

## ASSESSING THE EXTENT OF INFORMATION GAP IN EXCLUSIVE BREASTFEEDING AMONG WOMEN IN ANAMBRA STATE



ENEOME EUGENIA<sup>\*</sup>

### **Abstract**

*This study assessed the information gap of exclusive breastfeeding among the women of child-bearing age in Anambra State. The study is anchored on the diffusion of innovative theory, and among other things aimed at ascertaining the comparative level of awareness, practice and attitudes of women of child bearing age in rural and urban settings on exclusive breastfeeding. The study adopted a survey research approval and drew a sample of 300 respondents using the purposive sampling technique. The researcher used questionnaire as the instrument for data collection. Results obtained from the study revealed a good knowledge of exclusive breastfeeding among the respondent but revealed a disparity in the attitudes and practices of exclusive breastfeeding between urban literate women and rural illiterate women. The study concluded that rural women are yet to fully appreciate the value of exclusive breastfeeding. The study recommended the use of community theatre to further engage rural women on exclusive breastfeeding.*

**Keywords:** *Information, Gap Exclusive Breastfeeding, Women.*

### **Introduction**

In the area of health, there are common expressions such as “health is wealth”, and “a healthy nation is a wealthy nation”. The above axiomatic expressions, perhaps, explain the idea behind the global attention the health system has attracted, particularly with regard to the vulnerable members of the society. In the past three decades, the global society is inundated with one orchestrated public health campaign or the other. The decades witnessed the measles campaign, the campaign against poliomyelitis, the malaria campaigns the Human Immune Deficiency Syndrome (HIV)/Acquired Immune Deficiency Syndrome Campaign, among others. Some of these public health campaigns were the offshoot of the Millennium Development Goals (MDGs) – the eight international development goals for the year 2015 – established following the Millennium Summit of the United Nations, in 2000, following the adoption of the United Nations Millennium declaration.

---

<sup>\*</sup> PhD Candidate, Department of Mass Communication, Anambra State Polytechnic, Mgbakwu

WHO (2016) attributes the cause of child mortality rates to cost-free/ low-cost preventive diseases/sickness such as pneumonia, diarrhea, injuries malaria HIV/AIDs, measles and cough, adding that one of the ways of preventing or controlling some of these diseases/sickness, especially pneumonia, diarrheal and malaria is through exclusive breastfeeding. In a book titled: *Basic Health Information on Maternal, Newborn and Child Health*, UNICEF (No Date p 64) informs that breastfeeding helps protect babies and young children against dangerous illnesses, adding "families can help prevent pneumonia by giving babies only breast milk for the first six month of life". It is also scientifically argued by medical experts that good nutrition is an antidote against diseases, hence the correlation between exclusive breastfeeding and reduction of what the WHO (2000) calls the child-killer diseases (Pneumonia, malaria, diarrhea, measles and cough). There are numerous scientific substantiations that the breast milk contains all the food nutrients a child needs for the first six months before supplementary food is introduced. This account, for why numerous organizations such as The American Academy of Family Physicians (AAFP, 2008) the United States Department of Health and Human Services (USDHHS, 2009), the World Health Organization (WHO, 1990) UNICEF 1990, among others have endorsed breast milk as the optimal source of nutrients for infants. Feldman (1999), cited in Danso (2014), writes that breastfeeding can save premature infants, from life intimidating gastro-intestinal diseases such as necrotizing enterocolitis, it lessens the occurrence of otitis media, severe bacteria infection such as meningitis, bacteremia, lower respiratory infection and Botulism.

Given that the rate of child morbidity and mortality are higher in developing rural communities, which are associated with poor health care facilities, ignorance, lack of portable water, malnutrition, poverty and war, there is therefore the need for a public awareness campaign on exclusive breastfeeding practice as an important health culture among women of child bearing age and nursing mothers in rural communities.

### **Statement of the Problem**

The essence of any public health campaign is to create awareness and ensure compliance with therapeutic measures by the target population. The campaign for exclusive breastfeeding expects the target population to be sufficiently informed and significantly influenced to develop a positive attitudes towards the phenomenon. This cannot be achieved without information – which is considered both the raw material and the finished product of communication. Without doubt, there are empirical studies on knowledge, attitudes and practices of exclusive breastfeeding. There are also empirical studies on the benefits of exclusive breastfeeding among nursing mothers and their babies. There is, nevertheless, much less research on the information gap of exclusive breastfeeding among women in Anambra State. This is considered a major gap in knowledge which necessitated this study.

