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Socio-cultural factors responsible for low rate of exclusive breastfeeding among nursing mothers attending a Nigerian Tertiary Health Institution

Grace M. Emmanuel^{1*} and Olufemi O. Oyewole²

Physiotherapy Department, Olabisi Onabanjo University Teaching Hospital, Sagamu.

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ABSTRACT: Background: Despite the recognition of the importance of breast milk, the rate of exclusive breastfeeding is still low in Nigeria and the duration of breastfeeding is also unsatisfactory. **Objectives:** This study is aimed at examining the socio-cultural factors that might be responsible for this observation.

Methods: Exclusive Breastfeeding Assessment Questionnaire (EBAQ) was used to obtain data from the nursing mothers with children under 2 years of age who are attending a tertiary health institution in Sagamu town. Descriptive statistics were used to describe the data while inferential statistics was used to see relationship between the socio-cultural factors and practice of exclusive breastfeeding. There were 231 respondents.

Results: The results showed a significant correlation between exclusive breastfeeding and socio-cultural factors. Factors such as religion, self employed, level of education greater or equal to OND and level of income less than ₦5,000.00 and ₦10,000.00-19,999.00 per month significant correlate with practice of exclusive breastfeeding.

Conclusions: For an improvement in the exclusive breastfeeding rate of this population, health workers should bear in mind the socio-cultural factors of mothers in their locality during antenatal and postnatal cares.

Keywords: exclusive breastfeeding, socio-cultural factors, nursing mothers

Introduction

The significant benefits of breastfeeding for children, mothers, and society are widely recognized. The many benefits of breast-feeding, including protection against exposure to harmful pathogens, provision of superior nutrition, transfer of antibodies and reduction in morbidity and mortality, are indisputable¹. Therefore, the World Health Organization (WHO) infant feeding guidelines recommend that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health².

*Author to whom all correspondence should be addressed.

¹Tel: +2348038096730, E-mail: bolugrace@yahoo.com

²Tel: +234 803 397 0714, E-mail: oyewoleye@yahoo.co.uk

The following factors have been shown to influence exclusive breastfeeding: urban or rural residence, socioeconomic status, maternal education, women's employment status, birth order, parity and market pressures for using formulas and knowledge about, and the availability of, breast milk substitutes³⁻⁵ as well as frequent crying of the baby⁶. Also, cultural beliefs have a significant influence on breastfeeding practices⁴. Therefore, understanding of culture and beliefs are important for health care providers who are challenged to provide culturally sensitive care to diverse populations.

Despite the wide recognition of the importance of breast milk, rates of exclusive breast-feeding are still low in most countries, and the duration of any breast-feeding is also unsatisfactory in most part of the world⁷. Nationwide efforts to promote exclusive breastfeeding in Nigeria started in 1992 with the introduction of the Baby-Friendly Hospital Initiative. Government commitment to the program and the support of the United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization have resulted in making exclusive breastfeeding more popular among Nigerian mothers⁸.

The exclusive breastfeeding rate at 6 months in the last decade has been reported to be 23.4% in Ibadan, southwest Nigeria⁸ and 33.3% in Enugu, southeast Nigeria³. These rates of breastfeeding are still low. What are the factors that might have been responsible for this low rate? There is paucity of such study among nursing mothers attending tertiary health facility in Sagamu local government area of Ogun state, Nigeria. Therefore, this study is exploring socio-cultural factors that might responsible for low rate of exclusive breastfeeding in this community.

Methods

Study population and design

The study population consists of 231 nursing mothers with children between ages of 0 and 2 years. They were recruited consecutively in 2008 from infant welfare clinic of Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun state, Nigeria using a cross sectional research design. Exclusive Breastfeeding Assessment Questionnaire (EBAQ) was used to obtain data from the participants. EBAQ is a 29 structured questionnaire having 3 sections. Section A was design to obtain information on socio-demographic characteristic of the respondents. Section B assessed socio-cultural factors affecting exclusive breastfeeding and section C designed to assess the practice of exclusive breastfeeding by the nursing mothers. The questions in sections B and C were on 5 point Likert ordinal. Fourteen questions (7 each in sections B and C) were asked in reverse order (these were normalized during computation). Face and content validity were tested before distribution and reliability coefficient was 0.78.

