

*Full Length Research Paper*

# **Problems encountered by breastfeeding mothers in their practice of exclusive breast feeding in tertiary hospitals in Enugu State, South-east Nigeria**

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**This study determined the knowledge of mothers about exclusive breast feeding (EBF), identified the difficulties associated with psycho-socio-cultural values and investigated other problems the mothers encountered. Using a convenience sampling technique, 240 women were selected from the study population (800). Researcher's developed questionnaire was used to collect data which were analyzed using descriptive statistics. 50% of the mothers knew that feeding with only breast milk without the addition of water or food for six months was what EBF entailed, 33% mothers believed that giving baby water once in a while also meant EBF, while 8% women expressed no knowledge of EBF. 88% women reported interference from mothers-in-law to give water as a major socio-cultural problem they faced, while 63% agreed that they had never eaten nutritional foods like snail, pork, etc due to cultural myths and superstitions. Psychological problems encountered ranged from worry and stress of feeding at all times even at night (92%), having to breastfeed even in public places (82%), fear that the baby might not be getting enough nutrients (71%), to trauma of expressing breast milk (67%), fear of safety of expressed breast milk (68%) and a feeling that the baby will "dry up" if not given water or other fluids (50%). Other factors identified were: work place not conducive (91.6%), lack of adequate education at ante natal clinics (63%). A thorough health education campaign aimed at educating lactating mothers on the need to practice EBF should address the identified factors.**

**Key words:** Infant nutrition, breastfeeding, exclusive breastfeeding, problems encountered.

## **INTRODUCTION**

Breastfeeding is the feeding of an infant with breast milk directly from female human breasts rather than from a baby bottle or any other container. Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Breastfeeding contributes to the health and well-being of mothers; 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 (Kramer et al., 2001). It is absolutely essential for the health and survival of the majority of children in the developing countries (WHO, 2011).

Exclusive breastfeeding, according to the World Health Organization (WHO) and United Nations Children

Emergency Fund (UNICEF) is the feeding of the infant with only breast milk for a period of 6 months without any additional food or drink, not even water. Thereafter, infants should receive adequate complementary foods with continued breastfeeding up to 2 years of age or beyond (WHO, 2002a).

Exclusive breast-feeding is internationally the preferred way of feeding infants during the first 6 months of their lives, and is recognized as being one of the most natural and best forms of preventive medicine (WHO, 2002b). Early and exclusive breastfeeding is widely regarded as an important intervention that reduces neonatal, infant, and child mortality, and remains a basis for child survival strategies. Breastfeeding is also associated with improved

maternal recovery post partum and reduced incidence of diabetes and cancers (Tylleskär et al., 2011; Bhutta and Lobbok, 2011).

At the fifty-fifth World Health Assembly, the World Health Organization (WHO) recommended that optimal infant nutrition was exclusive breastfeeding for the first six months of life, followed by the introduction of nutritionally adequate and safe complementary feeding with continued breastfeeding for up to the age of two years or beyond (WHO, 2003 in Wong et al., 2007). Promotion of exclusive breastfeeding (EBF) for the first 6 months of life has been estimated to be the most effective preventive strategy for saving the lives of young children in low-income settings and could contribute towards the Millennium Development Goal 4 of reducing child mortality (Jones et al., 2003; Bhutta and Lobbok, 2011). In Nigeria, as well as in neighboring countries of West Africa, infant morbidity and mortality have been on the increase despite the efforts of mothers to breast feed their young ones (Anyanwu and Enweonu, 2004). A lot of efforts have been made by Enugu State government to ensure that mothers have the support required for them to be able to breastfeed their infants exclusively. Maternal and child health care centers are instituted at strategic places in the city, functional mobile clinics that go into the remotest parts of the state to enlighten mothers on the need for them to practice EBF as well as aggressive health education campaigns in the cities on the importance and benefits of EBF.

The researcher was perturbed at the level of non compliance to the practice of EBF by mothers who attend pediatric clinics of UNTH and Park lane despite much emphasis that has been placed on the practice of EBF in these two hospitals. Hence, this research is focused on identifying those factors that negate the willingness of mothers attending pediatric clinics in University of Nigeria Teaching Hospital (UNTH) and ESUT Teaching Hospital, Park lane Enugu to practice EBF.

