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MATERNAL KNOWLEDGE AND CHALLENGES IN EXCLUSIVE BREASTFEEDING AND COMPLEMENTARY FEEDING PRACTICES IN CHILDREN SPECIALIST HOSPITAL, ILORIN

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ABSTRACT

Breastfeeding and complementary feeding practices play a crucial role in child growth and development, constituting a complex adaptive process for mothers during child feeding. This cross-sectional descriptive research aimed to assess maternal knowledge and challenges in exclusive breastfeeding and complementary feeding practices. A simple random sampling technique was employed to select 150 mothers, using a researcher-designed questionnaire with five sections (A-E) addressing study objectives. The instrument underwent face and content validity, with a reliability test yielding $\alpha = 0.71$ through the Cronbach Alpha coefficient. Sociodemographically, the majority of respondents fell within the 26 – 30 years age group (52.2%), possessed tertiary education (54%), and were married (96%). The findings indicated that most respondents were self-employed (77.9%), Moslems (78.8%), and of Yoruba ethnicity (86.7%). Additionally, a significant proportion had a monthly income exceeding N10,000 (41.6%), with fathers contributing significantly (66.4%), and had 2-4 children (55%). Regarding knowledge, the study concluded that mothers' understanding of exclusive breastfeeding and complementary feeding was above average (63.3%), while their practice was rated as average (56%). Challenges in exclusive breastfeeding included stress (79.6%), time consumption (69.9%), sore or painful nipples (75.2%), poor grasp (88.5%), and a lack of support from partners or family members (98.2%). Complementary feeding challenges involved a lack of money to buy food (98.2%), non-availability of food items (96.5%), difficulties in food preparation (85.0%), and feeding problems with the child (88.5%). Two hypotheses were tested, revealing no significant relationship between mothers' parity and the duration of exclusive breastfeeding (p -value = 0.724 > 0.05). However, there was a significant relationship between mothers' occupation and the lack of money to buy food (p -value = 0.015 < 0.05). Recommendations included instituting health education teaching protocols by

nurses to enhance mothers' knowledge of exclusive breastfeeding importance and educating them on various food compositions essential for complementary food.

Keywords: Maternal, Knowledge, Challenges, Exclusive Breastfeeding, Practices

INTRODUCTION

Breastfeeding is a complex adaptive process that establishes a unique bond between a mother and her baby. This practice involves two main aspects: exclusive breastfeeding and complementary feeding, each with guidelines outlined for optimal child health benefits (WHO, 2018). Mothers are encouraged to exclusively breastfeed infants for the first six months of their lives, emphasizing more than just providing breast milk. After this initial period, breastfeeding should continue with the introduction of complementary foods, as recommended by the World Health Organization (WHO, 2018). Complementary foods become essential as breast milk alone is insufficient to meet infants' nutritional needs post the sixth month, marking a transition to gradually introducing family foods. According to UNICEF (2018), the feeding process should begin with other milks and non-milk liquids, evolving into semi-solid or soft foods as children grow. While following these recommendations is crucial for children's well-being, mothers often encounter both personal and external challenges in their efforts to adhere to these guidelines (Wood & Qureshi, 2017). Unfortunately, in developing countries, the rights of children to adequate nutrition,

good health, and proper development are frequently violated. Undernutrition remains a significant cause of mortality in children under the age of 5 in these regions (Ahishakiye & Bouwman, 2019).

According to studies, significant others can have a negative influence on moms' nursing practices. Other recognized problems include the perception that breast milk alone is insufficient for infant nutritional needs, a short maternity leave time, and socio-cultural pressure to introduce water and artificial feeds (Diji, Bam, Asant, Lomotey, Yeboah et al; 2017). Similarly, breastfeeding mothers who return to work often feel exhausted because they feed-on-demand and attend to family and employment responsibilities, leading to concerns for their personal health (Valizadeh, Hosseinzadeh, Mohammadi, Hassankhan, Fooladi et al; 2017) observed that challenges in relation to appropriate infant and young child-feeding practices are mothers' knowledge about complementary feeding, influence of culture custodians on mothers, and patterns and For moms to practice good complementary feeding, they need to have acceptable and enough meals, as well as ensure that the diets they offer to their children are diverse. Commercial fortified foods are often out of reach for financially challenged moms in some situations, hence homemade supplemental foods are still widely used (Abeshu, Lelisa, & Geleta, 2016). These homemade foods are usually unfortified or unenriched plant-based supplemental foods, which provide insufficient critical micronutrients, particularly for children aged 6 to 23 months (Mitchodigni, Hounkpatin, Ntandou-Bouzitou, Termote, Kennedy, & Hounhouigan, 2017).

