

AWARENESS AND ATTITUDE OF MEN TOWARDS EXCLUSIVE BREASTFEEDING IN SOKOTO METROPOLIS.

Meme FC^{1*}, Oche MO²

¹Department of Obstetrics and Gynaecology, Federal Medical Centre,
Yenagoa, Bayelsa State, Nigeria.

²Department of Community Medicine, Usmanu Danfodiyo
University Teaching Hospital, Sokoto State, Nigeria.

*Correspondence: Dr. Meme Franklin, +234 803 435 2914; elfranelly@gmail.com

Abstract

Background: Over the years, breastfeeding has been the safest and easiest way to give the newborn an assuring start to feeding in the extra-uterine life. Exclusive breastfeeding has been proven to be the gateway to this exciting start in life. The contribution and support of the man towards this practice cannot be over-emphasised.

Objective: To determine the awareness and attitude of men towards exclusive breastfeeding.

Materials and Methods: This study was conducted in Wamakko local government area of Sokoto State in 2006, which form a major part of Sokoto metropolis and plays host to major ministries and parastatals of Government, including the teaching hospital.

It was a cross-sectional descriptive study. A structured, self-administered questionnaire, containing relevant questions on biodata, awareness and attitude towards exclusive breastfeeding among men was answered by 152 respondents.

Results: Majority of the men (96.4%) were aware of exclusive breastfeeding, of these, 60.4% strongly approved their wives to practice it, while 31.4% approved of it. There was a significant difference between the educational status of the men and their awareness about exclusive breastfeeding, $\chi^2 = 46.67$; $df = 2$ $p > 0.05$. There was no significant difference in the tribes of the respondents and their decision to allow their wives practice exclusive breastfeeding, $\chi^2 = 0.685$; $df = 3$. $P < 0.05$.

Conclusion: This study revealed that there is a high level of awareness on exclusive breastfeeding amongst men in the studied population. Education improves the awareness and positive attitude of men towards exclusive breastfeeding, which is unlikely to be affected by tribe.

Keywords: Breastfeeding, Awareness, Attitude, Education, Sokoto.

Cite this article: Meme FC, Oche MO. Awareness and attitude of men towards exclusive breastfeeding in Sokoto Metropolis. Yen Med J. 2019;1(1):10-14.

INTRODUCTION

The breast milk is the primary source of nutrition for the newborn before they are capable to feed on other liquid diets and solid food. Exclusive breastfeeding is the act of feeding a baby solely on breast milk within the first six months of life.¹ The benefits of exclusive breastfeeding to both the mother and the baby are enormous.

The support of the male partner in this task towards achieving this goal is essential for a positive outcome, hence the need to appraise the awareness and attitude of men towards exclusive breastfeeding. The World Health Organisation encourages every facility providing maternal services and care of the newborn infants to propagate the ten steps to successful breastfeeding.

The unparalleled value of exclusive breastfeeding to infants, maternal health, the family and the society at large, is daily being better understood. Exclusive breastfeeding is the safe, protective and nutritious way to give a child the best start in life irrespective of one's socio-economic status, culture or religion.^{2,3} It is therefore, a vital tool in the reduction of neonatal and perinatal morbidity and mortality.

However, there is a low level of acceptability and compliance of people in developing countries to exclusive breastfeeding.^{4,5} To encourage the practice of exclusive breastfeeding, the “man” factor seems to be a contributor.^{5,6}

In Nigeria, the man appears to be the most important person in decision making in the family. For exclusive breastfeeding to gain wider acceptability, there is the need to win the support and consent of the man, with a view of making positive effort to curb the menace of non-compliance.^{5,6}

MATERIALS AND METHODS

In this cross-sectional descriptive study, questionnaires were administered to 152 married men within Sokoto metropolis using a combination of systematic and simple random sampling methods. It was a structured, self-administered questionnaire, containing relevant questions on biodata, awareness and attitude towards exclusive breastfeeding among men.

