

Assessment of Maternal Knowledge and Impact of Health Facilities on the Breastfeeding Practices of Mothers in Lagos and Ogun State, Nigeria

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ABSTRACT

Background: Breastfeeding is certainly an important child feeding practice, which promotes the wellbeing and survival of children, especially in the first two years of life. **Objective:** The objective of the study is to assess the impact of maternal education and health facilities on the breastfeeding practices of mothers in Lagos and Ogun State,

Nigeria. Material and Methods Three hundred and two (302) breastfeeding mothers and their children were selected using systematic sampling techniques from (5) government and private hospitals in Lagos and Ogun States. Semi-structured interviewer administered questionnaire was administered to obtain information on socio-demographic status, clinical status, knowledge and attitude of mothers towards breastfeeding practices and impact of health facilities on the breastfeeding mothers. Data obtained were analyzed using descriptive statistics and Pearson correlation method. Results: Results showed that more than 60% (198) of the children were between the ages of 0-8 months of which half were males. Majority (76.8%) of the mothers had post-secondary education. More than half 62.3% earning an income of #30,000-#50,000. Clinical characteristics of the breastfeeding mothers showed that majority of the children were delivered through normal delivery and 2.6% had low birth weight. Mothers' knowledge of breastfeeding practice revealed that half of the population initiated breastfeeding one hour after delivery and majority (94.4%) of mothers gave colostrum to their children. The result also showed that 48.3% of the mothers preferred private hospital and 33.8% of the mothers preferred government hospital. More than half (55.3%) of the mothers gave birth in the private hospital. Conclusion: The study concluded that prevalence of exclusive breastfeeding is low while a high number of mothers preferred private facilities to public facilities during child birth. Recommendation: There is a need for policies which will promote exclusive breastfeeding, encourage mothers and improve quality of health facilities to promote the practice of breastfeeding in both private and public health facilities in Nigeria.

Keywords: Exclusive breastfeeding, Breastfeeding practices, Health facilities, Children , Mothers

INTRODUCTION

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e.via lactation) rather than using infant formula from a baby bottle or other container [5]. According to a statement by World Health Organization (WHO), Breastfeeding is the ideal method suited for the physiological and psychological needs of an infant [19]. Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs [12]. The Nigerian health care has suffered several down-falls. Despite Nigerian's strategic position in Africa, the country is greatly underserved in the health care sphere. Health facilities (health centers, personnel, and medical equipments) are inadequate in this country, especially in rural areas [10]. According to the 2009 communiqué of the Nigerian national health conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources,

including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care [18].

Furthermore, It is difficult to ascertain the size of the private health care sector in Nigeria since a sizeable number of existing health facilities are believed to be operating without appropriate licensure by State Ministries of Health (SMOHs). Furthermore, private facilities seldom forward to the SMOH information reflecting health facility case-loads, available personnel and technologies in any given year [3]. In particular, information on private sector personnel resources is compromised by the fact that a considerable proportion of health workers (especially doctors, pharmacists, radiographers and laboratory technicians) working in the private sector hold full-time appointments in the public sector [10]. Faith-based providers are grouped as part of the private, nonprofit sector, and often integrate themselves into national health systems by agreeing with the government to provide specific services. Yet faith-based providers are often more “public” than “private” in both practice and ethos. They often fill gaps left by others, or are designated district hospitals to which other private or lower-level public facilities report. The most obvious example is in Nigeria, where a coalition of churches and faith-based providers manage and operate more than half the national health system [13]. Therefore, this study aimed at assessing maternal knowledge and impact of health facilities on breastfeeding practices of mothers in Lagos and Ogun State.

MATERIALS AND METHOD

Study Design

A cross-sectional descriptive study was used to assess the impact of health facilities on the breastfeeding practices of mothers in selected health facilities in Lagos and Ogun state.

Study Location

The study was carried out in some selected Local Government Areas (L.G.A) in Lagos and Ogun State

Study Population

The study focused on breastfeeding mothers and their children that are between age 0-24months.

