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Investigation Into Factors Influencing Poor Breastfeeding Practices Among Women Of Reproductive Age In Ibadan North East Lga, Ibadan, Oyo State

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Abstract

This study aimed to investigate the factors influencing poor breastfeeding practices among nursing mothers in this region. A cross-sectional survey was conducted, and data were collected from 265 women of reproductive age through structured questionnaires. The study revealed that the majority of respondents fell within the age range of 23 to 27 years (35.8%), were married (91.7%), and were of the Yoruba tribe (86.8%). Islam was the dominant religion (56.6%), and most participants had completed secondary education (60.0%). While the respondents exhibited good knowledge about breastfeeding (94.3%), there were significant gaps in breastfeeding practices, with only 73 (27.5%) of them exhibiting good practice. Several socio-demographic factors were found to be statistically associated with breastfeeding practice, including religion, level of education, occupation, estimated monthly income, and parity. Interestingly, respondents practicing Islam, students, and traders demonstrated higher rates of poor breastfeeding practice. Furthermore, respondents with lower estimated monthly incomes and higher parity (>4 children) also showed higher percentages of poor breastfeeding practices. These findings underscore the need for targeted interventions to promote breastfeeding practices among specific subgroups. Policy measures, workplace support, and community engagement are crucial in addressing these challenges and enhancing breastfeeding practices in Ibadan North East LGA. By implementing evidence-based strategies, healthcare providers, policymakers, and communities can work together to empower nursing

mothers and optimize breastfeeding practices, ultimately contributing to the improved health and well-being of both mothers and infants in the region.

Key Word: Poor Breastfeeding, Practices, Women of Reproductive Age, Oyo State

INTRODUCTION

Kovach (2012) define exclusive breastfeeding as the exclusive intake of breastmilk by an infant from its mother or wet nurse, or expressed milk with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else. Breastfeeding provides infants with superior nutritional content that is capable of improving infant immunity and possible reduction in future health care spending (W.H.O 2001, UNICEF 2006). It also contributes to the overall robust development of the baby (Jones et al., 2013; Tiwari et al., 2018), making it superior to infant formula, which lacks such antibodies and adequate nutrients. Artificial feeding methods, like bottle-feeding, may lead to contamination and expose infants to various illnesses, such as respiratory tract diseases, skin infections, and diarrhea (Jones et al., 2013).

One of the challenges identified in promoting breastfeeding is the inadequate sensitization of nursing mothers about its importance. Negative perceptions and feelings towards breastfeeding among some nursing mothers are also observed. Additionally, the high levels of poverty in the country contribute to the problem, as some believe that only wealthy mothers can afford to breastfeed due to the frequent feeding required (Khan, 2014). Furthermore The need to return to work or school has also been implicated as a factor interfering with EBF(Ogbonna et al 2009, Mahgoub et al 2002))Cultural beliefs, like those in the Yoruba culture, may discourage exclusive breastfeeding as they advocate giving infants herbs for health (Howard & Lawrence, 2018).

Research indicates that infants who are exclusively breastfed during their first 60 days have better immunity and are less likely to die from infections compared to non-breastfed infants (WHO, 2014). Exclusive breastfeeding offers dual advantages for both the child and the mother, as it ensures good health for the child while reducing the mother's risk of breast cancer and related diseases (Visness & Kennedy, 2017).

Heckman (2011) emphasized the significance of enhancing maternal health and safeguarding children's well-being. Encouraging breastfeeding was highlighted as a crucial measure to reduce infant morbidity and mortality related to mixed-feeding. In line with this, the World Health Organization (WHO, 2016) introduced the Baby Friendly Hospital Initiative, aimed at endorsing and safeguarding breastfeeding, fostering a profound connection between mother and child, and contributing to the overall development of the child.

