
EXCLUSIVE BREASTFEEDING AND HEALTH STATUS OF INFANTS AND MOTHERS IN URUAN LOCAL GOVERNMENT AREA

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ABSTRACT

The study investigated the exclusive breastfeeding and health status of infants and mothers in Uruan Local Government Area, Akwa Ibom State. The population of this study consisted all mothers between the ages of 18-45 years in Uruan Local Government Area with a total number of 9,844. The study adopted a non-experimental survey to assess the exclusive breastfeeding and health status of infants and mothers. The Data collected from the respondents were coded and transferred into a spreadsheet and summarized. They were coded into the computer and analyzed using statistical package for social sciences (SPSS) 11.0 while all the hypotheses were tested at .05 alpha. The instrument for data collection was the questionnaire. The questionnaire was titled "Benefits of Exclusive Breastfeeding on Babies and Mothers Questionnaire (BEBFBMQ)" and had two sections. A total of 400 mothers were selected for the study through accidental sampling technique. From the results of the data analysis, it was observed that exclusive breastfeeding has a tremendous influence on the health of a child and mother. It was concluded that exclusive breastfeeding significantly influences the health of infant and mothers. One of the recommendations was that nursing mothers should be encouraged to adhere strictly to the directives and information regarding the practice of exclusive breastfeeding.

KEYWORDS: Exclusive Breastfeeding, Infants, Mothers, Health, Uruan Local Government Area

Introduction

There is no doubt that exclusive breastfeeding is the best and safest way of feeding infants. It provides the only perfect food for babies, protects them against infection and lays the foundation of their healthy psychological development. Feeding the baby begins while the unborn baby is in uterus and a good diet in pregnancy is therefore important to ensure that the baby is born with the best possible nutritional reserve (Afalabi, 2008).

The use of infant formula has been severally criticized. The World Health Organization, that is WHO (2007), condemned the practice strongly and also wrote that mothers who use the infants formula do this with resulting disruptions or termination of their own lactation. In addition, the WHO continued that mothers are led to believe that infant formula is the modern, superior way to feed the baby and most mothers that cannot afford the quantity of formula needed to feed their babies adequately and cannot reconstitute it with clean water and clean utensils tend to dilute the formulas excessively thereby exposing their babies to many gastrointestinal and other infections that breastfed babies do not face.

"She does not want to breast feed her own baby now, she gets the baby, takes the baby off her breast and pust the baby on cow milk that was made for little

calves, your breast was made for your babies, God gave you milk that is better than anything in creation for your babies, (Eyo, 2005)''.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers; it is the natural first food for babies and the term "exclusive" is supposed to mean "only breast milk", that is exclusive breastfeeding means that the infants receives only breast milk for the first six months of life (WHO, 2010; WHO & United Nations Children's Fund (UNICEF), 2006).

Statement of the Problem

The prevalence and duration of exclusive breastfeeding have declined in our society for a variety of cosmetic, social and cultural reasons. With the introduction of modern technologies and the adoption of new life-styles, the importance attached to this practice has been noticeably reduced in many societies. Increasing number of mothers becoming working class citizens is another factor that is aiding the decline of exclusive breastfeeding. This situation has a devastating effect on the health values achieved from breastfeeding by infants and can lead to serious malnutrition and even death of the infants. This paper is therefore designed to throw more light on the impact of exclusive breastfeeding on health status of infants and mothers.

Purpose of the Study

The purpose of this study is to assess the impact of exclusive breastfeeding on health status of infants and mothers. Specially, the study intends to:

1. Examine the influence of exclusive breastfeeding on infant's health.
2. Assess the influence of exclusive breastfeeding on the mothers' health.

Research Questions

The research questions under consideration are:

1. What is the influence of exclusive breastfeeding on infant's health?
2. What is the influence of exclusive breastfeeding on mother's health?

