

Original Research Article

## **Mothers' Attitude and Practices on Breast Feeding in Sokoto, North-Western Nigeria**

Murtala M. Ahmad<sup>1</sup>, Usman M. Sani<sup>1</sup>, Efe Abolodje<sup>1</sup>, Balarabe A. Isah<sup>2</sup>, Bello A. Mohammed<sup>3</sup>,  
Bilkisu I. Garba<sup>1</sup>

<sup>1</sup>Departments of Paediatrics, <sup>2</sup>Community medicine, Usmanu Danfodiyo University Teaching Hospital Sokoto,  
<sup>3</sup>Department of Obstetrics and Gynaecology, Yariman Bakura Specialist Hospital Gusau.

Corresponding Author: Ahmad MM

### **ABSTRACT**

**Background:** Although the benefits of breastfeeding (BF) are well established, a number of traditional and cultural practices still affect the sustenance of appropriate breastfeeding. Inappropriate breast feeding practices predisposes children to early risk of malnutrition and death. Therefore, understanding those practices and attitudes that may hinder appropriate BF will help in addressing them.

**Objective:** This study aimed to determine mothers' attitudes and practices on breastfeeding and the prevalence of exclusive breast feeding among the respondents.

**Methodology:** This is a descriptive, cross sectional study targeted at breast feeding mothers, presenting to Paediatric clinics in two major Hospitals in Sokoto metropolis. Interviewer administered questionnaire was used for data collection. Data was analyzed using SPSS version 20.

**Result:** One hundred and thirty-two respondents were interviewed; with a mean age of  $30.3 \pm 7.7$  (range 18-56) years and mean parity of  $4 \pm 2.7$  (range 1-12) deliveries. Majority (78.8%) are Hausa by tribe, with only half of the respondents having secondary school education or higher. Only 34.8% of the respondents exclusively breastfed their last child for 6 months and 43.9% introduced complimentary feeds appropriately by 6months. Up to 10.6% of respondents have experienced interrupted BF and 39.4% of them did not recommence breast feeding after a period of more than 3 days of interruption, as they believed it would be harmful to the child. Majority said they would continue to breast feed even after becoming pregnant while breastfeeding and 60.6% would practice tandem nursing if the need should arise.

**Conclusion:** Exclusive BF practice among the study subjects was low and misconception about recommencing BF after a period of interruption was high. There is need for more enlightenment campaigns on breastfeeding and factors that may influence its sustenance in our communities.

**Key words:** Attitude, Breast feeding, Breast milk, Practice, Sokoto

### **INTRODUCTION**

The world health organization (WHO) recommended exclusive breastfeeding from birth to 6 months of age, while continuing thereafter, but with addition of complimentary feeds appropriate for the growth and development of the child. [1,2,3] Human milk provides important nutritional and immunological boosts for as long as a child breastfeeds. The American

Academy of Paediatrics recommends a minimum of one year of breastfeeding whereas, the World Health Organization calls for two years or more. [3] Weaning before the age of 2 years has been found to raise a child's risk of illness. [4]

Over the years, breastfeeding babies has been the norm, with only a small number of infants not getting breast fed for a number of reasons. [5] Continued breast

feeding is feasible and desirable for both the mother and baby. Infants who stop breastfeeding early have adverse health and social consequences, as they are predisposed to upper respiratory or gastrointestinal tract infections as well as increased risk of severity if infection occurs. [6]

A number of cultural beliefs and misconceptions could discourage the sustenance of breastfeeding particularly following a period of temporary interruption. Therefore, understanding these cultural beliefs and misconceptions would help in providing appropriate counseling to the affected or at risk women. Interrupted BF is defined as a break in the continuity of the BF process ( $\geq 24$ hrs) due to inability to put baby to breast for feeding. [7] Breast feeding can be interrupted for a variety of reasons, some of which may be maternal or child's ill health. However, most acute minor maternal illnesses and infections are compatible with continued breastfeeding.

