

Type of Birth, Depression and Anxiety as determinates of Breastfeeding Attitude among Nursing Mothers

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ABSTRACT

This study examined Type of Birth, Depression and Anxiety as determinates of Breastfeeding attitude among Nursing Mothers in Edo and Kogi State Nigeria. A total of two hundred (200) currently Breastfeeding mothers participated in the study. This comprises of a hundred and twenty breastfeeding mother drawn from the General Hospital Auchi Edo State and eighty drawn from Ajaokuta Steel Medical Centre Kogi State. A questionnaire was used in collecting data. The questionnaire consisted of four sections. The demographic variables, Breastfeeding attitude scale, Depression and Anxiety sub-scales. Results of the study revealed that mothers who had normal delivery reported positive attitude towards breastfeeding than mothers who gave birth through caesarian section ($t=3.38$, $df 198$ $P < 0.05$). There were no significant differences in the reported attitude of mothers scoring high and low on the Zung depression inventory towards breastfeeding. Likewise there were no significant differences in the reported attitude of mothers scoring high or low towards breastfeeding. Results obtained also shows that there was an interaction effect between type of delivery and depression on breastfeeding attitude among nursing mothers. An interaction existed also between type of Delivery and anxiety; Depression and anxiety but surprisingly, type of delivery, depression and anxiety did not have an interaction effect on the prediction of breastfeeding attitude among nursing mothers. Based on the findings of this study, it was recommended that there is need for counseling and enlightenment campaign embarked upon by government, and non-governmental organization as well as all health professional concerned within Nigeria to eliminate this wrong attitude and belief about Caesarean section birth as well as campaign on the nutritional values of breastfeeding milk to children. The need for mothers who went through CS to be counseled on the need to believe in themselves as well as the benefit of breastfeeding to the child and mother is very important.

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1. INTRODUCTION

Breastfeeding is designed by nature to ensure maternal-infant interaction and closeness, breastfeeding guarantees that mother and baby will be in close physical contract. Breastfeeding is considered the most complete Nutritional source for infants, because 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. Leon-Cava [1] observed that improved breastfeeding practices are crucial for growth and development.

The basic definition of breastfeeding divides into two, “the full/exclusive” and the “partial breastfeeding”. Exclusive breastfeeding means that no other liquids is given to the baby, Partial Breastfeeding means three levels of substantial feeding, high, medium and low. Another term worthy to note is “Token”. Token breastfeeding is used primarily for the infant comfort and consolation or as a pacifier and not for nutritional purpose [2].

Breastfeeding has physical advantages for mothers. Hormones stimulated by breastfeeding induce strong contractions of the uterus in the first week after delivery returning it more quickly to its pre-pregnancy state. Apart from physical and health benefits, the process of breastfeeding encourages the formation of positive bond and attachment between mother and child, which cannot be stimulated when the infant is bottle fed [3]. It was also found that breastfeeding mother-infant pairs showed mother-infant body contact and these infants demonstrated greater social play with mother. In addition many mothers find breastfeeding one of the greatest pleasures of early parenthood, providing unmatched moments of serenity and fulfillment. Moreover, when the mother smiles, talks or sing softly, to the infant while sucking, the infant soon associated her face and the sound of her voice with the pleasures and the comfort that he/she received from feeding.

The world health organization [4] and the American Academy of Pediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children. Both recommend exclusive breastfeeding for the first six months of life and they supplemented breastfeeding at least one year and up to year or more, also while recognizing the superiority of breastfeeding, regulating authorities also work to minimize the risk of artificial feeding.

However, advocates of breastfeeding have noticed there has been a global decline in the behavior among nursing mothers. This is particularly more pronounced in developing countries. Wagner [5] have also observed that despite all the recommendations by experts as regard infant breastfeeding for the first 6 months of life a significant percentage of mothers choose not to breastfeed.

Researchers have shown various factors that influence nursing mothers decision to breastfeeding their children; these include education, depression, anxiety, social class, and culture, the type of birth, health status of both the infant and nursing mothers and nature of work [5]. Uwakwe posited that breastfeeding is a phenomenon that is deeply rooted in the tradition of human culture [6]. It is a post natural activity of paramount importance and interest to diverse professional in pediatrics, nursing, endocrinology psychology as well as sociology and anthropology.

The decision of a mother to breastfeed or bottle feed her baby is influenced by multiple factors such as social, cultural, psychological, Economic and personality. The cultural beliefs, perception attitude toward breastfeeding will definitely influence maternal behavior on breastfeeding. The social environment is also a contributing factor in the sense that rural-urban pattern of breastfeeding differ. Breastfeeding have been linked to anxiety, depression, tension, changing roles, sleeplessness, among adolescents and early mature mothers [7] the decision to breastfeed is dependent on the afore-mentioned reasons and it's also relative to mothers across situations.

