be associated with exclusive breastfeeding. Violet Nannyu (Kenya 2008) also found that exclusive breastfeeding is more in mothers with higher age. Mode of delivery also has an impact on exclusive breastfeeding. It was

found that cesarean section has been associated with reduced rates of breastfeeding initiation and breastfeeding at six months contrary to another study done in Kenya which found no associations between EBF and mode of delivery.

This research was designed to collect descriptive data about exclusive breastfeeding women knowledge, attitudes and practice in Ido-Osi Local Government Area. This chapter presents an overview of previous research.

Literature reviewed is categorized as:

- 1) Definition of exclusive breastfeeding;
- 2) Benefits of exclusive breastfeeding for infants, mothers, and the community;
- 3) Information about exclusive breastfeeding rates; and factors that influence breastfeeding.

Definition of exclusive breast feeding. While there are many definitions for breastfeeding, for this study the World Health Organization (WHO) definition of exclusive breastfeeding is used. WHO has defined breastfeeding generally as the normal method to provide infants with the nutrients they need for healthy growth and development (WHO, 2013). The following figure depicts the recommended criteria for infant feeding practices from WHO (2007). And defined exclusive breastfeeding as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6months of life, but allow the infant to receive ORS, drops and syrups (vitamin, minerals and medicines).

WHO criteria for infant feeding practices (World Health Organization (WHO), 2007)

Benefits of breastfeeding for mothers, babies, and community

Exclusive breastfeeding has short-term and long-term benefits for infants, mothers, and the community. The following sections explain these benefits in detail and provide statistics to show the importance of breastfeeding.

2.1 Exclusive breastfeeding benefits for infants.

The components of breast milk provide the needed nutrition for babies, and boost the baby's immune system. These breast milk components are easier to absorb and digest than baby formula because it contains living growth factors, hormones and enzymes which help a baby to easily digest all the goodness from every feeding (The Office on Women's Health, 2012). Breast milk composition starts as colostrum then changes to mature milk, which gives the child the appropriate nutrition for his/her development process from newborn to older infant (Powe, et al., 2011).

One of the most important benefits of breast milk is that it contains living components such as infection fighting antibodies, white blood cells, red blood cells, and anti-viral factors (Taylor, 2013). In the United States, infants who are breastfed have lower mortality rates compared to infants who were not breastfed (Chen & Rogan, 2004). Also, exclusive breastfeeding is associated with decreasing acute illnesses such as gastrointestinal infections, lower respiratory tract diseases and acute otitis media (Mount ford & Salcines, 2006). Further, in developed countries researchers found that for infants who were not breastfed risk of dying from infectious diseases in the first month is six times greater than infants who were breastfed (Chen & Rogan, 2004). Similarly, exclusive breastfeeding has been linked to the decrease in the risk of gastrointestinal infections, lower respiratory tract diseases and acute otitis media for infants in developed countries (Stanley et al., 2007). Also, according to Stanley and colleagues (2007),

exclusive breastfeeding practice plays a significant role in reducing the rates of childhood obesity, certain allergic conditions, type 2 diabetes and leukemia.

However, a published report from WHO claimed that breastfeeding has a small association with preventing obesity (Horta & Victora, 2013). Exclusive breastfeeding reduced the percentage for obesity at school age by about 20%, after modifying for related factors such as infant birth weight, parental overweight, parental smoking, dietary factors, physical activity and maternal socioeconomic status (Owen, Martin, Whincup, Smith, & Cook, 2005). In addition, breastfeeding has other long-term benefits for infants, such as higher cognitive outcome in full-term infants, less cardiovascular mortality in adults and lower adult blood pressure (Stanley et al., 2007). However, these benefits could be achieved if the other risk factors have been considered (Stanley et al., 2007).

2.2 Exclusive breastfeeding benefits for mothers.

Practicing exclusive breastfeeding helps mothers lose weight after pregnancy and stimulates the uterus to return to its previous position before pregnancy (The Office on Women's Health, 2012).

Also, breastfeeding helps in decreasing the risk of type 2 diabetes, breast cancer (Collaborative Group on Hormonal Factors in Breast Cancer, 2002) and ovarian cancer (Rosenblatt & Thomas, 1992). A study about the association between duration of lactation and incidence of type 2 diabetes was conducted with two groups of mothers in the Nurses' Health Study (NHS). For the first group, without history of gestational diabetes, the risk of developing type 2 diabetes was reduced 4% for each additional year of breastfeeding. For the second group with gestational diabetes, the risk of developing type 2 diabetes was reduced 12% for each additional year of exclusively breastfeeding (Stuebe, Rich-Edwards, Willett, Manson, & Michels, 2005).

Another advantage for breastfeeding is decreasing the risk of breast cancer among breastfeeding mothers. According to Collaborative Group on Hormonal Factors in Breast Cancer (2002), there is an association between breastfeeding and breast cancer, and the longer women breast feed the more they are protected against breast cancer. The researchers found that the risk of breast cancer decreased by 4.3% for every 12 months of breastfeeding, and 7% for each birth. Further, many studies reviewed linked breastfeeding and the reduction in the risk of ovarian cancer. Specifically these studies concluded that the women who breastfeed had 21% less risk of ovarian cancer compared to mothers who never breastfed (Stanley et al., 2007).