### **Objectives of the study**

In view of the problems highlighted above, the study is designed to assess the extent of information gap in exclusive breastfeeding among women in Anambra State. Specifically, this is designed to achieve the following objectives.

1. To ascertain the proportion of the women in Anambra State who are aware of exclusive breastfeeding.
2. To determine the proportion of the respondents who know the benefits associated with exclusive breastfeeding.
3. To find out the significant proportion of nursing mothers who practice exclusive breastfeeding among women in Anambra State.
4. To determine the comparative level of awareness and practice of exclusive breastfeeding among literate and illiterate women in Anambra State.
5. To find out the general attitudes of nursing mothers in Anambra State on exclusive breastfeed practice and behaviour.

### **Literature Review**

The literature review for this research is done under the following sub-headings: conceptual review, theoretical framework and empirical reviews.

#### **Conceptual Review**

##### **Conceptualizing Exclusive Breastfeeding**

Breastfeeding is a common concept in reproductive health. The practice of an infant or a new born baby suckling the breast of her mother is referred to as breastfeeding. Nursing mothers breastfeed their new born babies so as to provide the infant babies with the needed nutrients for development and growth. When nursing mothers provide for their new born babies only breast milk for a specified period of six months, it is referred to as exclusive breastfeeding. The infants receive only breast milk; no other liquids or solids are given (not even water) for the period. The only exceptions, in few cases, are oral rehydration solution, drops/syrups of vitamins, minerals or medicines.

Breast milk is the natural and original first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life.

World Health Organization recommends "that infant should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more". Breast milk contains all the nutrients infant requirements in the first six months of life.

It protects against common and widespread childhood diseases such as diarrhea and pneumonia and may also have longer-term benefits such as lowering mean blood

pressure and cholesterol, and reducing the prevalence of obesity and type-2 diabetes (WHO, 1990; WHO, 2001). To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO (2001) and UNICEF (2000) recommend:

- Initiation of breastfeeding within the first hour of life.
- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water.
- Breastfeeding on demand – that is as often as the child wants, day and night
- No use of bottles, teats or pacifiers

Breastfeeding is an unsurpassed method of providing ideal food for the healthy growth and development of infants. It is also a fundamental part of the reproductive process with imperative implications for the health of mothers. Breastfeeding served and continues to serve as an appropriate method through which newborns are offered essential nutrients necessary for optimal growth and intellectual development.

Breast milk is regarded as ideal, natural and protective food for newborns. Given that prolonging people's lives (by reducing mortality) and preventing disease (by reducing morbidity) are some of the goals of public health (Brulde, 2011), breastfeeding or exclusive breastfeeding has been recognized as an efficient advance to the achievement of these goals. In a study by Vennemann and colleagues (2009) breastfeeding was found to be protective against sudden infant death syndrome by reducing the risk by 50% at all ages during infancy; these benefits have been reported to exhibit dose response relationship, that is health gains increases with increases in duration and exclusively.

Infants when exclusively breastfeed for the optimal duration of six months are considerably protected against the major childhood disease conditions viz. diarrhea, gastrointestinal tract infection, allergic disease, diabetes, obesity, childhood leukemia and lymphoma, inflammatory and bowel disease (WHO, 2012; American Academy of Pediatrics, 2012). In particular, the risk of hospitalization for lower respiratory tract infections during the first year of life is reduced by 72% when infants are exclusively breastfeed for more than 4 months (American Academy of Pediatrics, 2012, p. 828) Duncan *et al* (2009, p. 867) also found exclusive breastfeeding to be protective against single and recurrent incidences of otitis media. Infants who were given supplementary foods prior to 4 months had 40% more episodes of otitis media than their counterparts.

Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia and helps for a quicker recovery during illness. Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment (WHO, 2001).

Breastfeeding reduces the mothers risk of fatal postpartum hemorrhage and premenopausal breast and ovarian cancer. Frequent and exclusive breastfeeding contributes to a delay in the return of fertility and helps protect women against anemia by conserving iron. Breastfeeding provides frequent interaction between mother and infant, fostering emotional bonds, a sense of security, and stimulus to the baby's developing brain (WHO, 2001).

