

# Factors Influencing Exclusive Breastfeeding (EBF) Practices among Female Health Workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State, Nigeria

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## Abstract

**Background and Purpose:** Exclusive breastfeeding means babies are given only breast milk and nothing else; no other milk, food, drink, not even water for one day (24hrs) before the survey was conducted. It prevents 13% of childhood mortality; i.e. at least 1.2 million children worldwide would be saved every year. The purpose of this study was to investigate the factors influencing exclusive breastfeeding practices among female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State.

**Methodology:** A descriptive cross-sectional study was carried out on 150 healthcare workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State. Data were collected by a self-administered questionnaire. The first part of the questionnaire included questions about socio demographic characteristics of respondents while the other five parts of the questionnaire consisted of practice of exclusive breastfeeding, factors influencing practice of exclusive breastfeeding, duration of maternity leave and practice of exclusive breastfeeding, method of delivery and practice of exclusive breastfeeding and availability of help at home and practice of exclusive breastfeeding respectively. The instrument for data collection was validated questionnaire with reliability coefficient of 0.80, using Cronbach's alpha test. Data analysis, including descriptive and analytical statistics was performed using SPSS ver. 23. A  $P \leq 0.05$  was considered statistically significant.

**Results:** The findings showed that majority of the respondents had high knowledge and are practicing exclusive breast feeding (171, 57%). The overall practice was highly adequate. There was a significant relationship between the duration of maternity leave and practices of exclusive breastfeeding, type of delivery and practices of exclusive breastfeeding and homes availability of help at home and practices of exclusive breastfeeding.

**Conclusion:** The present study showed a high practicing of Exclusive Breastfeeding among female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State. Intensive awareness creation on benefits of exclusive breast feeding should be carried out for mothers during antenatal period.

**Keywords:** Exclusive Breastfeeding, Health care workers, Benefits, Breast milk, Mortality.

## I. INTRODUCTION

Human milk is the most appropriate milk for human infants and uniquely adapted to the infant's need. It is the best way of providing ideal nutrition for the healthy growth and development of infants. World Health Organization (WHO) has recommended that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health because exclusive breastfeeding in the first six months of e stimulates child's immune systems and protects them from diarrhea and acute respiratory infections, two of the major causes of infant mortality in the developing world and improves their responses to vaccination. Avoiding colostrum and giving some pre-lacteal feed and bottle feeding are contributory factors for these preventable diseases which ultimately lead to high infant mortality. Exclusive breastfeeding (EBF) during the initial months of life and continued breastfeeding through at least the first two year of life is associated with substantial reduction in the burden of infections and have many beneficial effects on mother's health as well. (Aroona Sabin, Farida Manzur, Saleem Adil, 2017). According to UNICEF the global breastfeeding rates have remained stagnant since 1990 with only 36 percent of children less than six months exclusively breastfed in 2012. According to demographic and health survey of Pakistan 2012-2013 rate of exclusive breastfeeding is 38% and 67% for non-exclusively breastfed. In a study conducted in Pakistan, the percentage of breastfeeding in housewives was 77% while only 23 % in working mothers. This clearly shows that a lot of women can be encouraged to exclusively breastfeed if they are properly supported to carry out this practice. So we conducted this study with the intention to find out the factors and barriers associated with exclusive breast feeding in working women of Pakistan. (Aroona Sabin et al., 2017). Nouffan Danielle (2013), the prevalence of exclusive breastfeeding rates for all women varies worldwide. Industrialized countries like Australia and the U.S, fifty four (54) and forty one (41) percent of women exclusively breastfeed for three months. The exclusive breastfeeding rate of Australia and the U.S was

thirty two (32) and fourteen (14) percent for six months, respectively. In developing countries such as Kenya, Bangladesh, Vietnam and Turkey, the exclusive breastfeeding rate for three months by working mothers ranges from thirteen (13) percent to fifty nine (59) percent (Haider, 2000). In Ghana, it is sixty three percent (63%), a rate far higher than other neighboring countries in the region like republic of Benin (43.1%), Cameroon (23.5 %). Similarly the breastfeeding experience of 36 female doctors in Nigeria in a study by Sadoh, Sadoh, and Oniyelu (2011) showed that all respondents knew that babies should be exclusively breastfed for the first 6 months of life however the exclusive breastfeeding rate for the studied doctors was 11.1%. Very few studies have been done on female health workers in Ghana and the challenges they face when going through the practice of exclusive breastfeeding despite their exposure on the need to practice EBF. And fewer studies are available in Africa, West Africa and in Ghana.

