Predictors of Attitude towards Medication Use in Breastfeeding among Women in Ekiti State

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Abstract
This study examined the predictors of attitude towards medication use in breastfeeding among women in Ekiti State. The study aimed at examining how social factors of age, family pressure, employment status and socioeconomic status would predict attitude towards medication use in breastfeeding among women in Ekiti State. Opinions of Two hundred and five women resident in Ekiti State sampled for the study. Questionnaire on attitude towards medication use in breastfeeding was professionally designed with relevant psychometric properties. It was hypothesized that social factors age, family pressure, employment status and socioeconomic status would significantly, independently and jointly predict attitude towards medication use in breastfeeding among women in Ekiti State. Results revealed that social factors would significantly independently predict attitude towards medication use in breastfeeding among women in Ekiti State [F (5, 194) = .6.543; p < .05]. It was further found out that age (β = .420, t = 3.395; p < .05), family pressure (β = .401, t = 3.368; p < .05), employment status (β = -.381, t = -2.960; p < .05), and social economic status (β = .360, t = 2.526; p < .05) would significantly independently predict attitude towards medication use in breastfeeding among women in Ekiti State. It was recommended that health professionals need to actively seek information about the breastfeeding status of women, then consider the risk of damage from the medications and the effects of the illness itself, as well as the risks of not breastfeeding, on both the woman and the baby prior to prescribing.

Keywords: Breastfeeding, Medication Use, Family Pressure

INTRODUCTION:
It is undoubtedly clear that breast milk is the best source of feeding newborns. Both science and traditional beliefs attest to the fact that breast milk is the best. Breast milk contains the essential fats, carbohydrates, proteins, and immunological factors needed for infants to thrive and resist infection in the formative first year of life (Awano & Shimada, 2010) (1). In fact, the World Health Organization (WHO, 2005) (2) recommends exclusive breastfeeding for the first six months of life and...
continuation of breastfeeding and adequate complementary foods for up to two years of age or beyond (WHO/UNICEF, 2005) (2). Exclusive breastfeeding (EBF) is defined as exclusive intake of breast milk by an infant from its mother or wet nurse or expressed milk with addition of no other liquid or solid with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicine and nothing else for the first six months (WHO/UNICEF, 2005) (2).

Breastfeeding is widely advocated as the best overall choice for most infants and their mothers. The breastfed infant benefits from an optimal nutritional diet; protection against bacteria; viral and protozoal infections; protection against allergy; systemic infections and chronic childhood diseases (Lawrence, 2009) (4). Benefits to the breastfeeding mother include a more rapid postpartum recovery, empowerment, a decreased risk of osteoporosis and reduced incidence of both ovarian and breast cancer. In addition, breastfeeding also has psychological benefits on mother, baby and the family (Ilett & Kristensen, 2005) (5).

Medications such as antidepressants have been found to have direct effect on the maturity of infants. These categories of drugs which are common usage for women during lactation should be arrived at by conducting a risk versus benefit assessment taking into consideration the frequency of feeds and the volume of milk consumed. Deliberate tampering on the ethics and practice of medicine have umpteen negative effects the lives of the people in the society. Complications as a result of wrong usage of medication during lactation are often life-threatening; the onus thus lies of the medical workers to be knowledgeable and be favourably disposed towards the usage of medications during weaning periods for women.

Several factors can affect the attitude of women to breastfeed their babies. Such factors include but not limited to issues related to decisions regarding initiation and duration of breastfeeding in low-income countries. They are: maternal age, education, employment, parity, place of delivery, family pressure, and cultural values (Vieira, Vieira, Giugliani, Mendes, Martins, & Silva, 2010, Patel, Badhoniya, Khadse et al., 2010, Ihudiebube-Splendor, Okafor, Anarado, Jisieike-Onuigbo, Chinweuba, Nwaneri, Arinze, & Chikeme, 2019) (3–6).

Some studies found that not only were there concerns about poor attitudes towards breastfeeding from the staff but there were also concerns about staff patient ratios and inadequate breastfeeding knowledge and experience (Gagnon et al 2005; Hughes 1998; Moran et al 2004; Smale et al 2006) (7). In an Australian hospital setting, the more skilled or experienced staff tended to work in the birth suite while less skilled and experienced staff were allocated to the postnatal ward. In addition, the staff patient ratio was often higher in places where the need was great so that mothers were less likely to get help when they most needed it (Forster et al 2006) (8). This research is thus geared towards examining the factors predicting attitude of women towards breastfeeding in Ekiti State.

2 METHODS:

Research Design

The study is a cross-sectional survey aimed at examining whether age, family pressure, employment status and socioeconomic status would predict attitude towards medication use in breastfeeding among women in Ekiti State.

Participants

The population of this study consisted breastfeeding women who are resident in Ekiti State, Nigeria. All the participants were breastfeeding mothers who enrolled for the antenatal clinic in government hospitals in Ekiti. Twenty-four Government Health Centres in Ido/Osi and Irepodun/Ifelodun Local Government Areas of Ekiti State were used for the study. Also, the
Federal Medical Centre, Ido-Ekiti, Ekiti State was also used for the study. A sample size of two hundred and five participants participated in the study.

