

# Assessment of Mothers' Attitudes to Children Care and its Effect on Breast Feeding in Nutrition Units of Shinkafi Local Government Zamfara State Nigeria

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## Abstract

Breastfeeding has been the natural and normal means of feeding infants. Breastfeeding is universally acknowledged as providing health benefits for mothers and infants, decreasing infant mortality and morbidity particularly in developing countries, but also in more affluent societies. The research was retrospective cross sectional survey that assessed the mothers' attitude to children care and its effect on breast feeding. Simple random sampling was used in selecting four out of six nutrition units. Consecutive sampling was applied in selecting the sample of the research, and the data were collected in three month period. A twenty two items structured questionnaire was used in obtaining information from the respondents. Descriptive statistic was presented in percentage using tables and chi-square statistical tool was used in answering the research hypotheses using SPSS version 20 at 95% confidence interval (CI). The result shows that 58.4% were not practicing exclusive breast feeding and 50.4% of their children had not received due immunizations. Majority of the respondents (47.4%) stopped breast feeding due to child sickness and 31.4% said was due to assumed lack of breast milk. Hypotheses testing show that attitudes to children's feeding have no effect on children's illness, and attitude to mothers' illness has effect on children's illness. It is concluded that there is need for more effort in improving the mothers' attitude toward the proper care of children. Mothers need to be educated on exclusive breast feeding and immunization to children. Mothers should be informed that sucking of breast by the child greatly help in production and draining of milk; and lack of sucking could cause the milk production to cease. There is need for teaching mothers on how to prevent children from being affected with the mothers' illnesses. As most of the mothers in the area are not attending ANC, it is useful to apply house to house campaign to create awareness and pass information on the advantages of proper child breast feeding and disadvantages of suboptimal breast feeding.

**Keywords:** assessment, breast feeding, children care, effect, mothers' attitude, Nigeria, nutrition units

## 1. Introduction

Breastfeeding has been the natural and normal means of feeding infants. In fact, it is one of the defining characteristic of being a mammal. It 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 (World Health organisation, WHO, 2015). Breastfeeding is universally acknowledged as providing health benefits for mothers and infants, decreasing infant mortality and morbidity particularly in developing countries, but also in more affluent societies. (Burn et al, 2010; Schmied, et al., 2011; Stolzer, 2010).

Breastfeeding has many health benefits for both the mother and infant. It protects against diarrhoea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence. Infants who are breastfed are less likely to experience obesity, respiratory illness, and a myriad of other diseases (Kronborg and Vaeth, 2009; Ryan et al., 2002). Breast milk contains all the nutrients an infant needs in the first six months of life. It is absolutely essential for the health and survival of the majority of children in the developing countries (WHO, 2011). It is base on the afore mentioned reasons the WHO recommends mothers worldwide to exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond.

Despite these benefits and strong recommendations, breastfeeding rates, and in particular exclusive breastfeeding rates at six months, remain lower than recommended across the industrialized world and are highly variable across settings (Gatti, 2008; Schmied et al, 2011). However declining trend in the prevalence of breastfeeding was also documented since 1970's, in almost every country of the world (WHO, 2002; Macro et al., 2005). Inadequate breastfeeding practice is a condition which is super imposed by communicable diseases as a major cause of infant deaths (Macro et al., 2005). In the world 60% of the infant and young child deaths occur due to malnutrition where two-thirds of these deaths attributed to sub-optimal child feeding practices and infectious disease (UNICEF and WHO, 2003). Thus communicable diseases affecting children could lead to sub-optimal breastfeeding, causing malnutrition and even child death.

The need to assess the level and factors influencing breastfeeding becomes compelling against the huge investment of international and Nigerian agencies, and the effect of such practices on the growing child and mother (Salami, 2006). Thus this research work was conducted to assess the mothers' attitude to children care and its effect on breastfeeding in nutrition units of Shinkafi Local Government Zamfara State Nigeria.

## 2. Literature review

Sometime during the course of breastfeeding you will develop a cold, the flu, a bacterial infection, or other routine illness. In such a situation, you may wonder if the baby will acquire the illness via breastfeeding. Whether breastfeeding or formula-feeding, your infant has been exposed to you and your illness by the time your symptoms develop. Breastfeeding provides added protection and treatment via the milk. According to American Academy of Paediatrics (2011); it is best to keep breastfeeding, so that the antibodies your body has produced will pass through your milk to protect your baby. If you stop breastfeeding when cold or flu symptoms appear, you actually reduce your baby's protection and increase the chance of his getting sick or having a more severe illness if he does get sick. Even with more serious illnesses—such as gallbladder surgery or a severe infection—you can usually continue breastfeeding or, at most, interrupt feeding for only a brief time.

