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Exclusive Breast Feeding: Infant Feeding Pattern and Practices among Mothers in Santa Fe, RomblonKen N Falculan Ph. D¹, Ralph N Falculan RN²¹ Assistant Professor, Romblon State University, Odiongan, Romblon² Development Management Officer, Department of Health- MIMAROPA**Corresponding Author***

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Abstract: This paper examines whether the profile of the respondents: age, number of living children, marital status, income status, employment status, educational background, current feeding practices, and level of knowledge on the importance of EBF has an effect in feeding among infants 0-6 months old. This is a descriptive study using a normative survey with a study population of 102 mothers from the Municipality of Santa Fe, Romblon upon informed consent was secured. The result as follows mothers, whose age ranges from 21 to 25 are the most prevailing, 39%, of the total respondents is practicing EBF. The more children the respondent had the higher the percentage of practicing EBF, 55% said that they are living with a partner, either married through church wedding, civil or in the state of cohabitation, lower-income mothers (45%) practice EBF more compared to other income class. Mothers without job practice EBF more (51%) exclusive breastfeeding are practiced more by elementary graduate

mothers (63%), forty-four (44) mothers out of one hundred two (102) respondents are doing exclusive breastfeeding, at least 63% have revealed little knowledge on the importance of exclusive feeding.

Keywords: Breastfeeding, neurophysiological, nuclear family, premature babies

INTRODUCTION

Breast milk is best for our baby, and the benefits of breastfeeding extend well beyond basic nutrition. In addition to containing all the vitamins and nutrients our baby needs in the first six months of life, breast milk is packed with disease-fighting substances that protect our baby from illness. This is one reason the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months (although any amount of breastfeeding is beneficial). And scientific studies have shown that breastfeeding is good for our health, too. Breastfeeding protects our baby from a long list of illnesses, protects them from developing allergies and obesity, it may boost the child's intelligence. Breastfeeding can reduce mothers' stress levels and risk of postpartum depression, many women report feeling relaxed while breastfeeding, it may also reduce the risk of some types of cancer in women. World Health Organization (2013), recommended that Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development, and health, the appropriate age at which solids should be introduced is

around 6 months owing to the immaturity of the gastrointestinal tract and the renal system as well as on the neurophysiological status of the infant. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond. Hospitals and maternity units set a powerful example for new mothers. The Baby-Friendly Hospital Initiative (BFHI), launched in 1991, is an effort by UNICEF and the World Health Organization to ensure that all maternities whether free-standing or in a hospital, become centers of breastfeeding support. A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breast milk substitutes, feeding bottles, or teats, and has implemented 10 specific steps to support successful breastfeeding.

Methods

The researcher will be using the descriptive method of research. It is otherwise known as a normative survey which is a fact-finding study use to collect demographic data about people's practices, beliefs, intentions, opinions, attitudes, interests, perceptions, and the like after which each data will be analyzed, organized, and interpreted (Calderon, 2003).

Respondents of the Study

The respondents of this study included one hundred two mothers from the Municipality of Santa Fe, Romblon.

Research Instrument

A questionnaire will be the gathering device used to obtain the data needed to answer the specific problems particularly the profile of the target respondents who would possibly respond to the statement of the problem. It is composed of a survey questionnaire distributed to randomly selected mothers who gave birth using stratified sampling coming from eleven barangays of the municipality.

Data Gathering Procedure

The researchers sought permission from 203 mothers. Likewise, a letter of request will be endorsed to the Municipal Health Officer to allow me to administer the questionnaire. Lastly, the setting of the time frame in distributing and retrieving the instruments will be accomplished to set forth data needed in the study.

Results

This section was the data gathered by the researcher. These were analyzed and interpreted below.

Table 1 Profile of the Respondents in terms of Age

AGE	FREQUENCY	TOTAL
15-20	25	24%
21-25	33	32%
26-30	30	31%
31-35	10	9%
36-40	3	4%
41-45	1	2%
TOTAL	102	100%

From the table, it is indicated that mothers, whose age ranges from 21 to 25 were the most prevailing, with 32 percent of the total respondents, 17 out of 33 in this age group or 39%, of the total mother practicing EBF followed by mother in the age group 26 to 30 with 15 out of 30 or 34 %. Mixed feeding is also predominant in the age group 21-25 yrs. old with 14 out of 40 mothers who is mixed feeding or 35%. Followed by mother in the age group 15-20 yrs. old with 13 out of 40 or 33%, while age group from 26-35 yrs. old, bottle feeding is predominant or 78% of the total bottle-feeding mothers.