RESULTS

The response rate was 92.1% as 140 men filled and returned the questionnaire. The age range of respondent was 20-70 years, and the modal age range was 31 - 40 years. Majority of the respondents, 98 (70.0%) had tertiary level of education, 27 (19.3%) had secondary level of education, 14 (10.0) had primary level of education, and 1 man did not respond. Most of the respondents, 79 (56.4%) were of the Hausa/Fulani tribe, 31 (22.2%) were Igbo, 9 (6.4%) were Yoruba and 21 men (15.0%) were from other tribes.

A total of 135 (96.4%) respondents were aware of exclusive breastfeeding and 5 (3.6%) were not

aware. However, only 85 (60.7%) strongly approved the practice of exclusive breastfeeding by their spouses, 44 (31.4%) approved of it and 1 (0.7%) disapproved of it.

On the duration of exclusive breastfeeding, only 40 men (28.6%) knew it as recommended for 6 months. On the duration of breastfeeding, 57 men (40.7%) wanted their wives to breastfeed for 12 months, 43 (30.7%) for 18 months, 12 (8.6%) for 6 months, 11 (7.9%) for 4 months, 8 (5.7%) for 9 months, 2 (1.4%) for 19 months or more, 2 men (1.4%) did not respond. A total of 127 (90.7%) accepted that men should be knowledgeable about exclusive breastfeeding. While 134 (95.7%) knew there were benefits of exclusive breastfeeding and 2 (1.4%) did not agree that it was beneficial, 4 men (2.9%) did not respond. Television was the commonest source of information about exclusive breastfeeding (63.6%).

On the perceived benefits, as an influence on why men allow their wives to practice exclusive breastfeeding, 104 men (74.3%) agreed that it renders the ideal natural food to the baby, 91 men (65.0%) believed it enhances the immunity of the baby and 20 men (14.3%) agreed to it because of the contraceptive benefits.

Only 4 men (2.9%) opted to complement exclusive breastfeeding with water and only 1 man (0.7%) rejected exclusive breastfeeding because it was perceived to be stressful to his wife. A total of 128 men (91.4%) accepted that their wives should be taught how to successfully practice exclusive breastfeeding in the hospital while 12 men (8.6%) disagreed.

On the relationship between educational status of the men and their awareness about exclusive breastfeeding, there was a statistically significant difference between both factors, $\chi^2 = 46.67$; $df = 2$ $p > 0.05$. There was no significant difference in the tribes of the respondents and their decision to allow their wives practice exclusive breastfeeding, $\chi^2 = 0.685$; $df = 3$. $P < 0.05$.

DISCUSSION

It is recommended by WHO that all infants should be fed exclusively, on breast milk until they are six months of age, and continued to be breastfed until 2 years or beyond.^{2,3} Malnutrition during infancy is one of the health problems in the developing world. Exclusive breastfeeding has been proven to support adequate growth for infants within the first six months of life.⁷ Childhood infections and vaccine preventable diseases are still a burden to us in the sub-Saharan Africa, where the standard of living is low and the poverty level is still very high. Exclusive breastfeeding being one of the best ways to give the baby a good start in life, is still not being practised by many.^{3,4,5,7}

Assessing the knowledge of men, who are the most important in the Africa family setting in decision making, is thus essential as it will go a long way to determine how to curb the menace of non-compliance by their spouses to exclusive breastfeeding despite the benefits.⁸

In this study, all the respondents were married men and 135 (96.4%) were aware of the practice of exclusive breastfeeding. This is similar to the findings by Pollock and colleagues in Louisiana State, USA, where a high level of awareness on breastfeeding was reported.⁸

Among the respondents sampled, 14 (10%) had primary School Certificate as their highest level of educational attainment, and only 5 were aware of exclusive breastfeeding. All respondents that had secondary and tertiary education were aware of exclusive breastfeeding. There was a statistically significant difference between the educational attainment of the respondent and their awareness of exclusive breastfeeding. ($X^2=46.67$; $df=2$. $p=0.05$). However, there was no statistically significant difference between the tribes and the decision to allow their wives practice exclusive breastfeeding ($X^2=0.685$; $df =3$. $p = 0.05$). This indicates that irrespective of tribe differences, most men would want their spouses to practice exclusive breastfeeding. This was in line with the study conducted by Pollock and his colleagues in which 81% of men indicated that they would prefer their

infants to be breastfed.⁸

Majority of the respondents (63.6%) agreed that television was the source of their information about exclusive breastfeeding. This was in keeping with the findings of Connolly et al who reported that the most frequent source of information were the media rather than any other source.⁶