Korach (2002), cited in Danso (2014)m explains that formal breastfeeding policies in hospitals, staff and physician training in breastfeeding management, and rooming-in have been shown to positively affect breastfeeding promotion efforts. Strategies such as the Baby-Friendly Hospital Initiative (BFHI), peer counseling paternal support, and education of the mothers and health care professionals have been used to promote breastfeeding globally (WHO, 2018).

A study showed that a 1.5-hour mandated breastfeeding education intervention of nursing staff significantly increased the compliance of the BFHI and breastfeeding beliefs over a 7-month period at the intervention site compared to control site. The rates of EBF also increased by 23% (31% vs. 54%), and fewer nurses offered supplementation (45% vs. 87%) after the intervention (Martens, 2000). Although breastfeeding promotion or intervention programs have focused on educating the mothers, family members and employers about the benefits of supporting breastfeeding, not much attention has been paid to the health professionals influencing these target groups. Surveys evaluating health care professionals' knowledge and attitudes about breastfeeding revealed that those professionals do strongly advocate to their clients that breastfeeding is the optimum method of infant feeding (Pascoe *et al.*, 2002).

Support from governmental programmes, health professionals, and education in schools is very significant for the promotion of exclusive breastfeeding and for bringing about changes in person's behaviour. Valuable educational efforts require knowledgeable health professionals to compel these efforts; consequently, students majoring in health sciences such as public health, nutrition and home economics should be comprehensively educated and trained to support and advocate breastfeeding.

In acknowledgment of the indispensable responsibility of exclusive breastfeeding in respect of infants' continued existence strategies, numerous actions have gone into scaling up the rates in developing countries where prevalence of child malnutrition and mortality is still soaring. Nonetheless, success in increasing the levels of exclusive breastfeeding have relatively been modest.

### **Communication and Exclusive Breastfeeding Campaign**

The building of a positive environment health culture, such as the exclusive breastfeeding, cannot be achieved without a holistic communication approach. The cultivation of such a positive health culture is, therefore, strictly a communication process. As earlier stated, communication is the process of sharing ideas, meanings,

opinions, views, experiences, knowledge, among others. The above definition without doubts portrays a linkage between the domains of communication and health. This rests on the belief that communication, when applied well, can create awareness and cause some behavioural change through persuasion. The National Cancer Institute (1989), cited in WHO (2019) has established the role of communication in health care as to improve personal and public health. To this end therefore, communication has been used successfully to influence knowledge, attitudes, behaviour, habits and custom regarding health promotion. Depending on the nature of the health campaign and the target audience the communication approach and channels may differ. But in most cases, a holistic communication approach, which will involve the combination of media, is advocated.

Communication is therefore imperative in the exclusive breastfeeding campaign because it provides nursing mothers and women of child-bearing age with health information associated with exclusive breastfeeding. Health information and communication are powerful tools for the adoption of healthy behaviour necessary to inculcate exclusive breastfeeding as a health culture. The fact that human behaviour is a major factor in imbibing the culture of exclusive breastfeeding reveals why successful health campaign must focus on behaviour and attitudes. People must understand the need to adopt or change health behaviour and this can come through effective health communication.

Ratzan (1995), cited in WHO (2019), defines health communication as the art and technique of informing influencing and increasing individual, institutional, and public awareness about important health issue. According to Healthy people 2010 (2000, p2), health communication encompasses the study and the use of communication strategies to inform and influence individuals and community decisions that enhance health. The scope of health communication includes disease prevention, health promoting health care policy and the business of health care as well as enhancement of the quality of life and health of individuals within the community.

### **Theoretical Framework**

This study is anchored on the Diffusion of Innovation theory and the Theory. Diffusion of Innovation Theory was developed by Everett Rogers in 1962 (McQuail, 2005), the Diffusion of Innovation theory is one of the oldest social science theories, which originated in communication to explain how ideas, opinion, vies, thoughts, experiences, over time, spread through a specific population or social system. The end result of the diffusion and innovations theory is the adoption of the specific idea by the target audience. The adoptions process is accomplished through the stages of awareness, decision to adopt (or reject) the innovation, initial use of the innovation to test it, and continuous use of the innovation.