Most studies on breastfeeding focuses mainly on exclusive breast feeding practice within the first 6 months of life, [8-15] with little attention to subsequent BF and related issues after the first 6 months. As it is recommended by WHO, the continued breastfeeding after the first 6 months may be faced with a lot of challenges that may even lead to temporary interruption or complete premature cessation of the breastfeeding before the targeted period. Therefore, this study is aimed at identifying those factors as they may affect continued BF practice within the first 6 months and beyond. There is dearth of information on those factors that may affect breastfeeding practice in this region.

## MATERIALS AND METHODS

This study was carried out among mothers attending general Paediatric out-patient clinics in two major public Hospitals that provide tertiary and secondary levels of care (Teaching Hospital and Specialist Hospital respectively) in Sokoto metropolis.

Sokoto town is the state capital of Sokoto state, North-Western Nigeria. Its

inhabitants are mainly of Hausa and Fulani ethnicity. Farmers, business men, civil servants and artisans are well represented in the city.

It was a descriptive cross sectional study involving consecutive mothers attending Paediatric clinics of the selected Hospitals, who consented to the study. Non child bearing care givers were excluded from the study. Appropriate sample size was determined using a reported positive attitude to breast feeding in Nigeria. [8]

A semi structured interviewer administered questionnaire was used to record respondent's relevant data including demographic characteristics, parity, educational attainment, breast feeding practices and other perceptions on breastfeeding issues. Data was analyzed using SPSS version 20. Results were expressed as means with standard deviations for quantitative data and as tables, frequency and percentages for qualitative data. Ethical approval was obtained from the Hospitals involved.

## RESULTS

One hundred and thirty-two respondent mothers were interviewed; with a mean age and parity of  $30.3 \pm 7.7$  (range 18-56) years and  $4 \pm 2.7$  (range 1-12) deliveries respectively. Majority (78.8%) were Hausa by tribe, with only half of the respondents having secondary school education or higher as shown in table 1.

Table 1: Distribution of respondents by educational status

Educational level	Frequency (%)
No formal education	49 (37.1)
Only Primary education	16 (12.1)
Secondary level	25 (18.9)
Tertiary level	42 (31.8)
<b>Total</b>	<b>132 (100)</b>

Up to 94.0% of the respondents have breast fed all their babies but only 34.8% of those that breast fed practiced exclusive breastfeeding on their last child. Table 2 highlights the various reasons given for not practicing exclusive breastfeeding.

Only 44.0% of those that breast fed, introduced complimentary feeds

appropriately by 6months of age. The mean age at weaning off breast milk was 16.7±4.45 (range 2-24) months; with 13 - 18months of age being the most frequent age range for weaning; as depicted in table 3.

**Table 2: Reasons for not practicing exclusive breastfeeding**

Reason	Frequency (%)
Baby will be thirsty	43 (32.6)
Breast milk alone is inadequate	16 (12.1)
Baby cannot do without water	09 (6.8)
Limited time for working mother	24 (18.1)
Not used to it	17 (12.9)
No reason given	23 (17.4)
Total	132 (100%)

**Table 3: Age at weaning off from breast feeding**

Weaning age (mo)	No. of subjects (%)
1 – 6	06 (4.5)
7 – 12	11 (8.3)
13 – 18	60 (45.5)
19 – 24	55 (41.7)

Fourteen (10.6%) of the respondents had experienced interrupted breast feeding due to reasons such as maternal illness or breast problems mainly cracked nipples and/or mastitis (71.4%), child's ill health (14.3%) making the child unable to suckle, new maternal conception (14.3%) leading to early weaning in 52 (39.4%) of the respondents. Up to 12.1% of the early weaning was within 1 year of age, due to the unforeseen circumstances as highlighted.

