

EFFECT OF EXCLUSIVE BREASTFEEDING ON INFANT MORTALITY IN ABAKALIKI EBONYI STATE

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Abstract: The aim of this study was to examine the effects of exclusive breastfeeding on specific infant mortality. In spite of all efforts to promote mother's milk as the best food for the infant, the prevalence of exclusively breastfeeding remains low. The result showed that exclusive breastfeeding at $\alpha = 0.5$ was considered statistically significant. Infants who were exclusive breastfeed had a significantly decreased risk of contracting at least one morbidity compared to infants who were not exclusively breastfed. The study inferred that exclusive breastfeeding conferred protection against infantile morbidity.

Keywords: Exclusive breastfeeding, infant mortality, Baby friendly Hospital Initiative, Non-exclusive breastfeeding.

1. Introduction

Infant feeding methods are a major determinant of infant nutritional status, which in turn affects infant mortality. Among the infant feeding methods, breastfeeding is of particular importance because this practice is fundamental for survival, growth, development and health of infants. In the light of this, there is recent world wide resurgence of interest and implementation of policies in hospital aimed at improving the rates of breastfeeding particularly exclusive breastfeeding. The international Baby friendly Hospital Initiative (BFHI) was launched in 1991 by United Nations International Children's Emergency Fund (UNICEF) and World Health Organization (WHO) to promote and protect, maternal support for breastfeeding in maternity care facilities [1,2]. In the traditional African Society breastfeeding had always been relied on as the bulwark for infant feeding. The exclusive breastfeeding involves providing human milk only to infant between 0 to 6months without mixed breast and bottle feeding otherwise known as triple nipple syndrome [3]. There is a documented evidence that the benefits of breast milk global estimate indicate that 85% of mothers do not conform to optimal breastfeeding practices. The aim of this study was to investigate how exclusive breastfeeding had reduced infant mortality rate from the five-

infant's killer diseases such as malaria, respiratory infection, diarrhoea, Anaemia and measles [4].

2. Materials and Methods

The total of two hundred and Ninety-eight consecutive breastfeeding mothers attending the infant welfare clinics of Federal medical centre Abakaliki in Ebonyi State Nigeria were recruited for the study. Federal Medical Centre Abakaliki is a tertiary health institution situated at the south Eastern part of Nigeria. In this research, there kinds of variables were studied. The dependant variable was the presence of at least a morbidity affecting the infant for any period of time before carrying out the study⁶ selected morbidity were malaria, Respiratory infection, diarrhoea, Anaemia and measles. The independent variable was the type of breastfeeding from birth to the time of carrying out the study [5]. This was categorized as exclusive breastfeeding (EBF) mother's milk only, with the exclusion to all other food or drink and non-exclusive breastfeeding (NEBF). We studied other variables to check their potential effect on infant morbidity. These included the infant age together with the mother's age, education; occupation and household income [7]. Two data sources were used: the infant health book and an orally administered questionnaire to the mother. Before data collection, eligible mothers were given explanations concerning the study and upon verbal consent to participate, they were asked to provide their infant's health book and answer additional questions [8]. Statistical analysis of the data obtained was carried out using the SPSS system software (version 14.0) utilizing the chi square tests to study the relationship of the valuables at $\alpha = 0.5$.

3. Results and Discussion

The Educational Attainment (E.A.) of mothers recruited for the study who engaged on exclusive breastfeeding stood as 113 (37.9%) while the non-exclusive breastfeeding was 185 (62.1%). The educational attainment of mothers recruited for the study influenced the exclusive breastfeeding [9] ($P < 0.05$).

In table 1, there was a statistical difference in educational attainment of mothers who carried out exclusive breastfeeding ($P < 0.05$).

Table 1: Educational Attainment (E.A.)

	Primary	Secondary	Tertiary	No Formal Edu.	Total
EBF	15 (8.72)	23 (66.36)	65 (28.44)	10 (9.48)	113
NEBF	8 (14.28)	152 (108.64)	10 (46.56)	15 (15.52)	185
Total	23	175	75	25	298

H_0 : Mode of Breastfeeding is independent of E. A.

H_1 : Mode of Breastfeeding is dependent of E. A.

Since the chi-square computed value is greater than the critical value then the mode of breastfeeding is dependent of Educational Attainment. $128.67 > 7.815$

Table 2 represent the types of diseases with respect to exclusive breastfeeding. The number of mothers recruited was 105 (35.2%)

Table 2: Types of Diseases

	Malaria	Respiratory Infection	Diarrhoea	Anaemia	Measles	Total
EBF	14 (8.46)	15 (31.36)	48 (47.92)	7 (7.05)	21 (10.22)	105
NEBF	10 (15.54)	74 (57.64)	88 (88.08)	13 (12.95)	8 (18.78)	193
Total	24	89	136	20	29	298

H_0 : Breastfeeding is independent of types of Diseases

H_1 : Breastfeeding is dependent of types of Disease

Since the computed value is greater than the critical value then exclusive breastfeeding is dependent of types of diseases [10]. $36.355 > 9.488$.

4. Conclusion

According to our results, the risk of morbidity is drastically reduced when a child is exclusively breastfed.

Exclusive breastfeeding protects against serious morbidities in the first six months of life. We found that exclusive breastfeeding provides the optimal mix of nutrients and antibodies necessary for each baby to thrive and less serious illnesses. The research advocates that mothers should adopt exclusive breastfeeding for the first six months.

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