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EXCLUSIVE BREAST FEEDING AS A PREDICTOR OF A NATURAL BIRTH CONTROL METHOD AMONG WOMEN IN THE SOUTH WEST, NIGERIA

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ABSTRACT

This study was carried out to assess the utilization of exclusive breastfeeding as a predicator of natural birth control among women in the south western Nigeria. Related literature was reviewed on different methods of National birth control with much emphasis on the useful ideas and the benefits of breastfeeding to both the nursing mothers and their babies.

The population for the study consist only nursing mothers who are attending the infants welfare clinic, family planning clinic and ante-natal clinic which include civil servants, Traders and artisans. Four hundred subjects were randomly selected from about five thousands population of nursing mothers within the state in the south western Nigeria for the study. The instrument used for the study was self structured questionnaire that were validated by experts in the area of study and tested for the reliability of study using split half. A spearman rank order was used to analyze the result. A correlation coefficient of (0.75r) was obtained which ascertain its reliability for the study. The instrument was administered by the researcher and five research assistance. An inferential statistics of chi-square was used to analyze the formulated hypotheses.

The result revealed that most respondents lack the knowledge about the benefit of exclusive breastfeeding, the nature of their work does not permit them to give exclusive breastfeeding. The health status of mothers and settlement pattern have influence on their compliance to exclusive breastfeeding.

It is therefore recommended that appropriate steps through advocacy and campaign jingles be carried out by the stakeholders in the health sector; waiver should be given to nursing mothers to attend to their babies wherever the need arises to breastfeed them either at home or in the work place by their employers.

Keywords: Exclusive Breast Feeding, Predictor, Natural Birth Control Method, Women

INTRODUCTION

In the first year of live, growth is very rapid and so breast milk is the best as it is the essential food nutrients in the correct quantity for child growth and development. She further advocated that before commencing on weaning of children, the child should be solely on breast milk for six months and should be breast fed for at least eighteen months[1].

Wickles ascertained two types of feeding which is natural feeding (breast feeding) and artificial feeding (cow milk) called formulae. Breast feeding still remain the most acceptable and culturally practiced in Nigeria. It is ideal, economical, hygienic, most balanced and is practicable among mothers to ensure that babies are adequately feed four hourly or less often[2].

Vanghiest et al identified various benefits of breast feeding to infants, mothers, families, and the society at large. These benefits cut across health, nutritional and developmental status. The breast feed infant is generally healthy, have a normal growth and development with a tremendous decrease in the risk of acute or chronic illnesses[3]. Babies need regular and intimate contact with human being for their survival and emotional stability. This can easily be achieved through exclusive breast feeding of babies by which regular contacts is ascertained[4]. In some countries such as Latin America, Asia and African where children do not receive enough breast milk, whereby substitutes like herbal tea, water, glucose drink and other liquid are used within six months of birth, low protein calories, malnutrition, diarrhea and other nutritional deficiency diseases usually abound leading to a higher infant mortality rate [3]. Some factors that influenced the practice of exclusive breast feeding must not be under estimated, such as the age and knowledge of mothers, occupation of mothers, religions and cultural affiliation of mothers, the health status of mothers and the settlement pattern of mothers. Guthie said the working class mothers tends to practice mixed feeding for lengthy period of time because of the nature of their work [5].

Although religion does not go against breast feeding of babies, some workers felt that religious women don't usually have enough time to breast feed their babies due to much involvement in activities that do occupy their time[6]. Barnnet affirmed the fact that urban dwellers mothers seldom have enough time to breast feed their babies and that they do drop their babies at day care centers or with their mothers or neighbours. The availability of various baby food substitutes in the urban areas also influenced the compliance with exclusive breast feeding of babies [7].

Apart from the children as beneficiaries, mothers also benefit from exclusive breast feeding. This is because exclusive breast feeding controls fertility by suppressing ovulation and thus serves as a natural birth control method. Frequent breast feeding allows for the level of milk making hormones to stay high enough to suppress fertility hormones[8,] this usually means breast feeding at least every two to three hours during the day, or as

often as baby needs. Delay the introduction of solid food and wait until baby is at least 6 months to introduce solid food and then make them an addition to, not a substitute for breast feeding.