## MATERIALS AND METHODS

Descriptive survey design was adopted for this study. Mothers attending the pediatric clinics of these two tertiary hospitals in Enugu State were included in the study. These two hospitals have an extended catchment area for their services, extending to various other states of Nigeria such as Abia, Anambra, Benue, Cross River, Delta, Ebonyi, and Imo State among others. Each of them has training schools for the training of different cadre of health personnel, various specialist units as well as serves as referral centers for primary and secondary level health facilities in Enugu State and its environs. The study population consisted of 800 women who attended the pediatric clinics of these hospitals during the period of study, out of which 240 were recruited through non-probability convenience sampling method using inclusion criteria viz: those nursing babies and attending pediatric clinics at the time, emotional, physical and mental well being, willingness to participate in the study. Convenience sampling was used to select the subjects using inclusion criteria. Those who met the criteria were selected for the study so there was no randomization.

Data were collected by means of a 20-item questionnaire

developed by the researcher with guidance from literature search, and interview guide to meet the objectives of the study. Some of the questions were structured (close-ended) while some were unstructured (open-ended). The validity and reliability of the research instruments were tested. Experts in the field of nutrition and a consultant pediatrician evaluated the relevance of the items in the research tool. The questionnaire was pilot tested among twenty mothers attending pediatric clinic at Uwani Health Centre Enugu. After the pilot testing, some question-items in the questionnaire were modified and reframed to ensure validity of the instrument, and facilitate patients' easy understanding. A test re-test method of reliability testing was done and a co-efficient of reliability of 0.85 was computed using Pearson moment correlation coefficient formula. Two research assistants were trained on the use of the instruments. A letter of approval was obtained from the ethical committees of the hospitals studied. Oral permission was then secured from the unit heads of each of the pediatric clinics. An informed consent was signed voluntarily by each of the respondents having understood the total package of the study before the administration of the instrument.

Data were collected on each clinic day until the required number of respondents was reached. Those who could not speak or read English Language were assisted in filling the questionnaire by the researcher and the two assistants. All copies of the administered questionnaire were retrieved giving a response rate of 100%. Data analysis was by descriptive statistical analysis and converted to frequencies and percentages.

## RESULTS

The findings showed that majority (90%) of the respondents were in the age range of 20 and 45, they were mostly married (95%), and some (37%) were illiterate. Most of them (73%) were civil servants and the rest (27%), business women. As shown in Figure 1, 120 (50%) subjects responded to the meaning of EBF as feeding of baby with only breast milk without the addition of water or any food for 6 months. 80 (33.3%) opted for giving baby plain or glucose water once a while. 20 (8.33%) said it meant addition of multivitamin and other drugs to breastfeeding. 13 (5.42%) chose giving baby artificial milk with breastfeeding. 7 (2.92%) said EBF meant the addition of cereals and other nutrients.

On the responses of subjects to various socio-cultural problems they experience as hindering the practice of EBF, 210 (87.5%) opted for interference from mother-in-law to give water. 60 (25%) opined that it was in their culture to give water to babies together with breastfeeding. 80 (33.33%) identified pressure from family and friends as a factor. 150 (62.5%) said it was a misguided information from family, friends and associates on EBF. However, 197 (82.08%) said it was a taboo for them to eat nutritious foods like snail, pork, grass cutter, rein-deer, snake, egg etc while 150 (62.5%) opined that superstition was a factor (Figure 2).

Figure 3 identified the psychological problems the mothers encountered in practice of EBF. It showed that 170 (70.83%) of them had the feeling that their babies might not get enough milk and nourishments. 150 (62.5%) lacked the confidence to breastfeed exclusively. 220 (91.67%) worried about the stresses associated with

