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Socio-demographic factors and cultural beliefs in early child weaning among mothers of Onigbongbo community, Lagos State, Nigeria

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ABSTRACT

Introduction
Weaning is the introduction of supplementary food into a child's diet after the first six months of life. Early introduction of the food and incorrect weaning practices are commonly found among mothers around the world.

Purpose
This research work was designed to assess the socio-demographic and cultural factors influencing maternal decision on early child weaning.

Material and methods
The study was of a cross-sectional survey research design. Data was collected with the aid of a questionnaire that was designed to elicit the desired responses. 394 mothers selected from the 39,385 women (using the Yaro Yemane formula) that attended the Immunisation Plus Day (IPD) of the Primary Health Care (PHC) Centre located at the Onigbongbo community in Lagos State, Nigeria were given the questionnaires to fill out but only 251 returned them because the research was conducted at the height of the COVID-19 pandemic (63.71% return rate). Data got from this exercise were analysed using Statistical Package for Social Sciences (SPSS), version 25, at a 95% confidence level and 0.05 marginal error.

Result
Results indicated that there was a positive relationship between early child weaning and maternal age (r .040 and p-value of .525), educational level (r .093 and p-value of .142), and income level (r .160 and p-value of .011). On the other hand, there was a negative relationship between early child weaning and the belief that breast milk is insufficient for the baby (r = -.015 and p-value of .807), child ill-health results from exclusive breastfeeding (r -.090 and p-value .153), complementary feeding is more nutritious than breast milk (r -.050 and p-value .431), and continuous breastfeeding causes breast sagging (r -.025 and p-value .688).

Conclusion
A significant relationship exists between predisposing factors and early child weaning practices among the mothers owing to their level of income, educational status, age, income, and cultural beliefs and practices.

INTRODUCTION

In the first year of life, infants undergo periods when good nutrition is crucial. Early childhood is characterized by rapid growth, maturation of tissues, and remodeling of organs (Salami, 2006). Nutrition in the early years of life is a major determinant of healthy growth and development throughout childhood and of good health in adulthood. Early weaning is a public health problem and causes a series of harms to the child's health and development. It is estimated that the practice of Exclusive Breast-Feeding (EBF) could prevent the death of approximately 1,000,000 children from diarrhea and infections annually (Febrasgo, 2010).

Breastfeeding activities are carried out worldwide to fulfill the WHO and UNICEF recommendation that infants be breastfed exclusively for six months and thereafter until 24 months. Given the many benefits to mothers and children afforded by breastfeeding, governments have set goals and rates for breastfeeding practices intending to reduce infant malnutrition, morbidity, and mortality, as well as promote the health of mothers. Despite all these efforts, the practice of breastfeeding has not reached the hundred percent mark (Salami, 2006). This is a result of certain socio-demographic/economic factors and personal decisions which could be tied to cultural beliefs. All cultures have developed a system of belief that every individual has held on to. This has a huge role in medical interaction and how an individual can view a condition. The influence of cultural belief on the term, 'weaning' describes the process by which baby moves or shifts from having breast milk to consuming semi-solid or solid foods with a gradual reduction in the intake of breast milk (Piyush, 2004).

Adequate nutrition during infancy and early childhood is fundamental to the development of each child's full human potential. It is well recognized that the period from birth to two years of age is a critical window for the promotion of optimal growth, health, and behavioral development. (Ndolo, 2008). The nutritional deficiencies endured in early childhood can have debilitating mental and physical consequences that are carried into adulthood.

Culture is customary beliefs, social norms, and material traits of a racial, religious, or social group; it is a characteristic feature of everyday existence. Infant feeding practices have their roots in ill-defined socio-cultural patterns, religious beliefs, and perception, that is, the mother's belief that the breast milk is inadequate in amount or nutritional quality to meet her infant's needs (Mc Carter, 2001), superstitions and taboos prevalent in every social group. The decision to breastfeed is very often influenced more by socio-cultural factors than by health considerations (Henderson et al., 2000). Ergen et al., (2006) noted that cultural beliefs have a significant influence on breastfeeding practices before child weaning. In most African countries, breastfeeding is still considered an important part of the traditional culture and is actively supported and promoted by community members (Walker et al., 2000). Traditional beliefs in some cultures point out that a mother should not breastfeed at all if they have lost a child who was still breastfeeding; it is believed that the breast milk had been poisoned by the dead spirits. Others viewed that, a mother should discontinue breastfeeding if, she is widowed and her baby starts teething in the upper jaw instead of the lower jaw (Albertus, 2013).