Fifty-two (39.4%) of the respondents said they would not recommence breast feeding after a period of interruption of breastfeeding lasting up to 4 days and beyond; as they believed that the breast milk would be harmful to their child's health. The mean period of interruption of more than 3 days was considered long enough to make the breast milk 'unsafe' for consumption again by the baby. Some of the perceived consequences of recommencing such breast feeding on the baby includes chronic diarrhoea (47.0%), wasting syndrome (33.0%) or both (20.0%). None of the respondents employed manual expression of the breast milk as an alternative to maintain continuous milk flow before the reason for the interruption could resolve.

Majority of the respondents agreed to continue to breast feeding while pregnant for 2-4 months and up to 60.6% would practice tandem nursing if the need should arise. Misconceptions regarding breast feeding are found to be significantly more common (68.1%) among mothers with low educational attainment (secondary school or less,  $p < 0.01$ ).

## DISCUSSION

Breastfeeding is an important strategy for improving child health and nutrition, [10,16] hence this study determined attitudes and practice of breastfeeding among the mothers. Majority of the respondents were practicing breastfeeding, similar to most previous reports. [2,5,8-16] The rate of exclusive BF (for up to 6 months) of 34.8% was found to be low compared to some Nigerian reports, [11,14,17] but more than the 24% rate, reported by Alade et al. [12] and Chineke et al. [18] respectively from Southern Nigeria. This disparity may be attributable to socio-cultural differences between the regions/subjects.

Appropriate initiation of complimentary feeds and its maintenance after 6 months was observed in only 44.0% of our subjects. This finding of less than half of the respondents appropriately starting the complimentary feeds which is the foundation of child nutrition, [2] portends danger of early malnutrition in the infants as breast milk alone would not provide the nutritional demands of the growing infants after the first 6 months of life.

Majority of the children were weaned off breast milk by the age 18 (13-18) months. This is similar to the report by Mbada et al. [17] from the South-Western Nigeria where they reported a predominant weaning age of 12-18 months among their study subjects. Although the WHO recommended breastfeeding for up to 2 years (and beyond), only few mothers were able to do that. Some of the reasons identified revolve around cultural practices, socio-economic pressures/stress forcing mother's to be too busy to continue to

breastfeed, maternal exhaustion and early subsequent conception. Other workers [14,19] have also reported maternal stress and wrong advice/misconceptions to be responsible for weaning some children off breastfeeding.

Inadequate milk or lactation failure as a reason for early weaning was not reported in this study. However, 10.6% of the mothers in this study have attributed their inability to continue breastfeeding to be due to interruptions in breastfeeding process as a result of breast problems such as cracked nipple and mastitis as well as child's ill health (with inability to suckle) for more than 3 days, were the commonest identified reasons for the interruption in breastfeeding and subsequent, unintended early weaning.

Misconception about breast feeding issues was significantly related to low maternal education as reported by Bayissa et al. [15] in Ethiopia and Dehinde et al. [16] from North-Central Nigeria. Other factors that have been shown to affect appropriate BF practices include maternal educational level, [15,16] socio-economic status [8,12] and maternal employment. [15,16] The nature of maternal employment have been found to affect the quality of BF practice as reported by Agbo et al. [9]

In order to improve on continuing breastfeeding practice, situations such as child's ill health or separation can be addressed by improving the mother's knowledge on options of manual expression of breast milk and its safe storage for baby's use at a later time. This will minimize the risks of breast engorgement and will maintain breast milk flow until breastfeeding can resume.

## CONCLUSION

Exclusive breastfeeding practice and appropriate introduction of complimentary feeds was low among the respondents. Misconception about recommencing BF after temporary interruption was high and is significantly associated with maternal low educational attainment.

## Recommendation

More enlightenment campaigns on appropriate breastfeeding practices and related issues are critically necessary in order to enhance young infant nutrition as well as growth and development of our children. Mothers with breastfeeding difficulties need to be appropriately referred promptly to address their concerns.