There are some studies conducted related to breastfeeding behaviour of nursing mothers on Africa. Alutu [2] reported the decline of breastfeeding in most cultures has been associated with mother being frustrated by factors external to them as well as personal. Igbedion [8] in a study with Makurdi women in the middle belt region of Nigeria confirmed that the reduction of sucking events (Breastfeeding) due to introduction of weaning has a direct proportional effect on the length of the lactation amenorrhea. In another study it was revealed that there is a tendency towards short duration of breastfeeding especially among literate mothers.

A 2003 study conducted by Dykes, Morm, Burt and Edward in the North West England, UK evaluated the experiences and support needs of adolescent mothers who had commenced breastfeeding. The study conducted indepth focus groups as well as interview to elicit the support needs identified with regard to breastfeeding. The data transcribed were thematically analyzed five themes of experiences and five of them were supported. The five themes of breastfeeding experience include feeding watched and judged, lacking confidence, tiredness, discomfort and sharing accountability. Support needs were also expressed themes. these themes included emotional supported, esteem support, instrumental support, informational support and network support of these esteem support was crucial to the adolescent in enhancing their feeling of self-worth, ability and being values as both a mother and in relation to breastfeeding, particularly with attachment. The desire for praise and encouragement from significant others, and health professionals was particularly strong in this study and was a key element in self-efficacy building. Dykes [9] concluded that when encouragement was combined with provision of realistic, useful and accurate information, the adolescent perceived that encounters were supportive of breastfeeding.

According to Ehon [3] on stress anxiety and age as a determinant of coping among currently breastfeeding mothers, he randomly selected and examined 300 currently breastfeeding mothers, the subjects cut across different ethnic group in Nigeria. The study discovered that mothers with high anxiety level stress and also that older mothers would cope better than young mothers on the ground of maturity and experience. Scholars' reported that breastfeeding mothers experience anxiety, stress and coping is purely a function of mother's personality, they said that the type of personality of the mother determines effective coping with anxiety during breastfeeding, but mothers failed to look at the role attitude and the role of behaviour in breastfeeding, because it could be positive or negative a nursing mother hold about breastfeeding will determines what she considers stress or anxiety during breastfeeding.

A relatively high percentage of women perceive one or more of their birth experiences negatively. For example, in a representative sample of American mothers, 40% described their births predominantly negative Terms [10]. And negative birth experiences can increase mothers' risk for depression.

Objective aspects of birth (e.g., cesarean vs, vaginal) only account for some reactions. Mothers who have cesarean births are at somewhat increased risk of having a negative reaction, but this is not always true. Subjective aspects of birth are more likely to lead to a women's negative assessment of her birth [11], [12].

Becks [11] describe depression in nursing mothers "a thief that steals motherhood". It can have a dramatic impact on mothers and babies in the first post partum year [12]. Health care providers have increasingly acknowledged that untreated maternal depression can be harmful to both the baby and the mother. Therefore, more health care providers screening for depression, unfortunately despite good intentions some health care providers believe that breastfeeding is expendable or even the cause of depression. Several studies have noted that depressed mothers are less likely to initiate breastfeeding or more likely to quit [12]. Furthermore, mother who did not breastfed are significantly more likely to be depressed.

Breastfeeding difficulties, however, may increase the risk of depression; these difficulties include nipple patio, fatigue, serve breastfeeding problems and mothers worrying about breastfeeding. In one study, once breastfeeding issues were resolved, mothers were no longer depressed. Not surprisingly, depression can also have a negative impact on breastfeeding. The maternal depression indicates that depression can decrease maternal sensitivity depressed mothers tend to interact with their babies no either an avoidant or angry intrusive style. Babies often react to this by sitting down emotionally, since maternal sensitivity is an important element in breastfeeding success, anything that impairs that sensitivity can lead to breastfeeding failure.

Depression can also cause women to give up the face of breastfeeding difficulties. This is a characteristic of depression in general. Depressed women may be more prone to gave up breastfeeding when they encounter obstacle.

Anxiety is a general term for several disorders that cause Nervousness, fear, apprehension and worrying. These disorders affect how we feed and behave and they can be externally debilitating, having a serious impact on daily life. Breastfeeding mothers often experience a general state of worry or fear before confronting something challenging such as breastfeeding their babies, these feelings could be easily justified considered normal, it is only considered as a problem when symptoms interfere with a person's ability is sleep.

