

KNOWLEDGE OF EXCLUSIVE BREASTFEEDING AMONG CHILD BEARING AGE MOTHERS IN ISHIAGU RURAL COMMUNITIES, EBONYI STATE

DAVID, H.C., and AGOMOH-ADEOYE, Q.C

Department of Home and Rural Economics, Federal College of Agriculture Ishiagu, Ebonyi State. Email: humi_delicious@yahoo.com

ABSTRACT

This study evaluated mothers' knowledge of exclusive breastfeeding in Ishiagu rural communities of Ebonyi State. A community based cross-sectional study was conducted among 260 mothers of child bearing age(18-50years) in ten communities in Ishiagu in Ebonyi State, using a validated structured questionnaire and interviews to obtain information from the respondents. A Purposive and Simple Random Sampling technique were used to select the participants and the data collected were analyzed using descriptive statistics and chi-square test of independence. Result revealed that 96.9% of the respondents are aware of exclusive breastfeeding. About 46.1% of the respondents claimed that they got their information from friends and 32.7% of the respondents got their information from health institutions. A greater percentage (62.3%) of the respondents had the view that exclusive breastfeeding is better than mixed feeding as validated in Hypothesis 1; only 37.7% of the respondents had a contrary view. Proven in Hypothesis 2, more respondents (60.7%) had the view that exclusive breastfeeding is adequate for infants between the age of 0-6months (6), while 39.2% of the respondents had a contrary view. Also confirmed in Hypothesis 3, about 69.6% of the respondents had the view that exclusive breastfeeding reduces the risk of diseases and infection, while only 30.4% of the respondents had a contrary view. In this study, about 64.2% of the respondents were grouped as having good knowledge of exclusive breastfeeding and 39.1% of the respondents were categorized as having poor knowledge of exclusive breastfeeding. Findings revealed high awareness of exclusive breastfeeding by mothers in the study area, good knowledge of exclusive breastfeeding by majority of the mothers in the study area and poor Knowledge of exclusive breastfeeding by a lower percentage of mothers in the study area.

Keywords: Knowledge, Exclusive breastfeeding, Infants, mothers, Rural

1.0 INTRODUCTION

Breast milk provides the entire nutrient needed during the first few months of life and it also contains agents that help to protect against common childhood illness such as diarrhoea and respiratory infection(1). The unique Composition of human milk makes it the best for human babies. Moreover, Formula feeding raise risk of illness and death by depriving the infant of the protection offered by many essential Infection Fighting components of human milk and the nutrients tailored by the mothers biology to meet the precise needs of her infant.

Exclusive breastfeeding means that the infant receives only breast milk(2).Exclusive breastfeeding is feeding infants only with breast milk, be it directly from breast or expressed with no addition of any liquid or solid apart from drops of syrups consisting of vitamins, mineral supplements or medicine and nothing else .Several studies have shown that exclusive breast feeding for the first six months plays a great role in preventing mobility and mortality (3).Exclusive Breastfeeding may help a baby that is born infected stay healthy and avoid germs from replacement feeding and mixed feeding. Replacement feeding means giving a baby commercial infant formula or home modified animal milk instead of breast milk. Mixed feeding means giving breast milk and other food like

formula, glucose water, and any food other than breast milk. studies have shown that exclusive breast feeding is safer and better than mixed feeding(4).

In Africa, more than 95% of infants are currently breastfed, but feeding practices are often inadequate; feeding water and other liquids to breastfed infants is a widespread practice(4). The risk of morbidity is reduced by close to 70% when a child is exclusively breastfed(4) Breast feeding is the act of feeding a child with breast milk directly from the breast and physiological process by which all mammals feed their infants(5). However EBF remains a challenge

The world health organization (WHO) recommends exclusive breast feeding (EBF) for the first six months of life while it is advised to provide adequate and safe complementary foods with breast feeding for up to two years and beyond(6). Studies have shown that the practice of exclusive Breastfeeding poses a big health, financial, and psychological benefits to infants, mothers, and the economy at large(7). Various Government and non-government organization have been involved in the promotion of exclusive breastfeeding. For Instance the Baby Friendly Hospital Initiative (BFHI) is a joint programmes by World Alliance For Breastfeeding Action (WABA) and United Nations Children funds (UNICEF) to protect the practice of exclusive breastfeeding week, which is been

celebrated every first to seventh, August or November (depending on locations) is dedicated to breastfeeding in more than 170 Countries to encourage breastfeeding and improve the health of babies and mothers around the world .In view of the benefit of exclusive breastfeeding, and the menace of inadequate breastfeeding, this study seeks to evaluate the knowledge of exclusive breastfeeding among mothers in Ishiagu rural communities of Ebonyi State, as this will be an important tool in Nutrition Intervention Programmes.

