

# Factors Influencing Breast Feeding Initiation And Continuation Among Nursing Mothers In Nigeria: Evidence From Lagos State.

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**Abstract:** The study investigated factors influencing Exclusive Breastfeeding Initiation (EBFI) and Breastfeeding continuation (BFC) among women in Nigeria with special focus on Ojodu Lagos state. The multistage sampling was used to select 100 participants from the five health centres in the community for the study. The factors examined included socio-demographic and breastfeeding practice. Data for the study was gathered using structured questionnaire and analyzed using descriptive statistics and the logit regression model. Analysis was at  $p \leq 0.05$ . About 60% were less than 33 years of age and are mostly married (88%), are from the Yoruba ethnic group (84%) and largely Christians (77%). Most of the women already have 2-3 children (73%) thus they are expected to be aware of Exclusive Breastfeeding (EBF). Some 68% had more than secondary education and 74% are employed. Most of the respondents earn above ₦20,000 (<\$ 101) monthly. Prevalence of EBF is higher in the early age of the infant with 77% of the mothers initiating EBF when the infant is about a month old but only 28 percent still practice EBF at 6 months. Also, only 17% were willing to continue to breastfeed for 2 years according to WHO recommendation. Factors which increased EBFI were mode of delivery, frequency of antenatal visits, place of delivery, age of the index infant and family influence. Factors which decreased EBFI included maternal literacy level, ethnicity, income levels and need to resume full time job or school. The factors which increased BFC included maternal age, frequency of antenatal visits and place of delivery. Factors which decreased BFC included income levels and need to resume full time job or school. Creating more awareness and encouraging women adoption of exclusive breastfeeding especially in the first 6 months of the infant's life, should be encouraged

**Keywords:** Exclusive Breastfeeding Initiation, Breastfeeding continuation, logit model, Nigeria

## I. Introduction

Infant feeding behaviour had been and is still a subject for debate all over the world. Infants worldwide are either fed breast milk exclusively, complementary food exclusively, or a combination of both. Several studies have established the fact that human breast milk for human infant is superior to other types of milks for nourishment and total development of the infant [1, 2, 3]. Apart from the health and psychological benefits, breast feeding of infant offers economic benefit to nursing mothers [4]. Breastfeeding also protects breastfeeding mother from developing breast cancer, ovarian cancer and type-two diabetes. Tampah-Naah and Kumi-Kyereme [5] reported that human breast milk is the healthiest form of milk for human babies with few exceptions, such as when the mother is taking certain drugs or is infected with tuberculosis or HIV.

Global effort to encourage exclusive breast feeding initiation and continuity by WHO and UNICEF led to the launching of the Baby Friendly Hospital Initiative (BFHI) in 1991 [1] with recommendations for exclusive breast feeding for six months and continued breast feeding for at least two years. Despite this initiative, breast feeding has not reached the desired marks.

One major reason often posed for mothers not practicing exclusive breast feeding is the inability of the nursing mother to lactate sufficiently. Alade et al., [6] reported that there are many reasons a mother may not produce enough breast milk. Some of the most common are an improper latch (i.e. the baby does not connect efficiently with the nipple), not nursing or pumping enough to meet supply, certain medications (including estrogens-containing hormonal contraceptives), illness and dehydration. A rare reason is Sheehan's syndrome, also known as post-partum hypopituitarism, which is associated with prolactin deficiency. This syndrome may require hormone replacement. Malnutrition in nursing mothers may also inhibit milk production. Kong and Lee [7] posited that breast milk is produced under the influence of prolactin and oxytocin, women produce milk after child birth to feed the baby. The initial milk produced is often refers to as colostrums, which is high in immunoglobulin which coats the gastrointestinal tract. This helps to protect the new born until its own immune system is properly functioning and creates a mild laxative effect, expelling meconium and helping to prevent the build up of bilirubin (a contributory factor in jaundice).

Salami [1] has suggested that breast feeding initiation and continuation may be influenced by multiple factors (both personal and non-personal), including demographic, maternal depression, return to work or school and access or support from the health system. This study assessed the factors influencing initiation and continuation among nursing mothers in Ojodu community in Lagos state south west Nigeria. Also this study will

help describe the current rate of breastfeeding initiation continuation for six months among mothers in Ojodu community and to identify risk factors for early cessation of breastfeeding, defined as breastfeeding cessation prior to six months postpartum.

### **1.1 Review of Benefits of Breast feeding Initiation and Continuation**

Extensive researches using improved epidemiological methods and modern laboratory techniques document diverse and compelling advantages for infants, mothers, families, and society from breastfeeding as a source of infant feeding [3]. Nutrition and medical journals have added to the body of research that states simply and emphatically that breast milk's health and developmental benefits far surpasses any artificial infant formula [8].