Table 2 Profile of the Respondents in terms the Number of Living Children

No. of children	FREQUENCY	TOTAL
1-3	68	67%
4-7	32	31%
8-11	2	2%
12-15	0	0%
TOTAL	102	100

Table 2 notifies us about the profile of the mothers in terms of the number of their living children. The table above shows majority of the respondents has children ranging from 1 to 3, (67%) followed by mothers with 4 to 7 children (31%), and only 2 respondent has children ranging from 8-11. The result shows that, the more the children the respondent had the higher the percentage of practicing EBF, respondent with children 8-11 are practicing 100% EBF, followed by mother with 4-7 children 69%, while mixed feeding is predominant in mother with 1-3 children and bottle feeding is predominant in mother with 4-7 children 8 out 32 children (25%).

Table 3 Profile of the Respondents according to Marital Status of the Respondents

Status of Mother	FREQUENCY	PERCENTAGE
Single	46	45%
Living in	56	55%
TOTAL	102	100%

**Single includes with children but no spouse; being widowed*

**Living in includes being married through church wedding, civil rights or in the state of cohabitation*

Table 3 displays the profile of the respondents in terms of marital status. Of the 102 respondents, fifty-six or 55% said that they are living in with a partner, either married through church wedding, civil rights, or in the state of cohabitation. On the other hand, 45% or 46 mothers divulged that they were actually single, characterized in this study as mother/s with children but no spouse, the result shows that EBF practice is common in married mothers with 38 out of 56 (67%) compared to 13% among single mother. mixed feeding and bottle feeding are common to single mothers with the result as follows 25 out of 46 single mothers or 54% and 14 out of 46 or 32% respectively.

Table 4 Profile of the Respondents in terms of Economic Status

Income Class	FREQUENCY	PERCENTAGE
Low Income Bracket	96	95%
Middle Income Bracket	6	5%
Upper Income Bracket	0	0%
TOTAL	102	100%

**Low income includes P15, 780 and below*

**Middle income includes monthly family income of P15, 781—P78,900*

**Upper-Income bracket includes monthly income of P78, 901 and above*

Table 4 highlights the profile of the mothers in terms of their economic status. From the table above, the result shows that lower-income mothers 43 out of 96 (45%) practice EBF more compared to middle-income mothers 1 out of 6 (17%) are practicing EBF. While mixed feeding is predominant in middle-income mother with 4 out of 6 (67%) compared to 38% among low-income mother. Bottle feeding is also dominant in low-income mother 17 out of 96 or 18% of the low-income mother.

Table 5 Profile of the Mothers in terms Employment Status

Employment	FREQUENCY	PERCENTAGE
None	79	77%
Government-Permanent	4	3%
Government-Job Order	9	8%
Private—Fulltime	10	12%
Private-Part-time	0	0%
TOTAL	102	100%

Table 5 expresses the profile of the respondents as regards to their employment. From the table, it is clear that seventy-seven per cent of the participating respondents said they were having no job at all to attend to their family's financial needs. A least 10 mothers are working full-time to privately-owned companies. Four respondents, on the other hand, revealed that they work in a government agency, while none made mentioned that they have part-time jobs in private employers or offices.

In terms of feeding practices based on employment status, the result shows that mothers without job practice EBF 40 out of 79 mothers (51%) followed by mothers working full time in private jobs 40% 4 out of 10 mothers, while bottle feeding is common in mothers working permanently in government 3 out of 4 or 75%. Mixed feeding is dominant in respondents working in government as job order 6 out of 9 respondents or 67% of the total working in government as job order.

Table 6 Profile of the Mothers in terms of Educational Attainment

Education	FREQUENCY	PERCENTAGE
None	0	0%
Elementary Under Grad	0	0%
Elementary Graduate	30	29%
High School	40	38%
College Level	18	17%
College Graduate	14	16%
Vocational Course	0	0%
Others	0	0%
TOTAL	102	100%

Table 6 exhibits the profile of the respondents in terms of educational attainment. It is clearly stated in the table that 40 mothers or 38% said they were graduates of high school; a staggering number of 30 mothers reported that they had graduated elementary while only sixteen (16) revealed they were college graduates. No respondents admitted they had never attended any schooling, vocational courses, or an undergraduate of elementary.

Results based on educational attainment revealed that exclusive breastfeeding is practiced more by elementary graduate mothers 19 out of 30 (63%) followed by high school graduate mothers 21 out of 40 mothers or 53%. College graduate mothers are the least who practice EBF 1 out of 14 (7%) mainly because these mothers are working regularly in government or private offices.

Mixed feeding is common among college-level mothers 10 out of 18 (56%), followed by high school graduate 16 out of 40 mothers (40%) and elementary graduates 10 out of 30 mothers (33%). Bottle feeding is predominant in college graduate and college level with the result as follows; 9 out of 14 (64%) and 5 out of 18 (28%) respectively.