Various studies on maternal and child undernutrition have shown that suboptimum breastfeeding, particularly not exclusively breastfeeding during the first six months of life, contributes to 1.4 million deaths and 10% of the disease burden in children under five years in low-income and middle-income countries (Pascoe, 2012; Masarenhas, 2016; Visness & Kennedy, 2017;Ogbonna et al 2000: Mahgoub et al 2022). However, the statistics reveal that out of the 137 million children born each year, only 42 percent (57 million) are breastfed within the first hour after birth, and only

39 percent are exclusively breastfed for the first six months, with 58 percent continuing breastfeeding until they are two years old (Chudasama et al., 2019) Several studies have identified various circumstances, including post-delivery work, contributing to the challenges of promoting exclusive breastfeeding (Pascoe, 2012; Howard & Lawrence, 2018; Visness & Kennedy, 2017). Other studies highlight the significance of a supportive environment for successful exclusive breastfeeding among nursing mothers (Uchendu et al 2009;, Wyatt, 2012; Libbus & Bullock, 2012; Auerbach & Guss, 2014; Fein & Roe, 2018; Frank, 2018). This study is aimed at establishing the factors influencing poor breastfeeding practices among women of reproductive age in Ibadan North East LGA,Ibadan, Oyo State.

Research Questions

i. What are the socio-demographic characteristics of women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State?
ii. What is the knowledge level of the respondents towards breastfeeding practices in Ibadan North East LGA, Ibadan, Oyo State?
iii. What is the level of breastfeeding practice among the respondents in Ibadan North East LGA,Ibadan, Oyo State?
iv. What are the factors influencing poor breastfeeding practices among the respondents in Ibadan North East LGA,Ibadan, Oyo State.

General Objectives

The general objective of this study is to determine the factors influencing poor breastfeeding practices among women of reproductive age in Ibadan North East LGA, Ibadan, Oyo State.

Specific Objectives

I. To determine the socio-demographic characteristics of women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State.
II. To ascertain the knowledge level of the respondents towards breastfeeding practices in Ibadan North East LGA,Ibadan, Oyo State.
III. To determine the level of breastfeeding practice among women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State.
IV. To determine the factors influencing poor breastfeeding practices among women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State.

Research Hypothesis

H_{01}: There is no statistical association between the socio demographic characteristics and poor breastfeeding practices among women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State.

MATERIALS AND METHODS

The Ibadan North-East LGA has a land area of about 15.5 square kilometres (km2). It is situated between longitude 3°45’ and 4°00’ East and Latitude 7°15’ and 7°30’ North, with an altitude ranging from 150 to 210 above mean sea level (MSL) (Figure 1). The study area is one of the most populated LGAs of Oyo State with a land area of 16 679 km2. The study area is mainly a residential area and the commercial hub of Ibadan. Dwellings are compact and are mainly characterised by commercial and economic activities, both within the formal and informal sector, mainly along the

road sides (street hawking). Commercial markets located within the study area included the Oje, Orita-Aperin, Agodi and Oranmiyan markets. Ibadan North-East is connected through an interstate highway system that traverses the administrative boundary (the Lagos-Ibadan Expressway) and provides the only major access for interstate traffic along numerous hierarchies of roads. Ibadan North-East is one of the core LGAs in Oyo State and is believed to be the origin of the city of Ibadan. A descriptive based cross sectional study design was employed for the study on the factors influencing poor breastfeeding practices among women in the reproductive age group in Ibadan North-East LGA. The study population for the study were women in the reproductive age group in Ibadan North-East LGA. Firstly, the researcher will employ a simple random sampling technique to select four out of the eight villages in the community. This approach ensures that each village has an equal chance of being included in the study. Secondly, from the four chosen villages, households will be selected using simple random sampling, and the data tool will be evenly distributed among them. Additionally, the researcher will use a purposive method to select nursing mothers for the questionnaire administration. The recruitment of participants will be consecutive until the minimum required sample size is achieved.

Method of Data Analysis

The data obtained from the study were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, such as percentages, frequencies, tables, and charts, were employed to present the results. To test the hypothesis and examine the association between variables in the study, the Chi-square test tool was utilized with a significance level set at p=0.05.

Ethical clearance.