There are numerous studies demonstrating breastfeeding's contribution to saving children's lives, for instance, an infant who is breastfed has a reduced risk of developing diarrhoea. Breastfeeding also helps protect infants against acute respiratory illnesses (ARI). A study in Peru shows that infants under six months of age who were not breastfed had a fourfold greater risk of developing acute respiratory infections compared with exclusively breastfed babies [9]. Other developmental benefits of breastfeeding are that, it enhances brain development and learning readiness. Breastfeeding protects babies from illness that can cause malnutrition, hearing problems and learning difficulties. Breast-milk's vitamin 'A' components reduces the risk of eye problems, growth failure, illness and death. Breastfeeding provides frequent interaction between mother and infants', fostering bonding, a sense of security, and stimulus to the baby's developing brain. A meta-analysis of 20 controlled studies showed that breastfeeding was associated with a 3.2 higher cognitive development score than formula feeding, after adjusting for key co-factors [10].

Breastfeeding benefits are not only limited to the child, mothers also benefit from breastfeeding as earlier stated. In the short term, breastfeeding increases oxytocin levels which also contribute to maternal-child bonding. The long term benefits of breastfeeding for women include lowering the risk of developing uterine cancer, osteoporosis, type-two diabetes, and breast cancer [9].

For the family and society as a whole, breastfeeding has some benefits. Breastfeeding delays the resumption of ovulation and the return of a woman's menstrual cycle, thus serving as the psychological basis of Lactational Amenorrhoea Method (LAM) for family planning. Studies have shown that the duration of lactational amenorrhoea (absence of a menstrual period due to breastfeeding) was strongly associated with the duration of breastfeeding [2]. In addition to its benefits in decreasing fertility, breastfeeding also contributes to improved child survival by increasing the interval between the births of children [4].

### **1.2 Infant Feeding In Nigeria**

In Nigeria, malnutrition is widespread. For example over 43% of all children less than five years of age are reported malnourished and 60% of all childhood deaths are reportedly due to malnutrition [1]. The current situation is still the same. Although the causes of malnutrition in Nigeria are many and complex, the immediate causes of malnutrition in the first two years of life have been traced to inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections.

Only about 17% of nursing mothers practice exclusive breastfeeding in the first 6 months of the life of infants [6, 11]. Exclusive breastfeeding rate decreased from 17% in 2003 to 13% in 2008 [12]. Rural and urban differentials have also been documented in the practice of exclusive breastfeeding as the practice was reportedly higher (41%) in the urban areas compared with 38% in the rural areas [6]. Over 50% of Nigerian infants are given complementary foods too early and they are often of poor nutritional value mostly inadequate in terms of energy, protein and micro nutrients such as iron, zinc, iodine, and vitamin A. The frequency of feeding is usually low, while the quantities given are less than that required for the ages of the children.

The BFHI initiated in 1991 is a global effort involving 160 countries, 95 of which are developing countries including Nigeria [13]. As earlier stated, BFHI is a project through which the practice of exclusive breastfeeding is being supported, promoted and protected [11]. The Nigerian government has earmarked six university teaching hospitals as BFHI centres in Benin, Enugu, Maiduguri, Lagos, Jos and Port Harcourt, with the objective of reducing infant malnutrition, morbidity and mortality, as well as promoting the health of mothers [1]. Since the inception of BFHI in 1991, a series of programmes, seminars, workshops and conferences aimed at promoting breastfeeding practices have been organized. The BFHI itself has proved to be an effective method of improving breastfeeding practices worldwide however, despite all these efforts, the practice of breastfeeding is still very far from the desired mark.

### **1.3 Factors Influencing Infants Feeding Behaviour**

Despite the benefits of breast feeding especially exclusive breastfeeding, the prevalence and duration globally is still lower than the recommended universal average. Globally, only 36% of infants below 6 months of age are exclusively breastfed [14]. The situation is worse in developing countries where it rarely exceeds 30% given

their greater risk of infection and its consequences [15]. The rate of exclusive breast feeding is low in Africa, especially in west and central Africa which is only 20%. Over the past 10 to 15 years exclusive breastfeeding rates have increased in the developing world as a whole and in many countries of Africa and Asia in particular, however, the progress has been slow, from 33% in 1995 to 37 % in 2008 in the developing world [16]. Different researches in different areas of the world showed as the practice of exclusive breast feeding is low and influenced by different factors.