Studies have shown that, women who practice the above steps will averagely have 14 months before their periods and fertility return[8]. Breast feeding and family planning are components of reproductive health, (i.e. a state of complete physical, mental and social well being, and not merely the absence of reproductive disease or infirmity). Breast feeding as a predictor of fertility control method is readily available, cheap, and have no negative health implication when faithfully practiced.

Family planning according to W.H.O (1971) is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by an individual and couplers in order to provide health and welfare of the family group and this contribute effectively to the social and economic development of the country[9]. This implies, the means by which individual or couple space the process of conception, pregnancy and child birth at intervals that is mutually determined by both husband and wife in order to have a desired number of children that they can conveniently maintain[10.] Family planning is the voluntary pregnancy planning and action of people to prevent, delay or achieve a pregnancy [11]

The global initiative to promote exclusive breast feeding as a prediction of natural birth control is still a concern in Nigeria. During the visit of the researcher to some family planning centers of some hospitals, it was observed that many users of birth control methods are generally poorly informed about the appropriate use of exclusive breast feeding as a natural birth control. Greater percentage of women consulted had no knowledge about breast feeding and some even ignorantly do it wrongly. It was further observed that greater percentage of nursing mothers opt for divers' methods of birth control that may sometimes cost them some amount, or even tend to complicate their health condition or lead to health problems. Their action might have emanated from inadequate knowledge or inadequate information on the available birth control methods. The present study therefore looks at exclusive breast feeding as a predictor of a natural birth control method among women in the south west, Nigeria, and to assist educational activities by trying to assess the rate of compliance to exclusive breast feeding.

Research questions

1. Does the age of mother influence their knowledge about the use of exclusive breast feeding as birth control method?
2. Does occupation of mothers influence their compliance with exclusive breast feeding as natural birth controls?

3. Does educational status of mothers influence the understanding of exclusive breast feeding as natural birth control method?
4. Does religion/culture of mothers influence the practice of exclusive breast feeding as natural birth control method?
5. Does health status of mothers influence full utilization of exclusive breast feeding for as natural birth control method?
6. Does settlement pattern of mothers influence full utilization of exclusive breast feeding as natural birth control method?

Research hypotheses

Ho_1: There is no significant relationship between the age and knowledge of mothers about exclusive breast feeding as natural birth control method.

Ho_2: There is no significant relationship between the occupation of mothers and compliance with exclusive breastfeeding for a natural birth control method.

Ho_4: There is no significant relationship between religion and cultural affiliation of mothers and the practice of exclusive breast feeding as natural birth control method.

Ho_5: There is no significant relationship between the health status of mothers and full utilization of exclusive breast feeding as natural birth control method.

Ho_6: There is no significant relationship between mother's settlement pattern and utilization of exclusive breast feeding as natural birth control method.

Purpose of the study

1. The purpose of this study is to identify the different methods of family planning and asses the rate of their compliance, especially exclusive breast feeding as a natural birth control method.
2. To assist educational activities and advocacy that will allow for full acceptance and utilization of exclusive breast feeding as natural birth control and its related benefits.
3. The study also intends to provide answers and recommendations towards the different research questions raised in the study for effective outcome.

Scope and delimitation of the study

The study will be limited to the women of child bearing age in the south west Nigeria. This will further be delimited to the independent variable of exclusive breastfeeding and dependent variables of birth control among nursing mothers.

Research Methodology.

The research design adopted for this study is the descriptive survey design. This survey design is considered appropriate because according to Denga , it aims at collecting large and small sample from the population in order to examine the distribution incidences and interaction of educational and sociological phenomena[12].

The population for the study, which is about five thousand mothers will be streamlined to nursing mothers attending post natal examination clinic, infant welfare clinic and family planning clinics of the selected hospitals of studies. About 400 nursing mothers across the south western states will be used for the study. These will be spread across six states which include Ogun, Lagos, Oyo, Osun, Ekiti and Ondo states respectively. This is in line with Fisher et all that says whenever the population of study is less than 10,000 people, the population sample should be 286 [8]. The sample size of 400 people is enough to represent the target population.