The study obtained ethical clearance from the Research and Ethical Review Committee of Ibadan North East LGA, Oyo State. All expenses related to the research were covered by the researcher, and participants did not incur any costs for their involvement

Confidentiality of data

Respondents were provided with informed written consent before participating, and permission was obtained from the hospital as well. The collected data was solely used for research purposes. Each questionnaire was assigned a unique number to maintain anonymity, and all participant data was securely protected from any third-party access

RESULTS

SECTION A

Table 1: Socio-demographic characteristics of respondents

Variables	Frequency	Percentage
Age as at last birthday (In years)		
18 – 22	41	15.8
23 – 27	96	35.8
28 – 32	64	23.8
33 – 37	49	18.9
38 – 42	7	2.6
43 and above	8	3.0

Mean ± SD	27 ± 5.95	
Marital status		
Single	15	5.7
Married	243	91.7
Divorced	7	2.6
Separated	0	0.0
Widowed	0	0.0
Tribe		
Yoruba	230	86.8
Hausa	14	5.3
Igbo	4	1.5
Others (Fulani)	17	6.4
Religion		
Islam	150	56.6
Christianity	108	40.7
Traditional	7	2.6
Occupation		
Students	45	18.9
Trader	125	45.7
Teacher	22	8.3
Others (Artisan, Tailoring)	72	27.2
Estimated monthly income		
10000 – 20000	122	46.0
20001 - 30000	85	32.1
30001 – 40000	28	10.6
40001 – 50000	22	8.3
≥ 50001	8	3.0
Parity		
1	51	19.2
2 – 3	155	58.5
Level of education		
None	11	3.7
Primary	26	8.7
Secondary	180	60.0
Tertiary	80	26.7

The data presented in the table provides insights into the socio-demographic characteristics of nursing mothers in the study area. In terms of age distribution, the majority of respondents (35.8%) fall within the age range of 23 to 27 years. The second most significant group is those aged 28 to 32 years (23.8%), followed by those aged 33 to 37 years (18.9%). The average age of the respondents for this study was found to be 27 years with a standard deviation of about 6 years. The highest percentage (91.7%) of participants are married, while single individuals constitute only a small proportion (5.7%). Divorced and separated respondents are negligible, accounting for 2.6%

and 0.0%, respectively. In terms of ethnicity, the majority of nursing mothers are of the Yoruba tribe (86.8%), followed by others like Hausa (5.3%), Igbo (1.5%), and Fulani (6.4%). Islam is the most prevalent (56.6%) among the respondents, followed by Christianity (40.7%), and traditional religious practices are observed by a small percentage (2.6%) of the participants. Occupationally, traders constitute the largest group (45.7%) among nursing mothers, followed by students (18.9%), artisans, and tailors (27.2%). Teachers form a smaller proportion (8.3%). In terms of estimated monthly income of the respondents, the highest percentage of respondents (46.0%) earns between 10,000 and 20,000 units per month. The second-largest group (32.1%) falls within the income range of 20,001 to 30,000 units per month. Fewer participants earn higher incomes, with 8.3% earning between 30,001 and 40,000 units, and only 3.0% earning more than 50,000 units per month. In terms of parity (number of children), the highest proportion (58.5%) of nursing mothers have 2 to 3 children, followed by those with more than 4 children (22.3%). The smallest group (19.2%) consists of nursing mothers with only one child. approximately 3.7% of the population has no formal education, around 8.7% completed primary education, 60.0% completed secondary education, 26.7% completed tertiary education.

SECTION B

Table 2: knowledge level of the respondents towards breastfeeding practices in Ibadan North East LGA, Ibadan, Oyo State

Variables	Yes (%)	No (%)	I don't know (%)
Respondent educated on breastfeeding.	250 (94.3)	10(3.8)	5(1.9)
Respondent aware of breastfeeding importance.	258 (97.4)	7 (2.6)	0 (0.0)
Breastfeeding boosts children's immunity and protects against diseases.	244 (92.1)	14 (5.3)	7 (2.6)
Breastfeed should be continued for up to two years of life	223 (84.2)	35 (13.2)	7 (2.6)
Complementary feeding can begin at 6 months of age.	258 (97.4)	7 (2.6)	0 (0.0)
Exclusive breastfeeding can serve as a family planning method.	192 (72.5)	16 (6.0)	57 (21.5)

After evaluating the knowledge level of breastfeeding among nursing mothers, it was observed that 94.3% of the participants had been informed about breastfeeding, while an overwhelming majority of 97.4% were conscious of its significance. Furthermore, 92.1% of the respondents stated that breastfeeding contributes to bolstering children's immunity and safeguarding them from illnesses.

SECTION C

Table 3: Level of breastfeeding practice among women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State.