Socioeconomic factors such as maternal age, level of education, income level and institutional support have been found to affect infants feeding practices [17]. Investigators have found a strong positive correlation between maternal age and educational level and breastfeeding initiation and duration [18, 6, 4]. Most young mothers are either still in school or working. Without adequate national and institutional policies supporting and facilitating nursing mothers' responsibility to breast feeding, which is the situation in most developing countries like Nigeria, such mothers tend to expose their children to supplements early [1]. Also, married women breastfeed their infants exclusively more often than single women [18]. Religion, culture and family influence plays a profound role on infant feeding practices in Africa [18]. Mothers are most likely to feed their infants in the same manner in which they themselves were fed and according to the norms and beliefs operational in her environment [19]. The role of the health care professional can be very critical in providing women with the information they need to make the decision on how to feed their babies [20].

Infant breast feeding can be a difficult experience especially to first time mothers, thus social support is very helpful. Lack of social support therefore, has emerged as a key constraining factor on infant breast feeding choices. The nexus between social support and breastfeeding initiation and duration has been supported and highlighted in previous studies [21, 22]. Furthermore, a woman may experience conflicting roles as a mother, wife and wage earner. Her infant feeding decision might be influenced by her partner's view. Women who feel unsupported by their partner with regard to their breastfeeding decisions are less likely to be successful in breastfeeding [7].

## **II. Research Methodology**

### **Study area and Description of Population**

This study was carried out in Ojodu community in Lagos state, Nigeria. Ojodu community houses culturally diversified people of different background. There are five health centres in the community. The location of the health centres are: Akiode, Aguda, Gbadamosi, Oke-Ira and Shogunro. The study population included women in the child bearing age of 18-45 years.

### **Sampling technique and Data collection**

The multi-stage sampling technique was used to select 100 participants from the five healthcare centres in the study area. Twenty women, who had previously nursed and currently expected to nurse a child, were purposively selected from each of the five health centres. A well structured questionnaire designed in line with study objectives was used to gather data from the respondents. Reliability analysis was applied to test the internal consistency of the questionnaire. Result of the analysis shows that the Cronbach's alpha value for the instrument was 0.88. Items of an instrument were considered to represent a measure of high internal consistency if the total Cronbach's alpha value was more than 0.7 [23, 24].

### **Method of data analysis**

Both descriptive and inferential statistics were employed in analyzing data collected in the study. Frequency tables were used to present results for the descriptive analysis while the logistic regression analysis was used to determine the factors influencing exclusive breastfeeding initiation and continuation. The dependent variables were respondents' decision for Exclusive Breastfeeding Initiation (EBFI) and Breastfeeding Continuation (BFC) (each coded as dummy). The explanatory variables included demographic, social and cultural variables such as mother's age, marital status, education, ethnicity, mode of delivery (normal or caesarean), frequency of antenatal visits, place of delivery (healthcare centre/hospital or home), infant's size at birth, infant's sex, income level (high or low), need to resume full time job/school, husband's/ family influence, mother's health status (poor i.e malnourished or disease condition or good) and perception of artificial milk. This method was deemed appropriate since binary logistic regression is a type of predictive model that can be used when the target or dependent variable is a categorical variable with two categories (dummy) [5]. All analyses were set at  $P \leq 0.05$ . Ethical clearance was obtained from the Ethical Review Committee, Federal Medical Centre Abeokuta, Ogun State and consent forms were filled by all participants.

### III. Result And Discussion

#### 3.1 Socio-demographic Characteristics of the Participants

Results in Table 1 shows that the majority of the respondents (60%) were less than 33 years of age and are mostly married (88%), are from the Yoruba ethnic group (84%) and largely Christians (77%).

**Table 1: Distribution of socio-demographic characteristics of the participants**

Variables	Frequency	Percentage (%)
Age		
18-25yrs	14	14
26-33yrs	46	46
34-41yrs	20	20
42 and above	20	20
Religion		
Christianity	77	77
Muslim	23	23
Tribe		
Yoruba	84	84
Hausa	6	6
Igbo	6	6
Others	4	4
Marital status		
Single	8	8
Married	88	88
Divorced/separated	4	4
Number of children:		
One	12	12
Two	37	37
Three	36	36
Four	10	10
Five and above	5	5
Educational background:		
Primary school	28	28
Secondary school	40	40
Tertiary	28	28
No educ	4	4
Employment status:		
Employed	74	74
unemployed	26	26
Presence of extended family at delivery:	82	82
*Monthly income level (₦)		
Less than 20,000	35	35
20,000-50,000	46	46
51,000 and above	19	19
†Infant age for prevalence of EBF (months):		
0-1	77	77
2-3	56	56
4-5	36	36
6	28	28
None	23	23
Duration of breastfeeding:		
<4 months	8	8
4-6 months	21	21
>6 months-1 year	54	54
1-2 years	17	17