2.3 Exclusive breastfeeding benefits for community

Breastfeeding has many benefits for the community including:

- 1) Breast milk contains no waste or pollution;
- 2) Food support programs, such as the WIC program could reduce costs by encouraging breastfeeding and decreasing formula use;
- 3) Breastfeeding mothers will have healthy babies; therefore they will have less absence from work, because they do not have to stay home as frequently because their children are healthier (Breastfeeding Moms, 2012). In addition, one study found that United States government could save about 4 million dollars from the cost of the formula use, if 50% of infants were exclusively breastfed for the first three months of life.

Exclusive breastfeeding decreases the demand on formula use; therefore, the government could spend this money on formula support programs (Montgomery & Splett, 1997).

2.4 Factors Influencing Exclusive Breastfeeding

There are many factors that influence the practice of exclusive breastfeeding including:

Psychosocial factors (such as knowledge and attitudes), demographic characteristics, hospital practices, and environmental support. These factors differ by nation; therefore, the effect of these factors on the rate of breastfeeding differs by nations and individual circumstances.

2.4.1 Psychosocial factors: Knowledge and attitudes (psychosocial factors) are important factors that influence exclusive breastfeeding prevalence in general (Chambers, McInnes, Hoddinott, & Alder, 2007). Mothers in Ido-Osi Local Government Area obtained their knowledge about exclusive breastfeeding from different resources such as:

Physicians, books or articles about breastfeeding, internet, and from mother to mother (M.Auger, personal communication, November 6, 2013). Health care providers should be aware that their own beliefs and attitudes toward breastfeeding may affect a woman's choice to breastfeed (Auger, 2013). Mothers' trust their health care providers; therefore, care providers opinions regarding a particular issue such as breastfeeding could be considered.

2.4.2 Demographic characteristics: Maternal age, maternal level of education, and family income.

According to CDC (2010), there is a significant association between breastfeeding rates and socio-demographic characteristics for mothers including maternal age, maternal education level, and family income. It has been found that breastfeeding rates increased with increasing maternal age for all race-ethnicity groups. Older mothers are more likely to choose breastfeeding than

young mothers (McDowell, 1999; Wang, 2006; & Kennedy-Stephenson, 2010). However, low level of maternal education has been linked with low breastfeeding rates (Bertini, Perugi, Dani, Pezzati, Tronchin, Rubaltelli, 2003). Also, breastfeeding rates were higher among mothers who have high family incomes than for mothers who have low family income (McDowell, Wang, & Kennedy-Stephenson, 2010).

2.4.3 Hospital practices: To improve breastfeeding rates it is important to involve healthcare providers in the process of encouraging mothers to choose breastfeeding for their children. A published joint statement from WHO and UNICEF to improve breastfeeding rates recommended that all healthcare facilities encourage breastfeeding choice (World Health Organization & UNICEF, 2003).

Starting breastfeeding within an hour after delivery, supplementing newborns with formula, and using bottles before discharge Initial breastfeeding within at least one hour after delivery reduces neonatal mortality by 22%, and it could prevent more than one million newborn deaths every year all over the world (Jana, 2009). In developing countries, initial breastfeeding reduces deaths due to diarrheal disorders and lower respiratory tract infections in children. It could save about 1.45 million lives each year (Jana, 2009). Also, many infants receive supplemental formula at the nursery after delivery whether due to the hospital policy or maternal request. Further, researchers concluded that supplementing newborns with formula is associated with short exclusive breastfeeding duration (Shenoi, Nair, Saili, & Vaidya, 2012). In addition, WHO recommends avoiding using bottles before hospital discharge, and during the breastfeeding establishment time. Using bottles leads to nipple confusion, because it provides a larger amount of milk in less

time than mother's breast which requires more energy from the baby to get enough milk. Therefore, bottles will reduce the sucking time from the mother's breast (Neifert, Lawrence, & Seacat, 1995). Also, research has found that replacing bottles by cups or tubs has been linked with increased breastfeeding prevalence (Collins, Ryan, & Hiller, 2004).

2.4.4 Environmental factors: Commercial incentives for formula feeding many mothers in the Nigeria receive infant formula samples as a commercial incentive to bottle feed (Howard, Howard, Lawrence, Andresen, DeBlicek, & Weitzman, 2000). Howard and colleagues (2000) found that breastfeeding initiation and duration over a two week period is not affected by this commercial formula gift (Howard et al., 2000). On the other hand, other findings indicated that commercial formula samples are associated with decreasing the duration of exclusive breastfeeding at all times, but does not affect the duration of non- exclusive breastfeeding (Donnelly, Snowden, Renfrew, & Woolridge, 2000).

Mothers returning to work outside the home after delivery Women's rate of employment in the United States has increased in the last three decades, from 47.7% in 1980 to 53.6% in 2010 (Gibbs, 2010). Based upon their findings, Vinses and Kennedy (1997) concluded that returning to work among breastfeeding mothers is associated with earlier weaning for their babies. However, employers in the US are required to provide a private place for breastfeeding employees to express breast milk since the passage of the Affordable Care Act in 2010 (United States Department of Labor, 2010). This may encourage more working mothers with infants to breastfeed at work.

2.4.5 Biomedical factors: WHO provides a list of medical conditions for both mothers and babies that affect breastfeeding (WHO, 2009). This report suggests permanent avoidance of breastfeeding for mothers who have HIV, and temporary avoidance of breastfeeding for mothers who have: herpes simplex virus type 1 (HSV-1); illnesses that prevent mothers from taking care of their babies such as sepsis; and maternal medications that could affect the infants health. WHO provides, also, a list of health conditions including: breast abscess, hepatitis B, hepatitis C, mastitis, and tuberculosis, that mothers with these conditions could continue breastfeeding but they should consider bottle feeding instead. Also, infants with specific medical conditions including classic galactosemia, maplesyrup urine disease, and phenylketonuria, should not receive breast milk or any other milk except specialized formula according to doctors' orders. On the other hand, other conditions including infants born weighing less than 1500 g (very low birth weight), infants born at less than 32weeks of gestational age (very pre-term), and newborn infants who are at risk of hypoglycaemia, may need other food in addition to breast milk for a limited period (WHO, 2009).

