Research & Development
2022; 3(1): 1-5
http://www.sciencepublishinggroup.com/j/rd
doi: 10.11648/j.rd.20220301.11

Exclusive and Early Initiation of Breastfeeding in Lagos Nigeria

Lilian Ogochukwu Ezechi*, Victoria Omonigho Otobo

Department of Home Economics, School of Vocational Education, Federal College of Education (Technical), Lagos, Nigeria

Email address:
lilyver2002@yahoo.com (L. O. Ezechi), vicotobo@yahoo.com (V. O. Otobo)
*Corresponding author

To cite this article:
Lilian Ogochukwu Ezechi, Victoria Omonigho Otobo. Exclusive and Early Initiation of Breastfeeding in Lagos Nigeria. *Research & Development*. Vol. 3, No. 1, 2022, pp. 1-5. doi: 10.11648/j.rd.20220301.11

Received: November 28, 2021; **Accepted**: December 20, 2021; **Published**: January 8, 2022

Abstract: Exclusive and early initiation of breastfeeding is reported to be decreasing globally, because of the changing role of women and the emergence of HIV/AIDs. Unfortunately, the current breastfeeding practices and challenges in these communities remain largely unknown. The aim of this study is to assess the breastfeeding practices of mothers in Lagos state. This is a cross-sectional community-based study in Lagos. Six hundred mothers were interviewed, using a structured questionnaire adapted from previous studies. The questionnaire was pretested before the main study. Data was managed with SPSS version 19.0. The knowledge of breastfeeding was adjudged adequate in 347 (57.8%) mothers. While 89.5% of mothers breastfed their babies for 3 to 26 months, the remaining 10.5% for because of maternal illness. Only 23.5% of mothers breastfed exclusively for 6 months. Mothers breast not producing enough milk (61.5%) and mother working (30.0%) were the reasons for not breastfeeding exclusively. Breastfeeding was initiated within 1 hour of delivery in 47.1% of mothers. Mothers breast not producing milk (61.5%) was the commonest reason for late initiation of breastfeeding. Plain pap (34.8%) and pap with milk (25.2%) were the common weaning food among the mothers. Respondent's knowledge of breastfeeding was average and their attitude poor. Non production of enough breast milk by mother, maternal work and maternal illness were the major barriers to effective breastfeeding practice. Intensification of public education on breastfeeding, provision of alternatives in the context of maternal illness and baby friendly workplace are recommended.

Keywords: Exclusive Breastfeeding, Practices, Early Initiation of Breastfeeding

1. Introduction

Breastfeeding practice is reported to be decreasing globally, because of the changing role of women and the emergence of HIV/AIDs [1]. However, the breastfeeding practices and challenges in low-income communities that requires high breastfeeding rate to reduce the high infant mortality remain largely unknown.

It is a universal knowledge that breast milk is the best and complete food for infants as it fulfills their specific nutritional needs. Breast milk is important for infants, it contains the essential nutrients, vitamins, and minerals that the infant needs during its first six months of life. The breast milks contain antibodies from the infant's mother [2]. Breast feeding is beneficial to both the mother and her infant as it also offers an important opportunity for the pair to bond [3]. The breast milk conforms to the infant's needs and its essential function. Breast feeding contributes largely to the health and wellbeing of the mother; it helps to space children, reduces the risk of ovarian and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment [4]. Another benefit is that it is cost effective [5]. It is essential for the health and survival of majority of children in the developing countries [6].

The provision of mother's breast milk to infants within one hour of birth is said to be early initiation of breast feeding [7]. This ensures the infant receives the colostrum or first milk, which is rich in protective factors. Early initiation of breast feeding is widely regarded as an important intervention that reduces neonatal, infant, and child mortality and remains a basic for child survival strategies.

There are many hindrances to breastfeeding such are: ethnic

and cultural, gender issues, lack of education, family income and occupation [8]. In many developing countries, mothers usually reckon on family, religious or cultural traditions to guide their own practices [9].

Studies have identified various challenges of early initiation of breast feeding such as inadequate knowledge of the health benefits of breast feeding, maternal and child health attributes (like maternal status, economic status, and child's age) which impacts the practices of breast feeding [10]. A study in Southern Zambia found that a man's positive and negative attitudes towards breast feeding can easily influence a woman's breast-feeding behavior [11]. Cultural beliefs have a significant influence on breast feeding practices, some of which may be harmful to infants and young children in their early lives [12]. Infant feeding practices are also associated with the ethnic and cultural background and beliefs of the mother [12].