\* \$1~N198; †weighted values

Source: Computed from field survey data (2014)

Most of the women already have 2-3 children (73%) thus they are expected to be aware of what Exclusive Breastfeeding (EBF) means based on previous experience with child nursing. Result for educational level shows relatively good educational level which majority (68%) having more than secondary school education. Education is expected to have positive impact on EBF practice provided there is sufficient health education and awareness creation through healthcare providers, print and electronic media [6]. The majority (74%) of the respondents are employed thus are expected to resume back to work at the expiration of their maternity leave which is usually two months after parturition. Some 82 percent of the respondents had extended relative (mostly the infants' grandmother) living with and attending to them during the active period of nursing their babies. The probability of such family member influencing maternal breastfeeding practice is high especially with young mothers. Most of the respondents earn above ₦20,000 (<\$ 101) monthly which is more than the national minimum wage. With this level of income, most of the women could afford to purchase baby formula.

Further results in Table 1 showed that the prevalence of EBF is higher in the early age of the infant with 77 percent of the mothers initiating EBF when the infant is about a month old only 28 percent still practicing EBF at 6 months. However, up to 54 percent of the respondents claimed to or were willing to continue with mixed breastfeeding after 6 months meaning that some 46 percent will subject their babies to absolute baby formula after 6 months. Only 17 percent were willing to continue to breastfeed for 2 years according to WHO recommendation.

Result of sources of information about breastfeeding practices is reported in Table 2. The result showed that the majority of the respondents received their education and information regarding breast feeding from the healthcare professionals.

**Table 2: major source of info about breastfeeding**

Sources	Frequency (n= 100)	Percentage (%)
Family/ Relatives	16	16
Healthcare professionals	75	75
Media / Advertisement	9	9

### 3.2 Determinants of respondents' the Participants

Results in Table 3 presents the factors found to influence respondents breastfeeding practices especially for Exclusive Breastfeeding Initiation (EBFI) and Breastfeeding Continuation (BFC). The factors which positively and significantly influenced EBFI included mode of delivery, frequency of antenatal visits, place of delivery, age of the index infant and family influence. Factors which negatively and significantly influenced EBFI included maternal literacy level, ethnicity, income levels and need to resume full time job or school. The factors which positively and significantly influenced BFC included maternal age, frequency of antenatal visits and place of delivery. Factors which negatively and significantly influenced BFC included income levels and need to resume full time job or school.

Based on the result, older women have greater probability to continuation of breast feeding. Majority of respondents are relatively young (Table 1) and belong to active work force and may have a challenge combining the burden of working practically all day and breast feeding. Higher maternal education level was found to be associated with lower rate of EBFI.

**Table 3: Logit Model: Determinants of respondents' decision for EBFI and BFC**

Variables	EBFI	BFC
Constant	0.26 (1.451)	<b>0.46 (1.407)</b>
Mother's age (yrs)	0.16 (0.98)	<b>0.72* (2.15)</b>
Marital Status (dummy): Married = 1; Single = 0	0.58 (0.57)	<b>0.50 (0.42)</b>
Educational level (yrs)	-0.14** (2.39)	<b>0.76 (0.21)</b>
Ethnicity (dummy): Yoruba = 1; Non-Yoruba= 0	-0.49* (2.17)	<b>0.25 (0.32)</b>
Mode of delivery (dummy): Normal = 1; Caesarean =0	0.067* (2.22)	<b>0.28(0.35)</b>
Frequency of antenatal visits	0.748** (2.916)	<b>0.72* (2.62)</b>
place of delivery (dummy): healthcare centre =1; home =0	0.139** (2.93)	<b>0.53** (2.82)</b>
infant's size at birth (Kg)	0.734 (1.449)	<b>0.15 (0.32)</b>
infant's sex (dummy): male = 1; female =0	0.25 (0.12)	<b>0.89(0.22)</b>
infant's age (Months)	1.89** (2.71)	<b>0.17 (0.62)</b>
income level (₦)	-0.044 (1.12)	<b>-0.22** (2.64)</b>
need to resume full time job/school (dummy): Yes = 1; No=0	-0.18* (1.99)	<b>-0.14* (1.98)</b>
husband's/ family influence (Dummy): Yes = 1; No=0	0.38** (3.25)	<b>0.064** (3.12)</b>
mother's health status (dummy): Good = 1; Poor = 0	0.53 (0.74)	<b>0.25 (0.77)</b>
perception of artificial milk (dummy): Good = 1; Poor = 0	0.18 (0.93)	<b>0.14 (0.98)</b>
Log-Likelihood	-265.48**	-216.01**
Chi-square	138.195**	98.307**
Pseudo R <sup>2</sup>	0.404	0.546

Number of observation =100; Figures in parenthesis are t-ratios of the coefficients.