Despite the numerous benefits associated with breastfeeding, efforts to promote exclusive breastfeeding (EBF) have faced challenges, leading to less-than-desired outcomes. These challenges manifest at various levels, including maternal, infant, family, healthcare system, community, and national levels. Mothers encounter obstacles such as insufficient support from society and healthcare providers,

short maternity leave periods, difficulties in balancing breastfeeding with other maternal responsibilities, and emotional stress, all influencing breastfeeding and complementary feeding practices. Research by Victora et al. (2016) highlights that continued breastfeeding rates are declining, particularly among poor mothers. Globally, only about 38% of infants under 6 months are exclusively breastfed (UNICEF, 2016). The trend in developing countries has seen a slow increase from 33% in 1995 to 39% in 2010 for exclusive breastfeeding rates among infants under 6 months. Anthony's study in Ghana (2019) revealed that mothers' job schedules often limit the practice of exclusive breastfeeding, with nursing moms facing additional challenges upon returning to work in civil and public services after three months of maternity leave. Bernard Yeboah-Asiama, Preko, and Dwumfour-Asare (2018) reported that only 33.7% of infants aged 6 to 8 months received timely supplemental feeding. These challenges underscore the need for comprehensive strategies to address barriers and promote exclusive breastfeeding practices.

Despite notable strides in reducing under-5 mortality, the persistence of chronic malnutrition among children at Igboro Children's Specialist Hospital Center poses a substantial public health challenge. Despite various initiatives to promote exclusive breastfeeding (EBF), the outcomes have fallen short of the desired goals. Recognizing the potential influence of challenges faced by mothers during breastfeeding, this study aims to evaluate maternal knowledge and challenges associated with exclusive breastfeeding and complementary feeding practices. The focus is on mothers of children aged 0 to 2 years at the Children's Specialist Hospital Center in Igboro, Ilorin, Nigeria. The study seeks to uncover insights that can inform targeted interventions and contribute to improving infant nutrition and overall child health outcomes in the region.

OBJECTIVES OF THIS STUDY

1. Examine the Knowledge level among mothers with children between 0-2 years of age about exclusive breast feeding in Children Specialist Hospital Centre Igboro, Ilorin.
2. Determine the practice of exclusive breast feeding among mothers with children between 0-2 years of age.
3. Determine the practice of complimentary feeding among mothers with children between 0-2 years of age.
4. Identify challenges of exclusive breast-feeding Practices among mothers with children between 0-2 years of age.
5. Examine challenges of complimentary feeding Practices among mothers with children between of 0-2 years of age.

Hypotheses

H₀₁: There is no significant relationship between the mother's parity and duration of exclusive breastfeeding.

H₀₂: There is no significant relationship between socio-economic factors and challenges of complementary feeding practices among mothers attending Center-Igboro Children Specialist Hospital, Ilorin.

METHODOLOGY

This study was a cross-sectional, descriptive research design aimed to determine maternal knowledge and challenges in exclusive breastfeeding and complementary feeding practices in children specialist hospital, Ilorin Kwara State. The target population for this study was one hundred and fifty (150) mothers of children aged between 0-2 years attending Children's Specialist Hospital center Igboro Ilorin, Kwara State. Data collection was done using researchers designed questionnaires named AMCEBCF. The questionnaire consisted of five sections (A-E) with questions items on socio-economic demographic

characteristics, knowledge and challenges of exclusive breastfeeding and complementary feeding practices respectively.