2.5 Exclusive Breastfeeding Rates:

In the past decade, breastfeeding rates in the United States have continued to rise. The rate in 2010 was 75% and it has increased to 76.9% in 2012 for babies who ever breastfed (CDC, 2012; CDC, 2013). On the other hand, the breastfeeding rates in Minnesota have declined from 81.9% in 2010 to 78% in 2012 for children who are ever breastfed (CDC, 2012). According to Amy Fjerstad, the Obstetrics/Pediatrics (OB/Peds) Station Coordinator a

Federal Medical Center Ido-Ekiti, 991 mothers gave a birth at the hospital and 791 of these mothers breastfed their newborns. Therefore, the 2012 rate of exclusive breastfeeding in Ido-Osi Local Government Area for babies who ever breastfed and who were born in the hospital Center was 79.8% (A. Fjerstad, personal communication, December 20, 2013).

2.6 Summary

Exclusive breastfeeding is the ideal and the oldest feeding method of a child (The Office on Women's Health, 2012). Mothers get their information and advice on the methods of feeding their infants from a variety of different sources including relatives, their mothers, health professionals, friends, books, magazines and baby food manufacturers (Worsfold, 1996). There are many factors that influence breastfeeding choice such as psychosocial factors, social demographic characteristics, hospital practice, environmental factors, and medical factors. It has been found that exclusive breastfeeding has several advantages to both the breastfed infant and his/her mother.

CHAPTER THREE

RESEARCH METHOD

INTRODUCTION

The purpose of this study was to provide descriptive analysis about exclusive breastfeeding women knowledge attitudes and practices in Ido-Osi Local Government Area. This study also identified factors that influence exclusive breastfeeding practice for this sample and may serve as a reference for future of this topic. In order to conduct this research, data from the sample was collected using a written questionnaire. This chapter will explain the methods that were used to answer the following questions for the selected sample:

3.0 METHODOLOGY

3.1 Research design

This research was a non-experimental, explorative and descriptive study that investigates the attitude and practice of exclusive breastfeeding among rural women in Ido-Osi Local Government Area. This was chosen because the study wanted to explore and describe the perceptions or views of its participants on exclusive breastfeeding. This study used a cross-sectional design that allowed the researcher to determine trends about breastfeeding and other sample characteristics. 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.

3.2 Study Area

Ido/Osi Local Government Area is one of the 16 Local Government Area in Ekiti State, Southwestern Nigeria. It is a rural-urban location comprising 11 wards, with peripheral rural sites. It has people of various tribes and livelihoods, within it. It is very close to other local districts, Moba, Ijero, Ilejemeje and Ado. The local government (Ido/Osi) comprises of towns (Aaye, Ido, Usi, Ayetoro, Ilogbo, Osi, Ifaki, Orin, Ora, Igbole) and some other smaller villages. The local government headquarters is hosted by Ido with the secretariat sited in between Ido town and Usi. It serves as a transit zone between different parts of towns in Ekiti State. There is a Federal Medical Center, and General hospital, a comprehensive health Centre and several private health facilities in the Area.

However, this work is limited to the importance of exclusive breastfeeding among women and its benefits in improving child health and mother's wellbeing. Data collection will be limited to facts gotten from the research instruments administered on the study population. But there may be constraints in information gathering because literatures on breastfeeding as a subject/ topic are not easily available and assessable. Only a few pages in a wide range of books contain information on exclusive breastfeeding, therefore, extensive use of a wide range of sources including the United Nations data on breastfeeding or issues related to it and other available literature was ensured. Available literature was exhausted to get varying views on the study area.

3.3 Research Setting:

The study was conducted in Ido-Osi Local Government Area. Respondent were selected via multi-stage sampling technique. The first stage involved selection of two wards from the 11

existing wards in Ido-Osi Local Government Area, by simple random sampling. The second stage involved the selection from Federal Medical Centers at Ido Ekiti, making a total of one Federal Medical Center and two Primary Health Centers in all. The third stage involved the selection of study participants at the pre-selected Primary Health Centers Oke-Ido ward 1, and Odo-Ido ward 2, via systematic sampling. The Federal Medical Center have a larger complex of medical facilities, often including hospitals, research facilities, medical school, and other health care facilities. The hospital was originally established to cater for the health needs of the people living in the community, staff and their dependent. As the area started developing, the inhabitants of the fast growing environs began to seek health care from the hospital. The hospital readily offered its services to the people as there was no other available hospital in the whole vicinity. With time the hospital has assumed the functions of a District Hospital and has a wide catchment's area. The Hospital is situated at an easily accessible area in Ido Ekiti, the Orin/ Ora Ekiti Express way Ido Ekiti.

Out-patients and inpatients and the University students, staff and their dependents form 60% of the total number of patients seen in the out-patient department (OPD) daily. It also has various units including Dental Clinic, Accident and Emergency Unit, Family Planning Clinic, Maternity Clinic, Public Health Unit and Child Welfare Clinic (CWC) among others. It has also established a Primary Health Care outreach programme aimed at teaching and advising students, pregnant women, nursing mothers and the general public about personal hygiene, good diet, child's care including immunization against childhood communicable diseases, family planning and school health services. The major activities that are carried out during CWC include health education, registration of clients, growth monitoring, individual counseling, immunization, birth registration and referrals. The CWC caters for infants of zero (0) to 14month old babies on monthly bases.