Most men in this study (60.7%) strongly approved of exclusive breastfeeding. This could be attributed to their high level of awareness of the practice and the associated benefits (95.7%). Among the benefits, 74.3% accepted exclusive breastfeeding because it is an ideal natural food for the baby, this corroborates with findings by Rose and colleagues.⁹

A total of 91 (65%) respondents, agreed that exclusive breastfeeding enhances the baby's ability to fight against diseases and infections. This agrees with the findings of Onayade and his colleagues at Obafemi Awolowo University, Ile-Ife, Nigeria. In their study, they concluded that exclusively breastfed babies had fewer episodes of illness compared to those who started complementary feeding before six months.⁷ They also observed that infants who commenced complementary feeding before four months, reported more symptoms and had more illness episodes, compared to those that commenced complementary feeding between four and six months.⁷

Exclusive breastfeeding is cheap; this was beneficial to 31.4% of men studied and 35% agreed that it reduces health care cost. The contraceptive effect (due to lactation amenorrhoea) seems not to be a popular reason why men would want their wives to practice exclusive breastfeeding, as only 13.3% of respondent accepted it as a benefit. This is however, in conformity with what was found by Lawoyin and others in Ibadan. They observed that the larger majority of men thought it was the wife's responsibility to go for family planning and that only about 26.7% of men were current users of any method of contraception.¹⁰

Only 4.3% of respondents disapproved of the

practice of exclusive breastfeeding, while 1 man (0.7%) strongly disapproved of it. A total of 4 men (2.9%) said “no” to the practice because they felt the baby needed additional water from external sources for optimal growth. Only 1 man (0.7%) opted against the practice because he was not exclusively breastfed. Only 1 man (0.7%) also said “no” to exclusive breastfeeding because his wife needed time for her education.

On the duration for which exclusive breastfeeding should last, 33 men (23.6%) opted for 3 months, 30 (21.5%) agreed for 4 months as the duration, while 40 (23.6%) said exclusive breastfeeding should be for 6 months. The reason for this difference in opinion was not got in this study.

On men being knowledgeable about exclusive breastfeeding, 127 (90.7%) respondents agreed that men should know about the practice. Thirteen (9.3%) respondents said there is no need for men to have knowledge about the practice. The husbands' knowledge about the practice was an advantage in a study conducted by Ekure and others on the social characteristics of women that exclusively breastfed in Calabar.¹¹

In this study, 128 (91.4%) men agreed that mothers should be taught how to successfully practice exclusive breastfeeding in the hospital. This percentage of men would likely allow their wives to attend antenatal clinic for antenatal care during the period of pregnancy, where they would be taught. This is in agreement with the study conducted by Pollock and his colleagues. They concluded from their findings that 81% of men have a strong desire that their infants be breastfed, and wanted to be included in decisions concerning breastfeeding in their homes.⁸

A total of 12 men (8.6%) did not accept that mothers should be taught how to successfully practice exclusive breastfeeding. In this study, no reason was given. However, most of them were those who were not aware of exclusive breastfeeding and would not want their wives to practice it for the reasons mentioned earlier.

On the total duration of breastfeeding, none of the respondents accepted 1 or 2 months as duration for breastfeeding; 5 (3.6%) of the respondents opted for 3 months duration, 11 (7.9%) respondents settled for 4 months, 12 (8.6%) for 6 months, 8 (5.8%) for 9 months. Majority of the respondents; 57 (40.9%) and 43 (30.7%) choose 12 months and 18 months respectively, while only 2 respondents opted for 19 months or more as the duration for which breastfeeding should be practiced.