The face and content validity of the Instrument was ascertained by experts on the field while the reliability of the instrument was determined by a test-retest method that involves 20% of Mothers in a pilot study similar to the studied population and the result was analyzed using Statistical Product service Solution (SPSS) Version 23 and reliability coefficient of Crobach Alpha 0.71 was obtained which shows that the instrument is reliable. Data collection was done following the approval gotten from the hospital research ethical committee and an informed consent obtained from mothers. The researchers and trained assistants administered the questionnaires to mothers who attended antenatal unit of the hospital daily for the periods of three weeks. The contents of questionnaire were read, translated, and interpreted to illiterate Mothers in Yoruba for understanding and promptly answering of the question items. Administered questionnaires were collected, collated, and analyzed using Statistical Product Service Solution (SPSS) version 23. The descriptive statistics was used to analyzed research questions while inferential statistics in the form of chi square was used to test the hypotheses and the results presented on frequency and percentage tables.

RESULTS

Table 1 shows the demographic characteristics of the mothers, with the mean age of 33 year, (54.0%), the level of mothers education is tertiary and were self-employed (77.9%), which could probably serve as source of income to sustain feeding of their children. Result further reveal that majority of the respondents practiced Islam as a religion respectively (78.8%) and were of Yoruba dialect (87%). Also majority of mothers earned average monthly income of over 10,000 naira (41.6%) with that of the father average of over 10,000 naira (66.4%). Lastly majority of respondents have 2-4 children (55.0%), which

implies that parents in this category could afford to feed their babies in terms of complementary feeding.

Table 1: Socio-demographic characteristics data of Mothers (n=113)

Variable		Frequency	Percentage
Age group of mothers	21-25	18	15.9
	26-30	59	52.2
	31-35	32	28.3
	36-40	3	2.7
Educational status	Primary	5	4.4
	Secondary	44	38.9
	Tertiary	61	54.0
	No education	2	1.8
Marital status	Married	109	96.5
	Divorced	2	3.7
	Single	1	0.9
Occupation of mothers	Employed	9	8.0
	Housewife	16	14.2
	Self employed	88	77.9
Religion	Christianity	11	21.3
	Islam	89	78.8
Ethnicity	Yoruba	98	86.7
	Hausa	2	1.8
	Igbo	9	8.0
	Others	4	3.5
Monthly income of mother	Below 5000	24	21.2
	5000-10000	37	32.7
	Over 10000	47	41.6
Monthly income of father	Below 5000-20000	36	31.9
	Average of 10000	75	66.4
Number of children	0-1	38	34.2
	2-4	61	55.0
	5 and above	12	10.9

Table two revealed majority (97.3%) of Mothers have knowledge of the meaning of exclusive breast feeding and defined it as giving breast milk only for 6 months compared with 8% who did not know the meaning of complimentary feeding. While on the practice of exclusive breastfeeding about 71% did practice exclusive breastfeeding as 97% gave their babies breast feed their babies on demand. However, similar number (92%) of mothers did not know the meaning of complimentary feeding respectively. Some mothers claimed that they did not practice Exclusive Breast Feeding (EBF) because only breast milk

(73.5%) cannot satisfy the baby and their ill health condition (35.0%) also contributed not breast-feeding babies exclusively.

The table further shows large percentage of the (59.3%) mothers used various methods of complementary feeding practices when their child is above 6 month thus; 53% of them used cup and spoon method, 60.3% gives egg and 65% gave other solid foods to their babies in addition to breast milk respectively. This study indicates that the Knowledge of Mothers about Exclusive breast feeding and Complimentary feeding is above average (63.3%) and the Practice is average (56%)

Table 2: Knowledge and Practice of Mothers about Exclusive breast feeding and Complimentary feeding (n=113)

Items	Yes Freq. (%)	No. Freq. (%)
Breastfeeding is a complex adaptive process that establishes a bond between a mother and her baby.	110(97.3)	3(2.7)
Infants are exclusively breastfeed for the first six months	105(92.9)	8(7.1)
Emphasizes is only on providing breast milk.	33(26.5)	80(70.8)
Breastfeeding should continue with the introduction of complementary foods	9(8.0)	104(92)
Complementary foods is a transition to gradually introducing family foods.	104(92)	9(8.0)
TOTAL	63.3%	36.3%