Infants of over 11 months also visit the clinic for growth monitoring every three (3) months. The health problems presented at the clinic include fever, skin conditions (rashes), diarrhoea and severe cases of malnutrition. Clients who present with diarrhoea are mostly teething problems. The hospital is doing well in terms of the coverage of their target population (65%) but most findings of surveys conducted in the catchment area stated that 30% of children were not immunized. The clinic has 7 member staff including a Birth Registrar.

3.4 Target Population and Sampling Size:

The target population for the study was post natal mothers who are breastfeeding and attended CWC with their babies at the Federal Medical Center. In all 50 mothers were chosen as the sample size for the study.

3.5 Sampling Method and Data Collection

A non-probability sampling method was chosen. The sampling method used for the study was convenient sampling since the researchers collected the data from the subjects who were available at Ido-Osi Local government.

The data was collected through the use of questionnaire. Data analysis was carried out with the aid of Statistical Package for the Social Sciences (SPSS) version 20.00. Questionnaires were scrutinized for completeness at the end of each day's work. However, only fully-completed questionnaires were analyzed. Relevant descriptive and inferential statistics was calculated. The level of significance (p) was set to be at 0.05.

The section A of the questionnaire assessed subjects' demographic information such as age, level of education, occupation among others.

The section B assessed the knowledge of subjects on exclusive breastfeeding.

The section C assessed the practices of exclusive breastfeeding among subjects.

3.6 Method of Data Collection:

To gain permission to administer the questionnaires, an introductory letter was collected from The Managing Director of the Federal Medical Center Ido-Ekiti through the Administrator. With the help of the Senior Administrative Assistant, the researcher gained permission from the Nursing Officer of CWC of The Federal Medical Center Ido-Ekiti. However, some respondents were able to respond to the questionnaires by themselves. Interviews were conducted using the questionnaire for those mothers who were not able to write because they were handling their babies and those who for some reasons could neither read nor write. It took the researchers one (1) week to administer and collect the data.

3.7 Ethical Consideration:

Since the research involved human subjects, protection of participants' rights was ensured. This included the right to privacy and dignity, the right to anonymity and confidentiality, the right to freedom from risk of injury and the right to refuse to participate. Participation was voluntary and the principle of informed consent was to ensure this. Participants in the research had full

understanding of the study before it begun. Also questionnaires had no space for names of participants and were deliberately done to ensure anonymity and confidentiality.

3.8 Validity and Reliability:

To ensure validity which refers to the degree to which an instrument measure what it is supposed to measure. The questionnaire was sent to the researchers' supervisor after designing for necessary corrections. Moreover ten (10) breastfeeding mothers were selected randomly among breastfeeding mothers in Ido-Osi local government of Ekiti State and the same questions were administered to them to do pre-testing to find out if the questionnaires would yield similar responses among them to ensure reliability. After the test, it was found out that few questions needed to be changed in order to yield a similar response which was done to ensure the reliability of the questionnaire. Reliability therefore is the degree of consistency to which an instrument used under similar conditions measure the attribute under investigation.

3.9 Limitations:

The sample size used for the study was so small that the information obtained could not be generalized to the entire population of post natal mothers. There were a lot of difficulties faced by the researcher when administering the questionnaires since most mothers could neither read nor write and had to be assisted by researcher which could in a way influence the choice of answers the mothers chose. Some mothers were given more than one (1) questionnaire since their babies tore the first ones given to them. Time given for the research was also limited

considering the academic workload of researcher. Researcher paid all the cost involved in conducting the research. Since the researcher had to finance all expenses incurred, it somehow delayed the study due to lack of money.

3.9.1 Method of Data Analysis:

Descriptive statistics would be used to analyze the data obtained from the study. This would help to describe, organize and summarize the data. It would include the use of frequency distribution for the socio-demographic characteristics, Chi-Square and binary logistic regression. Data were analyzed by Spss software.

3.9.2 Data collection

Data were collected from a group of breastfeeding mothers in Ido-Osi Local Government Area. This group of breastfeeding mothers meets every two weeks, and the survey was distributed by the researcher during one of these meetings (on the 8th of July, 2017). Also, the lactation consultant in Ido-Osi Local Government Area provided the researcher with data and statistics about the exclusive breastfeeding rates and other information from the Health information system.

3.9.3 Data processing and analysis

After collecting the data, the data were summarized and organized by using the appropriate descriptive statistics. Data were analyzed by SPSS software. Descriptive statistics were

calculated including central tendency, the mean, and variability as indicated by measures of variance and standard deviation for variables such as mothers' knowledge score.

3.10 Summary:

This chapter described the design used for the study and the research setting. It also dealt with the sample selected for the study, materials used and the procedure used in gathering data for the study. The ethical considerations observed during the conduction of the research were also described. Measures put in place to ensure validity and reliability of instruments used as well as the limitations of the study was also described in addition to the method used to analyze the data.

3.10.1 Subject selection

The participants for this study were breastfeeding mothers, who gave birth at The Federal Medical Center Ido-Ekiti, and The Comprehensive Health Center Ido-Ekiti after April, 2016. Subject selection criteria included: their babies are 14 months of age and under, full term, and without any sign of major birth defects such as: genetic defects (Down syndrome and other conditions), mouth/facial defects (cleft lip and/or cleftpalate), heart defects, musculoskeletal defects (including arm/leg defects), stomach/intestinal defects, and eye defects.