Numerous studies have shown the benefits of exclusive breastfeeding (EBF) and its relevance in maternal and infants outcomes. There is evidence for delayed return of menses with an additional two months of exclusive breastfeeding (Nouffan, 2013) from the previous four months of EBF. The benefits of prolonged amenorrhea (no menses) include increase birth spacing and reduced blood loss during delivery, resulting in reduced iron requirements for lactating mother (Dewey, Cohen, Brown & Rivera 2011). There is also good evidence that six months comparing to four months of exclusive breastfeeding provide infants with additional protection against gastro intestinal infections (Kramer et al., 2013). Despite the many benefits of EBF, it has been shown that numerous factors hinder its optimal practice. Some of these barriers include mother's employment, unfriendly hospital practices, advertisement of breast milk substitutes, ignorance, family pressure, and mother's ill health among other factors (Utoo, Ochejele, Obulu & Utoo, 2012).

Similarly the breastfeeding experience of 36 female doctors in Nigeria in a study by Sadoh, Sadoh, and Oniyelu (2011) showed that all respondents knew that babies should be exclusively breastfed for the first 6 months of life however the exclusive breastfeeding rate for the studied doctors was 11.1%. Very few studies have been done on female health workers in Ghana and the challenges they face when going through the practice of exclusive breastfeeding despite their exposure on the need to practice EBF. And fewer studies are available in Africa, West Africa and in Ghana. The intention of this study is to identify factors influencing the practice of exclusive breastfeeding among nursing mothers in general notwithstanding the profession having in mind that women will be encouraged in their practice of exclusive breastfeeding if the very female health workers who advice them in the practice of EBF are practicing what they teach. So by identifying the reasons for the non practice of exclusive breastfeeding as described by the female health workers the first recipient in the training and promotion of EBF policy, one could reach meaningful conclusions to ensure the success

of the EBF among female health workers and therefore promoting the practice of EBF more than before among patients attending health facilities or in contact in one way or another with female health workers.

## II. MATERIALS AND METHODS

This study adopted a descriptive type of non-experimental research design, which is exploratory in order to ascertain on the factors influencing exclusive breastfeeding practices among female health workers.

*Study Area:* This research was carried out among female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State. The hospital is a referral tertiary centre and the only teaching hospital in the state. The hospital is very large with several departments which include medicine, surgical out-patient unit, immunization unit, orthopedic unit, ear, nose and throat unit, ophthalmic, adult emergency unit, children emergency, maternity complex, theatre, chest clinic, psychiatry, laboratory, pharmacy. There are 29 consultants, 300 Nurses, 18 laboratory scientist, 4 pharmacy technician, 125 hospital attendants, and 10 physiotherapists.

All the unit and subunit are going to be involved in this study expect the administrative unit. The targeted populations used for this study are all the female health workers working at Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State consisting of the female nurses, female doctors, female laboratory scientist and technicians, female pharmacist and technicians, female health record officers and female health attendants and assistants.

*Study Design:* This was a descriptive cross-sectional study.

*Sample Size:* The sample size ( $N_0$ ) was calculated using

$$N_0 = \frac{z^2 pq}{e^2}$$

Where  $N_0$  = sample size  $p$  = prevalence rate (11% from above)

$e$  = Standard/ tolerance/sampling error (constant=0.05)

$z$  = Standard normal deviate (set at 1.96 for 95% of confidence level)

$q$  = the proportion of population that does not have characteristics (1-p)

Therefore,  $p = 11\% = 0.11$

$q = 1-p = 1-0.11 = 0.89$

$$N_0 = \frac{1.96^2 \times 0.11 \times 0.89}{0.05^2} = 150$$

10% non-respondent = 1-10% = 0.9 (used for pilot study = 15)

Hence, the sample size of this study will be made up of 150 female health workers.

*Sample Technique and Data Collection:* Data were collected using self-administered semi-structured questionnaire. The

first part of the questionnaire included questions about socio demographic characteristics of respondents while the other five parts of the questionnaire consisted of practice of exclusive breastfeeding, factors influencing practice of exclusive breastfeeding, duration of maternity leave and practice of exclusive breastfeeding, method of delivery and practice of exclusive breastfeeding and availability of help at home and practice of exclusive breastfeeding respectively. The targeted populations used for this study are all the female health workers working at Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State consisting of the female nurses, female doctors, female laboratory scientist and technicians, female pharmacist and technicians, female health record officers and female health attendants and assistants. The allotted questionnaires were then shared randomly, using a systematic sampling method using the health workers on the departmental duty register as the sampling frame. Care was taken to avoid re-administering the questionnaire to those that had previously been administered. The questionnaires were retrieved from each respondent immediately after completion and they were reviewed for completeness. The male health workers were exempted.