Hypotheses

The following hypotheses guided the study:

1. There is no significant influence of exclusive breastfeeding on infant's health.
2. There is no significant influence of exclusive breastfeeding on mother's health

Literature Review

Benefits and Values of Exclusive Breastfeeding

Human milk contains protein 1.5% and sugar (lactose) 6.5% (Afolabi, 2008). The amount of vitamins, iron, calcium, salt, phosphate, water and enzyme (lipase) in breast milk are just enough for the baby during the first 4 to 6 months, so baby will not need any of these as supplements (Nwazor, 2004).The health value of breastfeeding are numerous which is not only for children but also has tremendous health values for mothers, the family and the nation as a whole and these benefits have been extensively documented.

Exclusive Breastfeeding and Infant's Health

Breast milk is the best food you can give to a baby (Eyo, 2002).WHO (2007) reported that breastfeeding has become of advantage in reducing the mortality rate of infants and this is why WHO, UNICEF and other Non-Governmental Organizations (NGOs) have various programmes like exclusive breastfeeding, baby friendly initiative and some other measures to encourage breastfeeding.

Breastfed babies get passive immunity: antibodies from their mother's blood is passed on in the milk, these babies have fewer infections of every sort and they get a head start in preventing future degenerative diseases (Mitchell, 2005). During breastfeeding, antibodies pass to the baby, this is one of the most important features of colostrums, which contains several anti-infective factors such as bile salt stimulated lipase (Protecting against amoebic infections), lactoferrin (which binds to iron and inhibits the growth of intestinal bacteria) and immunoglobulin, a protecting agent against microorganisms, (Ebeigbe&Osaiyuwa, 2010; WHO, 2005).

Antibodies from colostrums and breast milk clean and protect the gut of the newborn's stomach and the antibiotic activities in the breast milk protein has been shown to be selective against precisely harmful bacteria that causes infantile diarrhoeas (Linkage, 2004). Breast milk reduces risk of chronic constipations, Sudden Infant Death Syndrome (SIDS). Statistics reveal that for every 87 deaths from SIDS, only 3 are breastfed, the breastfed infants develop higher intelligence Quotients (IQ), have improve brain and nervous system.

Breast milk promotes sensory and cognitive development reduces infant mortality due to common childhood illness such as pneumonia and helps for quicker recovery during illness (Kramer, 2001). Breastfed babies are less likely to be put in the hospital with illness, they have fewer skin rashes, they stay soft, smooth, nice smelling and have stronger bones and teeth (Eyo, 2002).

Exclusively breastfed babies do not need water for breast milk contains 88% water, hence babies have enough water to quench thirst and satisfy hunger, (Linkage, 2004). In children who are at risk for developing allergic disease like eczema, atopic syndrome can be prevented or delayed through exclusive breastfeeding (Greer, Sickerer, & Burks, 2008). Breastfeeding appears to reduce the risk of extreme obesity in children aged 39 to 42 months (Gartner, 2005). Breast milk is readily available for baby, clean, safe and in correct temperature (Tope-Ajayi, 2004).

Exclusive Breastfeeding and Mother's Health

Breastfeeding helps the uterus return to its normal size and the mother quickly returns to her normal weight (Eyo, 2002).Breastfeeding reduces risk of breast, ovarian, cervical and endometrical cancers, protects against osteoporosis and hip fracture later in life and also reduces risk of mortality for women with rheumatoid arthritis which has been associated with total time of lactation (Ogbonna&Daboer, 2007; Uchendu, Ikefuna&Emodi, 2009). Breastfeeding has long-term health effects – a 2009 study indicated that lactation for at least 24 months is associated with a 23% lower risk of coronary heart diseases, it reduces the risk of post-partum bleeding and breastfeeding diabetic mothers require less insulin (Falco, 2010).

Natural postpartum infertility – breastfeeding may delay the return of fertility for some women by suppressing ovulation and regular periods (Gartner, 2005). Exclusive breastfeeding helps to space children, delays new pregnancies and this is known as the Lactational Amenorrhea Method (LAM) of Family Planning (Kramer, 2001). While not physically breastfeeding maybe due to either baby or mother's ill health or when mother and her child are apart, maybe in the case of a working class mother. Express Breast Milk (EBM) is introduced – a mother can express her milk, keep in freezer storage bag, a supplementary nurse system, or a bottle ready for used, may be kept at room temperature for up to six hours, refrigerated for up to eight days or frozen for up to four to six months and this method is also used when baby is unwilling to latch into the breast (Gartner, 2005).