Some infants and younger children used to suffer from loss of appetite, which could lead to interruption in breastfeeding. Patricia et al. (2015) asserted that when daily food intakes in infants and young children are monitored over a period of time, the important role of appetite in the control of food intake becomes clear. Loss of appetite or anorexia is often due to illness, the frequency of which rise sharply after the age of 6 months, as the passive immunity derived from the mother begins to decline. In endemic areas, especially in Africa, repeated attacks of malaria are a constant drain on a child's health. These become more common from the age of 3 months onwards, until about the age of 1 year, when sufficient resistance is built up.

According to Newman (2009), breastfeeding rarely needs to be discontinued for infant illness. Through breastfeeding, the mother is able to comfort the sick child, and, by breastfeeding, the child is able to comfort the mother. Newman outlines some of the illnesses that affect the babies as follows:

**Diarrhoea and vomiting:** Intestinal infections are rare in exclusively breastfed babies. (Though loose bowel movements are very common and normal in exclusively breastfed babies.) The best treatment for this condition is to continue breastfeeding. The baby will get better more quickly while breastfeeding. The baby will do well with breastfeeding alone in the vast majority of situations and will not require additional fluids such as so called oral electrolyte solutions except in extraordinary cases.

**Respiratory illness:** There is a medical myth that milk should not be given to children with respiratory infections. Whether or not this is true for milk, it is definitely not true for breast milk.

**Jaundice:** Exclusively breastfed babies are commonly jaundiced, even to 3 months of age, though usually, the yellow colour of the skin is barely noticeable. Rather than being a problem, this is normal. (There are causes of jaundice that are not normal, but these do not, except in very rare cases, require stopping breastfeeding). If breastfeeding is going well, jaundice does not require the mother to stop breastfeeding. If the breastfeeding is not going well, fixing the breastfeeding will fix the problem, whereas stopping breastfeeding even for a short time may completely undo the breastfeeding. Stopping breastfeeding is not an answer, not a solution, not a good idea.

Optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival of all preventive interventions, with the potential to **prevent over 800,000 deaths (13 per cent of all deaths) in children under five** in the developing world (Lancet, 2013). The impacts of inappropriate infant feeding practice are great in developing countries where access to basic needs and health services are not adequately available (WHO, 2001; Federal ministry of health, 2005). The potential impact of optimal breastfeeding practices is especially important in developing country situations with a high burden of disease and low access to clean water and sanitation. Despite many years of research and policy initiatives, on infant feeding in sub-Saharan Africa, rates of infant malnutrition and under-nutrition have remained consistently high (ACC/SCN, 2000).

According to (UNICEF, 2015); while breastfeeding rates are no longer declining at the global level, with many countries experiencing significant increases in the last decade, **only 39 per cent of children less than six months of age in the developing world are exclusively breastfed** and just 58 per cent of 20-23 month olds benefit from the practice of continued breastfeeding. A growing number of countries are demonstrating that significant and rapid progress is possible, with 25 countries showing increases of 20 percentage points or more. The World Health Organization and UNICEF recommendations on breastfeeding are as follows: initiation of breastfeeding within the first hour after the birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month.

**Breastfeeding has an extraordinary range of benefits.** It has profound impact on a child's survival, health, nutrition and development. Breast milk provides all of the nutrients, vitamins and minerals an infant

needs for growth for the first six months, and no other liquids or food are needed. In addition, breast milk carries antibodies from the mother that help combat disease. The act of breastfeeding itself stimulates proper growth of the mouth and jaw, and secretion of hormones for digestion and satiety. Breastfeeding creates a special bond between mother and baby and the interaction between the mother and child during breastfeeding has positive repercussions for life, in terms of stimulation, behaviour, speech, sense of wellbeing and security and how the child relates to other people. Breastfeeding also lowers the risk of chronic conditions later in life, such as obesity, high cholesterol, high blood pressure, diabetes, childhood asthma and childhood leukaemias. Studies have shown that breastfed infants do better on intelligence and behaviour tests into adulthood than formula-fed babies (UNICEF, 2015).

### **3. Statement of the problem**

breast milk is the best food for a child; it has no substitute especially for children less than six month of age. Lack of optimal breastfeeding can lead to malnutrition, often leading to occurrence of many diseases in children and even death. It is documented that occurrence of infections and communicable disease among breastfeeding children is fatal; it could affect the optimal breastfeeding. Infectious disease causes a pathological state like fever weakness and loss of appetite, a syndrome that could reduce the breast intake of a child, leading to malnutrition and worsening of the condition.