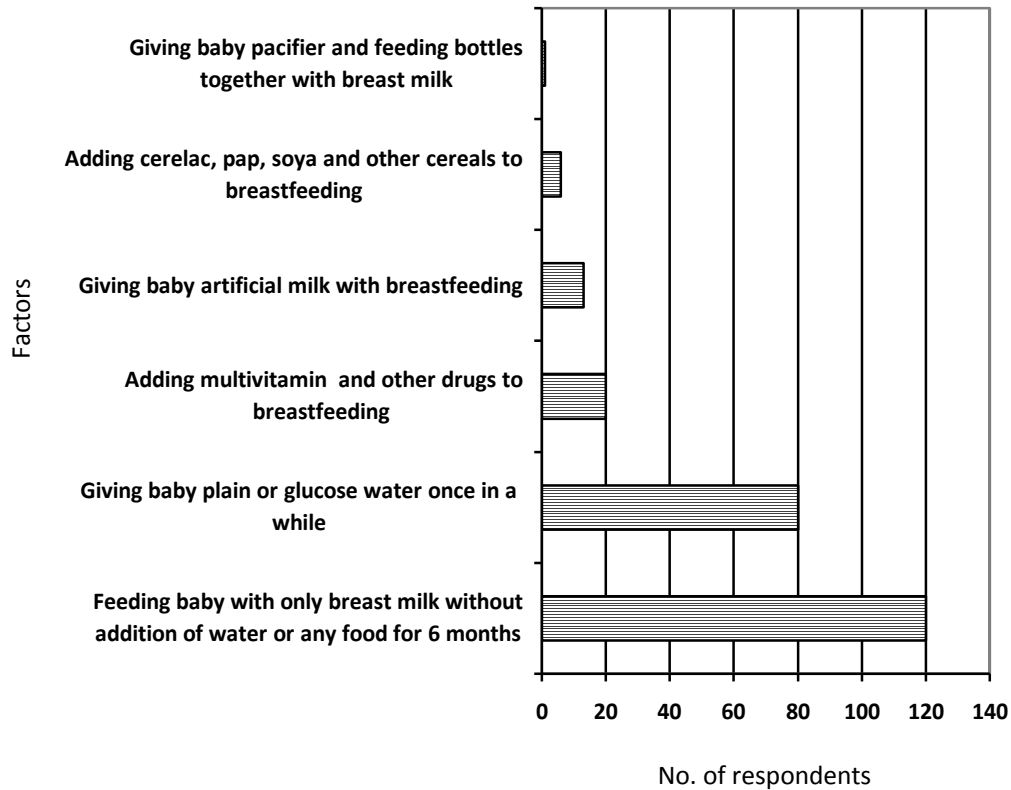


Figure 1. Responses of subjects on what EBF meant. n = 240.