A group of 30 exclusively breastfeeding mothers, who were members of a breastfeeding mothers group in Ido-Osi Local Government Area, were asked to participate in the research to investigate their attitudes, knowledge and practices about exclusive breastfeeding. The sample is a convenience sample, because the participants are volunteers and they were chosen based on their availability. Also, they were members of non-profit breastfeeding support group in the area.

3.10.2 Instrument of data collection

A written questionnaire was used to collect the data. The questionnaire was in English language, and the researcher was available during distribution of the instrument to answer any questions about the questionnaire from the respondents. Based upon review of many studies and surveys about exclusive breastfeeding, the final survey was designed. Mothers were asked to answer the questions after introducing the goals of the study and its objectives. The researcher submitted the application and approval through which data were collected. The consent form was distributed to the participants prior to data collection. The consent form enabled the participants' to understand the study goals and their responsibilities in the study. Also, the consent form assured the participants' confidentiality.

The questionnaire had thirty questions divided into three sections (A, B, C. (See Appendix C). Section (A) includes nine questions to collect information about the baby and make sure that the participants' babies satisfied the requirements of the study. For example, questions in section (A) assess if the participants' babies were: 14 months and under, full term, and without any sign of major birth defects. Section (B) contains seven (7) questions about participants' demographic information such as their age, family income, and employment status to assess the factors that could influence breastfeeding practice. Section (C) fourteen (14) questions about feeding methods and time for the babies. These questions were designed to assess the hospital and maternity care practice toward breastfeeding. Section (C) also was used to assess the factors that influence breastfeeding such as hospital practice. For example, question number 10 asked "Did your baby have any sign of the following major birth defects?" If the mother answered "Yes" and she chose any of the answers, then she continued answering the rest of the questions, the answers are invalid. Test-retest reliability was used to measure the reliability of the instrument.

Also, two lactation consultants and three breastfeeding moms were asked to review and answer the questionnaire. Based on their feedback the final copy of the questionnaire was developed. As the literature review showed, many factors influence breastfeeding practice. Socio demographic variables that were measured in this study were the following:

For Mothers: age (in years), education, and income. For babies: sex, age (in months) at the date of the questionnaire distribution, and birth weight.

CHAPTER FOUR

PRESENTATION AND DATA ANALYSIS OF RESULT

4.0. INTRODUCTION

This section presents the data analysis for the study. It includes descriptive statistics of some variables. Also, inferential statistics such as Chi-Square test for association and binary logistics regression was also employed to validate the level of relationship on knowledge, attitude and practice of exclusive breastfeeding.

4.1: SOCIO-DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS OF RESPONDENTS

Variable	Frequency	Percent
Sex of Baby		
Female	161	54.0
Male	137	46.0
Age of Mothers		
<25years	43	14.4
25-34years	183	61.4
35+	72	24.2
Age of Children		
< 6months	75	25.2
More than 6Months	223	74.8
Gestation age at birth		

Less than 37wks	74	24.8
37-42wks	201	67.4
Birth Weight		
Less than 2500g(<5.5lbs)	148	49.7
2500g-4000g(5.5lbs-8.8lbs)	132	44.3
Greater than 4000g(>8.8lbs)	18	6.0
Method of Child Birth		
Vaginal birth	277	93.0
Cesarean section	21	7.0
Ethnicity		
Yoruba	229	76.8
Igbo	41	13.8
Hausa	28	9.4
Mother's Education		
Primary	20	6.7
Secondary	71	23.8
Technical college	123	41.3
Higher institution	84	28.2
Employment Status		
Employed	222	74.5
Unemployed	76	25.5
Income of Mothers		
less than 20000	61	20.5

20000-40000	74	24.9
40000-60000	44	14.8
60000-80000	40	13.5
80000 or more	34	11.4
don't know	44	14.8
Total	297	100.0
Duration stay in hospital after childbirth		
1-23 hours	7	2.3
1 day	16	5.4
2 days	129	43.3
3 days	105	35.2
more than 3 days	36	12.1
Did respondent receive help from staff regarding breastfeeding?		
Yes	288	96.6
No	7	2.3
How useful was the help received from staff?		
Very useful	273	91.6
Somewhat useful	15	5.0
Not very useful	1	.3
Not applicable	7	2.3
How soon respondent breastfeed child after birth?		
less than 1 hour	50	16.8

1-3 hours	239	80.2
4-11 hours	8	2.7
How long did respondent breastfeed the child?		
1 month	5	1.7
6 months	144	48.3
12 months	103	34.6
18 months	18	6.0
24 months	10	3.4
Does respondent fed anything apart from breastfeeding		
Yes	39	13.1
No	240	80.8
don't know	18	6.1
What did respondent fed baby with?		
Formula	9	20.0
Glucose water	23	51.1
Water	6	13.3
Don't know	7	15.6
Does respondent required permanent avoidance of breastfeeding?		
Yes	2	0.7
No	296	99.3

The percentage distribution of socio-demographic characteristics of sampled respondent revealed that the age of mothers majority are within ages 25-34years (61.4%) followed by mothers of age 35 and above (24.2%). Majority of these mothers were found to be from Yoruba ethnic group (76.8%) while Igbo (13%) and Hausa (9.4%). In the meantime, majority of the mothers had at least technical certificate while those with higher education like OND/HND/BSc 28% and those with least education were primary education (6.7%). Furthermore, most of the mothers were fully engaged in economic activities which serve a means of income for the family. But unfortunately more than 60% of the mothers disclosed that their household earning less than 60,000 naira per month. While 14.8% didn't disclosed their household monthly income and approximately only 11% earned N80,000 and above. This result therefore indicated a typical low income earners household which means the child in the household may be subjected to some kinds of financial issues.

