



## Knowledge, Attitude and Practice of Exclusive Breastfeeding amongst Mothers of Infants in Gwagwalada Area Council, FCT, Abuja, Nigeria

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**ABSTRACT:** Exclusive breastfeeding provides nutritional, and developmental psychological advantages with regard to general wellbeing of an infant and has dramatically reduced infant deaths in developing countries. This study assessed the Knowledge, Attitude and Practice of Exclusive Breastfeeding among women attending antenatal clinic in four communities within Gwagwalada Area Council of FCT, Abuja. The questionnaire sought socio-demographic information, Religion and cultural influence as well as knowledge and awareness level of EBF practice. The data collected was analyzed using Odd ratio, frequencies and simple percentages. The result of the study showed that 70.0% had the knowledge of exclusive breastfeeding, 54.4% exclusively breastfed their newborns for the first six months of life. There was positive attitude among the participants towards exclusive breastfeeding as 70.0% of them agreed that breast milk alone is sufficient for the baby during the first six months of life. There was high level of knowledge on exclusive breastfeeding among the respondents, almost half of the participants practiced exclusive breastfeeding and relatively all the respondents had positive attitude toward exclusive breastfeeding. However, Illiteracy (60.0%; OR = 1.5) and Culture (66.7%; OR = 2.0) negatively influenced exclusive breastfeeding in the area council. Although, majority of the women in this study had good knowledge and attitude towards Exclusive Breastfeeding (EBF), the practice is not high. There is still need for improvement. More awareness on the benefits of exclusive breastfeeding must be emphasized in order to increase the knowledge and compliance of the women as only 54.4% actually practiced it. Promotion of EBF should involve programmes that will capture not only nursing mothers and health workers, but other members in the communities, most especially husbands and older women who are involved in child care.

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Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts rather than using infant formula from a baby bottle or other container (Awatef, *et al.*, 2009), and accepted method suited for the physiological and psychological needs of an infant. Under modern healthcare, human breast milk is considered the healthiest form of milk for babies (Picciano, 2001) and breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children (Gupta and Arora, 2007). The beneficial effects of breastfeeding abound and include: prevention of morbidity and mortality from diarrhea, provides advantages with regard to general health, growth, developmental, nutritional, immunologic, psychological, economic and environmental benefits (Gartner, 2005). Consequently, Exclusive Breastfeeding (EBF) is the giving infants only breast milk with no addition of other foods or drinks, including water (WHO, 2003).

This practice has dramatically reduced infant's deaths in developing countries by reducing diarrhea and infectious diseases, and has also shown to reduce HIV transmission from mother to child compared to mix-feeding (Coutsou *et al.*, 2001). In line with this, World Health Organization, 2003, recommended EBF for the first six months of life, after which infants should receive nutritionally adequate and safe complementary foods as well as continuing breastfeeding for 2 years or more. Also, American Academy of Paediatrics (AAP), stated that breast feeding has economic health benefits which include reduction in healthcare cost, lower significantly incidence of illness in the breastfed infants and allows the parents more time for attention to siblings and other family duties as well as reduces parental absence from work and loss of income. In Africa, (Tadel and Habita, 2015), in Ethiopia, revealed 37.7% of women on EBF. While Victor *et al.*, 2016 discovered 92.6% of EBF among Ghanaian rural lactating mothers.

