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Socio-Demographic and Personal Factors Influencing Exclusive Breastfeeding Practice among Women Attending Infant Welfare Clinic in Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State

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***Abstract* - Infant morbidity and mortality has been increasing due to inadequate exclusive breast feeding practice. These may be due to socio-demographic and personal factors affecting exclusive breastfeeding practice among women. The research assessed socio-demographic and personal factors affecting exclusive breastfeeding practice among women attending infant welfare clinic in Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State. Descriptive research design was adopted. The populations were 200 women attending infant welfare clinic in Olabisi Onabanjo University Teaching Hospital obtained from four weeks clinic attendance record. Sample size was determined using total enumeration method and 170 respondents were included in the study. A researchers-developed questionnaire was adopted to collect data, validity of instrument was ascertained by experts in the field of study while reliability was determined using split half method and Cronbach alpha reliability coefficient was 0.8. Result revealed that more (45.6%) respondents had moderate knowledge level regarding exclusive breastfeeding practice. There is significant relationship between educational level, religion, occupation, knowledge level, ethnicity and exclusive breastfeeding practice (p= 0.000, p=0.000, p=0.001, p=0.000, p=0.003). Knowledge about exclusive breastfeeding practice among women is moderate. Educational level, religion, occupation, knowledge level and ethnicity affect exclusive breastfeeding practice. More awareness and health education should be done to improve exclusive breastfeeding practice.**

Keywords: Descriptive design, Exclusive breastfeeding practice, Infant welfare clinic, Personal factors, Socio-demographic factors.

I. INTRODUCTION

In adequate exclusive breastfeeding practice has been an issue of serious concern in the society because of its negative effect on the infant, mother, family and the society at large. [1]stated that exclusive breastfeeding practice involves feeding of infants with only breast milk without adding any other fluid including water for the first six months of life. It is fundamental to growth, development and health of children. It is also important for the health of mothers and forms the foundation for a healthy future among other societal benefits [1][2].

It has been observed that gastrointestinal infection, infectious diseases and nutritional disorders among infants has been on the increase [3]. Furthermore, increase in morbidity and mortality rate as well as poor growth and development has also been identified among infants. These may be attributed to socio-demographic and personal factors influencing exclusive breastfeeding practice among women. Inadequate exclusive breastfeeding practice has been associated with poor nutritional status among infants, lowered immune status among infants, delayed involution among nursing mothers and poor reproductive health [4]. There has been increasing incidence of jaundice and kernicterus among infants which has led to increasing hospitalization, morbidity and physiological dysfunctioning among infants [5].

The rate of exclusive breastfeeding practice in the developing and under developed countries of the world has been found to be 39% [6]. The rate of exclusive breastfeeding practice in Africa has been found to be 41% [7]. In Nigeria, the rate of exclusive breastfeeding practice has been found to be 28% [8]. These may be attributed to socio-demographic and personal factors influencing exclusive breastfeeding

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practice among women. Studies have shown that socio-demographic and personal factors such as knowledge level regarding exclusive breastfeeding, ethnicity, occupation, religion and educational level significantly influence exclusive breastfeeding practice [5,9,10]. Inspite of the nutritional, economic, immunological and psychological benefits of breastfeeding exclusively, the practice of breastfeeding has been significantly inadequate among women [1]. Infant morbidity and mortality has been on the rise as a result of inadequate exclusive breast feeding practice [9]. These may be due to socio-demographic and personal factors influencing exclusive breastfeeding practice among women.

Susceptibility of infants to communicable disease has been on the rise with about 30.1% of admissions among infants attributed to communicable disease infection [11]. Fifty three percent of hospitalization due to diarrhea among infants and twenty seven percent of hospitalization due to lower respiratory tract infection has been attributed to inadequate exclusive breast feeding practice among women [8]. Furthermore, about 25% of infants are exclusively breast feed which reveals inadequacy in exclusive breastfeeding practice. These may be due to socio-demographic and personal factors affecting exclusive breast feeding practice among women.

Likewise, researchers through clinical experience has observed increasing rate of admission among infants due to problems associated with inadequate exclusive breastfeeding practice which may be attributed to socio-demographic and personal factors influencing exclusive breastfeeding practice. Hence, the study assessed socio-demographic and personal factors influencing exclusive breastfeeding practice among women attending infant welfare clinic in Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State

II. MATERIALS AND METHODS

a) Research Design

Descriptive research design was utilized to assess socio-demographic and personal factors influencing exclusive breastfeeding practice among women attending infant welfare clinic in Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun Sate.

b) Population

The study population were 250 women attending infant welfare clinic at Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State which was obtained from four weeks clinic attendance record in the infant welfare clinic. Women having had more than one child who were willing and consented to participate in the study were included.