The methods of childbirth of mothers revealed that very few (7%) gave birth through Cesarean birth and majority of them gave through vaginal birth (93%).

4.2 Research Objectives:

To ascertain the level at which exclusive breast feeding is practiced among mothers in Ido-Osi Local government. This study disclosed that the practice of exclusive breastfeeding revealed that majority of the mother in Ido-Osi local government didn't feed their baby anything apart from breast-feeding (80.8%). Majority also disclosed that they received help regarding breastfeeding from the Hospital staff (97%) and this information was confirmed to be very helpful while only 2.5% said the information was not applicable to them. The distribution sex of children the mothers were nursing revealed that majority of the child were male child(54%) while female (46%) although majority of the children are more than six months (74.8%) while 25.2% were

less than 6 months. Furthermore to determine the relationship between the attitude and practice of exclusive breast feeding among women in Ido-Osi Local government.

This study disclosed that 97% of respondents got help regarding breastfeeding from staff of FMC; the help was categorized as very helpful by 91.6%. Also, 80% respondent revealed that they started breastfeeding their child with 1-3hours after delivery while less than 3% started more lately than that. The practice of exclusive breastfeeding among respondents disclosed that almost 50% had fed their children for more than 6months, while 34% had breastfed their baby for 12 months but those that did not fed apart from breastfeeding were 81%, thus there is a very strong relationship between the attitude and practice of exclusive breast feeding among women in Ido-Osi Local government.

4.3 Results and Findings from the Analysis

To determine the factors that impacts the practice exclusive breastfeeding among women in Ido-Osi Local government.

It was found that there is relationship between practice of exclusive breastfeeding and gestation age at the birth 71.7% of mothers with 37-42wks gestation and 22.5% with less than 37wks. Thus gestation age at birth has a significant relationship as the $X^2=11.63$, $p\text{-value}=0.002$, we therefore conclude that gestation age at birth can predict the practice of exclusive breastfeeding.

Also some mothers with first child found it difficult to practice exclusive breastfeeding as majority who practice exclusive breastfeeding were 59.2% were having other children while only 40.8% of mother with first child practice exclusive breastfeeding. Thus it was found that the position of child determined whether mother would practice exclusive breastfeeding with

exclusive breastfeeding increases as education of mother increases, 6.7% of mothers with primary education practice EB while, secondary (23.8%) technical (41.8%) and higher education approximately (32%) this was found to have greater chi-square value $X^2 = 47.27$, $p = 0.000$, which implies that mothers level of education would determine the practice exclusive breastfeeding. More so, mother employment status was found to influence practice of exclusive breastfeeding increases as working mothers tends to practice EB than their counterpart who are not working with chi-square value $X^2 = 12.27$, $p\text{-value} = 0.02$.

Furthermore, the practice of = 41.57, $p = 0.000$, which implies that mothers occupational status would determine the practice exclusive breastfeeding. This could be so because mothers who engage in economic activities would be able to get necessary food supplement to keep fix for the task of EB. Provision of place for breastfeeding was also found to help in the practice of exclusive breastfeeding as majority whose workplace provide space for breastfeeding practice exclusive breastfeeding(EB) with $X^2 = 18.89$, $p\text{-value} = 0.000$. Details in table 2 below.

Table 2: Bivariate Analysis on practice of Exclusive breastfeeding and other Influencing Factors

	Does respondent practice breastfeeding without mixing anything apart from breast milk		Total	Chi-Square Test
	No	Yes		P-value
Sex of female respondent	35	126	161	$X^2 = 1.157$
	60.3%	52.5%	54.0%	$P = 0.28$
Male	23	114	137	
	39.7%	47.5%	46.0%	
Gestation less than age at birth	20	54	74	$X^2 = 11.63$

	37wks	34.5%	22.5%	24.8%	P=0.003
	37-	29	172	201	
	42wks	50.0%	71.7%	67.4%	
	more than 42wks	9 15.5%	14 5.8%	23 7.7%	
Method of childbirth	vaginal birth	51 87.9%	226 94.2%	277 93.0%	X ² =2.77 P=0.096
	cesarean section	7 12.1%	14 5.8%	21 7.0%	
Is this respondent first baby	Yes	23 39.7%	98 40.8%	121 40.6%	X ² =12.27 P=0.02
	No	35 60.3%	142 59.2%	177 59.4%	
Did respondent breastfeed previous child	yes	37 63.8%	168 70.0%	205 68.8%	X ² =1.83 P=0.36
	no	21 36.2%	72 30.0%	93 31.2%	
Most recent babies of respondent	single birth	45 77.6%	200 83.3%	245 82.2%	
	twins	8 13.8%	33 13.8%	41 13.8%	
	triplets	4 6.9%	7 2.9%	11 3.7%	
	quadruplets	1 1.7%	0 0.0%	1 .3%	
	yoruba	43 74.1%	186 77.5%	229 76.8%	
	igbo	8 13.8%	33 13.8%	41 13.8%	
	hausa	7 12.1%	21 8.8%	28 9.4%	X ² =1.16 P=0.74
Mother's level of education	primary	13 22.4%	7 2.9%	20 6.7%	X ² =47.27 P=0.000
	secondary	24 41.4%	47 19.6%	71 23.8%	
	technical college	13 22.4%	110 45.8%	123 41.3%	
	higher	8	76	84	