In a study conducted in Korea by Hwang and others, it showed that women aged 35 or older practiced longer breastfeeding duration than the younger age group.¹² Where the husband is relatively likely to be older than his wife, it may be assumed that the older men may opt for a longer duration than the younger men. Hwang and his colleagues, also found that the higher the mother's educational status, the shorter is the duration of breastfeeding.¹² This further relates to the man's educational status as most educated women are more likely to get married to educated men in Sokoto.

Cultural, traditional and religious practices could also influence the choice of duration of breastfeeding depending on what the respondents' belief is, and what the cultural practices in his environment dictates. The conclusion drawn from the study conducted by Hizel on “traditional beliefs as forgotten influencing factors on breastfeeding performance in turkey” suggest the importance of taking into account the customs, local beliefs and family influences in planning community health programmes.¹³

CONCLUSION

This study revealed that there is a high level of awareness on exclusive breastfeeding amongst men in the studied population. Education improves the awareness and positive attitude of men towards exclusive breastfeeding, which is unlikely to be affected by tribe.

However, more needs to be done to enlighten men on the duration and benefits of exclusive breastfeeding, and that the water and nutrients the baby need to have a good start in life is contained in

the mother's breast milk. The electronic media being the major source of information amongst respondent should be further utilised to disseminate information to dispel misconception about exclusive breastfeeding.

REFERENCES

1. International Child Development Centre. Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding: past achievements, present challenges and priority actions for infant and young child feeding. Florence, Italy: UNICEF Innocenti Research Centre; 2006.
2. Azubuike JC, Nkaginieme KE. Breastfeeding. In: Azubuike JC and Nkanginieme KE, eds. Paediatrics and Child Health in a Tropical Region. 3rd ed. Owerri, Nigeria: Afr Educational services; 2017:152–157.
3. Schack-Nielsen L, Michaelsen KF. Breastfeeding and Future Health. *Curr Opin Chin Nutr Metab Care*. 2006;9(3):289–296.
4. Batal M, Boulghourjian C, Abdallah A, Afifi R. Breastfeeding and feeding practices in infants in a developing country; a neonatal Survey in Lebanon. *Pub Health Nutr*. 2006;9(3):313–319.
5. Chatman LM, Salihu HM, Roofe ME, Wheatle P, Henry D, Jolly PE. Influence of Knowledge and Attitudes on Exclusive Breastfeeding Practice Among rural Jamaican Mothers. *Birth*. 2004;31(4):265–271.
6. Connolly C, Kelleher CC, Becker G, Friel S, Gabhainn SN. Attitude of Young Men and Women to Breastfeeding. *Ir Med J*. 1998;91(3):88–89.
7. Onayade AA, Abiona TC, Abayomi IO, Makanjuola RO. The First Six Months Growth and Illness of Exclusively and Non-exclusively Breastfed Infants in Nigeria. *East Afri Med J*. 2004;81(3):146–153.
8. Pollock CA, Bustamante-Forest R, Giarratano G. Men of Diverse Cultures: Knowledge and Attitudes about Breastfeeding. *J Obstet Gynecol Neonatal Nurs*. 2002;31(6):673–679.
9. Rose VA, Warrington VO, Linder R, Williams CS. Factors Influencing Infants Feeding Method in an Urban Community. *J. Natl Med Assoc*. 2004;96(3):325–331.
10. Lawoyin TO, Osimowo H, Babatunde M, Bajomo TG, Betiku AO, Busari KT, et al. Family Planning in Rural Nigeria: A Study Among Men. *Afr J Med Sci*. 2002;31(2):159–162.
11. Ekure EN, Antia-Obong OE, Udo JJ, Edet EE. Maternal Exclusive Breastfeeding Practice in Calabar, Nigeria: Some related Social Characteristics. *Nig J Clin Pract*. 2003;6(2):92–94.
12. Hwang WJ, Chung WJ, Kang DR, Sug MH. Factors Affecting Breastfeeding - Rate and Duration. *J Prev Med Pub Health*. 2006;39(1):74–80.
13. Hizel S, Leyhun G, Tanzer F, Sanli C. Traditional Beliefs as Forgotten Influencing Factors on Breastfeeding Performance in Turkey. *Saudi Med. J*. 2006;27(4):511–518.