In other to support and encourage breastfeeding especially in low-income countries where it is essential for infant survival, the World Health Organization (WHO) recommended a set of guidelines for infant feeding. First, breastfeeding should be initiated immediately after childbirth. Second, infants should receive only breast milk in the first 6 months of life. During this period, no other foods or liquids are recommended except prescribed medicines. Third, starting at age 6 months, adequate and appropriate supplementary foods should be added to the infant's diet to provide sufficient nutrients for optimal growth. Fourth, breastfeeding should continue, in combination with supplementary foods, up to the second birthday or beyond [13]. It is therefore important to conduct studies that will assess the knowledge, attitude and practice of recently delivered mothers in our setting to breast feeding.

2. Material and Methods

2.1. Study Design

A cross-sectional health facility-based study design to assess the breastfeeding practices of mothers in Lagos state, Nigeria.

2.2. Sample Size and Sampling Technique

A convenient sample of 600 respondents was utilized for this study. A multistage random sampling technique was used to select participants interviewed in the study. The first unit of selection was the local government areas in each of the three senatorial zones. One urban and one rural local government area in each of the senatorial zones were selected by random sampling method. In each of the six local government areas selected, two public health facilities were randomly selected.

2.3. Participants Selection

The participants in this study were 50 mothers purposively selected in each of the public health facilities (after an informed consent. In all a total of 600 participants were interviewed with the questionnaire design for the study.

2.4. Study Instrumentation

A structured questionnaire adapted from previous studies was used to elicit information from the participants on their breastfeeding practices. The questionnaire was in English, and the researcher was available during distribution of the instrument to explain any difficult question concerning the questionnaire to the participants. The questionnaire was pretested before the study. The participants were asked to answer the questions after introducing the goals of the study and its objectives. The study information document was distributed to the participants before data collection to enable them to understand the objective of the study and their responsibilities in the study. It also assured them of the confidentiality of their opinions. Participants thereafter signed an informed consent.

The questionnaire comprised of five sections (A, B, C, D, and E). Section (A) has fifteen questions on sociodemographic characteristics. Section (B) contains fourteen questions about breastfeeding knowledge. The questions pertain to the mother's knowledge about breastfeeding. Section (C) Assess the attitude of the mothers to breastfeeding. Section (D) contains twelve questions that assessed the mothers' infant feeding practices. Section (E) contains eight questions to assess the challenges faced by these women during infant feeding.

2.5. Data Management

Information obtained were coded and entered in the computer using SPSS version 19. Frequencies of all variables were determined and presented in appropriate tables with explanations. Sociodemographic variables, breastfeeding knowledge, attitude and practices were described using descriptive statistics. Test of significance between proportions was assessed using Chi-square or student t test as appropriate. A p value of less than 0.05 was considered significant.

3. Results

3.1. Demographic Characteristics of Mothers

The demographic characteristics of the respondents in the study are shown in table 1. The mean age of the mothers was 32.1 ± 3.6 years with range 16 - 51 years. Majority of the respondents were within the age group 20-39 (495:82.5%). The median number of children by the mothers in the study is three, with majority having between 2 and 4 children (517:86.2%). Most of the mothers were married (516:86.0%), had a secondary education (305:50.8%), working (51.1%), belong to the Christian faith (443 :73.8%) and has less than 50 United States Dollars as monthly family upkeep (368:61.3%). Majority of the mothers belong to either Yoruba (250:41.7%) or Igbo (163:27.2%) ethnic groups.

3.2. Knowledge of Breastfeeding

The distribution of the breastfeeding knowledge of the recently delivered mothers is shown in figure 1. Of the 600

mothers interviewed in the study, 347 (57.8%) had adequate knowledge while remaining 253 (42.2%) mothers had inadequate knowledge of breastfeeding. Majority of the mothers do not know that breastfeeding should commence within an hour of delivery (59.8%) and that a baby should not receive pre lacteal feeds (78.3%). Only 40.9% of respondent known that breastfeeding should continue for up to 2 years or more.

Respondents' educational status, marital status, and the occupation were significantly associated with adequate knowledge about breastfeeding ($p<0.05$).