Daramola described sampling procedure as a process employed to select required population of a target population. The sample from a population represents part of the population that has the characteristics of the target population under investigation[13]. A probability sampling technique will be used because it is seen to be truly representative of the larger population from which it is drawn. The essence of probability sampling is that each elements of the larger population has a known probability of being selected of which findings from analysis of the sample data can be taken as representative of the general population. Stratified sampling technique in conjunction with simple random sampling will ensure the desired representative of specified sub group i.e. age distribution of the respondents in the sample.

The major instrument for the study will be a self structured questionnaire. The questionnaire will consists of two sections. Section 'A' will deal with the respondents demographic data such as sex, age, educational qualification, work type, settlement and status. Section ' B ' will consists of question items which will have the subject matter of the study in focus. This will be grouped into five sub sections i.e. age distribution, occupational distribution, educational qualification, religion /cultural status, settlement pattern and health status. The questionnaire will be designed using the likert scale of strongly agree, Agree, Disagree and strongly disagree in appropriate column. These will be scored 4-1 in descending order to reflect the choice of the respondents.

Validity is one of the most crucial properties of measurement and it is concerned with whether a test or scale really measure what it is supposed to measure. For many data gathering procedures such as questionnaires, content validity is the strongest technique available to researchers[14]. The researcher will establish content validity by writing down all items connected with exclusive breast feeding as a predictor of a natural birth control among women in south western Nigeria. Each item will be vetted to his satisfaction. The items will be given to the project supervisor and three other experts in education and social research in the University for Scrutiny and suggestions. Items that will finally be used will be selected base on the suggestions of the experts.

Reliability as the consistency, accuracy, stability and trustworthiness of a measuring instrument. That is how far the same test or a similar one would give the same result if it could be done again by the same respondents or different set or equivalent respondents under the same condition[15]. To determine the reliability of the instrument, a pivot study of test- retest reliability procedure will be used within two weeks interval on a sample of forty respondents in two states i.e. Ogun and Lagos states both in south western Nigeria. These will be analysed and computed to get the findings or results which will later be compared with the other set of scores obtained from other administrators. Pearson product moment correlation (P.P.M.C) will be used to compute relationships in the two sets of score obtained from the two administrators. The result will determine the reliability of the instrument.

The questionnaire forms will personally be administered with about five trained research assistants to the respondents in their respective hospitals of attendance in their states and will be retrieved. This will enable the researcher and research assistants to give necessary instruction that will ensure correct responses and also assure the respondents of confidentiality of whatever information they will give. Adequate time will be allowed for the respondents to complete the questionnaire forms.

The methods that will be adopted for the analysis of the data obtained from respondents will includes the use of frequency count, percentage and Pearson product moment correlation (p.p.m.c) statistical methods. Frequency count and percentage will be used to determine the respondent's personal data, while chi-square and linear regression will be used to test the hypotheses proposed for the study.

RESULTS

This aspect presents the analysis of the data gathered from the questionnaire distributed. This was done by using tablets to show for the demographic and statistical data.

Table 1: Personal characteristics of respondents

Characteristics	Frequency	%
AGE		
18-27yrs	45	13.3
28-33yrs	260	65.0
34-43yrs	65	16.3
44yrs above	30	7.5
MARITAL STATUS		
Single mother	86	21.5
Married mother	220	55.0
Divorced mother	94	23.5
EDUCATIONAL QUALIFICATION		
M.Sc/M.Ed	55	13.8
B.Sc/B.Ed	82	20.5
HND/OND	91	22.8
GCE/WAEC	120	30.0
Primary school	40	10.0
None	12	3.0
OCCUPATION		
Civil servant	87	21.8
Trading	110	27.5
Artisan	95	23.8
House wife	108	27.0
RELIGION		
Christianity	168	42.0
Islam	160	40.0
Traditional	72	18.0
TOTAL	**400**	**100**

Table I shows that 45 (11.3%) of the respondents fall within the ages of 18-27yrs, 260 (65.0%) fall within the ages of 28-33yrs, 65 (16.3%) fall within the ages of 34-43yrs while 30 (7.5%) are above 44yrs of age. 86 (21.5%) are single mothers, 220 (55.0%) are married mothers while 94 (23.5%) are divorced mothers. 55 (13.8%) are masters degree holder, 82(20.5%) are first degree holders, 91 (22.8%) are HND/OND holders, 120 (30.0%) are school certificate holders, 40 (10.0%) are primary school holders while 12 (3.0%) are illiterates. 110 (27.5%) are traders, 95 (23.8%) are artisan while 108 (27.0%) are house wife. 168 (42.0%) are Christian, 160 (40.0%) are Muslim while 72 (18.0%) are from traditional religion.