c) Sample Size and Sampling technique

Total enumeration method was utilized to include 200 respondents attending infant welfare clinic in Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State in the study.

d) Instrumentation

The instrument for data collection was a researchers-designed questionnaire. The questionnaire was divided into 3 sections. Section A consisted of socio-demographic variables of the respondents which had 6 items, section B consisted of 27 questions to test knowledge of respondents about exclusive breastfeeding practice which were close ended. Knowledge score of respondents below 30% was categorized as low knowledge level, knowledge score between 30 to 70% was categorized as moderate knowledge level while knowledge score above 70% was categorized as high knowledge level. Section C consisted of questions on exclusive breastfeeding practice which has 10 items on a likert scale.

e) Procedure for Data Collection

An introductory letter was obtained from the Babcock University School of Nursing and taken to the management of Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State to obtain an approval to carry out the study in the setting. The head of unit in the infant welfare clinic was met from whom the clinic record of attendance was obtained and respondents were recruited for the study. The respondents were informed about the objectives, course and potential benefits of taking part in the study. Consent was obtained from the respondents and questionnaire was administered to respondents on clinic days. Researchers stayed with the respondents throughout the period of completing the questionnaire to ensure no assistance that may interfere with the result. Internet access and reference materials were not allowed during the process of data collection. The questionnaires were checked for proper filling and retrieved from the respondents.

f) Method of data analysis

Data gathered from respondents were processed using Statistical Package for Social Science (SPSS) version 23. Frequency tables were made and data were expressed on it. One research questions was answered using descriptive statistics of percentages while five hypotheses were tested using inferential statistics of chi square at 0.05 level of significance.

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g) Ethical Consideration

Ethical approval was obtained from Babcock University Health Research Committee (BUHREC089/19) and permission was obtained from the management of Olabisi Onabanjo University Teaching Hospital in Sagamu, Ogun State. Participants were well informed about the study and their consent was obtained before data collection. Information obtained from the participants were kept confidential and participants' identity was not disclosed at any time during the study.

III. RESULTS

TABLE 3.1
Socio-demographic information of respondents

Variables Respondents		Frequency (%)
Age	15-20 years	30 (17.6)
	21-25 years	69 (40.6)
	26-30 years	36 (21.2)
	Above 30 years	35 (20.6)
Level of education	Primary	9 (5.3)
	Secondary	46 (27.1)
	Tertiary	110 (64.7)
	Others	5 (2.9)
Occupation	Housewife	41 (24.3)
	Civil servant	51 (30)
	Self-employed	49 (29)
	Others	29 (17.2)
Marital status	Married	92(54.1)
	Single	60 (35.3)
	Divorced	7 (4.1)
	Widowed	11 (6.5)
Religion	Christianity	125 (73.5)
	Islam	39 (22.9)
	Traditionalist	5 (2.94)
	Others	1 (0.6)
Ethnic group	Yoruba	151 (88.8)
	Igbo	13(27.8)
	Hausa	6 (3.5)

Table 3.1 shows that more respondents 69(40.6%) were between age 21 to 25years, majority 110(64.7) had tertiary education, more of the respondents 51(30%) were civil servants, majority of the respondents 92(54.1) were married, majority of the respondents 125(73.5%) were Christians and majority of the respondents 151(88.8%) were Yoruba.

TABLE 3.2
Knowledge about exclusive breastfeeding practice

Level of knowledge about exclusive breastfeeding	Frequency (%)	Mean	Standard Deviation
Low	55 (32.16)	21.32	1.31
Moderate	78(45.60)		
High	37(22.2)		

Table 3.2 shows that more of the respondents 78(45.60) had moderate knowledge about exclusive breastfeeding practice. Mean knowledge score of respondents about exclusive breastfeeding practice is 21.32 while standard deviation is 1.31.

TABLE 3.3
Educational level and exclusive breastfeeding practice

		Exclusive breastfeeding practice	Educational level
Exclusive breastfeeding practice	Pearson Correlation	1	.494*
	Sig. (2-tailed)		0.000
	N	170	170
Educational level	Pearson Correlation	.494*	1
	Sig. (2-tailed)	0.000	
	N	170	170

Table 3.3 shows that there is significant relationship between educational level and exclusive breastfeeding practice among respondents (p=0.000).

TABLE 3.4
Religion and exclusive breastfeeding practice

		Exclusive breastfeeding practice	Religion
Exclusive breastfeeding practice	Pearson Correlation	1	.300*
	Sig. (2-tailed)		0.000
	N	170	170
Religion	Pearson Correlation	.300*	1
	Sig. (2-tailed)	0.000	
	N	170	170

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Table 3.4 shows that there is significant relationship between religion and exclusive breastfeeding practice among respondents (p=0.000).