In recent years, developing countries, international donor agencies, and the nutrition community at large have begun to focus greater attention on weaning age malnutrition. Malnutrition is responsible globally for 60% of deaths among children under 5 years and is often attributed to suboptimal feeding practices (Neil et al., 2007). In Nigeria, 17% of children under 6 months are exclusively breastfed and 37% of children under 5 years are stunted (chronically malnourished or low height for age) (Nigerian Demographic and Health Survey [NDHS], 2013).

The existence of such conditions in any population group can hurt the growth and productive capacity of a nation. To achieve any meaningful reduction in childhood malnutrition and mortality will require an understanding of the determinants (factors) contributing to the condition. This research work was designed to assess the socio-demographic and cultural factors influencing maternal decision on early child weaning.

MATERIALS AND METHODS

Research design

A community-based descriptive cross-sectional research design was employed in the conduct of this study.

Study area

The context of this study was Onigbongbo Community in Lagos State, Nigeria.

Majority of the residents of this community were persons of the Nigerian Yoruba tribal extraction (Field Observation).

Study population

Study population consisted of 39,382 mothers that attended the Immunisation Plus Day (IPD) of the Primary Healthcare (PHC) Centre located in the Onigbongbo Community in Lagos State, Nigeria.

Sample size and sampling technique

The sample size for this study (394 mothers) was determined using Yemane's formula. According to Yamane, for a 95% confidence level and p =0.05, the size of the sample should be Mathematically, $n = \frac{N}{1+ N (e2)}$

Where,

- N is the population size, e is the level of precision and n is the sample size
- Population size (N):
- Marginal error (e): 0.05,
- Confident interval: 95%

The probability sampling technique was employed using a systematic random sampling method to select households that were considered for the study. A community mobilizer assisted with the sample slection process.

Instrument for data collection

The instrument for data collection was a quantitative research questionnaire that was designed to draw information from the selected sample size.

Data collection

Data for this study was obtained from the 39,382 mothers that attended the Immunisation Plus Day (IPD) of the Primary Healthcare (PHC) Centre located in the Onigbongbo Community in Lagos State, Nigeria.

Data collection began with advocacy visit and sensitization of the active players in the study. On the designated day, the mothers who participated in the study were sensitized and the questionnaires were distributed among them. A community mobilizer assisted with the slection and data collection process.

394 mothers selected from the 39,385 women (using the Yaro Yemane formula) that attended the Immunisation Plus Day (IPD) of the Primary Health Care (PHC) Centre located at the Onigbongbo community in Lagos State, Nigeria were given the questionnaires to fill out but only 251 returned them because the research was conducted at the height of the COVID-19 pandemic (63.71% return rate).

Data analysis

Data got from this exercise were arranged in tables and analysed, using descriptive and inferential statistics with the aid of the software, Statistical Package for Social Sciences (SPSS), version 25, at a 95% confidence level and 0.05 marginal error.

RESULTS

Table 1:

Distribution of socio-demographic characteristics of the respondents (N = 251)

Variables	Categories	Frequency	Percentage
Maternal age (in years)	14-19	25	10.0
	20-25	75	29.9
	26-31	63	25.1
	32-37	60	23.9
	38+	28	11.2
Income level (N)	5,000- 15,000	35	13.9
	16,000-25,000	30	12.0
	26,000-35,000	77	30.7
	36,000-45,000	82	32.7
	45,000+	27	10.8
Educational level	Primary	47	18.7
	Secondary	94	37.5
	Tertiary	109	43.4
Marital status	Single	35	13.9
	Married	152	60.6
	Divorced	51	20.3
	Cohabiting	13	5.2
Ethnicity	Ibo	26	10.4
	Hausa	79	31.5
	Yoruba	102	40.6
	Others	44	17.5
Weaning period (in months)	0-3	42	16.7
	4-6	91	36.3
	7-11	86	34.3
	12+	32	12.7