Between 4% and 6% of women are affected by these disorders during their postpartum period, women may suffer from this disorder alone, together or in conjunction with postpartum depression. New mothers often worry about their baby and all the responsibilities this little person brings with them. However, in some cases, women affected by post partum anxiety find themselves worrying excessively about their child as well as their own actions. This disorder can compromise your ability to take care of your newborn and have a negative anxiety is marked by the fact that the worries, anxiety usually revolves around her child, women who suffer from the condition can have debilitating panic attacks, experience overwhelming anxiety and may even develop agoraphobia.

Types of birth are a number of ways through which women gave birth; in this context we will be limited to only two types: Normal and Caesarian section Normal Birth is a vaginal birth that takes place naturally with or without the help of doctors. The midwife looks after the woman and helps to achieve a normal birth. A normal birth can occur either at home or hospital it is usually accompanied by a short or long labor.

Caesarean section is another type of birth it is performed when there is a medical indication that a vaginal birth may not be safe either for you or your baby, it is a surgical operation where your baby is born through a cut in the abdominal wall, the cut is usually along the top of the public hair line, so the scar can be well hidden when healed. Caesarean section is sometimes performed as an emergency operation when you are in labor or recently some women elect to go for CS.

From the forgoing therefore, this study seeks to understand the role of type of birth, depression and anxiety on breastfeeding choice among nursing mothers. We therefore hypothesized that first Nursing

mothers who had normal delivery would report positive attitude toward breastfeeding than mother who gave birth through caesarian section. Secondly that Nursing mothers who score high on the Zung depression inventory will report negative attitude toward breastfeeding. Thirdly that Nursing mothers who report anxiety would have negative attitude toward breastfeeding than nursing mothers with little or no anxiety and lastly that there would be a significant interaction effect of type of birth, depression and anxiety on breastfeeding attitude among nursing mothers.

2. METHODS

2.1. Participants

A total of two hundred (200) currently Breastfeeding mothers participated in the study. This comprises of a hundred and twenty breastfeeding mother drawn from the General Hospital Auchi and eighty drawn from Ajaokuta Steel Medical Centre. The participants age ranges from 19 to 50 years with a mean (\bar{x}) age of 32.25, standard deviation (SD) = 6.07. Educational level of participants indicated that 50.2% had primary school Education, 20.5% had secondary school Education, while 29.3% had above secondary school Education. Type of child delivery indicated that 104 (52%) of the participants had normal delivery while 96 (48%) of the participants went through caesarian section herein after referred to as CS.

2.2. Instruments

The instrument use in gathering data for the study was a questionnaire. The questionnaire was made up of four sections which are presented under the following subheadings:

2.3. Demographic Variables

This section of the questionnaire elicited social demographic information about participants. Specifically, information required from the respondents includes their Age, level of Education of the nursing mother and the type of child delivery amongst others.

2.4. Breastfeeding Attitude Scale (BfAS)

The breastfeeding attitude scale in this research is an instrument developed by Imhonde et al [13]. The questionnaire consists of 20 items that tap information on attitude towards breastfeeding by mothers. Such items as Breastfeeding is for mothers who cannot afford feeding bottles, Breastfeeding should not prevent me from doing my activities, I think my baby should depend solely on breast milk, Breastfeeding should be my uttermost priority, and I prefer continue breastfeeding until the baby is satisfied, whether I am tired or not are contained therein. The Cronbach's alpha coefficient for the original questionnaire was 0.75.

2.5. Depression Scale

This was a 20-item scale which was aimed at measuring the level of depression among breastfeeding mothers. A coefficient alpha of 0.65 was obtained for this study.

2.6. Anxiety scale

This was a 20 item adopted from Zung self rating anxiety scale (SAS). It has a reliability coefficient alpha of 0.67 for this study.

2.7. Procedures

The researcher through the assistance of the matrons, Nurses administered the questionnaire to nursing mothers who came around for immunizations. This was done consecutively for 5 visitations on Tuesdays and Thursdays which was immunization days. This was done for both hospitals and at the end of the exercise; data collected was collapsed into one for ease of statistical analysis and interpretations. It should be noted that only respondent who showed interest in the study was given the questionnaire to fill and those who do not understood good English were given assistance in pigeon English through interpretation of the items.

3. RESULTS AND DISCUSSIONS

Results of the study revealed that mothers who had normal delivery reported positive attitude towards breastfeeding than mothers who gave birth through caesarian section ($t=3.38$, df 198 $P < 0.05$). There were no significant differences in the reported attitude of mothers scoring high and low on the Zung depression inventory towards breastfeeding. Likewise there were no significant differences in the reported attitude of mothers scoring high or low towards breastfeeding. See result on Table 1 .