Table 1. *Sociodemographic Characteristics of the Mothers in the Study.*

Characteristics	Number of Mothers (%)
Age (years)	
Less than 20	37 (6.2)
20 – 39	495 (82.5)
40 – 59	68 (11.3)
Educational status attained	
Less than secondary education	127 (21.2)
Secondary	305 (50.8)
Tertiary	168 (28.0)
Marital status	
Not married	73 (12.2)
Married	516 (86.0)
Widow	11 (1.8)
Number of Children	
1	58 (9.7)
2 – 4	517 (86.2)
≥ 5	25 (4.2)
Occupation	
Not working	293 (48.9)
Working	307 (51.1)
Religion	
Islam	111 (18.5)
Christianity	443 (73.8)
African Traditional Religion	31 (5.2)
Others	15 (2.5)
Ethnic group	
Yoruba	250 (41.7)
Igbo	163 27.2)
Hausa/Fulani	31 (5.2)
Other Nigerian ethnic groups	134 (22.3)
Non-Nigerians	22 (3.7)
Monthly family upkeep (USD)	
0 – 49	368 (61.3)
50 – 99	193 (32.2)
≥100	39 (6.5)

3.3. Attitudes Towards Breastfeeding

More than three quarters of the respondents (69.5%) in the study scored less than 70 in the Infant Feeding Attitude scale indicating less favourable attitude to breastfeeding compared to only 30.5% that had scores of 70 and above suggesting favourable attitude to breastfeeding. Over 65% of mothers disagreed to the statement that breastfed babies are healthier than formula fed babies. 58.9% of the mothers were neutral to the statement that mothers who formula fed miss one of the joys of motherhood. Attitudes less favourable to breastfeeding included formula feeding is as healthy for infant as breastmilk (53.6%), and formula feeding is a better choice for working mothers (78.2%). Over 50% of the mothers would feel embarrassed to be seen breastfeeding and more than 65% would avoid breastfeeding in public. Majority of the mothers (60.8%) believed that there were no supportive public facilities that support breastfeeding.

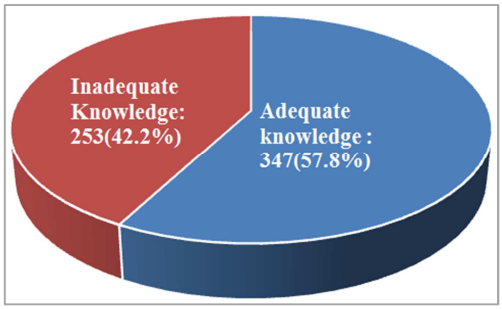

Figure 1. *Breastfeeding Knowledge of Recently Delivered Mothers in the Study.*

3.4. Practice of Breastfeeding

Almost ninety percent (537:89.5%) of the women practiced breastfeeding. The prevalence of exclusive breastfeeding and early breastfeeding initiation were (141:23.5%) and (283:47.1%) respectively. Most of the mothers gave the newborn colostrum (480; 80.0%). The reasons for not initiating breastfeeding within one hour are shown in table 2, with breast not producing enough milk (195:61.5%), and colostrum not good for baby (97:30.6%) as the commonest reasons. Among the 459 mothers who did not breastfeed their babies exclusively, breast not producing enough milk (303: 66.0%) and mother working (140:30.0%) were the common reasons. Other reasons are shown in table 3. Plain pap (34.8%) and pap with milk (25.2%) were the common weaning food among the respondents.

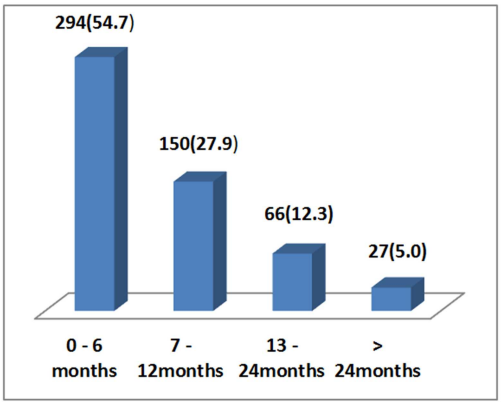

Figure 2. *Distribution of the Duration of Breastfeeding among 537 Mothers that Breastfed in the Study.*

Table 2. *Reason (s) for not practicing early Initiation of Breastfeeding among the Mothers in the Study.*

Reasons	Number of Mothers (%)
Breastmilk not enough	195 (61.5)
Maternal and child Illness	89 (28.1)
Colostrum not good for baby	97 (30.6)
I have no reason	7 (2.2)

∗Total greater than 100% because of multiple response.

Table 3. *Reason (s) for not practicing Exclusive Breastfeeding in the Study.*

Reasons	Number of Mothers (%)
Breastmilk not enough	303 (66.0)
I am a working mother	140 (30.0)
I am a student	32 (7.0)
Constant crying by baby	31 (6.8)
Maternal illness	25 (5.5)
I have no reason	9 (2.0)

∗Total greater than 100% because of multiple response.

