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Attitudes and Perception of Nursing Mothers towards Exclusive Breastfeeding in the Federal Capital Territory (FCT)

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Abstract

Breastfeeding is one of the oldest practices known to mankind because the breastmilk contains the essential fats, proteins, carbohydrates, and immunological factors needed for infants to thrive. This study assessed the attitude and perception of nursing mothers towards exclusive breastfeeding. An evaluation was conducted to assess the attitude and perception using a qualitative research method which involved 401 nursing mothers in the Federal Capital Territory (FCT) who were selected randomly to answer questionnaires regarding their knowledge and practice of exclusive breastfeeding. The data was analysed using the chi-square test. The result was presented using frequency tables and charts, the chi-square was used to test for hypotheses between variables. 344 of 401 respondents (85.7%) have a good understanding of exclusive breastfeeding. 280 of 401 respondents (69.8%) practice

exclusive breastfeeding, 167 of 401 respondents (41.64%) were informed about exclusive breastfeeding from healthcare practitioners and 121 of 401 respondents (30.17%) heard about it from family members. From this study, we derived that the level of education, marital status, income level and religious beliefs have no significant effect on exclusive breastfeeding. This study highlighted that majority of the respondents have knowledge of exclusive breastfeeding and practice it. It is necessary to provide lactation services especially to new mothers during the antenatal and postnatal care, fathers should be made aware of the benefits of exclusive breastfeeding and the importance of supporting the nursing mothers by feeding them healthy meals which would help nourish both the mother and infant. Exclusive breastfeeding is recommended for the first six months of a child's life.

Keywords: Attitudes, Perception, Nursing Mothers, Exclusive Breastfeeding

1. Introduction

The United Nations Children's Fund (UNICEF) and World Health Organization (WHO) recommends exclusive breastfeeding (EBF) in the first six months of life, i.e., not feeding infants anything except from breast milk for the first six months of life (Wasti *et al.*, 2023) ^[8]. Breastfeeding not only triggers the release of beneficial hormones in the mother's body, but it also fosters a strong maternal bond. Research indicates that infants excessively breastfed for 6 months and those with longer overall breastfeeding duration have a reduced risk of future infection, cancers, obesity and even diabetes (Okafor *et al.*, 2014) ^[7]. For almost all infants, breastfeeding remains the healthiest, least expensive and simplest feeding method that fulfils the infant's needs (Okafor *et al.*, 2014) ^[7]. It contains the essential fats, proteins, carbohydrates, and immunological factors needed for infants to thrive and resist infection in the formative first year of life. It has been estimated that exclusive breastfeeding (EBF) reduces infant mortality rates by up to 13% in low-income countries. A large cohort study undertaken in rural Ghana concluded that if all infants were put to breast within the first hour of birth, 22% of neonatal deaths could be prevented. (Agho *et al.*, 2012). Up to 90% of pregnant women before delivery and sometimes even before conception (in 30–50% of women) have made the decision whether to breastfeed or not to continue breastfeeding is made early in the breastfeeding process, and therefore, it is very important to determine which factors may influence breastfeeding during the first month to provide adequate support. The reasons for unsuccessful breastfeeding and early termination are important concerns (Gerd *et al.*, 2012) ^[4]. This research aims at evaluating the attitudes and perspective of nursing mothers living in the federal capital territory

towards exclusive breastfeeding, to understand the extent of their enlightenment and find out factors that can hinder their practice of exclusive breastfeeding. Unlike earlier research that suggests that maternal education hinders successful breastfeeding in developing countries, Ojofeitimi *et al.* (2000) [6] carried out a study which demonstrated that a higher level of education is associated with a greater acceptance of exclusive breastfeeding. It can be concluded that nursing mothers in designated baby-friendly hospital initiative (BFHI) centres are playing a pioneering role in promoting EBF. This study by Gerd *et al.*, (2012) [4], noted that the parental educational programmes and the information offered need to be tailored from a parental perspective, addressing what really concerns the mother by giving evidence-based practical advice such as addressing basics of position at the breast, preparing the mothers to cope with breastfeeding problems. Many women report that their experience of antenatal education in relation to breastfeeding is not sufficient therefore is it necessary that quality antenatal breastfeeding education is associated with a longer breastfeeding duration (Brown, 2023) [2].