Response	Frequency	Percentage
How often respondent breastfeed her baby		
On demand	117	44.2
Following a set schedule	42	15.8
Whenever she desires	106	40.0

Don’t know	0	0.0
Frequency of breastfeeding for respondent's baby		
Once daily	0	0.0
2 – 4 times a day	7	2.6
5 – 6 times a day	14	5.3
7 times a day	14	5.3
More than 7 times a day	230	86.8
How long respondent’s baby should be breastfed		
3 months	0	0.0
6 months	28	10.6
1 year	35	13.2
2 years	202	76.2
Breastfeeding initiation after delivery		
Immediately	77	29.1
Within the same day	152	57.4
After 24 hours	36	13.6
Type of complementary food	**n= 87**	
Custard	14	16.5
Formula	7	9.2
Herb/water	16	16.5
Nan-1	7	8.3
Pap	43	49.5

The majority of respondents breastfeed their babies on demand (44.2%), with a significant portion also breastfeeding whenever they desire (40.0%). The most common frequency of breastfeeding for their babies is more than 7 times a day (86.8%). A significant number of respondents believe that babies should be breastfed for 2 years (76.2%). After delivery, the highest percentage of respondents initiated breastfeeding immediately (29.1%) or within the same day (57.4%). When it comes to complementary food, the most popular choice is pap (49.5%), followed by custard and herb/water (both at 16.5% each).

SECTION D

Table 4: factors influencing poor breastfeeding practices among women in the reproductive age group in Ibadan North East LGA, Ibadan, Oyo State

Response	**Yes (%)**	**No (%)**
Breastfeeding is painful	188 (70.9)	77 (29.1)
Affected by an illness that interferes with breastfeeding.	49 (18.5)	216 (81.5)
Baby refuses breast milk or vomits after breastfeeding	28 (10.6)	237 (89.4)
Feels shy when breastfeeding in public	80 (30.2)	185 (69.8)
Work schedule hinders breastfeeding	223 (84.2)	42 (15.8)
Cracked nipples	139 (52.5)	126 (47.5)
Feels dizzy while breastfeeding	7 (2.6)	258 (97.4)
Breast do not produces enough milk for the baby	258 (97.4)	7 (2.6)
Husband supports breastfeeding	65 (24.5)	200 (75.5)
Lack of financial resources to afford nutritious food	230(86.8)	35(13.2)

With regards to the Factors that influence poor breastfeeding practice among nursing mothers in Ibadan North East LGA, quite a number of the respondents reported that breastfeeding is painful (70.9%), while some mentioned being affected by an illness that interferes with breastfeeding (18.5%). Additionally, a significant number of babies were reported to refuse breast milk or vomit after nursing (10.6%). A considerable percentage of respondents felt shy when breastfeeding in public (30.2%), and for some, their work schedule hindered breastfeeding (84.2%).

Moreover, a notable proportion experienced cracked nipples (52.5%), and a few mentioned feeling dizzy while breastfeeding (2.6%). The highest percentage of respondents expressed concerns about their breasts not producing enough milk for the baby (97.4%). On a positive note, some husbands were reported to support breastfeeding (24.5%). Lastly, the lack of financial resources to afford nutritious food was mentioned by a significant percentage of respondents (86.8%) as a factor influencing poor breastfeeding practices.

Table 5: Knowledge Score

Variable	Frequency	Percentage
Poor	105	39.6
Good	160	60.4
Total	265	100.0

The results indicate that a majority of the respondents, specifically 160 (60.4%), demonstrated a good level of knowledge on the topic.

Table 6: Association between socio-demographics and knowledge on breastfeeding among respondents

Variable	Knowledge on breastfeeding		Total	χ^2	p-value
	Poor (%)	Good (%)			
Age				66.587	0.001
18 – 22	14 (33.3)	28 (66.7)	42		
23 – 27	30 (30.6)	65 (69.4)	95		
28 – 32	35 (55.6)	28 (44.4)	63		
33 – 37	0 (0.0)	50 (100.0)	50		
38 – 42	7 (100.0)	0 (0.0)	9		
43 and above	8 (100.0)	0 (0.0)	8		
Marital status				43.645	0.001
Single	15 (100.0)	0 (0.0)	15		
Married	72 (29.6)	171 (70.4)	243		
Divorced	7 (100.0)	0 (0.0)	7		
Tribe				1.381	0.501
Yoruba	80 (34.8)	150 (65.2)	230		
Hausa	7 (50.0)	7 (50.0)	14		
Others (Fulani)	7 (33.3)	14 (66.7)	21		
Religion				17.589	0.001
Islam	87 (41.8)	121 (58.2)	208		
Christianity	7 (14.1)	43 (85.9)	50		
Traditional	0 (0.0)	7 (100.0)	7		