Looking at the process of the diffusion and innovation, the role of communication can easily be discerned particularly in the first stage of the process

(awareness creation). The relative advantage, compatibility, complexity, will influence the adoption of the innovation at the second and other stages of the process.

The diffusion and innovation theory is suitable for this study because the idea about exclusive breastfeeding has to first be communicated to the target audience. The awareness created thereof will trigger the earlier adopter who decided to use and test the innovation and then continued to the last stage.

### **Empirical Review**

Maonga, A.R., Mahande, M.J. and Msuya, S. E. (2014) “Factors Affecting Exclusive Breastfeeding and among women in Muhenza District Tanga, North-Eastern Tanzania.

The study found out that breast milk being insufficient for Childs growth, being thirsty and the need to introduce herbal medication for cultural purpose as reasons for early mixed feeding. The study recommends increased exclusive breast feeding training during antenatal and post natal visits. The gap in the reviewed study is that the target populations are ignorant of the benefits of exclusive breast feeding.

Mulugata, W. A., Netsanet, H. B. Nigusie, B.T and Selam, F. K. (2017) The study aims at assessing the knowledge and attitude towards exclusive breast feeding among mothers attending antenatal care and immunization clinic.

Dabat Health Center, Northwest Ethiopia, 2016. The data was collected by using pretested, structured interview based questionnaires. In this study, the knowledge of study of participant mothers towards exclusive breast feeding is more than three fourth in the study. The researcher recommends that health care workers who work in the area of maternal and child clinic should give appropriate information about exclusive breast feeding. Dunsu, J. (2014) *Examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana*. This study examined the practice of exclusive breastfeeding among professional working mothers in Kumasi Metropolis of Ghana. The study adopted cross-sectional survey design. The study found out that professional working mothers find it difficult to exclusively breastfeed their babies due to the nature of their job influence under the practice of exclusive breast feeding. It was recommended that government must guarantee that workplace is free of harassment and embarrassment for breast feeding mother, and every employers to provide breast feeding and necessary facilities, to enable breast feeding mothers have hygienic free and comfortable environment for breast feeding. This reviewed study is similar to the present paper contextually. However the gap in the reviewed study is that the target populations are ignorant of the benefits of exclusive breastfeeding. This gap will be filled by the present study.

### **Area of Study**

The area of the study is Anambra State, Nigeria. The area is one of the five South Eastern states in Nigeria and has boundaries with Kogi and Enugu states in the North,

Delta State in the West, Imo and Abia states in the east. The administrative capital of the state is Awka with two commercial centres at Onitsha and Nnewi.

### **Methodology**

The survey research method was adopted for this research because survey is oriented towards studying the relationship between variables; it involves the people, their attitudes, opinions, beliefs and perceptions on a given phenomenon. The population of the study comprises women of child-bearing age, nursing mothers, and pregnant women who attend ante-natal and post-natal cares at the primary health centres in the area. A sample size of 300 women was purposively selected for the study, as follows:

Anambra North Senatorial District	-	100
Anambra South Senatorial District	-	100
Anambra Central Senatorial District	-	100

300 copies of questionnaires were distributed to the respondents for data collection. A total of 276 copies of questionnaire were returned, representing 92%.

### **Discussion of Findings**

The result of our findings revealed that a significant proportion of the respondents was aware of the exclusive breastfeeding campaign in the state. In table 1, which analyzed the research question one, 93.5% of the respondents (258) affirmed that they are aware of the campaign for exclusive breastfeeding while 6.5% of the respondents (18) feigned ignorance. This implies that the people of Anambra State have a good knowledge of exclusive breastfeeding. This finding is consistent with the result of Mulugata, W. A. *et al* (2017), which evaluated the knowledge and attitude towards exclusive breastfeeding among mothers attending ante-natal and immunization clinic at Dabat Health Centre North-Western Ethiopia, which found out that 69.8% of the sample population have a good knowledge of exclusive breastfeeding.

Our second finding also revealed that majority of the respondents knows the benefits associated with exclusive breastfeeding. In table 2 of our data analysis 79% of the respondents (218) answered the research question affirmatively while 23 respondents (8%) did not affirm. This further goes to corroborate Mulugata's (2017) finding on good knowledge of exclusive breastfeeding among respondents.