	institution	13.8%	31.7%	28.2%	
Employment status of mothers	employed	24 41.4%	198 82.5%	222 74.5%	$X^2=41.57$ P=0.000
	unemployed	34 58.6%	42 17.5%	76 25.5%	
Does workplace provide place for breastfeed	yes	15 25.9%	98 40.8%	113 37.9%	$X^2=18.894$ P=0.000
	no	22 37.9%	112 46.7%	134 45.0%	
	do not work	21 36.2%	30 12.5%	51 17.1%	
Does workplace provide refrigerator for breastmilk	yes	2 3.5%	19 7.9%	21 7.1%	$X^2=26.74$ P=0.000
	no	32 56.1%	192 80.3%	224 75.7%	
	do not work	23 40.4%	28 11.7%	51 17.2%	
Mother's Age	<25years	15 25.9%	28 11.7%	43 14.4%	$X^2=8.63$ P=0.013
	25-34years	28 48.3%	155 64.6%	183 61.4%	
	35+	15 25.9%	57 23.8%	72 24.2%	
	Total	58 100.0%	240 100.0%	298 100.0%	

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMENDATIONS

5.0 INTRODUCTION

This chapter is devoted to the presentation of the summary of findings, conclusion and recommendations drawn from the analysis of the research study on knowledge, attitude and practice of exclusive breastfeeding among nursing mothers (women) in Ido-Osi Local government Area.

5.1 SUMMARY OF FINDINGS

The major findings from the study disclosed that mothers with first child found it very difficult to practice exclusive breastfeeding as majority who practice exclusive breastfeeding were 59.2% were having other children while only 40.8% of mother with first child practice exclusive breastfeeding. Thus it was found that the position of child determined whether mother would practice exclusive breastfeeding with $X^2=12.27$, $p\text{-value}=0.02$. Also the practice of exclusive breastfeeding increases as education of mother increases, 6.7% of mother with primary education practice EB while secondary (23.8%), technical (41.8%) and higher education approximately (32%) this was found to have greater chi-square value $X^2= 47.27$, $p=0.000$, which implies that mothers level of education would determine the practice exclusive breastfeeding. More so, mother employment status was found to influence practice of exclusive breastfeeding increases as working mothers tends to practice EB than their counterpart who are not working with chi-square value $X^2= 41.57$, $p=0.000$, which implies that mothers occupational status would

determine the practice exclusive breastfeeding. This could be so because mothers who engage in economic activities would be able to get necessary food supplement to keep fix for the task of EB. Provision of place for breastfeeding was also found to help in the practice of exclusive breastfeeding as majority whose workplace provide space for breastfeeding practice exclusive breastfeeding (EB) with $X^2=18.89$, $p\text{-value}=0.000$.this study found support from other scholarly research like Bristow, WHO, UNICEF and the likes that the method of feeding a baby with milk directly from the mother's breast is the best help for such child (Bristow, 2012). Another effort for encouraging breastfeeding practice is "Baby Friendly" hospitals. More hospitals in Nigeria are achieving national "Baby Friendly" designations, which mean that their maternity staffs are trained to support new mothers when they indicate a willingness to try exclusive breastfeeding((The Office on Women's Health, 2012).

5.2 CONCLUSION

Exclusive breastfeeding has been as best and first help for one child (Bristow, 2012), therefore this study had found that mother education, employment status, space for breastfeeding in workplace and position of child really foster the practice of exclusive breastfeeding

5.3 RECOMMENDATION

The findings suggest that improving mother education and awareness on the need to provide space for nursing mothers to breastfeed their baby should be intensified as it would likely predict the practice of EB. It should be done to help avert the growing infant mortality risk rate and

malnutrition among children in the Nigeria. The other recommendations for this study are stated below.

1. More training and awareness campaign should be done to be able to maintain high rate of exclusive breastfeeding
2. House to house survey should be conducted to establish in-depth and understanding on the practice and knowledge of exclusive breastfeeding in Ido-Osi, Ekiti State and Nigeria at large.
3. The use of EBF (Exclusive Breastfeeding) mothers should be advocated.
4. More study should be conducted to ascertain the socio-demographic factors associated with exclusive breastfeeding.

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Appendix

Topic: Knowledge, Attitude and Practice of Exclusive Breastfeeding among women in Ido-Osi local government in Ekiti State.

Faculty of Social Science

Department of Demography and Social Statistics

Federal University Oye-Ekiti

Ekiti State.

Dear Respondents,

The researcher wishes to elicit information from you on the researcher work strictly for academic purpose on the topic of: Attitudes, Knowledge and Practice of Exclusive Breastfeeding among women in Ido-Osi local government in Ekiti State. Kindly supply information sincerely as it is true of you and your person. The following information is to enable you understand the nature of this study, so that you can give your consent if you feel comfortable with it.

This work is categorically for the purpose mentioned above for the award of a BSC degree. The information collected shall be treated with utmost confidentiality; the researcher is an undergraduate student of the above school. Your cooperation is mostly required.

Thank you

Yours Sincerely,

Shittu Razaq Adeola

Questionnaire topic: Attitudes, Knowledge and Practice of Exclusive Breastfeeding among women in Ido-Osi local government in Ekiti State.

Section A-demographic variables

Baby's basic information (Questions 1- 9 are about your baby). Please check the response that is true for your baby.