Table 1. showing Means, Standard Deviations and t-values of Type of birth, Depression, and Anxiety on Breastfeeding Attitude among Nursing Mothers

Variables	Groups	N	Mean	SD	df	t	sig
Breastfeeding Attitude scale	Caesarian	96	52.03	5.30	198	3.378	000
	Normal	104	48.98	7.23			
	Depression						
Breastfeeding Attitude scale	>=40	116	50.18	6.735	198	.669	ns
	<=40	84	50.81	6.295			
	Anxiety						
Breastfeeding Attitude scale	>46	102	50.95	6.401	198	1.116	ns
	<46	98	49.92	6.684			

Note: ns means not significant at 0.05

To further understand the effects of the variables as it affects breastfeeding attitude among mothers, we decided to see the interaction influence of some of these variables. Results obtained shows that there was an interaction effect between type of delivery and depression on breastfeeding attitude among nursing mothers. An interaction existed also between type of Delivery and anxiety; Depression and anxiety but surprisingly, type of delivery, depression and anxiety did not have an interaction effect on the prediction of breastfeeding attitude among nursing mothers. See results on Table 2.

Table 2. 2x2 ANOVA table, showing interaction influence of Type of Delivery, Depression and Anxiety on Breastfeeding Attitude among Nursing Mothers

Variables	Type III sum of squares	df	Mean square	F	Sig.
Intercept	164271.192	1	164271.192	12012.436	.000
TOD *DEP	506.855	7	72.408	9.262	.000**
TOD *ANX	246.509	1	41.085	5.255	.000**
DEP * ANX	2327.647	1	49.524	6.335	.000**
TOD*DEP*ANX	5.946	2	5.946	1.324	ns
Total	517465.000	200			
Corrected total	8525.395	109			

Note: ** means significant at 0.001. ns= not significant. TOD =Type of delivery; DEP =depression; ANX = Anxiety

The result of the t-tests revealed that only one of the three groups compared was significant in the stated direction. Nursing mothers who had normal delivery reported positive attitude toward breastfeeding than mother who had caesarian birth. This finding was not the least surprising as in Nigeria many men and women still see birth through CS as a taboo and women who had birth through such are not seen in the least sense as women and this go a long way to stigmatized such women thereby, most often leading to anxiety and mild depression among such women. This impart negatively on whether to breastfed or not. This finding could be explained by the reasoned action theory propounded by Ajzen and Fisbein [14], which states that people consider the implication of their action before they decide to engage or not to engage in certain behaviour. The negative connotation associated with CS may propel such women who could not match their personal desire against the social wish to shy away from breastfeeding on one hand and on the other to exemplify the fact that they understand their situation and perhaps the longer time it takes them to recover than the normal delivery women contributes to the no desire to breastfeed their babies. This is in agreement with the findings of Alutu [2] who reported that the decline of breastfeeding in most cultures has been associated with mother being frustrated by factors external to them as well as personal.

Depression and anxiety independently was not found to be any significant in positive or negative attitude of nursing mothers towards breastfeeding. However, there was an interaction effect between type of delivery and depression on breastfeeding attitude among nursing mothers. An interaction existed also between type of Delivery and anxiety; Depression and anxiety but surprisingly, type of delivery, depression and anxiety did not have an interaction effect on the prediction of breastfeeding attitude among nursing mothers. This kind of findings was a true reflection of the typical Nigerian' attitude and situation but that the three variables did not jointly influence attitude towards breastfeeding among nursing mothers shows that as reported on the t-test findings that anxiety and depression are not positive predictors within the breastfeeding continuum. This is so because irrespective of the negative connotation associated with CS; the birth of a child

is always a welcome occasion in Africa. There are always care giver and social support from the immediate family, in-laws, friends and the community (The husband and the wife community). This does not in any way negates the way CS is viewed of course which is reflection of education and enlightenment.

Again one other possible reason we could not find any significant effect of anxiety and depression is that anxiety and depression were measure wholistically without breaking them down into levels in terms of high of mild moderate severe and possible profound. This probably would have been able to trap the exact anxiety and depressive level among these nursing women.

4. CONCLUSION

This study shows that there was a strong link between breastfeeding attitude and type of delivery. There is therefore need for counseling and enlightenment campaign embarked upon by government, and non-governmental organization as well as all health professional concerned within Nigeria to eliminate this wrong attitude and belief about Caesarean section birth as well as campaign on the nutritional values of breastfeeding milk to children. The need for mothers who went through CS to be counseled on the need to believe in themselves as well as the benefit of breastfeeding to the child and mother is very important.

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