2.0 MATERIALS AND METHODS

A community based cross-sectional study was conducted in Ishiagu in Ebonyi State, to access the knowledge of exclusive breastfeeding among the child bearing age mothers. Ishiagu is made up of ten (10) communities which include Ihietutu, Amaonye, Amata, Amaeze, Amagu, Amaokwe, Okue, Ogor, Ihie, Ngwogwo. A purposive and simple random sampling technique was used to select 26 mothers of child bearing age in the ten communities in Ishiagu making a total of 260 respondents. A validated structured questionnaire and interviews were used to obtain information

from the respondents. To assess knowledge about exclusive breastfeeding (EBF), knowledge questions were used based on Likert scale (1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree). An average of responses on knowledge variables was done by computing the values of the variables, and respondents who scored less than the average were labeled to have poor knowledge and those who scored equal to or above the average were considered as having good knowledge. The data collected was analyzed using the computer programmed Statistical Package for Social Sciences (SPSS). Frequency Distribution and percentages of the variables were calculated. A chi-square test of independence was used to test the knowledge of the respondents on exclusive breastfeeding

3.0 RESULTS

Table 1 shows the distribution of respondents' age. Ages 18 – 19, 20 – 30, 31 – 40, 41-50 were 15(5.8%), 97(37.3%), 101(38.8%) and 47(18.1%) respectively. From the results it can be said that the population of the study were majorly middle age child bearing mothers.

Table 1 Distribution of respondents' age

Variables	Frequency	Percentage%
18– 19	15	5.8%
20 – 30	97	37.3%
31 – 40	101	38.8%
41 – 50	47	18.1%
Total	260	100%

Table 2 shows the distribution of respondents according to educational qualifications. From the result, those with primary school certificate were 60 (23.1%) , secondary school certificate were 92 (35.4%) while tertiary qualifications were 75(28.8%) and those with non-formal education were 33(12.7%). From the result majority were secondary school leavers.

Table 2: Distribution of respondents' educational qualification

Variables	Frequency	Percentage%
Primary	60	23.1%
Secondary	92	35.4%
Tertiary	75	28.8%
Non formal	33	12.7%
Total	260	100%

Table 3 shows the degree of awareness of exclusive breast-feeding among respondents, the data shows that 252(96.9%) of the respondents have heard about exclusive breastfeeding and 8(3.1%) of the respondents have not heard of exclusive breastfeeding. It can be deduced from the result that the degree of awareness of exclusive breastfeeding among respondent is high.

Table 3: Respondents' Awareness of Exclusive Breastfeeding

Variables	Frequency	Percentage%
Aware	252	96.9
Not aware	8	3.1%
Total	260	100%

Table 4 shows respondents source of information on exclusive breastfeeding. The data 85(32.7%) of the respondents obtained their information from the health institute, 120(46.1%) of the respondents obtained their information from friends, 13(5%)

obtained their information from mass media while 42(16.2%) obtained their information from their parent.

It can be said following the data collected that most respondents got their information from friends.

Table 4: Respondents' Source of Information on Exclusive Breastfeeding

Variables	Frequency	Percentage%
Health institute	85	32.7%
Friends	120	46.1%
Mass media	13	5%
Parents	42	16.2%
Total	260	100%

Table 5 shows the respondents view of the time frame for exclusive breast-feeding, the data shows that those who believe exclusive breast-feeding should be less than 6 month were 42(16.2%), while that those who said that it should be about 6 months were

200(76.9%) and 18(6.9%) said that it should be above 6 months.

The result reveals that most respondents believes in the World Health Organization (WHO) recommended period for exclusive breast-feeding which is 6 months.