Mothers Practice of Exclusive breast feeding	Agree Freq. %	Sometimes Freq. %	Disagree Freq. %
I Breastfeed my baby per day on demand	109(96.5)	2(1.8)	2(1.8)
I do breastfeed exclusively for six Months	80(70.8)	3(2.7)	30(26.5)
I do add water to breast milk for my baby.	26(23.0)	25(22.1)	62(54.9)
The reasons for me not breastfeeding exclusively for six Months were because breastfeed was not enough.	83(73.5)	13(11.5)	17(15.0)
The reason for not breastfeeding exclusively for six Months was due to my health conditions	40(35.0)	23(20.1)	50(44.2)
<u>Mothers' methods of Complimentary feeding Practices</u>			
I feed my child with bottle feed, cup and spoon.	31(27.4)	22(19.5)	60(53.1)
I use my hand to feed the child	61(53)	13(11.5)	39(34.5)
I do give egg to my child in addition to breast milk.	68(60.3)	15(13.1)	
I do give solid food to my child	30(26.5)		
TOTAL	73(64.6)	10(8.8)	
	30(26.5)		
	56%	12%	31%

Table 3 shows that the challenges of exclusive breast feeding are stressful (79.6%), time consuming (69.9%), sore or painful nipples (75.2%), poor grasp (88.5%) and lack of support from the partner or family members (98.2%). While mothers challenges in terms of

Complimentary Feeding (CF) was lack of money to buy food for the child (98.2%), non availability of food items 109 (96.5%), food preparation (85.0%) and problem feeding child (88.5%).

Table 3. Mothers Challenges to Exclusive Breastfeeding practices (n=113)

Mothers Challenges	Yes Freq (%)	No. Freq (%)
exclusive breastfeeding practice is stressful to you.	90(79.6) **	23(20.4)
exclusive breastfeeding takes more of time.	66(69.9%) **	34(29.7%)
Is maternal leave period adequate for EBF practices?	6(5.3)	107(94.7)
Sore or painful nipples affect your EBF practices.	85(75.2) **	28(24.8)
Is Poor latching on (grasp) affect your EBF practice?	100(88.5) **	12(10.6)
Is EBF practice causes embarrassment to you?	3(2.7%)	110(97.3)
Is use of medications during EBF harmful to the baby?	6(5.3)	107(94.7)
failure in previous breastfeeding experience affecting your EBF practice?	3(2.7)	110 (97.3)
lack of information from health workers about the benefit of exclusive breastfeeding affect your EBF practice.	1(0.9)	112(99.1)
lack of family/partner support affects your EBF practice.	111(98.2) **	2(1.8)
lack of contact information for help when faced with breastfeeding challenges affect your EBF practice.	1(0.9)	112 (99.1)
Mothers' challenges to complementary feeding practices (n=113)		
lack of money to buy food for the child affect your Complimentary Feeding (CF) practice?	111 (98.2)**	1(0.9)
lack of food items availability affects your CF practice.	109 (96.5)**	3(2.7)
challenges with baby food preparation?	96 (85.0) **	16(14.2)
problem feeding your child?	100 (88.5)**	12(10.6)

Sig**

Table 4 shows that, there is no significant relationship between Mothers parity and duration of exclusive breastfeeding with p-value=0.724 > 0.05. Since the p value is greater than the significance value (0.05), the null hypothesis was accepted.

Hypothesis H₀₁: There is no significant relationship between the mother's parity and duration of exclusive breastfeeding.