Procedure

Ethical approval was obtained from Ethical Review Committee of Olabisi Onabanjo University Teaching Hospital, Sagamu. Informed consent was also obtained from the participants. The nature, purpose and procedure of the study were explained to the participants in detail. The questionnaires were then distributed to the participants and were self administered. For those who are illiterate, they were interviewed through their native language or Pidgin English to fill the questionnaire.

Statistical analysis

Statistical package for social sciences (SPSS) version 15.0 software package was used to carry out Statistical analysis. Data obtained were analyzed using: descriptive statistics of mean, standard deviation, and percentage to describe participants' data. Also, inferential statistics of Spearman correlation was used to determine relationship between socio-cultural factors and practice of exclusive breastfeeding. Level of significance was set at $p < 0.05$.

Results

Table 1 presents socio-demographic characteristics of the participants. About 11% were ≤ 24 years old while 88% were ≥ 25 years old. Majority of the participants were Christians and self employed. Ninety percent had at least secondary school education while 74% had at least ₦5,000.00 income per month. Correlation matrix was shown in Table 2. There was significant correlation between practice of exclusive breastfeeding and socio-cultural factors. When the correlation was adjusted for age, religion, occupation, level of education and income; it was significant for

all religion, self employed, level of education greater or equal to OND and level of income less than ₦5,000.00 and ₦10,000.00-19,999.00 per month. The descriptive statistics and percentages of scores of socio-cultural factors were presented in Table 3. Majority of the mothers reported that family crisis, baby illness, home maintenance, having sexual intercourse with partner and sleep very often influence their practice of exclusive breastfeeding.

Table 1: Socio-demographic characteristics of the participants

Variables	Frequency	Percentage
Age (Years)		
15 – 24	24	11.2
25 – 34	133	62.2
35 – 40	57	26.6
Religion		
Christianity	161	71.2
Islam	65	28.8
Occupation		
Civil Servant	57	25.9
Self Employed	108	49.1
Housewife	9	4.1
Student	14	6.4
Applicant	8	3.6
Private Sector Employee	24	10.9
Education		
Primary	23	10.5
Secondary	91	41.3
OND/NCE	44	20.0
University Degree/HND	58	26.4
Other	4	1.8
Income		
<₦5,000	54	26.5
₦5,000 – ₦9,999	35	17.2
₦10,000 – ₦19,999	43	21.1
>₦20,000	72	35.3

Discussion

The present study demonstrated significant correlation between practice of exclusive breastfeeding and socio-cultural factors among nursing mothers. This observation has been reported among Nigerian women from south west and eastern Nigeria^{3, 8, 9}. When the data was adjusted for age of the mother, the correlation was not observed. This was not consistent with previous study that suggests maternal age was found to be significant correlates on the basis of bivariate analysis but lost its significance in multivariate logistic regression analysis¹⁰.

Religion was found to positively influence the practice of exclusive breastfeeding in the present study. Both Christian and Islam religion showed a significant positive influence on practice of exclusive breastfeeding. This observation was confirmed among Orthodox Jewish women who have shown a deep religious cultural commitment to breastfeeding which form an integral part of their religious lifestyle¹¹. Among the Hindus women it was also observed that as birth of a baby is a celebration for family and society, breastfeeding is strongly influenced by cultural and religious ceremonies¹². In Nigeria some pregnant women still patronize mission houses for their antenatal and postnatal cares⁸. It will be of great importance if breastfeeding education could be taken to these

religious houses and the religious heads are involved in this crusade of importance of exclusive breastfeeding as recommended by WHO.