Table 5: Awareness of the duration of exclusive breastfeeding

Variables	Frequency	Percentage%
Less than 6 months	42	16.2%
6 months	200	76.9%
Above 6 months	18	6.9%
Total	260	100%

Table 6 shows the view of respondents towards exclusive breastfeeding and mixed feeding. The result reveals 62(23.8%) of the respondents strongly agreed, 100(38.5%) agreed, 17(6.5%) disagreed while 81(31.2%) of the respondents disagreed.

With the results, it can be said that majority of the respondents are with the view that exclusive breastfeeding is better than the mixed feeding.

A test of hypothesis (Chi-square Test of Independence) on table 6

Hypothesis 1

Ho: View that exclusive breastfeeding is not better than mixed feeding.

H1: View that exclusive breastfeeding is better than mixed feeding

$$\chi^2_{cal} = \sum \frac{(O_i - E_i)^2}{E_i} = 58.37$$

Decision Rule: since the calculated statistics of 58.37 using the variables in table 6 is greater than the critical value of 5.99 at (4-1-1) degree of freedom, we reject the null hypothesis Ho and conclude that exclusive breastfeeding is viewed as better than mixed feeding.

Table 6: Respondents' view on exclusive breastfeeding as better than mixed feeding

Variables	Frequency	Percentage%
Strongly agreed	62	23.8%
Agreed	100	38.5%
Strongly disagreed	17	6.5%
Disagreed	81	31.2%
Total	260	100%

Table 7 reveals the view of the respondents on the adequacy of exclusive breastfeeding for infants between ages 0-6months. From the data obtained 56(21.5%) of the respondents strongly agreed that exclusive breast feeding is enough for the baby between ages0-6 months, 102(39.2%) of the respondents Agreed, 40(15.4%) Strongly disagreed while 62(23.8%) disagreed.

A test of hypothesis (Chi-square Test of Independence) on table 7

Hypothesis 2

Ho: View that exclusive breastfeeding is not adequate for an infant between ages 0-6 months

H2: View that exclusive breastfeeding is adequate for an infant between ages 0-6 months

$$\chi^2_{cal} = \sum \frac{(O_i - E_i)^2}{E_i} = 32.06$$

Decision Rule: since the calculated chi-square statistics of 32.06 using the variables in table 7, is greater than the critical value of 5.99 at 5% level of significance, we reject Ho and conclude that exclusive breastfeeding is viewed as adequate for infants between ages 0-6 months.

Table 7: Exclusive Breastfeeding is adequate for infants between ages 0- 6 Months

Variables	Frequency	Percentage%
Strongly Agreed	56	21.5%
Agreed	102	39.2%
Strongly Disagreed	40	15.4%
Disagreed	62	23.8%
Total	260	100%

Table 8 shows that 71(27.3%) of the respondents strongly agreed that exclusive breastfeeding reduces the risk of diseases and infection among babies, 110(42.3%) of the respondents Agreed, 18(6.9%) of the respondents Strongly Disagreed while 61(23.5%) of the respondents Strongly Disagreed that exclusively breast feeding

reduces the risk of diseases and infection among babies.

A test of hypothesis (Chi-square Test of Independence) on table 8

Hypothesis 3

Ho: View that exclusive breastfeeding does not reduce the risk of diseases and infections among babies

H3: View that exclusive breastfeeding reduces the risk of diseases and infections among babies .

$$\chi^2_{cal} = \sum \frac{(O_i - E_i)^2}{E_i} = 65.94$$

in table 8, is greater than the critical value of 5.99 at (4-1-1) degree of freedom at 5%, we reject the H_0 and conclude that exclusive breastfeeding is viewed as having the ability of reducing the risk of diseases and infections among babies

Decision Rule: Since the calculated chi-square statistics of 65.94 using the variables

Table 8: Exclusive Breastfeeding Reduces the Risk of Diseases and Infections Among Babies.

Variables	Frequency	Percentage%
Strongly Agreed	71	27.3%
Agreed	110	42.3%
Strongly Disagreed	18	6.9%
Disagreed	61	23.5%
Total	260	100%

4.0 DISCUSSION

The result of the study showed that a larger percentage (37.3%, 38.8%, 18.1%) of the respondents are between the age of 20-30years,31-40years, and 41-50years, which means that this study occurred among mothers within an age group adequate for child bearing (8), and would give a more reliable information on breastfeeding. About 35.4% are secondary school leavers and 28.8% have tertiary education, this suggest that a high percent of the respondents have good educations, this could be the reason for the high level (96.9%) of awareness of exclusive breastfeeding in the area. The

more educated you are the more aware you become (9). Majority of the respondents (46.1%) claimed that their source of information is friends. This would have affected the information the respondent have on exclusive breastfeeding, because, some friends may not be trained health worker who should have the right message on exclusive breastfeeding.