It is observed that there was an influx of mothers with their children into the most of the nutritional unit in Nigeria, requesting for the supplementary feeding for their children. The reasons mostly given by the mothers were the children not taking the breast milk and it follows the occurrence of certain illness to the infants. Clinical examinations revealed that majority if not all of the children brought for supplementary feeding are having one or more of infectious/communicable disease. Some children required admission, while most of them need some form of medical attention. History taking from the mothers revealed mothers' health behaviour might affects the children resulting into the conditions like fever, catarrh, diarrhoea, vomiting, restlessness, lethargy, eyes infections, coughing, body rashes and lot more.

### **4. Research objectives**

The main objective of the research was to assess the mothers' children care attitudes that affect breastfeeding in nutrition unit of Shinkafi Local Government.

The specific objectives include:

1. To assess the mothers' attitude to children care
2. To assess the relationship between the mothers' attitude to children care and children illness

### **5. Research questions**

1. What are the mothers' attitudes to children care?
2. Do mothers' attitudes to children care affect children's illness?

### **6. Research hypotheses**

1. Mothers' attitudes to children's feeding have no effect on children's illness
2. Attitude to mothers' illness has no effect on children's illness
3. Children illness does not affect breastfeeding
4. Mothers' attitudes to children's illness have no effect on children's breastfeeding

### **7. Method**

The research was retrospective cross sectional survey that assessed the mothers' attitude to children care and its effect on breast feeding. Simple random sampling was used in selecting four out of six nutrition units of Shinkafi Local Government. Consecutive sampling was applied in selecting the sample of the research, and the data were collected in three month period; from December 2015 to March 2016. Consecutive sampling involves recruiting all of the people from an accessible population who meet the eligibility criteria over a specific time interval, or for a specified sample size (Polit and Beck, 2010). Permission to conduct the research was given by the heads of the four selected units, and respondents involve in the research voluntarily. A twenty two items structured questionnaire was used in obtaining information from the respondents, respondents that cannot read were assisted in filling the questionnaire through interview. After collecting data from the respondents, information on proper children care and breast feeding was given to them. Descriptive statistic was presented in percentage using tables and chi-square statistical tool was used in answering the research hypotheses using SPSS version 20 at 95% confidence interval (CI).

## 8. Results

**Table 1: socio-demographic data of the respondents. N=137**

VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
MOTHERS' AGE (YEARS)	15-24	21	15.3
	25-34	58	42.3
	35-44	28	20.4
	>44	30	22.0
CHILDREN AGE (MONTHS)	1-12	44	32.1
	13-24	43	31.4
	25-36	19	13.9
	>36	31	22.6
CHILDREN SEX	MALE	76	55.5
	FEMALE	61	44.5
PLACE OF DELIVERY	HOME	98	71.5
	HOSPITAL	38	27.7
	NO RESPONSE	1	0.8

Table one above shows that 42.3% of the respondents were within 25-34 year age bracket, while only 15.3% were found to be within 15-24 year age bracket. 32.1% of the children were found within 1-12 month, and 13.9% were within 25-36 month. The data also revealed majority (71.5%) of the respondents delivered at home.

**Table 2: mothers' attitude to children care. N=137**

VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
ATTENDED REGULAR ANC	YES	66	48.2
	NO	71	51.8
EXCLUSIVE BREASTFEEDING	YES	53	38.7
	NO	80	58.4
	NO RESPONSE	4	2.9
CHILD HAD DUE IMMUNIZATION	YES	67	48.9
	NO	69	50.4
	NO RESPONSE	1	0.7
CHILD SLEEP WITH MOSQUITO NET	YES	118	86.1
	NO	19	13.9
BREASTFEED SICK CHILD	YES	125	91.2
	NO	12	8.8
ACTION WHEN CHILD LOSS APPETITE	BREAST FEED ANY WAY	77	56.2
	SUPPLEMENTARY FEEDING	59	43.1
	NO RESPONSE	1	0.7
REASON TO STOP BREAST FEEDING	SICK CHILD	65	47.4
	SICK MOTHER	26	19.0
	NO BREAST MILK	43	31.4
	NO REASON	3	2.2

Table two above shows the percentage of the mothers' children care attitude. It shows that most of the respondents (51.8%) did not attend ante natal clinic (ANC) regularly, 58.4% were not practicing exclusive breast feeding and 50.4% of their children had not received due immunizations. However 86.1% of the children do sleep under mosquito net and 91.2% of the respondents breast feed sick child. The results also show that 43.1% of the respondents give supplementary feeding when the child has loss of appetite. Majority of the respondents (47.4%) stopped breast feeding due to child sickness and 31.4% said was due to assumed lack of breast milk.