2. Materials and Methods

The study employed a cross-sectional correlational design and a descriptive survey design to assess the attitudes and perspectives of nursing mothers towards exclusive breastfeeding in the Federal Capital Territory (FCT), Abuja. The study area carved out for this study is the Federal Capital Territory (FCT), Abuja. The city is in the North Central part of Nigeria, which has six (6) area councils: Abaji, Abuja Municipal Area Council (AMAC), Bwari, Kuje, Kwali, and Gwagwalada. The population consists of families, students, workers, and professionals from different communities and sectors, contributing to this very diverse community. Studying this population provided insights into the dynamics of urban life in the context of social interactions, healthcare, and various cultural practices. A stratified random sampling technique was used to choose the sample respondents. Since the study adopted the questionnaire format, the respondents were selected randomly, and the questions were given to them accordingly. Primary data was used in this study, utilizing a well-structured questionnaire containing questions to gather accurate information about the attitudes and perceptions of nursing mothers towards exclusive breastfeeding. Similarly, questions about the impact of breastfeeding and factors impeding it were asked. The questionnaire included both open-ended and closed-ended questions to collect accurate and reliable data from the respondents. The sample size was calculated using the Leslie-Kish formula. The researcher employed descriptive statistics to analyse the survey data, such as simple percentages, and the research hypothesis was tested at the 0.05 significance level using the chi-square test. Ethical clearance was obtained from the Federal Capital Territory Health Research Ethics Committee, Abuja. To maintain confidentiality, study participants were requested to provide written informed consent and their data was not requested. Respondents were required to voluntarily affirm their consent and willingness to provide necessary responses to questions, with the assurance of complete confidentiality of the responses provided and the freedom to opt out without penalty.

3. Results

Test for hypotheses

Hypothesis One (H01)

H01: Hypothesis (H01): Education has no effect on the perception of exclusive breastfeeding in the FCT.

Table 1: Generation of observed and expected outcomes

Area Council	Observed outcome	Expected outcome	No of questionnaires shared
AMAC	89	82	102
Kuje	55	49	61
Abaji	39	40	50
Bwari	45	47	59
Gwagwalada	49	48	60
Kwali	44	55	69
Total	321	321	401

Degree of freedom, $df = (r - 1)$

Where $r =$ Number of rows

$df = (6 - 1)$

$df = 5$

Level of significance = 5%

The critical value of X^2 at 5% significance level and degrees of freedom is $5 = 11.07$

$$X^2_c = \frac{(O - E)^2}{E}$$

Where; $O =$ Observed outcome

$E =$ Expected outcome

$$= \frac{(89 - 82)^2}{82} + \frac{(55 - 49)^2}{49} + \frac{(39 - 40)^2}{40} + \frac{(45 - 47)^2}{47} + \frac{(49 - 48)^2}{48} + \frac{(44 - 55)^2}{55}$$

$X^2_t = 3.67$

Conclusion: The critical value of X^2_c at 5% significance level and degrees of freedom is 11.07 which was higher than the X^2_t is 3.67 which shows no significance in the relationship between education and perception of nursing mothers towards exclusive breastfeeding

Hypothesis Two (H02)

H02: Hypothesis (H02): Marital status has no effect on exclusive breastfeeding in the FCT.

Table 2: Generation of observed and expected outcomes

Area Council	Observed outcome	Expected outcome	No of questionnaires shared
AMAC	99	83	102
Kuje	47	50	61
Abaji	43	41	50
Bwari	44	48	59
Gwagwalada	48	49	60
Kwali	46	56	69
Total	327	327	401

Degree of freedom, $df = (r - 1)$

Where $r =$ Number of rows

$df = (6 - 1)$

$df = 5$

Level of significance = 5%

The critical value of X^2 at 5% significance level and degrees of freedom is 5 = 11.07

$$X^2 = \frac{(O - E)^2}{E}$$

Where; O = Observed outcome
E = Expected outcome

$$= \frac{(99 - 83)^2}{83} + \frac{(47 - 50)^2}{50} + \frac{(43 - 41)^2}{41} + \frac{(44 - 48)^2}{48} + \frac{(48 - 49)^2}{49} + \frac{(46 - 56)^2}{56}$$

$$= 5.19$$

Result: 5.19 < 11.07

Conclusion: Based on the decision rule, we fail to reject our null hypothesis and reject the alternate hypothesis. This means that the marital status has no significant effect on exclusive breastfeeding in FCT, Abuja.

Hypothesis Three

H03: Income level has no influence on exclusive breastfeeding practices in the FCT.

Table 3: Generated observed and expected outcome

Area Council	Observed outcome	Expected outcome	No of questionnaires shared
AMAC	88	85	102
Kuje	56	51	61
Abaji	43	42	50
Bwari	46	49	59
Gwagwalada	53	50	60
Kwali	49	58	69
TOTAL	335	335	401

Degree of freedom, df = (r - 1)

Where r = Number of rows

$$df = (6 - 1)$$

$$df = 5$$

Level of significance = 5%

The critical value of X^2 at 5% significance level and degrees of freedom is 5 = 11.07

$$X^2 = \frac{(O - E)^2}{E}$$

Where; O = Observed outcome
E = Expected outcome

$$= \frac{(88 - 85)^2}{85} + \frac{(56 - 51)^2}{51} + \frac{(43 - 42)^2}{42} + \frac{(46 - 49)^2}{49} + \frac{(53 - 50)^2}{50} + \frac{(49 - 58)^2}{58}$$

$$= 3.27$$

Result: 3.27 < 11.07

Conclusion: Based on the decision rule, we fail to reject our null hypothesis and reject the alternate hypothesis. This means that the income level of nursing mothers has no significant effect on exclusive breastfeeding in FCT, Abuja.