Table 4: Relationship between Mothers parity and duration of exclusive breastfeeding (n=113)

Variable	Responses	Duration of exclusive breastfeeding						Total	X ²	DF	P-Value	Remark
		2mnt	3mnt	4mnt	5mnt	6mnt	1					
Number of children	1	5.5	5.5	1.7	1.4	22.3	38.0	7.018 ^a	10	0.724		H ₀ accepted
	2-4	8.8	8.8	2.7	2.2	35.7	61.0					
	5 and above	1.7	1.7	0.5	0.4	7.0	12.0					

Table 5 shows that there is significant relationship between the occupation of Mothers and lack of money to buy food with p-value=0.015 < 0.05, since the p value is less than the significance value (0.05), rejecting null hypothesis. The table further revealed that there is no significant relationship between socio- economic factors and mothers challenges of practicing Complimentary feeding practices such as lack of food items availability with P-value=0.121 > 0.05, inability to get quality food items with P-

value=0.144 > 0.05, inability to prepare complimentary food with P-value= 0.183 > 0.05, and difficulties in feeding child with P-value=0.101 > 0.05 respectively. Since the P-values are more than the significance value of 0.05, the null hypothesis was accepted.

H₀: There is no significant relationship between socio-economic factors and Challenges in complementary feeding practices among mothers attending Center-Igboro Children Specialist Hospital, Ilorin.

Table 5: Relationship between Socio-economic factors and Challenges of complementary feeding practices (n=113)

Challenges in practicing Complimentary feeding.	Mothers' socio-economic factors			Total	Chi-square X ²	DF	P- Value
	Employed	Housewife	Self-employed				
Lack of money to buy food							
Yes	0.1	0.1	0.8	1.0	12.343 ^a	4	0.015
No	8.8	15.7	86.4	111.0			
Lack of food items availability							
Yes	0.2	0.4	2.3	3.0	7.288 ^a	4	0.121
No	8.7	15.4	84.9	109.0			
Unable to get quality of food							
Yes	1.2	2.1	11.7	15.0	6.857 ^a	4	0.144
No	7.7	13.7	75.5	97.0			
Not able to prepare Complimentary food. Yes.							
Yes	1.3	2.3	12.5	16.0	6.219 ^a	4	0.183
No	7.6	13.6	74.8	96.0			
Mothers' difficulties in Feeding the child							
Yes	1.0	1.7	9.3	12.0	7.745 ^a	4	0.101
No	8.0	14.2	77.9	100.0			

DISCUSSION

This study examined the maternal knowledge, practice and challenges of Exclusive Breast Feeding (EBF) and Complementary Feeding (CF). In this study, the socio demographic characteristics of this study conclude that majority of the respondents are thin the age group of 26 – 30years which implied that mothers were in their active reproductive age, with tertiary education and married. Findings reveals that majority of the respondents are self employed, Moslems and Yoruba by ethnicity, lastly monthly income of majority of the mothers are Over N10,000 and father with 2 - 4 number of children.

This study indicates that the Knowledge of Mothers about Exclusive breast feeding, and Complimentary feeding is above average, and the Practice is average This study is consistent with Anthony et al (2019) who observed that the Knowledge and Practice of exclusive breastfeeding among Mothers in Ghana were considerably high.

This study concludes that the the challenges of exclusive breast feeding are stressful, time consuming, sore or painful nipples, poor grasp and lack of support from the partner or family members. While mothers' challenges in terms of Complimentary Feeding (CF) was lack of money to buy food for the child, non availability of food items, food preparation and problem feeding child. This recent finding does not support Nankumbi and Muliira (2015) who observed that challenges in relation to appropriate infant and young child-feeding practices are mothers' knowledge about complimentary feeding. This study corroborates the study carried out in Ghana by Anthony et al (2019) who revealed that household chores, work schedules, family influence, low breast milk production, swollen breasts or sore nipples, access to food items and preparation or giving foods are the mothers challenges on exclusive breastfeeding. This current study does not agreed with study conducted by Diji et al., (2017) whose finding documented that mother's belief that breast milk alone is not sufficient in meeting

nutritional needs of infants and similarly, this study was also not in agreement with Dror and Allen, (2018) whose findings reveals that milk composition can influence growth, health, and developmental outcomes of infants and also no in supported WHO recommendation that exclusive breastfeeding (EBF) for the first 6 month should be given to babies to achieve optimal growth, development and healthy living as reported by Alle et al., (2018) respectively.