3.5. Variables Associated with Exclusive and Early Initiation Breastfeeding

Among the 141 mothers that practiced exclusive breastfeeding, exclusive breastfeeding of the last baby ($P<0.01$), being a housewife ($p<0.01$), having less than secondary education ($P<0.03$) and favourable attitude to breastfeeding ($p=0.01$) were found to be associated with breastfeeding exclusively. However, none of the socioeconomic factors was significantly associated with early initiation of breastfeeding.

4. Discussion

The study assessed the exclusive and early initiation of breastfeeding practices among six hundred recently delivered mothers in Lagos state. Only 57.8% of the mothers had adequate knowledge of breastfeeding. Most mothers in this study were married (86.0%); had a secondary education (50.8%) and working (51.1%). A study conducted previously in two semi urban areas in Lagos, Nigeria showed that mother with a higher level of education were more likely to have correct knowledge of breastfeeding [14]. Majority of the respondents of this study have a adequate knowledge of infant breastfeeding because of their above average educational status. Lagos state being a metropolitan city, an appreciable level of exposure is expected of the dwellers. Although the respondents have a good knowledge of breastfeeding, their attitude towards breastfeeding was not favourable (26.3%). Over 65% of mothers disagreed to the statement that breastfed babies are healthier than formula fed babies. Almost sixty percent (58.9%) of the mothers were neutral to the statement that mothers who formula fed miss one of the joys of motherhood. Attitudes less favourable to breastfeeding includes formula feeding is as healthy for infant as breastmilk (53.6%) and breastfeeding is a better choice for working mothers (78.2%). Over 50% of the mothers would feel embarrassed to be seen breastfeeding and more than 65% would avoid breastfeeding in public. Majority of the mothers (60.8%) believed that there were no supportive public facilities that assist breastfeeding. These findings are in contrasts to the findings of two different studies conducted in Ethiopia [15] and India [16] where a favourable attitudes above 80% were observed. The dissimilarity might be due to the differences in sociodemographic characteristics of study populations, economic status, and educational levels. Majority (89.5%) of the women had practiced breastfeeding at one time or the other. The prevalence of exclusive breast feeding and timely breastfeeding initiation were (23.5%) and (47.1%) respectively. Majority of the mothers gave the newborn colostrum (80.0%). The most common reasons for not initiating breastfeeding within one hour was given as insufficient breast milk (41.8%). Of the remaining 120 mothers who did not give colostrum, majority gave reason of colostrum being dirty milk for their decision (75.0%). Among the 459 women who did not breastfeed their babies exclusively, insufficient milk (69.3%) and work (30.7%) were the major reasons given. Previous studies have found that there is a direct relationship between positive attitude to breastfeeding and satisfactory breastfeeding practice [17]. The observed high unfavourable attitude to breastfeeding by mothers in this study could be attributed to the low breastfeeding practices in this present study.

The common weaning foods among the respondents of this study were plain pap (36.8%) and pap with milk (26.3%). This finding is different from the findings of another study that reported yogurt (64.8%) and juice (63.2%) as infant weaning food [18]. The differences between this study and ours may be due to the differing educational and cultural characteristics of women in the studies.

5. Conclusion

Despite breastfeeding's numerous recognized advantages, early initiation and exclusive breastfeeding rates in this study was found to be low at 23.5% and 47.1% respectively. However, any breastfeeding rate was found to be high at 89.5%. The knowledge of breastfeeding was also found to be low as only 57.8% of mother interview had adequate knowledge. The attitude to breastfeeding was also found to be less favourable as 69.5% of the mothers in the study scored less than seventy in the infant feeding attitude scale. The reasons for not initiating breastfeeding early and not breastfeeding exclusively were reported as breast not producing enough milk, work, child and maternal illness, and colostrum is dirty. Exclusive breastfeeding was found to be associated with exclusive breastfeeding of the last baby, being a housewife, having less than secondary education and favourable attitude to breastfeeding.

6. Recommendation

Intensification of public health education on breastfeeding and its importance should be intensified on print, electronic and social media by government, government agencies and NGOs operating in child and mother health space. Health workers providing service for mothers and fathers should including breastfeeding education as part of the health education. Alternatives sources of breast milk in the context of maternal illness should be provided. Finally, government should revitalize the baby friendly initiative in our health facilities.