**Data Analysis:** The data obtained were analyzed using IBM SPSS Statistics version 23 (IBM Corp., Armonk, NY, USA). The results were presented in frequency tables, charts and Chi-square contingency tables.

Table 1: Sociodemographic Characteristics of the Respondents (Female Health Workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State.)

Profession	Frequency	Percentage (%)
Doctor	5	3.3
Nurse	61	40.7
Pharmacy Technician	23	15.3
Laboratory Technician	15	10
Health Record Officer	23	15.3
Health Assistant/Attendant	23	15.3
<b>Total</b>	<b>150</b>	<b>100</b>
<b>Gender</b>		
Male	-	-
Female	150	100
<b>Total</b>	<b>150</b>	<b>100</b>
<b>Age (By end of 2019)</b>		
20-30 years	31	20.7
31-40 years	72	48
41-50 years	34	22.7
51-60 years	13	8.7
<b>Total</b>	<b>150</b>	<b>100</b>
<b>Marital Status</b>		
Single	-	-

Married	138	92
Divorced/Widow	12	8
<b>Total</b>	<b>150</b>	<b>100</b>
<b>Level of Education</b>		
Tertiary Education	137	91.3
Secondary Education	13	8.7
<b>Total</b>	<b>150</b>	<b>100</b>

### III. RESULTS

The above table 1 shows that 5 (3.3%) of the respondents are Doctors, 61 (40.7%) are Nurses, 23 (15.3%) are Pharmacy Technician, 15 (10%) are Laboratory Technician, 23 (15.3%) are Health Record Officer while 23 (15.3%) are also Health Assistant/Attendant. This implies that majority of the respondents are Nurses. The table also shows that majority of the respondents (100%) are female that have married (90.7%). 20.7% are within the range of 20-30 years, 48% within 31-40 years, 22.7% within 41-50 years while 8.7% are within 51-60 years of age. This implies that majority of the respondents are within the range of 31-40 years of age and are with tertiary education.

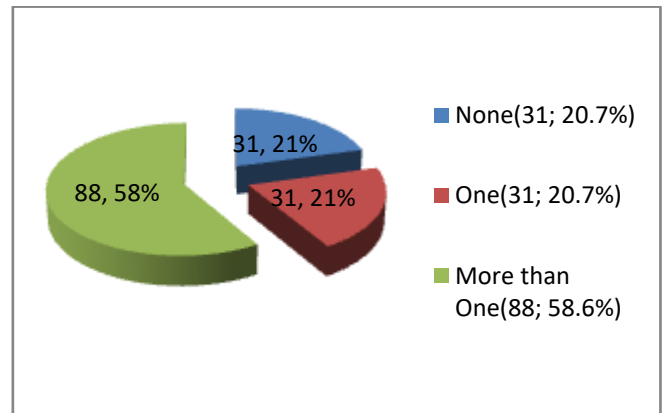


Fig 1: Number of Children Exclusively Breastfed by the Respondents

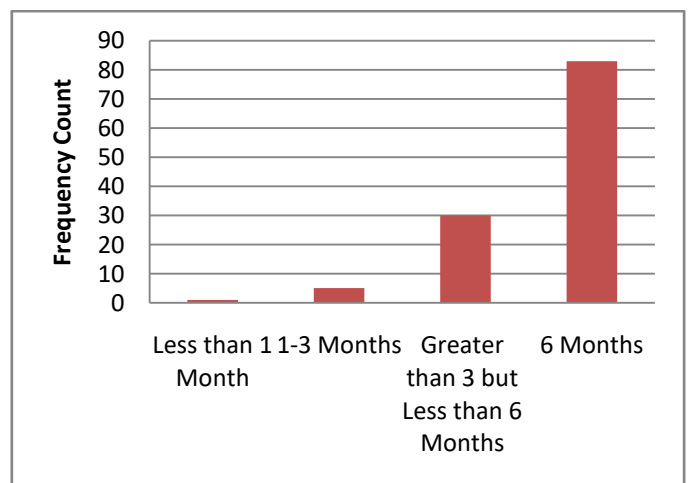


Fig 2: Bar Chart showing the Duration Respondents Breastfed their Child (ren)