Ethical consideration

A written permission to carry out this research was obtained from each of the hospitals within the study area, verbal consent were also received from the mothers after the

purpose and procedure of the study was read to the participants, giving the mothers a fair understanding into the study aims and the chance to freely choose to participate in the study.

Sampling Technique

Five Local Government Areas (LGAs) 5 health facilities were purposively selected for the study (three (3) public hospitals and five (5) private health facilities). One hundred and fifty-two (152) mothers with their children were further selected from government hospitals and One hundred and fifty (150) mothers with their children from private and faith-based hospitals systematic sampling. A total number of Three hundred and two (302) breastfeeding mothers with

Statistical Analysis

Data analysis was carried out with the aid of Statistical Package for the Social Sciences (SPSS) version 21.0. Questionnaires were scrutinized for completeness. Relevant descriptive and inferential statistics was used to analyze data.

RESULTS

Socio-demographic characteristics of the respondent

Table 2 shows that 104 (34.4%) of the children were between the age 0-5 months, 94 (31.1%) were between the ages of 6-8 months, 43 (14.2%) were between the ages of 9-11 months while 61 (20.2%) were between 12-24 months. Result also showed that 153 (50.7%) of the children were males and 146 (48.3%) were females. The results also showed that majority (78.6%) had tertiary education and 17.3% obtained secondary education. Estimated family monthly income shows that, 39 (12.9%) earned below N10,000, 61 (20.2%) earned between N10,000- N30,000 while 67 (22.2%) earned above N50,000.

Clinical Characteristics of the respondents

Table 2 revealed the clinical data of the respondents. It shows that 8 (2.6%) of the children were less than 2.5kg in weight at birth, 248 (82.1%) weighed between 2.5kg-5.0kg at birth while 14 (4.6%) weighed above 5.0kg. The results showed 295 (97.7%) had no birth defects

or malformation as at the time of the study and 3(1.0%) had birth defects. The clinical data also shows that 11 (3.6%) of the children suffered illness and 283 (93.7%) had no illness.

Maternal Knowledge of Mothers on the Practice of Exclusive Breastfeeding

The results in table 3 shows that thirty six (11.9%) of the mothers introduced breastfeeding immediately after delivery, (31.8%) introduced it 30minutes after delivery while (53.6%) of mothers introduced one hour after delivery. In the practice of exclusive breastfeeding, 49.0% of the mothers fed their children with only breast milk, 70 (23.2%) fed their children with breast milk and water. Colostrum was given to the children immediately after birth by 285 (94.4%) of mothers while 12(4.0%) didn't give colostrum.

Table 4 shows that two hundred and seventy nine (92.4%) revealed that the health facilities were good and encouraged them to adequately breastfeed, 16 (5.3%) indicated average, 2 (0.7%) of the mothers reported that the health facilities were poor. Majority (97.7%) agreed that the health workers are competent and practice good hygiene, 98.3% of the respondents reported that there is no nutritionist in the facilities.

Mothers preference of health facilities as a result of breastfeeding practices

Figure 1 shows that one hundred and forty six (48.3%) preferred the private hospitals for their breastfeeding practices, 102 (33.8%) preferred Public/Government hospital and 48 (15.9%) preferred faith-based hospital.

Figure 1: Mothers preference of health facilities as a result of breastfeeding practices

Health facilities by child delivery

Figure 2 shows that one hundred and sixty-one (53.3%) gave birth to their children in private hospitals, 106 (35.1%) Public/Government hospital hospitals, 21 (7.0%) for faith-based and 6 (2.0%) mothers specify other places.

DISCUSSION

This study assessed breastfeeding practices among nursing mothers attending selected government and faith-based health facilities and the impact of health facilities on breastfeeding practices of mothers in the selected facilities. Proper and Adequate health facility with good nutrition practices during infancy and early childhood is very essential to ensure the optimum growth, healthy lifestyle and development of children to their full potential.