Level of education				52.603	0.001
No formal education	7 (20.0)	28 (80.0)	35		
Primary education	43 (59.3)	28 (40.7)	71		
Secondary education	37 (45.5)	42 (54.5)	79		
Tertiary education	7 (9.0)	73 (91.0)	80		
Occupation				31.944	0.001
Students	7 (14.1)	43 (85.9)	50		
Trader	50 (41.2)	71 (58.8)	121		
Teacher	0 (0.0)	22 (100.0)	22		
Others (Artisan, Tailoring)	37 (51.4)	35 (48.6)	72		
Estimated monthly income				13.450	0.001
10000 – 20000	44 (35.1)	78 (64.9)	122		
20001 - 30000	29 (34.0)	56 (66.0)	85		
30001 – 40000	7 (25.0)	21 (75.0)	28		
40001 – 50000	14 (66.7)	8 (33.3)	22		
≥50001	0 (0.0)	8 (100.0)	8		
Parity				3.137	0.208
1	22 (43.1)	29 (56.9)	51		
2 – 3	56 (36.1)	99 (63.9)	155		
> 4	16 (27.1)	43 (72.9(	59		

From the table above, it was observed that statistically significant associations were observed between socio-demographic factors and respondents' knowledge of breastfeeding, except for tribe and parity, which did not show significant associations.

Table 7: Level of practice of breastfeeding

Variable	Frequency	Percentage
Poor	192	72.5
Good	73	27.5
Total	265	100.0

The majority of respondents demonstrated a poor level of practice towards breastfeeding, with only 73 (35.1%) of them exhibiting good practice in this regard.

Table 8: Association between factors influencing poor practice and level of practice of breastfeeding

Variable	Level of practice of breastfeeding		Total	χ^2	p-value
	Poor (%)	Good (%)			
Age				1.904	0.211
18 – 22	21 (50.0)	21 (50.0)	42		
23 – 27	66 (69.5)	29 (30.5)	95		
28 – 32	42 (66.7)	21 (33.3)	63		
33 – 37	28 (56.0)	22 (44.4)	50		
38 – 42	7 (100.0)	0 (0.0)	9		
43 and above	8 (100.0)	0 (0.0)	8		
Marital status				4.676	0.097
Single	8 (53.3)	7 (46.7)	15		

Married	157 (64.6)	86 (35.4)	243		
Divorced	7 (100.0)	0 (0.0)	7		
Tribe				8.131	0.677
Yoruba	144 (62.6)	86 (37.4)	230		
Hausa	14 (100.0)	0 (0.0)	14		
Others (Fulani)	14 (66.7)	7 (33.3)	21		
Religion				14.072	0.001
Islam	136 (65.4)	72 (34.6)	208		
Christianity	36 (71.9)	14 (28.1)	50		
Traditional	0 (0.0)	7 (100.0)	7		
Level of education				28.473	0.001
No formal education	286 (80.0)	7 (20.0)	35		
Primary education	43 (60.4)	28 (39.6)	71		
Secondary education	65 (82.3)	14 (17.7)	79		
Tertiary education	36 (45.0)	44 (55.0)	80		
Occupation				18.653	0.001
Students	29 (57.8)	21 (42.2)	50		
Trader	92 (76.5)	29 (23.5)	121		
Teacher	7 (33.3)	15 (66.7)	22		
Others (Artisan, Tailoring)	44 (60.4)	28 (39.6)	72		
Estimated monthly income				62.243	0.001
10000 – 20000	101 (82.8)	21 (17.2)	122		
20001 - 30000	57 (67.1)	28 (32.9)	85		
30001 – 40000	7 (25.00	21 (75.0)	28		
40001 – 50000	7 (31.8)	15 (68.2)	22		
≥50001	0 (0.0)	8 (100.0)	8		
Parity				11.754	0.003
1	23 (45.1)	28 (54.9)	51		
2 – 3	105 (68.3)	50 (31.7)	155		
>4	44 (75.3)	15 (24.7)	59		