**Conflict of interest:** No conflict of interest associated with this work

## REFERENCES

1. Shrimton R. Preventing low birth weight and reduction of child mortality. *Trans R Soc Trop Med Hyg* 2003;97(1):39-42
2. Okehialam T. Complimentary feeding: The foundation of child nutrition. *Journal of Child Health* 2007;1:1-22
3. World Health Organization (WHO): The global strategy for infant and young child feeding. Geneva: WHO 2003 [cited 2016 August 16]. Available from: <http://whqlib.doc.who.int/publications/2003>
4. Böhler E, Bergström S. Subsequent pregnancy affects morbidity of previous child. *J Biosoc Sci* 1995;27:431-42
5. Osman H, El Zein L and Wick L. Cultural beliefs that may discourage breast feeding among Lebanese women: a qualitative analysis. *International breast feeding Journal* 2009;4:4-12
6. AAP subcommittee on hyperbilirubinaemia. *Pediatrics* 2004;114:297-316
7. Keefe S. Interrupted breastfeeding: *Advance for Nurses* 2007;9(9):33
8. Mbada CE, Olowookere AE, Faronbi JO, Oyinlola-Aromolaran FC, Faremi FA, Ogundele AO et al. Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. *BMC Research Notes* 2013;6:552-9
9. Agbo HA, Envuladu EA, Adams HS, Inalegwu E, Okoh E, Agba a et al. Barriers and facilitators to the practice of exclusive breastfeeding among working class mothers: A study of female resident doctors in tertiary health institutions in Plateau State. *E3 Journal of Medical Research* 2013;2(1):0112-6

10. Augustine AO, Sunday LJ, Danesi RM. Social analysis of the benefit of exclusive breastfeeding among Muslim women in selected communities in Edo state, Nigeria. *American Journal of humanities and social sciences* 2015;3(3): 38-44
11. Okafor IP, Olatona FA, Olufemi OA. Breastfeeding practices of mothers of young children in Lagos, Nigeria. *Niger J Paed* 2014;41(1):43-7
12. Alade O, Titiloye MA, Oshiname FO, Arulogun OS. Exclusive breastfeeding and related antecedent factors among lactating mothers in a rural community in Southwest, Nigeria. *Int. J. Nurs. Midwifery* 2013;5(7): 132-8
13. Agho KE, Dibley MJ, Odiase JI, Ogbonmwan SM. Determinants of exclusive breastfeeding in Nigeria. *BMC Pregnancy and Childbirth* 2011;11:2 [cited 2017 February 8] Available from: <http://www.biomedcentral.com/2393/11/2>
14. Sholeye OO, Abosede OA, Salako AA. Exclusive breastfeeding and its associated factors among mothers in Shagamu, southwest Nigeria. *Journal of Health Science* 2015;5(2): 25-31
15. Bayissa ZB, Gelaw BK, Geletaw A, Abdella A, Chinasho B, Alemayehu A, et al. Knowledge and practice of mothers towards exclusive breastfeeding and its associated factors in Ambo woreda west shoa zone, Oromia region, Ethiopia. *Global Journal of Medical Research* 2015;17(2):19-25
16. Dehinde AM. Factors influencing breastfeeding practices among mothers in Lafia local government of Nassarawa state, Nigeria. *PAT* 2010;6(2): 126-38
17. Mbada CE, Olowokere AE, Faronbi JO, Faremi FA, Oginni MO, Oyinlola-Aromolaran FC et al. Breastfeeding profile and practice of Nigerian mothers: a cross sectional survey. *Int J Reprod Contracept Obstet Gynecol.* 2014; 3(4):969-76
18. Chineke HN, Iwu AC, Diwe KC, Duru CB, Uwake KA, Emmanuel EE et al. The practice of exclusive breastfeeding and its socio-demographic determinants amongst nursing mothers at a tertiary health care institution in South-East Nigeria. *Open Journal of Preventive Medicine* 2017;7:63-73
19. Palmer LF. Insufficient milk syndrome: A fallacy becomes a reality. The baby bond.com. July, 2008.

How to cite this article: Ahmad MM, Sani UM, Abolodje E et al. Mothers' attitude and practices on breast feeding in sokoto, north-western Nigeria. *Int J Health Sci Res.* 2017; 7(12):20-24.

\*\*\*\*\*