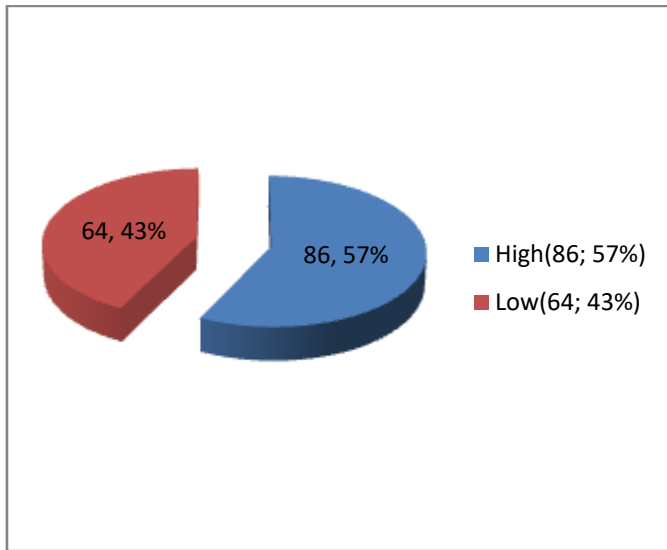


Fig 3: Pie Chart showing the overall level of practice of Exclusive Breastfeeding

Table 2

Which method of delivery did you use in delivering your babies?	Frequency	Percentage (%)
Spontaneous Vaginal Delivery (SVG)	75	50
Caesarean Section (SC)	41	27.3
Both (SVD for one or two children and CS for others)	34	22.7
Total	150	100

Table 3

Which method of delivery encourages you to practice EBF?	Frequency	Percentage (%)
Spontaneous Vaginal Delivery (SVD)	94	62.7
Caesarean Section (SC)	15	10
Both (SVD and CS)	31	20.7
None	10	6.7
Total	150	100

Table 4

ITEMS		Yes	No	Total
Do you practice EBF throughout your maternity leave?	<i>f</i>	116	34	150
	%	77.3	22.7	100
Does your workplace policy permit you to bring your baby to work?	<i>f</i>	15	135	150
	%	10	90	100
Do you have an hour break for breastfeeding during the day?	<i>f</i>	55	95	150
	%	36.7	63.3	100
Is there any creche or daycare within your reach when at work?	<i>f</i>	43	107	150
	%	28.7	71.3	100

Do you continue to practice EBF when you resume from maternity leave?	<i>f</i>	97	53	150
	%	64.7	35.3	100
Do you wish maternity leave duration should be increased to cover all the period of 6months that you practice EBF?	<i>f</i>	147	3	150
	%	98	2	100
If maternity leave duration is increased, will you practice EBF effectively?	<i>f</i>	133	17	150
	%	88.7	11.3	100

Fig 1 shows that 31 (20.7%) of the respondents didn't exclusively breastfeed any of their children and same number of respondents also agreed to exclusively breastfed just one of their children while 88 (58.7%) claimed to exclusively breastfed more than one of their children. It was revealed in fig 2 that 0.84% of the respondents exclusively breastfed their child for less than 1 month, 4.2% for 1-3 months, 25.2% for more than 3 months but less than 6 months while 69.8% did for 6 months. This implies that majority of the respondents exclusively breastfed their child for 6 months. Fig 3 as well showed the overall percentage of respondents practicing exclusive breastfeeding. The breakdown analysis shows that 57% of the respondents are involved in exclusive breastfeeding practice while 43% respondents are not. This implies that majority of the respondents are practicing exclusive breastfeeding. Of the 150 respondents, table 2 showed that majority of the respondents (50%) delivered through Spontaneous Vaginal Delivery (SVG), 27.3% delivered through Caesarean Section (SC) while 22.7% delivered through both (SVD for one or two children and CS for others). It was revealed in table 3 that majority of the respondents (62.7%) agreed with the fact that Spontaneous Vaginal Delivery (SVD) encourages them to practice EBF, 10% claimed Caesarean Section (SC), 20.7% claimed both SVD and CS while 6.7% claimed none of SVD and CS as a delivery method that encourages them to practice EBF. As shown in table 4, majority of the respondents (77.3%) practiced EBF throughout their maternity leave, 90% agreed with the fact that their workplace policy does not permits them to bring their baby to work, 63.3% claimed not to have an hour break for breastfeeding during the day, 71.3% also disputed the fact of having creche or daycare within their reach when at work, 64.7% accepted that they continue to practice EBF when they resume from maternity leave, 98% wish maternity leave duration should be increased to cover all the period of 6months that they practice EBF while 88.7% agreed with the fact that if maternity leave duration is increased, they will practice EBF effectively.