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In Nigeria, Akinremi and Samuel, 2015 discovered 36.2% prevalence of EBF among women in Ibadan. In Kware Kano, Oche *et al.*, 2011 reported 31% of EBF among lactating mothers, while Aniekam *et al.*, 2014 reported 44.5% among antenatal attendees in Uyo, southern Nigeria. In Kano, Abdumaleek and Musa, 2016 showed 47.2% prevalence of EBF among multigravida women attending antenatal clinic in Aminu Kano Teaching Hospital, and in five rural communities in Savannah region of Nigeria. In Bayelsa state of Nigeria, in a study to ascertain the knowledge and practice of EBF among mothers in Gbaratoru community, Peterside *et al.*, 2013, reported 44.8% EBF prevalence and said that EBF increased with age as well as higher maternal education. In a similar study in Yobe state, Bolanle, 2013 revealed that 78.8% of the mothers initiated breastfeeding within one hour of delivery, 5.0% gave colostrums to their babies, while 39.0% of the mothers gave breast milk immediately after delivery, 3.0% administered water, 17.8% gave animal milk as the first food and 4.3% commenced breast milk substitutes. A study on Breastfeeding Knowledge and Practices among mothers of children under 2-years of age living in a military barrack, reported that most respondents (97.3%) breastfed their babies, 56.5% of them initiated breastfeeding within an hour of delivery, 24.1% admitted that they gave pre-lacteal feeds, 74.1% practiced EBF for a mean period of 4.98 months while 30.7% engaged in bottle feeding (Akinyinka *et al.*, 2016). A study conducted in Edo state of Nigeria revealed that although, 82% of the women were breastfeeding their babies, only 20.0% did so exclusively for 6 months (Salami, 2006). And in Ille-Ife, Oyo state, Ojofeitimi *et al.*, 2000, found a prevalence of 61.0% of EBF among mothers as Mefiboboet *et al.*, 2017, in Igbo-Ore, in the same Oyo reported that 99.8% of mothers gave plain water to their infants at birth. Though, many studies have been done on mothers Knowledge, Attitude and Practice towards EBF, there is paucity of published papers in the northern Nigeria, especially in Abuja, and Gwagwalada in particular which houses multi-ethnic and cultural diversity. A study within this area is therefore very apt as it reveals the areas where challenges are being felt. It would also provide information about how early breast feeding, EBF are initiated and identify undesirable practices. This study was therefore designed to assess the Knowledge, Attitude and Practice of Exclusive Breast Feeding of infants of the ages 0-6 months among mothers in Gwagwalada area council Abuja.

## MATERIALS AND METHODS

*Study Area:* The study was carried out in Gwagwalada area council, using Township clinic, Dagiri Primary

Health Center, Paiko Primary Health Center and Angwan dodo Primary Health Center, all in Gwagwalada area council, FCT, Abuja. Gwagwalada Area Council was created on 15<sup>th</sup> of October, 1984. Its administrative population as at 2017 is 419608. The relocation of the seat of government from Lagos to Abuja in 1992 and the recent demolition of illegal structures within the Federal City Center brought a massive influx of people into the area council being one of the fastest growing urban centers in the Federal Capital Territory (FCT). The population of the area council has grown to over 1,000,000 people. Gwagwalada has an area of 1069.580 km<sup>2</sup>. The predominant tribes are Gbagyi, Bassa, Ganagana, Hausa and others. Their occupation is majorly farming, trading, fishing and civil service. The traditional leader is a first class chief known as The Aguma of Gwagwalada.

*Research Design:* The study is a cross-sectional descriptive study of the Knowledge, Attitude and Practice (KAP) of Exclusive Breastfeeding (EBF) of babies amongst mothers in Gwagwalada Area Council.

*Inclusion Criteria:* All mothers with infants 0-6 months old were employed to participate in the study and were resident in Gwagwalada (Dagiri, Paiko, and Angwan dodo) for at least 6 months before the study was given a chance. HIV positive mothers with infants 0-6 months old not breastfeeding their infants and those not residing in Gwagwalada were excluded from the study.

*Study Population:* All the breastfeeding mothers between the ages of 18-50 years with infants between the ages of 0-6 attending post-natal clinic in the four selected health facilities within Gwagwalada area council were employed in this study.

*Sampling Technique:* The respondents were selected using random sampling technique. They were clustered into four groups based on their days of post-natal visit.

*Target Population:* A target population of 150 mothers between the ages of 18-50 years with new born babies 0-6 months old residing in the above mentioned communities were randomly selected.

*Sample Size Determination:* A suitable sample size of 150 mothers with their infants 0-6 months was chosen using the formula:  $n = Z^2P(1-P)/d^2$  (Naing *et al.*, 2006) with a confidence interval of 95% and precision of 5%. Where  $Z = 1.96$  (Statistical constant),  $P = 11\%$

(based on previous prevalence),  $d = 5\%$  (marginal error).

$$n = Z^2P(1-P)/d^2 = (1.96)^2 \times 0.11(1-0.11) / (0.05)^2 = 150$$

**Questionnaire:** An interviewer-self-administered, pre-tested questionnaire was used to collect data. The questions were used to collect information on maternal knowledge, Attitude and Practice of mothers on breastfeeding as well as their socio-demography.