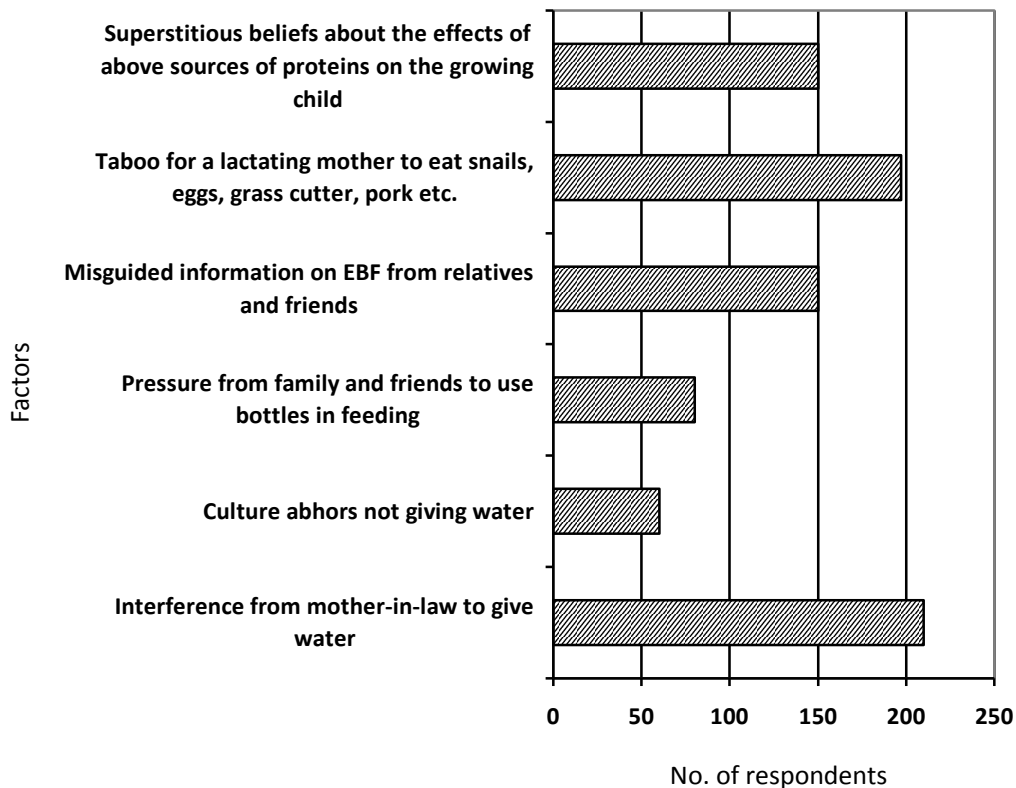
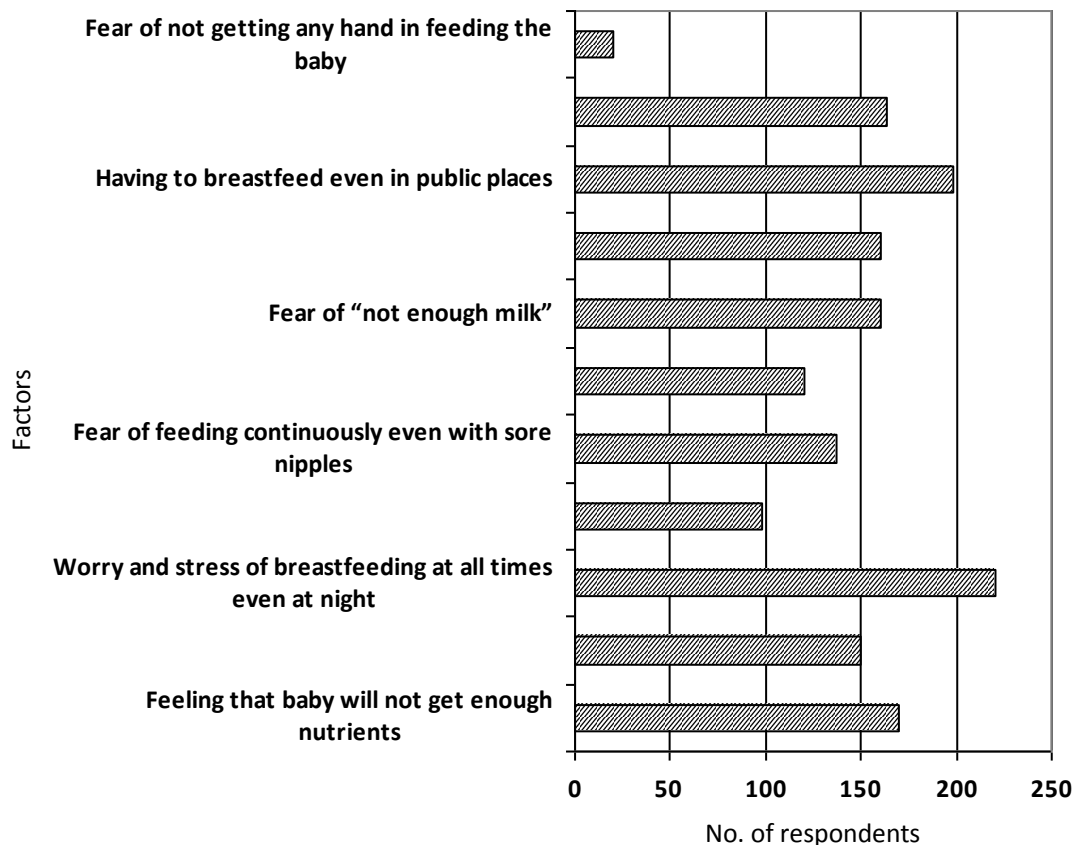


Figure 2. Socio-cultural problems experienced by respondents. n = 240.



**Figure 3.** Psychological problems identified by the respondents. n = 240.

breastfeeding exclusively. 98 (40.83%) feared that EBF would crack their nipples and 137 (57.08%) cannot imagine breastfeeding with cracked nipples.