Hypothesis Four

H04: Religious beliefs have no influence of exclusive breastfeeding in the FCT.

Table 4: Generated observed and expected outcome

Area Council	Observed outcome	Expected outcome	No of questionnaires shared
AMAC	85	80	102
Kuje	46	48	61
Abaji	41	39	50
Bwari	43	46	59
Gwagwalada	50	47	60
Kwali	49	54	69
Total	314	314	401

Degree of freedom, df = (r - 1)

Where r = Number of rows

$$df = (6 - 1)$$

$$df = 5$$

Level of significance = 5%

The critical value of X^2 at 5% significance level and degrees of freedom is 5 = 11.07

$$X^2 = \frac{(O - E)^2}{E}$$

Where; O = Observed outcome

E = Expected outcome

$$= \frac{(85 - 80)^2}{80} + \frac{(46 - 48)^2}{48} + \frac{(41 - 39)^2}{39} + \frac{(43 - 46)^2}{46} + \frac{(50 - 47)^2}{47} + \frac{(49 - 54)^2}{54}$$

$$= 3.27$$

Result: 0.79 < 11.07

Conclusion: Based on the decision rule, we fail to reject our null hypothesis and reject the alternate hypothesis. This means that the religious beliefs have no significant effect on exclusive breastfeeding in FCT, Abuja.

4. Discussion

This current study where some of the respondents expressed concerns related to lack of support from healthcare professionals (18.17%) and inaccessibility to lactational support services (68.25%) which should be provided by the government agrees with the study by Li *et al* (2012) which says that insufficient government support for post-partum medical care, the lack of medical resources, outdated medical equipment, and inadequate medical support. The mothers especially the first timers need constant support and education to guide them through the process. 30.17% of the respondents who did not practice exclusive breastfeeding could have been due to lack of support.

Exclusive breastfeeding promotes psychomotor development and mental health (Couto *et al.*, 2012). From the open-ended questions asked on the reasons why the mothers practiced exclusive breastfeeding, quite a number of them stated it was to ‘boost the child’s brain’ which means they agree with this study by Couto *et al.*, (2012). As observed in the tables 1,2,3 and 4 above, there was no significant effect of factors like income, education level, marital status and religious beliefs on the knowledge and practice of exclusive breastfeeding among the nursing mothers. This study shows that majority of the respondents are young mothers aged between 18-29 years (36.6%) which is in line with the study done by Okafor *et al.*, (2014)^[7] which says that “EBF was easier and came naturally to

younger mothers rather than the older ones". The number of mothers practicing EBF (69.8%) is considerably high which could be due to the age of the mothers.

A high percentage of respondents had heard about exclusive breastfeeding (85.70%) and many of them practice it (69.8%), when asked about their source of information 41.64% stated that it was from healthcare professionals which shows that the Baby-Friendly Hospital Initiative (BFHI) established by the Nigerian government as reported by Agho *et al.*, (2012) has been beneficial in improving the awareness of exclusive breastfeeding among nursing mothers the BFHI had the aim of providing mothers and their infants a supportive environment for breastfeeding and to promote appropriate breastfeeding practices which I believe is being established properly in the FCT.

5. Conclusion

The study concluded that this research has found no significance in the income, education level, religious beliefs, and marital status in respect to the practice of exclusive breastfeeding in the Federal Capital Territory. Although, there is need for significant improvement in the awareness of this practice. The respondents in this survey are majorly aware of the benefits and have made their challenges known which are; improvement in the support from workplace by including day-cares in the plan for mothers to be able to bring their children so they can be breast fed. Partners need to do more by helping around the house which will help the mothers have more free time to practice exclusive breastfeeding.

6. Recommendations

It is necessary to increase the provision of lactation services especially to first time mothers who may not know how to properly breastfeed their children. Increasing the awareness and enlightenment would go a long way especially by including the fathers. Health practitioners should recommend meal plans and diets to help nursing mothers provide balanced meals that will keep them and their babies strong. Partners should be educated on the importance of supporting nursing mothers. Nursing mothers should be encouraged to ask questions. Public breastfeeding should be normalized, or the government provide safe places where mothers can breastfeed while on transit.

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9. Conflicting Interest

No conflict of interest.

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