- 1) Gender? (a) _____ Female (b) _____ Male
- 2) Baby's current age? _____ months _____
- 3) Gestational age (at birth)? (a) _____ 37-42 weeks (b) _____ Less than 37 weeks (c) _____ More than 42 weeks
- 4) Birth weight? (a) _____ Less than 2500g (< 5.5 lbs) (b) _____ 2500g-4000g (5.5 lbs – 8.8 lbs) (c) _____ Greater than 4000g (> 8.8 lbs)
- 5) Method of childbirth (delivery)? (a) _____ Vaginal Birth (b) _____ Cesarean Section
- 6) Is this your first baby? (a) _____ Yes (b) _____ No
- 7) If No, did you breastfeed your previous child/children? (a) _____ Yes (b) _____ No
- 8) Most recent baby/babies? (a) _____ Single birth (b) _____ Twins (c) _____ Triplets
(d) _____ Quadruplets
- 9) Did you give birth at The Federal Medical Center Ido-Ekiti? (a) _____ Yes (b) _____ No

Section B: Mother's Information: (Questions 10-16 pertain to your personal information). Please check the response that is true for you.

- 10) Current age: _____ years old
- 11) How old were you when this baby was born? _____ years old
- 12) Highest education level: (a) _____ Primary (b) _____ Secondary (c) _____ Technical College (d) Higher Institution
- 13) Employment Status: (a) _____ Employed (b) _____ Unemployed
- 14) Does your workplace provide a private place to express breast-milk and breast feed?

(a) _____ Yes (b) _____ No (c) _____ Do not work

15) Does your work provide a refrigerator to store breast-milk?

(a) _____ Yes (b) _____ No (c) _____ Do not work⁴⁸

16) Of the following income categories, which one describes the total income of your household, before taxes? (a) _____ Less than \$20,000 (b) _____ \$20,000 to less than \$40,000 (c) _____ \$40,000 to less than \$60,000 (d) _____ \$60,000 to less than \$80,000 (e) _____ \$80,000 or more (f) _____ Don't Know

Section C: Feeding information: (Questions 17-29 pertain to your breastfeeding experience). Please check the response that is true for you.

17) After your baby was born, how long did you stay in the hospital?

a) _____ 1-23 hours (b) _____ 1 day (c) _____ 2 days (d) _____ 3 days (e) _____ more than 3 days

18) While in the hospital, did you receive any help from hospital staff regarding feeding your baby? (a) _____ Yes (b) _____ No

19) If YES, how useful was the help that you received with feeding your baby?

a) _____ Very useful (b) _____ Somewhat useful (c) _____ Not very useful (d) _____ Don't know/Don't remember (e) _____ Not applicable

20) How soon after birth did you try to breastfeed your baby for the first time?

a) _____ Less than 1 hour after birth (b) _____ 1-3 hours after birth (c) _____ 4-11 hours after birth (d) _____ 12-23 hours after birth (e) _____ 24 hours or more after birth

21) How long did you breastfeed your child? (a) 1 Month (b) 6 Months (c) 12 Months (d) 18 Months

(e) 24 Months

22) Was your baby fed anything other than breast milk after you started breastfeeding?

a) _____ Yes (b) _____ No (c) _____ Don't know/Don't remember

23) If yes, what was fed to your baby? (a) _____ Formula (b) _____ Glucose (sugar) water

(c) _____ Water (d) _____ Other Please specify _____ (e) _____ Don't know

24) Were you offered free infant formula from the hospital? (a) _____ Yes (b) _____ No

25) Have you received any formula samples discharge from the hospital? (a) _____ Yes (b) _____ No

26) When you had your baby, did you have any medical condition that required permanent avoidance of breastfeeding? (a) _____ Yes (b) _____ No

27) When you had your baby, did you have any medical condition that required temporary avoidance of breastfeeding? (a) Yes (b) No

28) When your baby was born, did he/she have any medical condition that prevented breastfeeding? (a) _____ Yes (b) _____ No

29) When your baby was born, did he/she have any medical condition that required feeding other food in addition to breast milk? (a) _____ Yes (b) _____ No

30) Please add any comments you would like to make about this survey:

Thank you for your participation.



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KNOWLEDGE, ATTITUDES AND PRACTICE OF EXCLUSIVE BREASTFEEDING IN IDO-OSI LOCAL GOVERNMENT IN EKITI STATE.

Abstract This research study was designed to check out the Knowledge, Attitudes and Practice of Exclusive Breastfeeding among women in Ido-Osi local government in Ekiti State.

Exclusive Breastfeeding has been recommended by the world as the optimal feeding mode for young infants.

A cross sectional study was done to determine the current level of the knowledge, attitude and practice of women on exclusive breastfeeding in Ido-Osi local government area.

Three research question and null as well as alternative hypotheses guided the study, which was tested at 0.05 level of significance.

The design of the study was descriptive and 300 Questionnaire was distributed with the sample size of 50 mothers who were chosen.

This research was a non-experimental, explorative and descriptive study that investigates the Knowledge, attitude and practice of exclusive breastfeeding among rural women in Ido-Osi Local Government Area.

This was chosen because the study wanted to explore and describe the perceptions or views of its participants on exdusive breastfeeding.

This study used a cross-sectional design that allowed the researcher to determine trends about breastfeeding and other sample characteristics.

This type of research design does not require follow-up therefore, it is

- 1 50% match (live internet: Wikipedia) <http://en.wikipedia.org/wiki/Breastfeeding>
- 2 50% match (live internet: Wikipedia) <http://en.wikipedia.org/wiki/Doula>
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