TABLE II: TESTING OF HYPOTHESES ON EXCLUDING BREASTFEEDING FACTORS THAT CAN PREDICT NATURAL BIRTH CONTROL

Ho	Variable	SA	A	D	SD	Cal X^2	Df	Table value	Decision
1. Age of mother/ knowledge	**Babies of underage mothers are breastfeed for shorter length of time.**	90	200	90	20				
	Married educated mothers have more knowledge about exclusive breastfeeding.	80	150	120	50				
	All mothers are aware of the benefit of exclusive breast feeding as a method of birth control.	100	50	100	150	217.750	13	22.36	Rejected.
	Mothers that attend antenatal care are well educated on exclusive breast feeding as a birth control method.	120	100	95	85				
	All mothers breast feed to their children equally.	80	50	120	150				
2. Mothers/ Occupation	**Civil servant mothers breastfeed their babies longer than other women in other occupation.**	104	68	100	128				
	Full time house wife gives breastfeed to their children regularly since they are not engaged with any serious work.	160	70	100	70				
	Some mothers use artificial method of feeding for their babies due to the nature of their work.	210	80	90	20	285.800	14	23.68	Rejected
	Traders usually have enough time to give exclusive breastfeed to their babies.	90	100	100	110				
	Mothers in the performing art don't always submit to practice of breast feeding for cosmetic reason.	170	100	100	30				
3. Religion/ Cultural Affiliation	**Traditionalists are usually committed to exclusive breastfeeding than other religions affiliates.**	100	60	100	140				
	Mothers that are very religious don't always have time to give exclusive breast feed to their babies.	100	84	120	96	307.140	13	22.36	Rejected
	Christianity support exclusive breast feeding.	220	80	65	35				
	Islam support exclusive breast feeding	200	110	60	30				
	Mothers from different cultural background support	160	79	114	47				

	breast feeding.								
4. Health status of mothers	**Malnourished and dehydrated mothers don't produce enough breast milk to feed their babies.**	213	104	36	47				
	HIV/AID positive mothers are not encouraged to give exclusive breastfeed to their babies because of the danger of transmitting the disease to their babies.	204	111	50	35				
	Mothers with undeveloped breast can not breastfeed their babies	230	80	60	30				
	Mothers with terminal diseases like breast cancer, tuberculosis of the breast are not encouraged to breast feed.	105	125	70	100	474.275	14	23.68	Rejected
	Babies of the mentally sick mothers are not well breast feed.	179	107	80	34				
5. Settlement pattern of mothers	**Mothers from developed (urban) areas do support constant and regular breast feeding.**	80	102	100	118				
	Rural mothers are not exposed to enough knowledge of exclusive breast feeding.	113	97	100	90				
	Urban dwellers mothers find it difficult to practice exclusive breast feeding due to stress of work.	128	78	100	94				
	Availability of day care services in urban areas discourages the practice of exclusive breast feeding.	200	97	63	40	271.020	13	22.36	Rejected
	Availability of various baby food supplements in urban areas have reduced compliance to exclusive breast feeding.	210	60	90	40				

Table II shows that the Null hypothesis I that says there is no significant relationship between the age of mothers and their knowledge about exclusive breast feeding as a natural birth control is therefore rejected. Correspondinyly, the Null hypothesis 2 that says there is no significant relationship between the occupation of mothers and compliance with exclusive breast feeding as a natural birth control method is rejected.

For hypothesis 3, the Null hypothesis that states that there is no significant relationship between religion/cultural affiliation of mothers and the practice of exclusive breast feeding as a natural birth control method is therefore rejected.

Table II also shows there is no significant relationship between the religion / cultural affiliation of mothers and the practice of exclusive breast feeding as a natural birth control method is therefore rejected (hypothesis 4) Also, there is no significant relationship between the settlement pattern of mothers and the practice of exclusive breast feeding as a natural birth control method (Null hypotheses 5 is therefore rejected).