**Sampling Technique**

Multi state sampling technique was used for the study. Purposive sampling technique was used to in selecting the location for the study. The location of Federal Medical Centre was a major factor in selecting Ido/Osi Local Government for the study. The geographical proximity of Irepodun/Ifelodun LGA to Ido/Osi and the high concentration of Health Centres in the two Local Government Areas were the reasons for using the locations for the study. Stratified random sampling was used to ensure that every departments and units were covered for the study. Thus, each department was treated as stratum in ensuring the spread of the participants. Accidental random technique was used in selecting the participants for the study. Only available health workers were considered for the study.

**Instrumentation**

The instrument used for the study was a questionnaire. The researcher designed the instrument which measures attitude of women towards breastfeeding. Section A measured the biodata information of the respondents. These include: sex, age, job status, educational status, birth order, family setting etc. Section B had attitude towards breastfeeding questionnaire. The 9-item on the scale ranges from ‘strongly agree’ to ‘strongly disagree’. All the items were subjected to item-total correlation. Items that were less than .30 were dropped. The scale has 0.63 Cronbach Alpha reliability coefficients. The scales are reliable because the values are higher than 0.30 baseline advocated by Nunally, (1979).

**Research Hypotheses**

Two hypotheses were generated for the study viz:

- Age, family pressure, employment status and socioeconomic status would independently predict attitude towards medication use in breastfeeding among women in Ekiti State.

- Age, family pressure, employment status and socioeconomic status would jointly predict attitude towards medication use in breastfeeding among women in Ekiti State.

**Procedure for Data Collection**

The researcher administered the questionnaire to the respondents who enrolled for antenatal at the government hospital across the sampled Local Government Areas. They were instructed to fill in the instrument by ticking ( ) their choice of answer. After returning, the researcher thanked them for their participation. In all, two hundred and ten questionnaires were administered to the respondents, by the time of retrieval; only two hundred were retrieved due to inappropriate fillings of some of the questionnaires and loss of some questionnaires.

**Data Analysis Method**

Data collected from the field were analyzed using both descriptive and inferential statistics. The generated hypotheses were tested using multiple regression analysis.

3 | RESULTS:

Result in Table 1 indicated that social factors would significantly jointly predict attitude towards medication use in breastfeeding among women in Ekiti State [F (5, 194) = .6.543; p < .05]. The table further revealed that age (β = .420, t = 3.395; p < .05), family pressure (β = .401, t = 3.368; p < .05), employment status (β = -.381, t = -2.960; p < .05), and social economic status (β = .360, t = 2.526; p < .05) would significantly independently predict attitude towards medication use in breastfeeding among women in Ekiti State. However, educational status (β = .420, t = 3.395; p < .05) did not show significant independent prediction on attitude towards medication use in breastfeeding among women in Ekiti State.

Results from the hypotheses testing revealed that social factors of age, family pressure, employment status, and socio-economic status would significantly and independently predict attitude towards medication use in breastfeeding among women in Ekiti State. It was also found out that social factors of age, family pressure, employment status, educational status and socio-economic status would significantly and jointly predict attitude towards medication use in breastfeeding among women in Ekiti State. In a related study, Berridge, McFadden, Abayomi, Top-
ping, (2005) (1) found out that attitudinal disposition of health professionals had a significant relationship with attitude of women towards medication use in breastfeeding. Ajzen & Fishbein (1983) (8) in their theory of planned behavior also emphasized that attitude predicts behavior.

However, contrary to the findings of this study, Boyd & McIntyre (2004) (5), found out that attitudinal disposition of selected health professional in Australia did not significantly influence the nursing mothers’ attitude towards medication use in breastfeeding. Nevertheless, where a mutual decision to use medication is made, the breastfed infant should be monitored for adverse effects (e.g. sedation, failure to thrive) and if they are suspected, blood samples from the woman and the infant may be taken for laboratory analysis (Arora, McJunkin, Wehrer, Kuhn, 2000 (7)).

4 CONCLUSION:

Based on the findings of this study, the following recommendations are suggested: Health professionals have an obligation to extensively and adequately inform breastfeeding women about the safety of medications and their possible side effects, and to provide alternative options in circumstances where medications cannot be used, or if the mother chooses not to initiate therapy, so that more women are satisfied with the advice given to them. Also, resources available for health professionals on medication safety in lactation also need to be reviewed and updated to remove inconsistencies and reflect recent evidence as well as the experiences of expert practitioners in this area.

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| Variable                  | β    | t   | p     | Adjusted R² | F    | P     |
|---------------------------|------|-----|-------|-------------|------|-------|
| Age                       | .420 | 3.395 | < .05 |             |      |       |
| Family pressure           | .401 | 3.368 | < .05 |             |      |       |
| Employment status         | -.381| -2.960 | < .05 | .426        | 6.543| < .05 |
| Educational Status        | .016 | .244 | > .05 |             |      |       |
| Socio-economic status     | .360 | 2.526 | < .05 |             |      |       |
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