TABLE 3.5
Occupation and exclusive breastfeeding practice

		Exclusive breastfeeding practice	Occupation
Exclusive breastfeeding practice	Pearson Correlation	1	.253*
	Sig. (2-tailed)		0.001
	N	170	170
Occupation	Pearson Correlation	.253*	1
	Sig. (2-tailed)	0.001	
	N	170	170

Table 3.5 shows that there is significant relationship between occupation and exclusive breastfeeding practice among respondents (p=0.001).

TABLE 3.6
Knowledge about exclusive breastfeeding and exclusive breastfeeding practice

		Exclusive breastfeeding practice	Knowledge about exclusive breastfeeding practice
Exclusive breastfeeding practice	Pearson Correlation	1	.294*
	Sig. (2-tailed)		0.000
	N	170	170
Knowledge about exclusive breastfeeding practice	Pearson Correlation	.294*	1
	Sig. (2-tailed)	0.000	
	N	170	170

Table 3.6 shows that there is significant relationship between Knowledge about exclusive breastfeeding practice and exclusive breastfeeding practice among respondents (p=0.000).

TABLE 3.7
Ethnicity and exclusive breastfeeding practice

		Exclusive breastfeeding practice	Ethnicity
Exclusive breastfeeding practice	Pearson Correlation	1	.230*
	Sig. (2-tailed)		0.003
	N	170	170
Ethnicity	Pearson Correlation	.230*	1
	Sig. (2-tailed)	0.003	
	N	170	170

Table 3.7 shows that there is significant relationship between ethnicity and exclusive breastfeeding practice among respondents (p=0.003).

IV. DISCUSSIONS

More respondents between age 21 to 25years were obtained during data collection because of their dominance in the clinic. This finding agrees with previous study by [1] in which there were more respondents within age 21 to 25years during data collection. More respondents who had tertiary education were obtained during data collection because the setting is located in a learned environment. This finding disagrees with previous study by [2] in which there were more respondents with secondary school education during data collection. More civil servants were found during data collection because of the lifestyle of individuals in the community were the setting is located. This finding agrees with previous study by [8] in which more civil servants were found during data collection. More married respondents were found during data collection because of culture in the community were the setting is located only permit married women to procreate and breastfeed. This finding agrees with previous study by [2] in which more married respondents were found during data collection. More Christian respondents were found during data collection because of the dominance of Christians in the community were the setting is located. This finding agrees with previous study by [1] in which more Christians were found during data collection. More Yoruba respondents were found during data collection because of the dominance of Yoruba in the community where the setting is located. This finding agrees with previous study by [2] in which more civil servants were found during data collection.

Majority of respondents had moderate knowledge about exclusive breastfeeding practice because of their access to internet information, teachings and health education during clinic visit. This finding disagrees with previous descriptive study conducted by [1] in which majority of the respondents had high knowledge about exclusive breastfeeding practice.

Statistically significant relationship exists between educational level and exclusive breastfeeding practice because it educational level affects knowledge about exclusive breastfeeding which in turn affects the practice of exclusive

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breastfeeding. This finding disagrees with previous descriptive study conducted by [4] in which there was no significant relationship between educational level and exclusive breastfeeding practice.

Statistically significant relationship exists between religion and exclusive breastfeeding practice because religious beliefs and teachings encourage exclusive breastfeeding practice. This finding disagrees with previous descriptive study conducted by [2] in which religion does not significantly affect exclusive breastfeeding practice.

Statistically significant relationship exists between occupation and exclusive breastfeeding practice because the individuals' occupation can hinder the mothers' availability for exclusive breastfeeding practice. This finding disagrees with previous descriptive study conducted by [9] in which occupation does not significantly affects exclusive breastfeeding practice.

Statistically significant relationship exists between knowledge about exclusive breastfeeding and exclusive breastfeeding practice because the individuals' knowledge about a phenomenon translates into practice. This finding agrees with previous descriptive study conducted by [10] in which knowledge about exclusive breastfeeding was found to significantly affect exclusive breastfeeding practice.

Statistically significant relationship exists between ethnicity and exclusive breastfeeding practice because the individuals' ethnic belief about exclusive breastfeeding significantly affects its practice. This finding disagrees with previous descriptive study conducted by [2] in which ethnicity was found not to significantly affect exclusive breastfeeding practice.

IV. CONCLUSION

Based on the findings of the study, knowledge about exclusive breastfeeding practice among women is moderate. Educational level, religion, occupation, knowledge level and ethnicity affect exclusive breastfeeding practice. This shows that more awareness and health education should be created to improve exclusive breastfeeding practice among women and prevent negative effects of inadequate exclusive breastfeeding practice.

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