**Table 5: Duration of Maternity Leave \* Practice of Exclusive Breastfeeding Cross Tabulation**

Table 5: Duration of Maternity Leave * Practice of Exclusive Breastfeeding Cross Tabulation							
Count							
		Practice of Exclusive Breastfeeding		Total	X <sup>2</sup>	D.f	P-value
		High	Low				
Duration of Maternity Leave	Less than 90 days	16	0	16	21.26	2	0.000
	Less than 100 days	8	0	8			
	Less than 120 days	62	64	126			
Total		86	64	150			

**Table 6: Type of Delivery \* Practice of Exclusive Breastfeeding Cross Tabulation**

Table 6: Type of Delivery * Practice of Exclusive Breastfeeding Cross Tabulation							
Count							
		Practice of Exclusive Breastfeeding		Total	X <sup>2</sup>	D.f	P-value
		High	Low				
Type of Delivery	Spontaneous Vaginal Delivery (SVD)	75	0	75	117.09	2	0.000
	Caesarean Section (CS)	11	30	41			
	Both (SVD for some and CS for some)	0	34	34			
Total		86	64	150			

**Table 7: Availability of Help After Delivery \* Practice of Exclusive Breastfeeding Cross Tabulation**

Table 7: Availability of Help After Delivery * Practice of Exclusive Breastfeeding Cross Tabulation							
Count							
		Practice of Exclusive Breastfeeding		Total	X <sup>2</sup>	D.f	P-value
		High	Low				
Availability of Help After Delivery	Yes	86	50	136	20.749	1	0.000
	No	0	14	14			
Total		86	64	150			

The study further revealed that since the p-value (0.000) < 0.05 in table 5 which is the significant value, we therefore reject the null hypothesis which earlier stated that there is no significant relationship between the duration of maternity leave and practices of exclusive breastfeeding and accept otherwise. This implies that there exists a significant relationship between the duration of maternity leave and practices of exclusive breastfeeding. Furthermore, it can be concluded from the analysis of the findings that duration of maternity leave is one of the factors that aids exclusive breastfeeding. The more the days given as the maternity leave, the more opportunity to perform exclusive breastfeeding. Table 6 as well showed that since the p-value (0.000) < 0.05 which is the significant value, we therefore reject the null hypothesis which earlier stated that there is no significant relationship between type of delivery and practices of exclusive breastfeeding and accept otherwise. This implies that there exists a significant relationship between type of delivery and practices of exclusive breastfeeding. This further shows that type of delivery determines the effectiveness of exclusive breastfeeding among the women of child bearing

age. Also, it was revealed in table 7 that since the p-value (0.000) < 0.05 which is the significant value, we therefore reject the null hypothesis which earlier stated that there is no significant relationship between homes availability of help at home and practices of exclusive breastfeeding and accept otherwise. This implies that there exists a significant relationship between homes availability of help at home and practices of exclusive breastfeeding. This further shows that availability of help at home gives room for practice of exclusive breastfeeding.

#### IV. DISCUSSION

**In assessing the socio-demographic characteristics of the respondents,** it was observed that majority of the respondents are female Nurses (61, 40.7%) that have married (90.7%). 20.7% are within the range of 20-30 years, 48% within 31-40 years, 22.7% within 41-50 years while 8.7% are within 51-60 years of age. This implies that majority of the respondents are within the range of 31-40 years of age and are with tertiary education.

**In determining the level of practices of exclusive breastfeeding,** exclusive breastfeeding (EBF) during the initial months of life and continued breastfeeding through at least the first two year of life is associated with substantial reduction in the burden of infections and have many beneficial effects on mother's health as well, (Aroona Sabin, Farida Manzur, Saleem Adil, 2017). The findings revealed that out of the 150 respondents involved, 171 (57%) are involved in practicing of exclusive breastfeeding while 129 (43%) are not. This is related to a statement reported by Nouffan Danielle (2013) that the prevalence of exclusive breastfeeding rates for all women varies worldwide. It was also observed from the findings that 0.84% of the respondents exclusively breastfed their child for less than 1 month, 4.2% for 1-3 months, 25.2% for more than 3 months but less than 6 months while 69.8% did for 6 months. Numerous studies have shown the benefits of exclusive breastfeeding (EBF) and its relevance in maternal and infants outcomes. There is evidence for delayed return of menses with an additional two months of exclusive breastfeeding (Nouffan, 2013) from the previous four months of EBF. The benefits of prolonged amenorrhea (no menses) include increase birth spacing and reduced blood loss during delivery, resulting in reduced iron requirements for lactating mother (Dewey, Cohen, Brown & Rivera 2011). There is also good evidence that six months comparing to four months of exclusive breastfeeding provide infants with additional protection against gastro intestinal infections (Kramer et al., 2013).