Distribution of cultural beliefs among respondents (N = 251)

Variables	Categories	Frequency	Percentage
Breast milk not sufficient for baby	Yes	140	55.8
	No	111	44.2
Breastfeeding is considered as an indecent act	Yes	72	28.7
	No	179	71.3
The belief that child ill health results from exclusive breastfeeding	Yes	158	62.9
	No	93	37.1
Complimentary feeding is more nutritious than breast milk	Yes	139	55.4
	No	111	44.2
The belief that continuous breast feeding causes sagging breast	Yes	131	53.8
	No	116	46.2
The belief that public breastfeeding results in stigmatization (evil eye)	Yes	113	46.6
	No	117	53.0

Table 3:
Correlation between socio-demographic characteristics and early child weaning among mothers (N = 251)

Correlations						
		Weaning Age	Age	Education	Income	Marital Status
Weaning Age	Pearson Correlation	1	.040	.093	.160*	-.085
	Sig. (2-tailed)		.525	.142	.011	.180
Age	Pearson Correlation	.040	1	-.015	.149*	.026
	Sig. (2-tailed)	.525		.819	.018	.684
Education	Pearson Correlation	.093	-.015	1	-.007	-.003
	Sig. (2-tailed)	.142	.819		.911	.968
Income	Pearson Correlation	.160*	.149*	-.007	1	-.005
	Sig. (2-tailed)	.011	.018	.911		.940
Marital Status	Pearson Correlation	-.085	.026	-.003	-.005	1
	Sig. (2-tailed)	.180	.684	.968	.940	

*Correlation is significant at the 0.05 level (2-tailed)

Table 4:
Correlation between cultural belief and early child weaning among mothers (N = 251)

Correlations						
		Weaning Age	Breast milk is sufficient for the baby	The belief that a child's ill health results from exclusive breastfeeding	Complimentary feeding is more nutritious than breast milk	The belief that continuous breastfeeding causes breast sagging
Weaning Age	Pearson Correlation	1	-.015	-.090	-.050	-.025
	Sig. (2-tailed)		.807	.153	.431	.688
Breast milk is sufficient for the baby	Pearson Correlation	-.015	1	-.152*	-.145*	-.021
	Sig. (2-tailed)	.807		.016	.022	.742
The belief that a child's ill health results from exclusive breastfeeding	Pearson Correlation	-.090	-.152*	1	.137*	.017
	Sig. (2-tailed)	.153	.016		.030	.790
Complimentary feeding is more nutritious than breast milk	Pearson Correlation	-.050	-.145*	.137*	1	.122
	Sig. (2-tailed)	.431	.022	.030		.054
The belief that continuous breastfeeding causes breast sagging	Pearson Correlation	-.025	-.021	.017	.122	1
	Sig. (2-tailed)	.688	.742	.790	.054	

*Correlation is significant at the 0.05 level (2-tailed)

Table 1 shows the socio-demographic distribution of mothers who participated in the study, revealing age, marital status, level of education, income level, ethnicity, and the period during which each mother engage in early child weaning. Which shows the number of times each mother falls into each group with their percentage. Most of the respondents were mothers aged 26-31years (35.1%), had tertiary education (43.4%), were married (60.6%), earned between N36,000 and N45,000 (30.7%), and of the Yoruba ethnic group (40.6%).mThe table further shows thepatterns of distribution of child weaning among mothers' revealing that most of the mothers weaned their child at 4-6 months (36.3%).

Table 2 shows the distribution of cultural belief among the respondents. 55.8% of the mothers agreed that introducing weaning feeding early was a result of their strong belief that breast milk is not sufficient for their baby. 71.3% agreed that breastfeeding a child is not an indecent act. 55.4% of the mothers felt that complementary feeding was more nutritious than breast milk and 53.8% of the mothers study stopped breastfeeding to prevent their breasts from sagging.