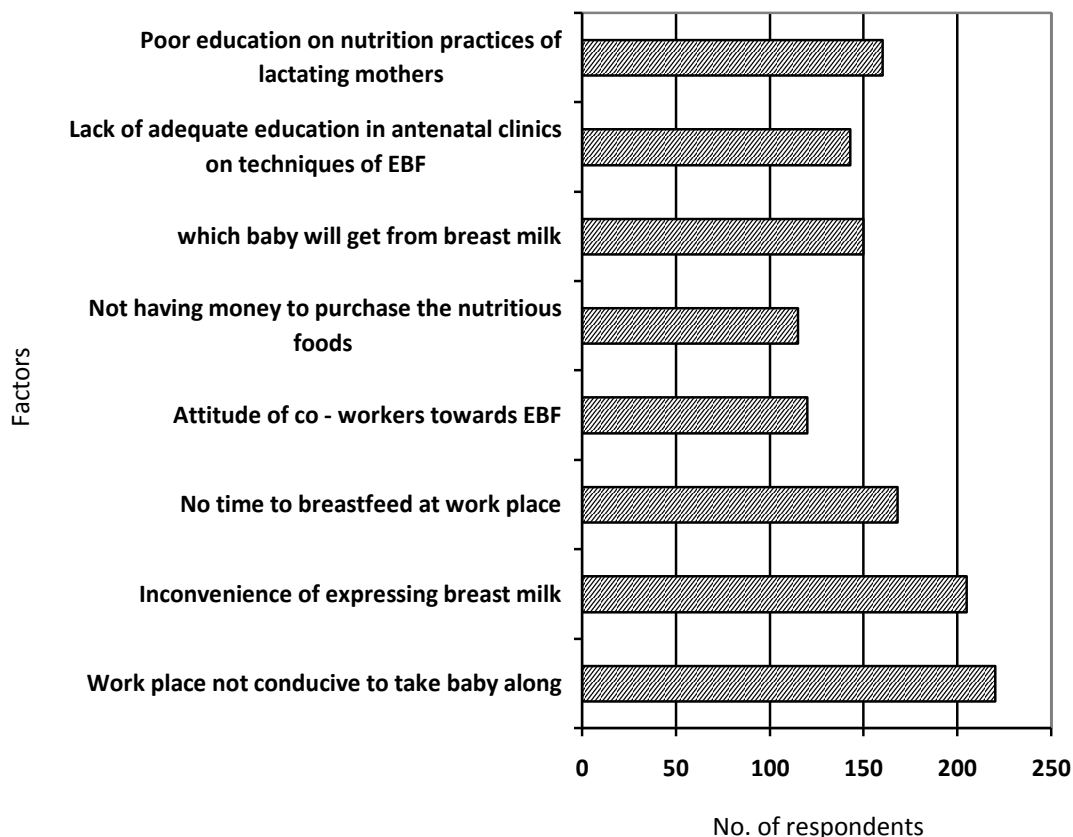
Responses of mothers on other factors that militate against the practice of EBF were shown in Figure 4. It revealed that 220 (91.6%) of the respondents admitted that workplace was not conducive to take baby along. 205 (86%) opted for inconvenience of expressing breast milk. 168 (70 %) said they had no time to breastfeed at work place. 120 (50%) of the respondents agreed that the attitude of health workers towards EBF was a problem. 148 (61.7%) alluded to the fact that lack of adequate education in antenatal clinics on techniques of EBF was the major problem they encountered while 155 (64.6%) responded to poor education on nutrition practices of lactating mothers by health workers as a problem.

## DISCUSSION

Respondents' knowledge on exclusive breastfeeding was deficient since they did not have full knowledge of how EBF should be practiced. Not having the full knowledge of EBF is as good as not practicing it since the mother will be unaware of the fact that she is not doing the right

thing and continue endangering the life of her baby by giving inadequate nourishment and its attendant consequences; failure to thrive, poor weight gain, compromised immunity status, exposure to childhood infections, etc. The mother also denies her body of the various benefits of exclusive breast feeding; involution of the uterus, prevention of breast and ovarian cancer, lactational amenorrhea etc. Because breastfeeding uses an average of 500 calories a day, it helps the mother lose weight after giving birth (Dewey et al., 1993). Various studies have confirmed the importance of mother's breast-feeding knowledge (Mitra et al., 2004; Avery et al., 2003; Barbara et al., 2007). This finding corresponds with a study carried out in Canada by Bryne et al. (1998), where it was discovered that mother's knowledge about EBF is as good as having the practice done. Similar findings were made by Agampodi et al., (2007) on the knowledge of mothers on EBF which highlighted mother's good knowledge on EBF as the major ingredient in the successful practice of EBF.

In a study carried out in Tanzania by Shirimah et al. (2001), a lot of mothers also expressed harmful cultural practices regarding breastfeeding. Societal influence on natural sources of protein such as snail, grass cutter, reindeer, snakes, eggs, pork, etc, may have a religious or



**Figure 4.** Other factors that mitigate against the practice of EBF. n = 240.

ethnic connotation, thereby leading to inability of the respondents to eat such highly proteinous food substances. This finding is significant in places where these animals are the only sources of available and affordable first class proteins of high biological value. This is also a problem in a country like Nigeria where breastfeeding is a maternal option that involves a complex interaction of cultural, religious, socio-economic, psychological factors and many more. Extended family system is practiced with much consideration to the culture and antecedents of the predecessors. However, as a socially approved practice, the influence of these social factors should by no means be disregarded (Medlin, 2007). This was also emphasized by Uchendu et al. (2009).