Analysis from the above table shows that several socio-demographic factors have statistically significant associations with respondents' level of breastfeeding practice. Notably, religion, level of education, occupation, estimated monthly income, and parity demonstrated significant relationships with breastfeeding practice. Respondents practicing Islam showed a higher percentage of poor breastfeeding practice, while those with tertiary education exhibited the highest percentage of good practice. Students and traders had higher rates of poor practice, while teachers showed a higher rate of good practice. Additionally, respondents with lower estimated monthly incomes had a higher percentage of poor practice. Moreover, respondents with higher parity (>4) had a higher percentage of poor breastfeeding practice compared to those with lower parity (1 and 2-3). However, age, marital status, and tribe did not show significant associations with breastfeeding practice.

DISCUSSION CONCLUSION AND RECOMMENDATION

DISCUSSION

The findings of this study reveal important insights into the practice and knowledge of breastfeeding among nursing mothers in Ibadan North East LGA. The majority of respondents fell within the age range of 23 to 27 years (35.8%), with the second most significant group being those aged 28 to 32 years (23.8%), and those aged 33 to 37 years accounting for 18.9%. The average age of the respondents was 27 years, and the standard deviation was approximately 6 years. These results are consistent with some previous studies, such as Bhanderi et al. (2019) who also reported a mean age of 24.6 + 3.5 years and Ajami et al. (2018) who recorded a mean age of 27.10 (+ 5.1) years, with the majority falling between ages 25-34 years.

Regarding marital status, the highest percentage (91.7%) of participants were married, which aligns with the findings of Faith et al. (2023). In terms of ethnicity, the majority of nursing mothers were of the Yoruba tribe (86.8%), followed by other tribes such as Hausa (5.3%), Igbo (1.5%), and Fulani (6.4%). Islam was the most prevalent religion among the respondents (56.6%), followed by Christianity (40.7%), and a small percentage practiced traditional religious beliefs (2.6%).

Occupationally, traders constituted the largest group (45.7%) among nursing mothers, followed by students (18.9%), artisans, and tailors (27.2%). Teachers formed a smaller proportion (8.3%). In terms of estimated monthly income, the highest percentage of respondents (46.0%) earned between 10,000 and 20,000 units per month. The second-largest group (32.1%) fell within the income range of 20,001 to 30,000 units per month. Fewer participants earned higher incomes, with 8.3% earning between 30,001 and 40,000 units, and only 3.0% earning more than 50,000 units per month.

In terms of parity (number of children), the highest proportion (58.5%) of nursing mothers had 2 to 3 children, followed by those with more than 4 children (22.3%). The smallest group (19.2%) consisted of nursing mothers with only one child. When it came to education, approximately 3.7% of the population had no formal education, around 8.7% completed primary education, 60.0% completed secondary education, and 26.7% completed tertiary education.

Regarding the knowledge level of breastfeeding among nursing mothers, the analysis revealed that 94.3% of the participants had been informed about breastfeeding, and an overwhelming majority of 97.4% were conscious of its significance. Furthermore, 92.1% of the respondents stated that breastfeeding contributes to bolstering children's immunity and safeguarding them from illnesses. These findings are in line with the studies of Agunbiade et al. (2012), Mawa et al. (2019), and Najafi-Sharjabad et al. (2021), which also reported high levels of knowledge and awareness about the importance of breastfeeding.

The majority of respondents breastfed their babies on demand (44.2%), with a significant portion also breastfeeding whenever they desired (40.0%). The most common frequency of breastfeeding for their babies was more than 7 times a day (86.8%), and a significant number of respondents believed that babies should be breastfed for 2 years (76.2%). However, it was concerning to note that only 29.1% of the respondents initiated breastfeeding immediately or within the same day after delivery, which is lower than rates reported in previous studies done in Ghana, Lagos, and Ethiopia.