**In assessing the duration of maternity leave and practice of exclusive breastfeeding,** it was revealed from the findings that majority of the respondents (82.7%) have between 4 and 8 hours of work per day during the first six month postpartum while 17.3% have less than 4 hours. majority of the respondents (77.3%) practice EBF throughout their maternity leave, 90% agreed with the fact that their workplace policy does not permits them to bring their baby to work, 63.3% claimed not to have an hour break for breastfeeding during the day, 71.3% also disputed the fact of having creche or daycare within their reach when at work, 64.7% accepted that they continue to practice EBF when they resume from maternity leave, 98% wish maternity leave duration should be increased to cover all the period of 6months that they practice EBF while 88.7% agreed with the fact that if maternity leave duration is increased, they will practice EBF effectively. Breastfeeding a baby at least once every 2 – 3 hours encouraged the constant supply of milk and breastfeeding about 8 times a day tend to sustained copious milk supply. This result in many working mothers finding it difficult in meeting this requirement if their job does not allow opportunity to breastfeed (Ojong , Chiotu & Nlumanze, 2015). The findings further revealed that majority of the respondents (84%) are granted between 100-120 days of maternity leave in their working facility. (Guendelman et al) had also noted in their study that job flexibility which enables mothers to express milk when needed contributes to longer breast feeding duration. This suggests that mothers commenced other foods

or drinks in anticipation of returning to work. This finding is similar to that of (Guendelman, Lang, Pearl, Graham, Goodman and Kharrazi, 2009) who noted that women who returned to work were most likely to wean between the month before and two months after the return to work.

**In determining the methods of delivery and practice of exclusive breastfeeding,** it was revealed in this finding that 38% of the respondents were delivered in teaching hospital, 30.7% in regional hospital while 31.3% were delivered in private hospital. 50% delivered through spontaneous vaginal delivery (SVD), 27.3% through caesarean section (CS) while 22.7% delivered through both methods. Majority of the respondents claimed spontaneous vaginal delivery (SVD) as the method of delivery that encourages them to practice exclusive breastfeeding. Also, for the children delivered through spontaneous vaginal delivery (SVD), they were claimed to be exclusively breastfed (85.2%) while those delivered through caesarean section (CS) were also exclusively breastfed (63.4%). This implies that spontaneous vaginal delivery (SVD) aids more exclusive breastfeeding than caesarean section (CS).

**In assessing the availability of help at home and practice of EBF,** the finding revealed that majority of the respondents (90.7%) claimed to have help at home after delivery of their children which last long for about 4-6 months. Furthermore, despite the availability of help after delivery, majority of the respondents agreed to practice exclusive breastfeeding (88.7%), 52% of the respondents still claimed of practicing exclusive breastfeeding even when help is not available while 48% did not, 55.3% of the respondents also accepted the fact that availability of help affect their practice of exclusive breastfeeding while 44.7% disagreed. Lastly, majority of the respondents (84.7%) agreed with the fact that if they have help available all the time after delivery, they will still practice EBF.

## V. SUMMARY

This research is a cross-sectional study to investigate the factors influencing exclusive breastfeeding practices among female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State. A self-designed questionnaire was used to collect data from 150 female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State. It was discovered that exclusive breastfeeding is supported by the female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State and are willing to practice it if indicated. Data was analyzed using frequency tables, figures and percentages. Null hypothesis was tested at 5% level of significance. The result revealed that there is a significant relationship between the duration of maternity leave and practices of exclusive breastfeeding, type of delivery and practices of exclusive breastfeeding and homes availability of help at home and practices of exclusive breastfeeding.

## VI. CONCLUSION

Based on the research findings, it can be concluded that majority of the female health workers in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Ekiti State, Nigeria had high knowledge on exclusive breastfeeding, the practice of exclusive breastfeeding was highly adequate and knowledge of EBF was significantly associated with practice of EBF. This means that as level of knowledge is high, the practice of EBF is also highly adequate.

## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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