\*\* Significant at 1%; \*Significant at 5%

Source: Computed from field survey data (2014)

This might be explained by the fact that when women are better educated, the opportunity for employment is eminent and thus the opportunity to stay at home and practice EBF is compromised. At the same time, women may be influenced by media advertising milk substitutes. The educational level of respondents is relatively high and although the vast majority of women do breast feed their children for a short time, they often

cease breast-feeding exclusively too early for the aforementioned reasons (see Table 1). The a priori expectation was that maternal education should have a positive and significant relationship with both EBFI and BFC as a result of the WHO- UNICEF initiative as experienced in developing countries [25]. Also, improved maternal education is expected to enhance mothers' understanding and appreciation of the demands and benefits of EBF [20, 26, 27], and empowers them to resist external interferences and pressures, however, the study showed negative relationship between mothers' education and EBFI. Bick et al. [28] made it clear that working mothers are less likely to maintain breastfeeding. It follows therefore that, educated mothers are mostly employed and are more likely to mixed feed than exclusively breastfeed in the first six months of their child's life. This calls for a review of the impact the program and possible initiation of corroborative intervention programs.

The Yoruba culture believes that babies need herbs for strength and water for thirst thus the use of herb brew and water along with breast milk is considered ideal. Therefore, for most Yoruba mothers who are culturally oriented, the probability that they will not practice exclusive breast feeding exists. In a study on cultural factors and the promotion of exclusive breastfeeding among Yorubas in rural communities, concluded that exclusive breastfeeding totally lacked credibility among the locals, with even health workers not believing that it was possible or feasible [17]. Therefore promotion of optimal breastfeeding practices, including exclusive breastfeeding, cannot be successful if the cultural barrier is not adequately addressed. Also, the presence and guidance of relatives at time of birth was found to increase EBFI and BFC among the respondents.

The study found out that mothers who delivered at the healthcare facility and hospital had a higher probability to practice exclusive breastfeeding compared to mothers who delivered at home, or a private health facility. Their decision BFC is also enhanced. In addition, the women who were dedicated to the frequency of antenatal visits had positive disposition to EBFI and BFC. Place of delivery and attendance of antenatal has been found in a number of studies to be associated with exclusive breastfeeding [19, 21, 22]. Black et al. [29] also emphasized the enormous role health workers play in shaping infant feeding practices of mothers. Descriptive results showed that most of the respondents received information regarding breastfeeding from healthcare providers (Table 2)

Decision to practice EBFI is higher in mothers who give birth to their children through normal birth. Children born by caesarean usually have difficulties sucking thus encouraging mothers to supplement breast milk with formula food [30]. As the age of the child increases the rate of EBF decreased significantly which is again in conformity with some previous studies [31, 32, 33]. This could be probably due to short birth spacing and other economic factors. It can also be attributed to the fact that post partum care traditionally is given in the first few months when mothers are confined at home, creating an opportunity to exclusively breastfeed their child.

Both increasing income level and the need to resume full time jobs decreased general breast feeding practices among study group. Practicing exclusive breastfeeding may be perceived as being non-compatible with working outside of the home, thus creating an economical barrier. This includes mothers working both in the formal and informal sector [34]. Descriptive results showed that most of the respondents are employed and earn above national minimum wage (Table 1)

#### **IV. Conclusions And Recommendations**

This study assessed the investigated the factors influencing breastfeeding initiation and continuation among selected women in Lagos state Nigeria. Based on the findings of the study, the following recommendations have been suggested for policy action:

- Corroborative intervention programme initiatives, directed at creating more awareness and encouraging women adoption of exclusive breastfeeding especially in the first 6 months of the infant's life, should be encouraged
- Government and institutional policies compatible with the encouragement of working nursing mothers to practice wholesome breastfeeding should be put in place.
- Due to the enormous impact of healthcare workers in breastfeeding initiation and continuation, the use of primary healthcare facilities to promote the Baby Friendly Hospital Initiative (BFHI) should be intensified. Furthermore, women use of the primary healthcare centres for both antenatal and delivery should be encouraged.

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