Promoting Successful Exclusive Breast feeding

Programmes to encourage and promote exclusive breastfeeding by government and non-governmental organizations in the community as enumerated by Quinin X. Guyon, X and Ramiandrazafy, X. (2006) are:

- (1) Essential Nutrition Action (ENA): Over 7 million children under age of five die each year in Sub Saharan Africa and South Asia. A major contributor of their death is poor breastfeeding practices. ENA is an adopted integrated approach to improve breast feeding rates through interpersonal communication, community mobilization and mass media. Within 10 months of the project implementation, the timely initiation of breast feeding rate and the exclusive breastfeeding rate doubled.
- (2) The Baby – Friendly Hospital Initiative (BFHI): WHO and UNICEF launched this programme in 1992 to strengthen maternity practices to support breastfeeding. This programme is a continuous process.
- (3) The Integrated Management of Childhood Illness (IMCI): This strategy was also established by WHO and UNICEF which involves case management training of healthcare staff, including preventive interventions such as the promotion of breastfeeding.
- (4) Breastfeeding Week: This is another programme initiated by WHO to further strengthen exclusive breastfeeding in Nigeria, AkwaIbom State inclusive.
- (5) National Breastfeeding Working Groups: This was founded by National Childbirth Trust and La Leche League to station in health districts to examine ways in which the prevalence of breastfeeding can be increased to educate, support, nurture and encourage women to choose to breastfeed (Hinchliff, Norman, and Schover, 2000).
- (6) The International Code of Marketing of Breast Milk Substitutes: The code was formulated by WHO and Consume Groups at the World Health Assembly in 1981 to regulate the aggressive advertising and promotional techniques used to sell formula milk (Hinchliff ,*et al*, 2000).
- (7) Ten steps to successful Breastfeeding: Hinchliff ,*et al*, (2000) listed these as formulated by WHO and UNICEF as follows:
 - (a) Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
 - (b) Train all health care staff in skills necessary to implements this policy
 - (c) Inform all pregnant women about the benefits and management of breastfeeding
 - (d) Help mothers initiate breastfeeding within half an hour of birth.
 - (e) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
 - (f) Give newborn infants no food or drink other than breast milk, unless medically indicated.
 - (g) Practice rooming-in: allow mothers and infants to remain together 24 hours a day.
 - (h) Encourage breastfeeding on demand
 - (i) Give no artificial teats or pacifiers (dummies or soothers) to breastfed infants
 - (j) Foster the establishment of breastfeeding support groups and refer mothers to them and discharge from hospital clinic.

Infant and Young Child Feeding: the Global strategy for infant and young child feeding was jointly developed by WHO and UNICEF in 2002 to revitalize world attention to the impact

that feeding practice has been on child nutritional status, growth, development and health (WHO& UNICEF, 2006).

RESEARCH METHODS

Research Design

The survey design was adopted for the study.

Areas of the study

The area of study covered all the villages in Uruan Local Government Area.

Population of the study

The population of the study comprised all mothers between the ages of 18-45 years in Uruan Local Government Area with a total number of 9,844.

Sample and Samplings Techniques

A sample size of 400 mothers was selected for the study through accidental sampling technique.

Instrumentation

The researcher developed instrument titled “Benefits of Exclusive Breastfeeding on Babies and Mothers Questionnaire (BEBFBMQ)”. The questionnaire was divided into two sections, A and B with 4 – point rating scale of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD) and contained 20 items section A obtained information about personal data of the respondents while section B gathered information about benefits of exclusive breastfeeding on babies and mothers.

Validity of Instrument

The instrument was validated for its face and content validity by three experts from Faculty of Education, University of Uyo, Uyo.

Reliability of Instrument

The instrument was administered to 50 mothers from the populations that were not use for the actual study at four weeks interval for trial test. The data from the two tests were correlated for coefficient. The reliability co-efficient was .80.

Method of Data Collection

The researcher administered the questionnaire to mothers in different villages in Uruan L.G.A. Collection of the questionnaire from the respondents was done by the researcher.