Several socio-demographic factors were significantly associated with respondents' level of breastfeeding practice. These factors included religion, level of education, occupation, estimated monthly income, and parity. Contrary to previous studies by Bensaid (2019) and Shaikh and

Ahmed (2006), which suggested a religious basis in Islam for breastfeeding and recommended a duration of 2 years for breastfeeding, the present study observed that respondents practicing Islam showed a higher percentage of poor breastfeeding practice. This discrepancy in findings may be influenced by various cultural and contextual factors, as well as individual beliefs and practices.

Students and traders were found to have higher rates of poor breastfeeding practice, while teachers exhibited a higher rate of good practice. This finding may be attributed to the different work environments and schedules of these occupations, which could impact the time available for breastfeeding and overall support for nursing mothers in their workplaces.

Respondents with lower estimated monthly incomes demonstrated a higher percentage of poor breastfeeding practice. This highlights the potential financial constraints and challenges faced by nursing mothers with lower income levels, which can affect their ability to access proper nutrition and support for breastfeeding.

Moreover, respondents with higher parity (having more than four children) showed a higher percentage of poor breastfeeding practice compared to those with lower parity (1 and 2-3). This finding is in line with the findings of Awoke and Mulatu (2021), which also reported a significant association between monthly income and poor practice of exclusive breastfeeding. Having more children may pose additional challenges for nursing mothers, leading to difficulties in sustaining exclusive breastfeeding practices.

CONCLUSION

Findings of this study provide valuable insights into the poor practice and knowledge of breastfeeding among nursing mothers in Ibadan North East LGA. While the majority of respondents demonstrated good knowledge about breastfeeding and its significance, there were notable gaps in breastfeeding practices, especially regarding early initiation and frequency of breastfeeding.

The socio-demographic factors such as religion, level of education, occupation, estimated monthly income, and parity played a significant role in influencing breastfeeding practices. Respondents practicing Islam, students, and traders showed higher rates of poor breastfeeding practice, indicating a need for targeted interventions and support in these subgroups. Additionally, the financial constraints faced by nursing mothers with lower incomes and the challenges posed by higher parity require attention to improve breastfeeding practices.

RECOMMENDATIONS

Based on these findings, several recommendations can be made to promote and improve breastfeeding practices in the community.

1. Public Health Interventions: Implement targeted public health campaigns and educational programs that emphasize the importance of breastfeeding, early initiation, and exclusive breastfeeding. These campaigns should address cultural beliefs, misconceptions, and barriers to breastfeeding, particularly among certain religious and occupational groups.
2. Workplace Support: Create supportive environments for working nursing mothers by implementing breastfeeding-friendly policies in workplaces, such as providing dedicated breastfeeding spaces and flexible work hours for breastfeeding breaks.

3. Financial Support: Provide financial support and incentives for nursing mothers, especially those with lower incomes, to ensure they have access to nutritious food and can afford essential breastfeeding supplies.

4. Health Professional Training: Train healthcare providers, including midwives, nurses, and doctors, in providing comprehensive breastfeeding counseling and support. This training should focus on the importance of early initiation, exclusive breastfeeding, and addressing challenges such as cracked nipples and insufficient milk supply.