Table 3 shows the Pearson's Correlation Coefficient between socio-demographic characteristics and weaning age revealing a weak positive relationship between maternal age, educational level, income level, and early child weaning among the mothers – maternal age shows a positive relationship at r .040 and p-value of .525, level of education was positive with a significant value of r .093 and p-value of .142, and income level at r .160 and p-value of .011.

Table 4 shows the strength and direction of the relationship between each predisposing factor and early child weaning. It reveals that mothers who believe that breast milk is insufficient for their baby shows a weak negative relationship and is insignificant in this study at r = -.015 and p-value of .807, the belief that child ill health results from exclusive breastfeeding was a negative relationship but significant in this study at r -.090 and p-value .153, the belief that complementary feeding is more nutritious to breast milk (r -.050 and p-value .431) and the belief that continuous breastfeeding causes breast sagging (at r -.025 and p-value .688) are insignificant in this study with a weak negative relationship.

DISCUSSION

This study indicated that most of the respondents were mothers aged 26-31years (35.1%), had tertiary education (43.4%), were married (60.6%), earned between N36,000 and N45,000 (30.7%), and of the Yoruba ethnic extraction (40.6%).

Numerous studies have examined the factors that influence a mother's infant feeding practices (Ryan et al., 2006; Paige et al., 2012). The results of this study indicated that there was a positive relationship between weaning period and maternal age (r .040 and p-value of .525), educational level (r .093 and p-value of .142), and income level (r .160 and p-value of .011). This is in line with a study conducted in Tibet that found that mothers' age and education were strongly associated with the duration of breastfeeding and the introduction of complementary feeding (Ram, 2012). A study conducted in Nigeria by Okafoagu et al. (2017) on factors influencing complementary and weaning practices among women in rural communities of Sokoto State, Nigeria concluded that the factors influencing complementary and weaning practices were found to be maternal age, family setting, and income level.

Cultural beliefs also influence personal decisions regarding health. Among the respondents of the current study, certain cultural factors were found to influence weaning practices. Their responses to the questions posed showed that mothers who believed that breast milk was insufficient were 55.8% of the mothers surveyed, and 71.3% of the mothers affirmed that breastfeeding was not an indecent act. 55.4% of mothers believed that complementary feeding was more nutritious than breast milk. These findings are in line with the findings of a study conducted in Nigeria by Abdullahi. et al. (2017) on the assessment of socio-cultural factors affecting Nigerian mothers' weaning practices indicated that 47.1% of the mothers studied denied their children eating certain foods, but were majorly breastfeeding, as part of their taboo practices. 53.8% of the mothers under the present study stopped breastfeeding to prevent their breast from sagging. This influence is as a result of their age differences (younger mothers) compared to the older ones who cared less about their physical appearance.

There was a negative relationship between early child weaning and beliefs like the belief that breast milk is insufficient for the baby (r = -.015 and p-value of .807), child ill health results from exclusive breastfeeding (r -.090 and p-value .153), complementary feeding is more nutritious than breast milk (r -.050 and p-value .431), and continuous breastfeeding causes breast sagging (r -.025 and p-value .688).

The relationship between the influencing factors and the weaning period posits that an increase or decrease in the influencing factors, most especially the cultural factors, increase or decrease mothers' decision in early child weaning practices. The World Health Organization recommended the introduction of exclusive breastfeeding to improve functional and developmental child health and growth. Socio-demographic and cultural factors should be

ruled out when considering a young child's health concerning feeding. A healthy child is a healthy world.

CONCLUSIONS

Weaning before 6 months may have detrimental effects on infant health and development. Based on the findings of this study, socio-demographic and cultural factors have been demonstrated to have a great influence on early child weaning among the mothers that participated in the study owing to their level of income, educational status, age, and cultural beliefs and practices.

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Ethical Approval: Nil

Conflicts of Interest: None declared.

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