The result also revealed that 76.9% of the respondents are aware that the duration of exclusive breastfeeding is six months which is in line with the WHO stipulated period of exclusive breastfeeding (6). Based on

knowledge score, from the calculated average, about 62.3% of the respondents representing a greater number had the view that exclusive breastfeeding is better than mixed feeding as validated in Hypothesis 1; while only 37.7% of the respondents had a contrary view. Seen in Hypothesis 2, more of the respondents (about 60.7%) had the view that exclusive breastfeeding is adequate for infants between the age of 0-6 months (6), 39.2% of the respondents had a contrary view. Also confirmed in Hypothesis 3, about 69.6% (majority) of the respondents had the view that exclusive breastfeeding reduces the risk of diseases and infection, whereas 30.4% of the respondents had a contrary view. Hence, about 64.2% of the respondents were grouped as having good knowledge of exclusive breastfeeding while 39.1% of the respondents were categorized as having poor knowledge of exclusive breastfeeding suggesting that a lower percentage of the respondents in the study area have very poor knowledge of exclusive breastfeeding. However, the study revealed that some few respondents do believe that exclusive breastfeeding is not adequate because it will expose the babies to under feeding, poor nutrition and vulnerability to diseases and infections. Comparatively, this study shows that mothers who have good knowledge on EBF (64.2%) are more than those in Ibadan, Nigeria as revealed in a study

conducted there that was about 36.2% and same is true in Ethiopia, where it accounts for about 34.7% (10, 11).

5.0 CONCLUSION AND RECOMMENDATION

Majority of the mothers in the study area are aware and have good knowledge of exclusive breastfeeding, however, some respondents have little or poor knowledge of it.

A nutrition education strategy and appropriate programmes could be designed and implemented to raise the level of knowledge of exclusive breastfeeding in the study area.

Access to information on recommended infant feeding during routine maternal and child health services should be improved. Also, the nutrition counseling during antenatal and postnatal sessions in the study area should be strengthened.

REFERENCE

- Akinremi Z. and Samuel F.,(2015)
 “Knowledge and Attitude of Exclusive Breastfeeding among Hairdresser Apprentices in Ibadan, Nigeria,” British Journal of Medicine and Medical Research, 5(3)376–385
- Carol,B.B,Gaile.M.D.B,Jacqueline,B.(2007)
 .Perspective in nutrition.8:600-605

- Heymann J, Raub A, and Earle A.(2013) "Breastfeeding policy: a globally comparative analysis," Bulletin of the World Health Organization. 91(6) 398–406
- Jike-Wai O(2011).Awareness and use of nutrition information on labels of package snacks by commuters in Port Harcourt Nigeria. Journal of Nutrition Sciences.32:33-37
- NFS(2014).importance of exclusive breastfeeding.2(2)56-72
- Ngwu E.K, and Opara U.C,(2010).Birth weight of babies delivered at University of Nigeria Teaching Hospital (UNTH), Enugu in relation to mothers age, income and haemoglobin (Hb)levels. Journal of Dietitians Association of Nigeria.1:57-65
- Sguassero Y. Optimal duration of exclusive breastfeeding. RHL commentary. In The WHO Reproductive Health Library Geneva: World Health Organization;
- Tadele N. and Habta F., (2015)"Knowledge, Attitude and Practice towards Exclusive Breastfeeding among Lactating Mothers, Mizan Aman Town, Southwestern Ethiopia: Descriptive Cross Sectional Study," Journal of Health Education Research & Development. 3(3)
- UNICEF(2006) Progress of children-exclusive breast Feeding. A report card on nutrition 4.
- World health organization (WHO), Exclusive breast feeding; http://www.who.int/Elena/titles/exclusive_breastfeedig/en/.
- WHO (2011). The optimal duration of exclusive breastfeeding. Department of nutrition for health and development and department of child and adolescent health and development. Geneva. World Health Organization.