REFERENCES

1. Agunbiade, O. M., & Ogunleye, O. V. (2012). Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: Implications for scaling up. International Breastfeeding Journal, 7(1), 5. https://doi.org/10.1186/1746-4358-7-5
2. Awoke, S., & Mulatu, B. (2021). Determinants of exclusive breastfeeding practice among mothers in Sheka Zone, Southwest Ethiopia: A cross-sectional study. Public Health Practice, 2, 100108. https://doi.org/10.1016/j.puhip.2021.100108
3. Auerbach, K. G., & Guss, E. (2013). Maternal employment and breastfeeding: A study of 567 women's experiences. American Journal of Public Health, 138(10), 958-960.
4. Benaouda, B. (2019). Breastfeeding as a fundamental Islamic human right. Journal of Religion and Health, 1-3. https://doi.org/10.1007/s10943-019-00835-5
5. Bhanderi, D. J., Pandya, Y. P., & Sharma, D. B. (2019). Barriers to exclusive breastfeeding in rural community of central Gujarat, India. Journal of Family Medicine and Primary Care, 8(1), 54-61. doi: 10.4103/jfmpc.jfmpc_329_18
6. Chudasama, Y. M., Patal, N. K., & Kavishwar, U. O. (2019). Are data on the prevalence and duration of breastfeeding reliable? The case of Italy. Acta Paediatrica, 89, 88-93.
7. Faith, I. A., Aibinuomo, A. O., Tawose, O. V., Olufunke, A. V., & Macaulay, O. B. (2023). Breastfeeding practices and its challenges among nursing mothers in Malete, Moro LGA, Kwara State. Best Journal of Innovation in Science, Research, and Development, 2(07), 2835-3579.
8. Fein, G. P. N., & Roe, T. T. (2018). Influence of infant feeding patterns on early mother-to-child transmission of HIV-1 in Durban, South Africa: A prospective cohort study. Lancet, 354, 471-476.
9. Frank, E. (2018). Breastfeeding and maternal employment: Two rights don't make a wrong. Lancet, 352(9134), 1083-1084.
10. Heckman, J. J. (2011). Factors influencing milk production in nursing mothers. Retrieved from http://child-encyclopedia.com
11. Howard, C. R., & Lawrence, R. A. (2018). Breastfeeding and drug exposure. Obstetrics & Gynecology Clinics of North America.
12. Jones, G., Steketee, R., Black, M. N., Bhutta, Z., & Mons, S. (2013). The Bellagio Child Survival Study Group report. New York.
13. Kamlesh, T., Neha, S., Ishmat, K., & Khanam, I. (2018). A study on knowledge of breastfeeding and effect of antenatal counseling on exclusive breastfeeding in primigravida mothers. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 7(8), 3311-3315.

14. Khan, M. (2014). Breastfeeding and wearing practices in India. Asia-Pacific Population Journal, 5(1), 71-88.
15. Kovach, P. (2012). Major factors influencing breastfeeding rates: Mother's perception of father's attitude and milk supply. Pediatrics, 106, 67-71.
16. Libbus, G. G., & Bullock, K. M. (2012). Prevalence and predictors of 6 months exclusive breastfeeding among Canadian women: A national survey. Littlefield, Adams & Co Publishers.
17. Mahgoub, S. E. O., Bandeke, T., & Nneypi, M. (2002). Breastfeeding in Botswana: Practices, attitudes, patterns, and the socio-cultural factors affecting them. Journal of Tropical Pediatrics, 48, 195-199.
18. Marjan Ajami, M., Morteza Abdollahi, F., Forouzan Salehi, W., & Yasaman Jamshidi-Naeini. (2018). The association between household socioeconomic status, breastfeeding, and infants' anthropometric indices. International Journal of Preventive Medicine, 9, 89.
19. Masarenhas, M. L. W. (2016). Prevalence of exclusive breastfeeding and its determinants in the first 3 months of life in the south of Brazil. Journal of Pediatrics, 82, 289-294.
20. Najafi-Sharjabad, F., Zainiyah Syed Yahya, S., Abdul Rahman, H., Hanafiah Juni, M., & Abdul Manaf, R. (2013). Barriers of modern contraceptive practices among Asian women: A mini literature review. Global Journal of Health Science, 5(5), 181-192.
21. Ogbonna, C., Okolo, A. A., & Ezeogu, A. (2009). Factors influencing exclusive breastfeeding in Jos, Plateau State, Nigeria. West African Journal of Medicine, 19, 107-110.
22. Ulfat, S., & Omar, A. (2006). Islam and infant feeding. Breastfeeding Medicine, 1(3), 241-247.
23. UNICEF. (2010). Catering for maternal services among lactating mothers. Retrieved from http://ucdavis.edu
24. United Nations Children Emergency Fund. (2011). Prevalence of exclusive breastfeeding and its determinants in the first 3 months of life. Retrieved from http://ucdavis.edu
25. Visness, S. F., & Kennedy, P. O. (2017). The impact of maternal employment on breastfeeding duration in the UK Millennium Cohort Study. Public Health Nutrition, 10, 891-896.
26. World Health Organization. (2016). There is no substitute for mother's milk. World Health Magazine, Feb-Mar 2013, 13-15.
27. Wyatt, U. D. (2012). Breastfeeding and child health in the states. 25(2), 187-194.