Response to research question three revealed that only 44% of the respondents (122) had at one time practiced exclusive breastfeeding completely while 30% of the respondents (82) had practiced exclusive breastfeeding for a maximum of two months. The other finding revealed months. The other finding revealed that 28 respondents (10%) had practiced it for an upward of 3 months while 44 respondents (16%) did not practice it at all. This finding is in agreement with the theory of Diffusion of Innovation which has stages of adoption of an innovation. The 44% of the respondents who practiced exclusive breastfeeding completely can be classified

as early adopters while the 16% of the respondents who had not practiced it can be regarded as the laggards.

Our fourth finding revealed that 120 respondents (43.5%) attributes the inability of nursing mothers to practice exclusive breastfeeding to the career factor while 34% attributes to farming activities. This finding is in tandem with the research of Maonga, A. R. *et al* (2014) on the factors affecting exclusive breastfeeding among the women in Muhenza District, North Eastern, Tanzania. It is also in agreement with the research of Dunga (2014) which found out that professional working mothers found it difficult to practice exclusive breastfeeding.

Research question five revealed that literate women find it easier to adopt and practice exclusive breastfeeding. This is in agreement with the two-step theory of communication. The literate opinion holders, who adopt the innovation first, would then cascade the information down the line. The 6<sup>th</sup> research question also revealed that the urban settlers have a better knowledge and practice of exclusive breastfeeding than the ruralities. On attitude to exclusive breastfeeding practice our research question of revealed on even distribution of respondents along positive attitude and moderate attitude toward exclusive breastfeeding.

### **Conclusion**

There is still a knowledge gap among Anambra State women on exclusive breastfeeding. Women at cities/urban centres have full knowledge about exclusive breastfeeding; they know its benefits and equally have a positive attitude towards the phenomenon. The population of respondents at rural areas still has poor attitude and behavioural practices toward exclusive breastfeeding. Although the rural population has full information about the phenomenon, the level of practice is still very low.

### **Recommendations**

It is recommended that community theatre be applied at the rural areas to further drive home the philosophy of the message on exclusive breastfeeding. It is equally recommended that other engagement communication paradigms should be used to carry out effective campaign on exclusive breastfeeding. Furthermore, it is recommended that every woman who attend ante-natal care should be made to receive counseling on exclusive breastfeeding. In house counseling method is also recommended.

### **References**

- American Academy of Paediatrics (AAP) (2012). Breastfeeding and the use of human milk, *Paediatrics*, 129 (3) pp 827 – 841.
- Bitchway, S. and Hoang, U. (2016). “Reflections on the UK: first public health film festival”, *Perspectives in Public Health*, 136 (1): 23 – 24.
- Centre for Disease Control (CDC) (2013). *Health Communication Basics*.

- Duncan, B. et al (2009). Exclusive Breastfeeding for at least 4 months protects against otitis media *Pediatrics*, 91 (5).
- Ford, L. (2014). Campaign and Welcome Milestone Agreement at UN Gender Equality Talks, *The Guardian* [https:// the guardian.com](https://the-guardian.com)
- McQuail, D. (2005). *McQuails' Mass Communication Theory* (5<sup>th</sup> Ed), London: Sage Publishers.
- Nigeria Bureau of Statistics (NBS) (2018). *Multiple Indicator Cluster Survey 2016 – 2017, Final Report USA: USAID.*
- United Nations Inter Agency Group for Child Mortality Estimate (UNIGME) (2019). *Under-Five Mortality*, <http://data.unicef.org/topical/child>.
- WHO (1990). *Innocent Declaration on the Promotion, Protection and Support of Breastfeeding*, Geneva: WHO.
- WHO (2001). *Global strategy for Infant and Young Child Feeding: The optimal duration of exclusive breastfeeding* Geneva Switzerland: WHO.
- WHO (2016). *Time to Respond: A report on the global implementation of maternal death surveillance and response*, Geneva: WHO.
- WHO (2019). *Breastfeeding and Nutrition* <https://www.who.int/nutrition/topic>.
- WHO (2019). *Infant and Young Child feeding* Geneva: WHO.