Discussion of findings

From this study, the results show that all the hypotheses were rejected. Hypothesis one shows that there is significant relationship between the age of mothers and their knowledge about exclusive breast feeding as a natural birth control method. This is because, under age mothers don't always spent enough time to breast feed their babies due to their level of experience unlike matured mothers who appreciates the relationship and love that exists between mothers and babies when breastfeeding is exclusively observed. This is in line with Splitz who advocated that babies need regular and intimate contact with other human being for their survival and emotional stability[4].

Hypothesis 2 also shows that significant relationship exists between the occupation of mothers and their compliance with exclusive breast feeding of their babies. This is also supported by Guthie et al by saying that the working class mothers tend to practice mixed feeding for longer period of time. This is because of the nature of the job mothers do determine to large extents how frequent and consistent mothers spend enough time with their babies and how they feed them. This could also be supported by a survey conducted in Malaysia which revealed that, 23% of working class woman who were bottle feeding their babies would have preferred breast feeding if they had been offered leave with pay, while 39% would have considered exclusive breastfeeding of their if their working hour could be re-arranged. This would have been double advantages for them because of its benefit of fertility control[5].

Hypothesis 3 also shows that significant relationship exists between the religion/cultural affiliation of mothers and their practice of breast feeding. This is in line with Esan who confirmed that religious women don't usually have enough time to breastfeed their babies due to many activities that do occupy their time[6]. This is not enough to say that religion forbid the practice of breastfeeding. Culturally, some mothers opined that, only breast milk may not make their babies to develop and get strong and that, they have to do a kind of mixed feeding. Some even termed the breastfeed babies as "Ajebota" which means weaker children or babies.

Significant relationship exists between the health status of mothers and practices of exclusive breast feeding (hypotheses 4). Medically, mothers with undeveloped breast, HIV/AID positive mothers and mothers who are down with breast cancer may not be able to breast feed their babies because of the following reasons- undeveloped breast will not be able to produce breast milk while the danger of HIV virus transmission from mother to babies through breast milk may hinder mothers with HIV/AID positive from breast feeding their babies. Also mothers with breast cancer will not be opportune to breast feed while malnourished and emaciated or dehydrated mothers may not have enough and well nourished breast milk to give to their babies.

Hypothesis 5 also shows that there is significance relationship between the settlement pattern of mothers and the practice of exclusive breast feeding. This is because the urban dweller mothers do not usually

have enough time to spend with their babies. This goes against Spitz's opinion, who advocated for regular, constant and intimate relationship with their babies for their survival and emotional stability. In another study, Bannet affirm the fact that, urban dwellers mothers seldom have enough time to breast feed their babies and that they do drop their babies at day care centres or with their mothers or neighbours[7]. The availability of various baby food substitutes in the urban areas has also lead to the urban dwellers not to observed exclusive breastfeeding of their babies. This is because they find it easier to bottle feed or give artificial feed to their babies than spending enough time on breast feeding.

Conclusion

In view of the present study, exclusive breastfeeding would have been of more advantages to mothers and their babies because of those benefits embedded in it, but due to some of the limiting factors like age of mothers and their knowledge, the occupation of mothers, religion and cultural affiliation of mothers, health status of mothers and settlement pattern of mother, these have influenced full compliance to exclusive breast feeding thereby indirectly denying them of those benefits that can be derived from full compliance to breast feeding, survival and emotional stability of their babies.

Recommendations

The following recommendations were made based on the findings and conclusion of this study:

1. Health Education: Stakeholders in the health sectors should intensify effort to increase their campaign and advocacy for compliance and encourage the practice of exclusive breast feeding among nursing mothers as a predictor of a natural birth control method.
2. Enlightenment campaigns on the benefit of exclusive breastfeeding both to the babies and their mothers, this will enhance their knowledge about it importance.
3. Employers of labors, both public and private sectors should be made to understand the reason why working class nursing mothers should be given the privilege to breast feed their children exclusively.
4. Finally, pregnant women should be prepared during antenatal clinics for exclusive breastfeeding of their babies immediately after delivery so that it soon becomes part of them.

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