Acknowledgements

The data and statistical support provided by Oba Rashidi is highly appreciated.

References

[1] UNO (2004). Report on the state of the World Health Feeding Policy. HIV and Infant Feeding.

[2] Trahms, C. M., McKean, K. N. (2008). *Nutrition during infancy*. In: Mahan LK, Escott-Stump S, eds. Krause's Food Nutrition Therapy. USA: WB Saunders Company, 199-221.

[3] Shriver, E. K. (2013). *Breast feeding and Breast milk overview*. Indian Journal of Nutritional Dietetics 35 (1) 98–102.

[4] Kramer, M. S., Chalmers, B., Hodnet, E. D., Sevkovskaya, Z., Dzikovich, I., Shapiros., Collect, J. P., Vaniovich, I., Mezen, I., Ducruet, T., Shishko, G., Zubovich, V. (2001). *Promotion of Breast feeding Intervention Trial (PROBIT).* A Randomized Trial in the Republic of Belarus J. Am. Med. Assoc. 285 (4); 413–420.

[5] UNICEF (2008). Breastfeeding. UNICEF-Retrieved the 28 of November 2021 from http://www.unicef.org/nutrition/index/2482.html.

[6] World Health Organization (WHO), (2011). *Exclusive breastfeeding for six months best for babies.* WHO statement. Retrieved November 2021.

[7] Mullany, L. C., Katz, J., Li, Y. M., Khatry, S. K., LeClerq, S. C., Darmstadt, G. L., Tielsch, J. M. (2008). Breast-feeding patterns, time to initiation, and mortality risk among newborns in southern Nepal. J Nutr 138 (3): 599-603.

[8] Uchendu UO, Ikefuna AN, & Emodi I. J. 2009. Factors associated with exclusive breastfeeding among mothers seen at University of Nigeria Teaching Hospital. SAJCH; 3 (1): 14-19.

[9] Kukeba, M. W., Fallon, D., & Callery, P. (2021). Child feeding in rural northern Ghana: Carer's perceptions of food and their children's diets. *Maternal & Child Nutrition*, *17* (2), e13085.

[10] Muthutho, L. N. (2012). Factors influencing exclusive breast feeding among infants less than 6months in Kasaram Informal Settlement, Molo district, Kenya. Forecast feeding journal 2 (1) 5–9.

[11] Fjeld, E., Siziya, S., Katepa-Bwalya, M., Kankasa, C., Moland, K. M., Tylleskar, T. (2008). 'No sister, the breast alone is not enough for my baby' A qualitative assessment of potentials and barriers in the promotion of exclusive breastfeeding in southern Zambia. Int. Breastfeed J, 3 (1): 26.

[12] Kakute, P. N., Ngum, J., Mitchell, P., Kroll, K. A., Forgwei, G. W., Ngwang, L. K., Meyer, D. J. (2005). *Cultural barriers to exclusive breastfeeding by mothers in a rural area of Cameroon, Africa*. Journal of Midwifery and Women's Health. 50: 324-328.

[13] World Health Organization, United Nations Children's Fund. (2003). Global Strategy for Infant and Young Child Feeding. [online] Available from http://www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf. [Accessed November 2021].

[14] Obilade, T. T. (2015). The knowledge, attitude and practice of exclusive breastfeeding among mothers in two semi-urban areas around a Baby Friendly Hospital Initiative (BFHI) designated hospital in Lagos State, Nigeria. Vol. 8 No. 15 doi: 10.3823/1614.

[15] Tadele, N., Habta, F., Akmel, D., & Deges, E. (2016). Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia: descriptive cross-sectional study. *International breastfeeding journal*, *11* (1), 1-7.

[16] Vijayalakshmi, P., Susheela, T., & Mythili, D. (2015). Knowledge, attitudes, and breast feeding practices of postnatal mothers: A cross sectional survey. *International journal of health sciences*, *9* (4), 364-374.

[17] Dungy, C. I., McInnes, R. J., Tappin, D. M., Wallis, A. B., & Oprescu, F. (2008). Infant feeding attitudes and knowledge among socioeconomically disadvantaged women in Glasgow. *Maternal and child health journal*, *12* (3), 313-322.

[18] Mohammed, E. S., Ghazawy, E. R., & Hassan, E. E. (2014). Knowledge, attitude, and practices of breastfeeding and weaning among mothers of children up to 2 years old in a rural area in El-Minia Governorate, Egypt. *Journal of family medicine and primary care*, *3* (2), 136-140.