The study revealed that a high number of the children were between the ages of 0-8 years, this is because the study focused on children of age 0-24 months

Majority of the mothers who participated in the study (92.4%) were married and a high number of them were highly educated, with 75.2% having of tertiary education. The impact and support from husband in breastfeeding practices cannot be underestimated. In line with other studies [15], this study showed that educated mothers will have a fair knowledge about the meaning of exclusive breastfeeding and its recommendation as proposed by WHO and UNICEF that infant should be exclusively breastfed for six months. Educated mothers are more likely to expose to health information and make use of such information especially that which concern their children. The study shows that 42.2% of the mothers were trader/business woman; this tends to be higher compared to findings of Onah et al., [17] which reveals that 9.1% of lactating women were traders/business women. The clinical profile revealed that majority of the children (82.1%) had normal birth weight This supports the findings of Akinyemi et al., [1] that 81.7% of live births in urban Nigeria between 2008 and 2018 reported normal birth weight (2,500g and 4,000g. The prevalence of HBW, estimated to be 10.7%, was higher than the LBW estimated at 7.5%. Birth weight is a strong predictor of child's health and development. A low birth weight (LBW) of less than 2,500g is associated with adverse health outcomes and is a leading risk factor for neonatal morbidity and mortality.

Some of the mothers considered breast milk as the best form of food and nutrition for infants, they agreed to the concept of six months exclusive breastfeeding, however, feeding children with only breast milk, exclusive breastfeeding (EBF) rate of 49% recorded in this studies is far below the expected 90% set by WHO [20] for the EBF to produce a reasonable impact in the population. The introduction of colostrum had increased among the breastfeeding mothers in this study with the rate 94.4%, This is higher than what has been documented by other studies in Nigeria [2].

In this study, timely initiation of breastfeeding (within one hour of birth) found among majority of the respondents in this study is commendable with 53.6% of the mothers

initiated breastfeeding within the first hour after delivery while 31.8% initiated breastfeeding thirty minutes after delivery. This result is higher compare to the findings of Oládòyìnbó et al.,[16] which revealed that 28.6% of the infants who initiates breast milk in less than 1 hour. Early breastfeeding initiation has been found to increase mother to child bonding, regulate infant temperature, breathing and enhance breastfeeding longevity and findings on the time of breastfeeding initiation on nutritional status of mother and infant shows that within 24 hours is the best [4].

The results of this survey indicated that 49.0% of the mothers had good knowledge and positive attitude towards exclusive breastfeeding. This study also found out that more than half of the mothers obtained their recommended length of breastfeeding information from health workers, 16.6% from media and 2.0% from family/husband. This is again almost similar to the findings of Bolanle [7], in which 64.5% of the mothers obtained such information from health workers, 9.0% from the media and 7.3% from their husbands. The finding of this study shows that decreased value which was 35.1% of the mothers gave birth at public (government hospitals). This is lower when compared to the reports of Nigeria Demographic and health survey [14], that 43.2% of the mothers in Nigeria give birth in public/government hospitals across the nation. The impacts of health workers cannot be underestimated in breastfeeding, even their knowledge also contribute to the effective practice of breastfeeding [11]. Mothers assessed in this study were satisfied with services of the health workers in terms of competency and good hygiene practices (97.7%). Successful breastfeeding is dependent on an array of factors related to the mother, infant, and supportive environment. Although the majority of the women in the study cited support from the hospital staff and partner or family members. The presence of a support system, whether it is personal or professional, has a positive influence on the duration of exclusive breastfeeding. Research has shown that peers, partners, and families play a major role in helping and supporting mothers to continue EBF for six months, thereby significantly decreasing the risk of early is continuation of EBF before six months [6], [[9].

Conclusion

This study brings to the conclusion that there is awareness on exclusive breastfeeding among women attending public (government owned hospitals) and private hospitals bur the practice of exclusive breastfeeding is still very low in urban areas. In addition, the study gave account of almost no presence of nutritionist could deliver adequate information about diet and nutritional intake of the breastfeeding mothers in all the health facilities

Recommendations

Based on the result findings of the study, the following recommendations were made:

Exclusive breastfeeding counseling should be more elaborative with emphasis on its advantages in both private and government hospitals in the study area. The government should employ the services of nutrition experts in all the health facilities to improve breastfeeding practices and the consumption of adequate diets that will support growth and development of mothers and their babies.

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