**Quantitative Data Analysis:** Data collected were analyzed using Odd Ratio, frequencies and simple percentages.

**Ethical Consideration:** Permission for the study was obtained from the department of health, Gwagwalada area council while verbal consent was obtained from the female participants after informing them of the possible benefit of the study.

## RESULTS AND DISCUSSION

In this study, one hundred and fifty (150) breastfeeding mothers were involved and out of the number, 81(54.4%) exclusively breastfed their infants for six (6) months. Table 1 is the respondents' knowledge of exclusive breastfeeding. Out of 150 participants, that responded, 12(8.0%) of them never knew about it, while, 138(92.0%) had the knowledge and of the 92.0% that had the knowledge, majority(64.7%) had proper knowledge of it, 14.7%, 7.3% and 5.3% had inadequate knowledge. All the participants breastfed their babies, however, 149(99.32%) of them practiced EBF, out of which only 81(54.4) exclusively breastfed for first six (6) months of life, while some exclusively breastfed for 0 – 1month (11.3%), 0 – 2month, (2.7%), 0 – 3months,(10.0%), and 0 – 24 months,(21.3%) . 0.68%

of them did not practice EBF for one day. The table 3 showed the factors that positively or negatively influenced EBF among the study population. While Religion and literacy positively influenced the practice, culture and illiteracy had negative influence on EBF practice. Majority 105(70.0%) of the respondents agreed that breast milk alone is sufficient to the baby during the first six (6) months of life and 119(79.3%) of the respondents agreed that EBF has benefits to the baby while 110(73.3%) also agreed that EBF equally benefits the mother. Furthermore, 115(76.7%) of the respondents agreed that colostrum provides nutrition and protection to their babies. Exclusive breastfeeding is the infant receiving of only breast milk, no other liquids or solids given and in recent evaluation of the Millennium Development Goals (MDGs) , Exclusive Breastfeeding (EBF) for six months was considered as one of the most effective interventions to achieve MDGs (Nwankwo and Brieger., 2002). The result of this study showed that the participants (women) practice of Exclusive Breastfeeding (EBF) is 54.4%. This observation is high and encouraging when compared with the global picture of 35.0% (Dykes *et al.*,2003) and other studies, for instance, Labbok and Taylor., 2000 in USA; Tadel and Habita., 2015 in Ethiopia reported 11.5%; 37.7% respectively, while in Nigeria, Akinremi and Samuel., 2015 in Ibadan, Oche *et al.*, 2011 in Kware, Kano; Aniekan *et al.*, 2014 in Uyo Akwa Ibom revealed 36.2%; 31.0%; 44.5% in their various studies, and Abdulmaleek and Musa.,2016 in Kano; Peterside *et al.*,2013 in Gbaratorum Bayelsa state unveiled 47.2% and 44.8%; in their separate studies. The result (54.4%) , however, is low when compared with the works of Victor *et al.*,2016 among Ghananian rural lactating mothers; Ojofeitimi *et al.*,2000 in Ille-Ife Oyo and Mefibobo *et al.*,2017 who revealed 92.6% ; 61.0% and 66.7% in their respective surveys.

**Table 1:** Respondents knowledge of Exclusive Breastfeeding

S/N	Item	Frequency (%)
1	Don't know about EBF	12(8.0)
2	Know about EBF	
	(a)It is giving breast milk and water only	22(14.7)
	(b) It is giving the baby breast milk only	97(64.7)
	(c)Breast and other baby food	11(7.3)
	(d)Water, breast milk and others	8(5.3)

**Table 2:** Respondents 'practice Of Exclusive Breastfeeding

Duration of EBF	Frequency (%)
0 – 1month	17(11.3)
0 – 2months	4(2.7)
0 – 3months	15(10.0)
0 – 6months	81(54.4)
0 – 24months	32(21.3)

Nevertheless, the result (54.4%) recorded in this study, corroborated the work of Agu and Agu, 2011, who reported an overall prevalence of 53.6% of EBF in

their survey of knowledge and practice of Exclusive breastfeeding among mothers in rural population in south eastern Nigeria.