The fact that preventable problems such as nipple cracks and breast engorgement were identified as risk factors for the initiation and sustenance of exclusive breastfeeding during babies' first week of life leaves much to be investigated regarding the health education received by these women during pregnancy and after delivery. Pain in the nipple or breast is linked to incorrect breastfeeding techniques. Failure to latch on is one of the main reasons for ineffective feeding and can lead to infant health concerns. Sore nipple, was also identified as a factor by Judhiastuty et al. (2006) and Giugliani (2004)

who also attributed it to improper positioning and latching on techniques. Giugliani (2004) and Lawrence and Lawrence (2005) posited that when the nursing mother is emotionally calm and relaxed, correct breastfeeding technique is enhanced, thus reducing risk of developing sore nipple. Furthermore, relaxed emotional state is related with enhanced work of prolactin and oxytocin, two hormones known to play roles in the production of breast milk.

Lehman et al. (2006) found that inadequate parental education, incorrect breastfeeding techniques, or both were associated with higher rates of preventable hospital admissions in newborns. In relation to the work of Guyton (2001), psychological problems like having a feeling that the baby will not get enough milk agreed with the findings of this research work. This in turn makes mothers unresponsive to EBF as they tend to be in a bad mood and consider EBF a waste of time and effort.

Work environment and attitude of colleagues have a great role to play in encouraging and supporting the mother in the practice of EBF because she has to go back to work at the expiration of her maternity leave which of course is before 6 months (around 3 months). Returning to work is the most common cited reason for discontinuing breastfeeding as discovered by Galson

(2008). Work by Uchendu et al. (2009) and Bhutta and Labbok (2011) also had similar findings and opined that breastfeeding breaks or extended maternity leave should be instituted for working mothers for the first 6 months after delivery. However, work by Aidam et al. (2005) had a dissimilar finding and posited that mothers breastfeed exclusively irrespective of where they found themselves.

Lack of adequate education in antenatal clinics on techniques of EBF and poor education on nutrition practices for lactating mothers were evident in their responses as some of their fears were unfounded and would have been dispelled by sound health and nutrition talks. Benjamin (2011) opined that practitioners – physicians and nurses have surprising little training in lactation and lactation support. The findings confirm that of Ramachandran (2004), who identified factors like the attitude of health workers towards lactating mothers in their practice of EBF as being unacceptable since some of these health officers lay little or no emphasis on the need for adequate nutrition of the infant till 6 months with only breast milk.

## Conclusion

The aim of this study was to identify the various problems encountered by breastfeeding mothers in their practice of EBF in two University hospitals in Enugu (UNTH and ESUTH). The age, occupation, and educational attainments of these women were in conformity with our typical socio-cultural setting and socio-economic background. The levels of education of the women attending the two hospitals were on the average, hence the reason for their knowledge on breastfeeding. From the findings of the study, it is clear that breastfeeding mothers face a lot of problems in their attempt to carry out exclusive breastfeeding. Also one can see that the women have deficient knowledge about EBF. The psycho-socio-cultural factors like the belief system of the people play a pivotal role in discouraging mothers from practicing EBF. Worry and stress of breastfeeding at all times even at nights, fear of cracked and sore nipples, fear that the baby will “dry up” if not given water or other fluids, feeling that baby will not get enough nutrients, trauma” of expressing breast milk and fear of safety of the expressed milk are also identified factors.

Unconducive work environment, poor attitude of colleagues at work as well as lack of education by health personnel on the techniques of breastfeeding and infant nutritional practices during ante natal and post natal services were also noted. Hence the need for enlightenment programme by the concerned authorities to ensure that these women and their spouses are properly educated. While breastfeeding is a natural act, it is also a learned behavior and since breastfeeding exclusively is important preventive health behavior, mothers, caregivers and health practitioners require active support for establishing and sustaining appropriate breastfeeding

practices. The health practitioners’ knowledge should frequently be updated through workshops and seminars. This will improve the knowledge of both clients and staff thus forestalling the hazardous consequences of non-EBF practice.

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