Table 2: Correlation Matrix between Exclusive Breastfeeding and Socio-cultural Factors

Variables	Exclusive Breastfeeding	
Socio-cultural factors	r	p
All factors	0.215**	0.001
Age (years)		
15-24	0.246	0.246
25-34	0.128	0.147
35-40	0.245	0.072
Religion		
Christianity	0.197*	0.013
Islam	0.251*	0.049
Occupation		
Civil servant	0.235	0.078
Self employed	0.295**	0.002
House wife	-0.593	0.092
Student	0.243	0.403
Applicant	-0.123	0.772
Private sector employee	0.243	0.265
Education		
Primary	0.396	0.062
Secondary	0.205	0.055
OND/NCE	0.403**	0.007
Univ. Degree/HND	0.277*	0.035
Other	0.211	0.789
Income		
<₦5,000	0.322*	0.020
₦5,000-9,999	0.168	0.341
₦10,000-19,999	0.338*	0.027
>₦20,000	0.042	0.726

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

Table 3: Descriptive Statistics and percentages of scores of socio-cultural factors

Variables	N	Mean	SD	Valid percent				
				0	1	2	3	4
How does your religion influence breastfeeding your child exclusively?	231	0.84	1.55	72.7	7.4	0.9	0.9	18.2
How does family crisis influence breastfeeding your child exclusively?	231	3.31	1.28	10.0	1.7	6.5	11.3	70.6
How does baby's illness influence breastfeeding him/her exclusively?	227	3.26	1.26	9.3	2.6	6.2	16.3	65.6
How does home maintenance influence breastfeeding your baby exclusively?	230	3.10	1.35	10.0	6.1	7.4	17.0	59.6
How does your work influence exclusive breastfeeding of your baby?	225	2.97	1.47	14.7	4.0	8.4	15.6	57.3
How does having sexual intercourse with your partner influence breastfeeding your baby exclusively?	223	3.51	1.09	5.8	2.2	4.5	9.9	77.6
How does your culture influence exclusive breastfeeding of your child?	223	0.55	1.23	78.0	9.9	0.9	1.8	9.4
How does your religion support exclusive breastfeeding?	223	3.52	1.23	9.4	1.8	1.3	1.8	85.7
How does your involvement in religion influence exclusive breastfeeding of your baby?	224	3.26	1.41	12.9	3.6	1.3	8.9	73.2
How does sleep interfere with exclusive breastfeeding of your child?	228	2.72	1.57	17.1	10.1	7.5	14.5	50.9
How does your finance influence exclusive breastfeeding of your baby?	227	0.85	1.48	70.5	8.4	0.9	6.6	13.7

Key: 0=not at all, 1=not often, 2=often, 3=quite much, 4=very much

The present study showed a correlation between practice of exclusive breastfeeding and socio-cultural factors among self employed mothers when stratified by their occupation. This has been observed among nursing women in eastern Nigeria³. Also, in the bivariate analysis, exclusive breastfeeding was associated with mothers' occupation⁸. This observation could be explained due to the fact that self employed mothers are less likely to return to work in the immediate post-partum period and are thus able to exclusively breastfeed for longer.

When mothers were stratified by their level of education, there was significant correlation between practice of exclusive breastfeeding and socio-cultural factors among mothers who had at least OND education. This pattern support findings from previous studies in other countries which showed that the odds of complying with standard breastfeeding recommendations were remarkably higher among highly educated mothers compared to less educated mothers^{13, 14}. However, it has been suggested that more educated mothers were less likely to exclusively breastfeed than non-educated mothers in developing country^{15, 16}. It is important to highlight the necessity for incorporating breastfeeding knowledge into the school curriculum, in parallel with strategies to improve the level of education. Breastfeeding support programmes organized through women's groups may also be helpful in promoting exclusive breastfeeding among educated women who in turn may serve as important role models for promoting breastfeeding across society.

Low level of income seems to influence correlation between practice of exclusive breastfeeding and socio-cultural factors in this study. This observation was consistent with previous studies which reported that infants from the wealthiest households were less likely to be exclusively breastfed than those from the middle and the poorest households^{13, 15, 17}.

The responses of nursing mothers in the present study that their practice of exclusive breastfeeding was very often influenced by family crisis, baby illness, home maintenance, having sexual intercourse with partner and sleep should call for attention during postnatal cares. The health workers should educate the mothers how to cope with house chores, rest and breastfeeding. The care of sick baby vis-à-vis breastfeeding should be taught as well. The wrong notion about sexual intercourse with partner during period of breastfeeding should be disabused.

In conclusion, socio-cultural factors were found to be correlate of practice of exclusive breastfeeding among nursing mothers in this community. Therefore, for an improvement in the exclusive breastfeeding rate of this population, health workers should bear in mind the socio-cultural factors of mothers in this locality during antenatal and postnatal cares.

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