These disparities could be due to variations in sampling techniques, socio-cultural status of the participants, healthcare delivery systems, economic and educational status, level of awareness and differences in culture existing in the area of studies.

**Table 3.** Factors Influencing Exclusive Breastfeeding

Factors	Frequency (%)		
	Yes (%)	NO (%)	OR
Religion	85(56.7)	65(43.3)	0.8
Illiteracy	60(40.0)	90(60.0)	1.5
Literacy	100(66.7)	50(33.3)	0.5
Culture	50(33.3)	100(66.7)	0.5

**Table 4:** Respondents' Attitude toward EBF

Initiation	Frequency (%)
Breast milk alone is sufficient for the baby during the first six months of life	
Agreed	105(70.0)
Disagreed	105(70.0)
EBF has benefits to the baby	
Agreed	119(79.3)
Disagreed	31(20.7)
EBF has benefits to the mother	
Agreed	110(73.3)
Disagreed	40(26.7)
Colostrum provides nutrition and protection to the baby	
(i)Agreed	115(76.7)
(ii) Disagreed	35(23.3)

The attitude of the participants (70.0%) in this study is quite appreciable (table 4), however, this did not reflect in their practice, where only 54.4% of them carried out the act for six months of life of their newborn babies. The attitude of the mothers did not corroborate the works of Victor *et al.*, 2016, who revealed 42.0% in their study “knowledge, attitude and determinants of EBF practice among Ghanaian rural lactating mothers and that of Mulugeta *et al.*, 2017 who reported 24.0% among their participants in assessment of “Knowledge and attitude towards EBF among mothers attending antenatal and immunization clinic in Northern Ethiopia. On Knowledge, majority (70.0%) of the participants were aware that EBF should start immediately after birth while 8.0% of them did not know. This is consistent with the works of Mulugeta *et al.*, 2017 who had 69.8% but differs from that of Oche *et al.*, 2011, who revealed 31.0% among the mothers in their study “Knowledge and practice of EBF in Kware, Kano, Nigeria. Among the factors that have negatively influenced EBF in the present study were cultural practices (66.7%); OR = 2.0) and Illiteracy (60.0%; OR = 1.5) which resulted in the level of non-compliance among the study population. This report lay credence to the revelation of Friday and Jane, 2019, who posited that factors known to influence EBF rates, for example, Illiteracy, Ignorance, Cultural practices, Resistance to change and fear of maternal depletion syndrome contribute to non-compliance and low level of practice in Nigeria and other developing countries. However, Literacy and Religion have been shown in this study to support EBF and is in line with the study of Kofi *et al.*, 2017, who unveiled that education, religion are the strongest determinants and support of EBF, and said that

educated women (who know the value of EBF) are much more likely to practice EBF than those who are uneducated. Also, in supporting factors that either positively or negatively influence EBF in Nigeria, Adeyinka *et al.*, 2008 asserted that, education, social class, culture, locale, nature of work and health status of both the nursing mothers and their infants influence nursing mother’s decision to practice EBF or not.

Conclusively, the benefits attached to the practice of exclusive breastfeeding in the first six months of life cannot be over emphasized, particularly in a country like Nigeria with poor health indices, malnutrition and high infant mortality. Although, women in this study had good knowledge of EBF, however, their attitude and practice of Exclusive Breastfeeding (EBF) was poor, dissemination of information on the benefits of EBF practice to stake holders through health education is imperative. Knowledge is very essential in determining people’s attitude to something and will reflect their practice of it. The number of the mothers who do not have adequate knowledge about EBF still need to be educated, reinforcing the importance of EBF among them. This will further help to increase the level of knowledge about this, with the resultant healthy children in the council area and the society at large. It is also advised that young generations or youths such as adolescents should have a reasonable knowledge of EBF and its many advantages even before child bearing

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