Method of Data Analysis

Mean and t-test were used for data analysis.

Data Analysis and Results

Researcher Question One

What is the influence of exclusive breastfeeding on infant’s health?

Table 1:

Mean Rating of the Responses of Mothers on the influence of the Excessive Breastfeeding on infant’s Health

S/N	Mean (\bar{X})	Remark
1.	3.16	Agreed
2.	3.72	Agreed
3.	3.65	Agreed
4.	3.18	Agreed

Table 1 includes that items 1-4 have mean scores of 3.16, 3.72, 3,65 and 3.18 which are above the cut-off point of 2.50, showing that the respondents had agreed that exclusive breastfeeding greatly influences the health of the infant.

Research Question Two

What is the influence of exclusive breastfeeding on mother's health?

Table 2:

Mean Rating of the Responses of mothers on the Influence of Exclusive Breastfeeding on Mothers.

S/N	Mean (X)	Remark
1.	3.86	Agreed
2.	3.73	Agreed
3.	3.08	Agreed
4.	3.48	Agreed

The 2 shows that items 5-8 have mean scores which are greater than the cut-off point of 2.50, including that the respondents had agreed that exclusive breastfeeding influences the health of the mother tremendously.

Testing of Hypotheses**Hypothesis One**

There is no significant influence of exclusive breastfeeding on infant's health.

Table 3: T-test Analysis of the influence of Exclusive Breastfeeding on infant's health

Variable	N	X	SD	df	t-cal	t-crit
Exclusive Breastfeeding	400	15.0	9.25	798	2.21*	1.98
Infant's health	400	13.50	9.51			

* = Significant at $P < .05$ level.

Since the calculated t (2.21) is greater than the critical t (1.98) at df of 798 and .05 level of significance, the null hypothesis is rejected. Hence, there is a significant influence of exclusive breastfeeding on infant's health.

Hypothesis Two

There is no significant influence of exclusive of breastfeeding on mother's health.

Table 4: T-test Analysis of the influence of Exclusive Breastfeeding on mother's Health

Variable	N	\bar{X}	SD	df	t-cal	t-crit
Exclusive Breastfeeding	400	14.30	8.91	798	3.88*	1.98
Mother's health	400	12.01	7.80			

* = Significant at $P < .05$ alpha level

Since the calculated t (3.88) is greater than the critical t (1.98) at df of 798 and .05 level of significance, the null hypothesis is rejected, hence, there is a significant influence of exclusive breastfeeding on mother's health.

Discussion of the Findings

The result of the data analysis in hypothesis one revealed that exclusive breastfeeding significantly influences the health of infant. The results of the findings is in the line with that

of Kramer (2001) and WHO (2007) who maintained that breast milk promotes sensory and cognitive development; reduces infant mortality due to common childhood illness such as pneumonia and helps for quicker recovery during illness. The findings of the study also support that of Linkages (2004) who found out that antibodies from colostrum and breast milk clean and protect the gut of the newborn's stomach and the antibiotic activities in breast milk protein have been shown to be selective against precisely harmful bacteria that causes infantile diarrhea.

The result of the data analysis in hypothesis two revealed that exclusive breastfeeding significantly influences the mothers' health. The result of the findings goes with that of Eyo (2002) who asserted that breastfeeding helps the uterus return to its normal size and the mother quickly returns to her normal weights. The findings of the study is also in accordance with that of Kramer (2001) who observed that exclusive breastfeeding helps to space children, delays new pregnancy which is known as the Lactational Amenorrhoea Method (LAM) of family planning.

Conclusion

Based on the findings of the study, it is concluded that exclusive breastfeeding has a tremendously influence on the health of a child and mother. In other words, exclusive breastfeeding significantly influences the health of infant and mothers.

Recommendations

The following recommendations are proffered:

1. The mothers as well the public should be educated or enlightened by the government on the benefits of exclusive breastfeeding through seminar, mass media, churches and local means of disseminating information.
2. The nursing mothers should be encouraged to adhere strictly to the directives and information regarding the practice of exclusive breastfeeding.

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