There is no significant relationship between the mother's parity and duration of exclusive breastfeeding ($p\text{-value}=0.724 > 0.05$). There is significant relationship between the occupation of Mothers and lack of money to buy food with ($p\text{-value}=0.015 < 0.05$), The table further revealed that there is a significant relationship between socio- economic factors mothers challenges of practicing and complimentary feeding practices such as lack of food items availability ($P\text{-value}=0.121 > 0.05$ }, inability to get quality food items ($P\text{-value}=0.144 > 0.05$), inability to prepare complimentary food ($P\text{-value}=0.183 > 0.05$), and difficulties in feeding child ($P\text{-value}=0.101 > 0.05$) respectively.

Implication for Nursing Practice and Health Promotion

The implication of this study will broaden the knowledge of nurses and health educators on the various challenges most breastfeeding mothers do face and this will guide on the designing of health education teaching protocol for mothers which will emphasise on the importance of exclusive breastfeeding for six month and complementary feeding patterns.

This finding will provide opportunities for nurses and health educators to teach mother on various components of nutritional food items and skills that are required to provide babies complimentary foods for proper growth and development. Nurses and Health Educators will also benefit from the findings of this study by engaging mothers on house garden and life stock rearing for family subsistence. Nurses

through the outcome of this study will be able to encourage mothers on appropriate child feeding practices and provide further education on how to adequately and appropriately use local foods composition to feed their children.

CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study, it is concluded that there is no significant relationship between mothers' parity and the duration of exclusive breastfeeding, indicating that the number of children a mother has does not impact the duration of exclusive breastfeeding. Additionally, the study concludes that there is no significant relationship between mothers' challenges and factors such as the availability of food items, the quality of food, challenges in food preparation, and feeding the child. The acceptance of these null hypotheses suggests that these factors do not have a statistically significant impact on maternal challenges. However, the study revealed a significant relationship between the occupation of mothers and the lack of money to buy food. The rejection of the null hypothesis indicates that mothers' occupation influences their purchasing power for food items to feed their babies. Based on these research findings, the following recommendations are suggested:

To the mothers: Mothers are encouraged to adhere to the practice of exclusive breastfeeding for the first six months of their infants' lives. Additionally, they should follow the complementary feeding practices recommended by healthcare professionals. It is crucial for mothers to ensure that their children are fed with nutritious and well-balanced meals to support their overall development and growth.

To the family members: Family members play a vital role in supporting mothers in the care of their children. This support can be both financial and emotional. It is essential for family members to contribute to the overall well-being of the child by providing assistance

in taking care of them, especially while the mothers are engaged in household responsibilities. This collaborative effort ensures a nurturing and conducive environment for the child's upbringing.

To the nurses and health educators: Healthcare professionals, including nurses and health educators, should persist in counseling mothers on the importance of exclusive breastfeeding for the first six months of a child's life. Additionally, midwives can continue to play a crucial role in educating mothers on the proper implementation of complementary feeding practices and guiding them in the preparation of suitable foods for their children. Moreover, midwives can offer valuable insights on utilizing locally available foods to ensure that mothers can provide nutritious and appropriate meals for their children. Ongoing education and support from healthcare professionals contribute significantly to the overall well-being of both mothers and children.

To the government: The recommendations arising from the study include the provision of fortified pap and essential foods for child feeding in hospitals. It is suggested to extend maternal leave to a minimum of four months for expectant and nursing mothers. The study underscores the importance of exclusively breastfeeding infants for the initial six months and continuing breastfeeding with the introduction of complementary foods to their diets after the sixth month. The research, focused on exploring challenges to breastfeeding practices, involved purposive interviews with twenty mothers aged 15–49 in selected communities across two regions in Ghana. Thematic content analysis revealed challenges related to household chores, work schedules, family influence, low breast milk production, swollen breasts or sore nipples, and access to food items. Addressing these challenges is recommended through the co-creation of supportive environments involving couples and significant others. Moreover, tackling institutional barriers is crucial for promoting adequate breastfeeding among mothers. Regarding complementary feeding, the study highlights the

necessity of forming community health volunteers to educate mothers on appropriately using local foods for their children. This community-based approach aims to enhance mothers' knowledge and practices related to complementary feeding, contributing to the overall well-being of infants and young children.

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