**Table 3: hypotheses test result using chi-square**

HYPOTHESES	P-Value	Significant level	Df
HYPOTHESIS I	0.76	0.05	124
HYPOTHESIS II	0.00	0.05	52
HYPOTHESIS III	0.91	0.05	96
HYPOTHESIS IV	0.70	0.05	39

Table 3 shows the chi-square hypotheses testing at 95% CI. In hypothesis 1, it indicates that the P-Value was 0.76 at 95% CI,  $P > 0.05$ , In Hypothesis 2, P-Value was 0.00 at 95% CI,  $P < 0.05$ . In hypothesis 3, it was shown that P-Value was 0.91 at 95% CI, the  $P > 0.05$ . Hypothesis 4 testing also P-Value was 0.70 at 95% CI, and  $P > 0.05$ .

## 9. Discussion of findings

The results of the research show that over half of the respondents were not attending ANC, which is a clear indication of poor attitude toward health care during pregnancy. It also revealed that 58.4% of the respondents were not practicing exclusive breast feeding; another poor attitude of children caring that may lead to a lot of negative consequences. It may be the reason for the children sickness and subsequent stopping of breasts feeding and in turn leading to supplementary feeding. Moreover about half of the respondents (50.4%) said their children did not received due immunization. This revealed the immunization level in the area which may exposes the children to the risk of killer diseases and worsening sub-optimal breast feeding.

However most of the respondents showed a desirable attitude in which 86.1% of their children do sleep under mosquito net and 91.2% of them do breast feed sick child. These are attitudes need to be encouraged as it would have a positive impact on the child health. But when the mothers were asked why they brought their children to the nutrition unit, majority (47.4%) said the children were sick; 31.4% due to assumed lack of breast milk and 19.0% due to mothers' sickness. Illness of the children therefore causes poor breast feeding attitude among mothers, which could lead to deterioration of the child condition. The data showed that some women believed in false breast milk deficiency, failing to allow the baby continuous breast suck and causing the breast milk to completely cease. This is evident in which 31.4% of the respondents believed they have deficiency of breast milk, while in reality for most of them the breast would come if the child continues to suck. Some mothers stopped breast feeding when they are sick thinking that the child would be affected with the mothers' illness or that the breast milk may not come.

In hypothesis 1 P-Value was 0.76 at 95% CI, therefore  $P > 0.05$  and it was concluded that mothers' attitudes to children's feeding have no effect on children's illness. The attitude of the mothers to the caring of children feeding does not affect children illness. It was also concluded that attitude to mothers' illness has effect on children's illness. This is shown in hypothesis 2 in which P-Value was 0.00 at 95% CI,  $P < 0.05$ . Thus the ways a mother handled her own sickness could have effect on the wellness of her child. Children illness does not affect breastfeeding, as it shown in hypothesis 3, with P-Value of 0.91 at 95% CI, the  $P > 0.05$ ; which indicates that children illness could not be a reason for stopping breast feeding, against what most of the respondents beliefs. The fourth hypothesis revealed that mothers' attitudes to children's illness have no effect on children's breastfeeding. P-Value was 0.70 at 95% CI, and  $P > 0.05$ . It means that there is no relationship between the way mothers handled children sickness and breast feeding of their children. The attitude of the mothers toward their children illness does not determine whether the child should have good appetite for breast feeding or not.

## 10. Conclusion

It is concluded that there is need for more effort in improving the mothers' attitude toward the proper care of children. Mothers need to be educated on the importance of ANC attendance, exclusive breast feeding and immunization to children. The importance of breast feeding the child even in sickness needs to be emphasised to the mothers. Mothers should be informed that sucking of breast by the child greatly help in production and draining of milk; and lack of sucking could cause the milk production to cease. As it was shown in the hypotheses testing, the ways a mother handled her own sickness could have effect on the wellness of her child; it is useful to teach the mothers on measures to take to prevent children from mothers' illnesses. As most of the mothers in the area are not attending ANC, it is useful to apply house to house campaign to create awareness and pass information on the advantages of proper child breast feeding and disadvantages of suboptimal breast feeding. Theses would help in reducing the unnecessary supplementary feeding carried out in the society.

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