Table 7 Profile of the Mothers in terms their CURRENT FEEDING PRACTICES

Practices	FREQUENCY	PERCENTAGE
Exclusive Breast Feeding	44	43%
Mixed Feeding	40	39%
Formula Feeding	18	18%
TOTAL	102	100%

Table 7 dowries the profile of the mothers in terms of their current feeding practices. From the table, it points out to the fact that forty-four (44) mothers out of one hundred two (102) respondents said that for their babies, they are doing exclusive breastfeeding. Forty (40) respondents said they are into mixed feeding; while only eighteen (18) are using formula feeding. Penultimate, these findings reveal that most mothers believe that exclusive breastfeeding—with no other food, drink, not even water, except breast milk or from a wet nurse for six months, is important for their babies' growth and development.

Table 8 Profile of the Mothers regarding the LEVEL OF KNOWLEDGE ON THE IMPORTANCE OF EXCLUSIVE FEEDING

Level of Knowledge	FREQUENCY	PERCENTAGE
None	0	0
Little Knowledge	64	63%
Highly Knowledgeable	38	37%
TOTAL	102	100%

Table 8 presents the profile of the mothers pertaining to a level of knowledge on the importance of exclusive feeding. The findings vividly depict the respondents' unimpressive awareness on informed choice. Sixty-four (64) respondents or at least sixty-three per cent have revealed little knowledge on the importance of exclusive feeding; in direct contrast to such findings, only thirty-eight have clearly said that they are highly knowledgeable on the importance of exclusive feeding.

The data effectively characterize the penchant of the respondents on the health and emotional benefits of exclusive breastfeeding from a mother to her child. This is a testament to the seemingly inadequate information drive and advocacy by the Rural Health Unit staff to keep the mothers and other family members aware on the importance of exclusive breastfeeding. Knowledge on the importance of EBF among mothers of infant ages 0-6 months has bases and impact on the success and failure of the breastfeeding program of the government.

Discussion

1. Mothers, whose age ranges from 21 to 25 were the most prevailing, with 32 percent of the total respondents, 17 out of 33 in this age group or 39%, of the total mother practicing EBF followed by mother in the age group 26 to 30 with 15 out of 30 or 34 %. Mixed feeding is also predominant in the age group 21-25 yrs. old with 14 out of 40 mothers who is mixed feeding or 35%. Followed by mother in the age group 15-20 yrs. old with 13 out of 40 or 33%, while age group from 26-35 yrs. old, bottle feeding is predominant or 78% of the total bottle-feeding mothers. In Mauritius, Breastfeeding Practices among participants of the study ranged from 18 to 45 years old whereby the majority of the participants belonged to the age group 25–31 years which is almost the same as this study.

2. The table above shows majority of the respondents has children ranging from 1 to 3, (67%) followed by mothers with 4 to 7 children (31%), and only 2 respondent has children ranging from 8-11. The result shows that the more the children the respondent had the higher the percentage of practicing EBF, respondent with children 8-11 are practicing 100% EBF, followed by mothers with 4-7 children 69%, while mixed feeding is predominant in mothers with 1-3 children and bottle feeding is predominant in mother with 4-7 children 8 out 32 children (25%).

3. Of the 102 respondents, fifty-six or 55% said that they are living in with a partner, either married through church wedding, civil rights or in the state of cohabitation. On the other hand, 45% or 46 mothers divulged that they were actually single, characterized in this study as mother/s with children but no spouse, the result shows that EBF practice is common in married mothers with 38 out of 56 (67%) compared to 13% among single mother. mixed feeding and bottle feeding is common to single mothers with the result as follows 25 out of 46 single mothers or 54% and 14 out of 46 or 32% respectively.

4. Result shows that lower income mother 43 out of 96 (45%) practice EBF more compared to middle income mother 1 out of 6 (17%) are practicing EBF. While mixed feeding is predominant in middle-income mothers with 4 out of 6 (67%) compared to 38% among low-income mothers. Bottle feeding is also dominant in low-income mothers 17 out of 96 or 18% of the low-income mother. Studies of Millman (1981), Popkin (1978), Mohiuddin (1986), Mott (1984), and Othman (1985) prove that socioeconomic status is negatively correlated with breastfeeding duration.

5. In terms of feeding practices based on employment status the result shows that mothers without job practice EBF 40 out of 79 mothers (51%) followed by mothers working full time in private jobs 40% 4 out of 10 mothers, while bottle feeding is common in mothers working permanently in government 3 out of 4 or 75%. Mixed feeding is dominant in respondents working in government as job order 6 out of 9 respondents or 67% of the total working in government as job order.

6. revealed that exclusive breastfeeding is practiced more by elementary graduate mothers 19 out of 30 (63%) followed by high school graduate mothers 21 out of 40 mothers or 53%. College graduate mothers are the least who practice EBF 1 out of 14 (7%) mainly because this mother is working regularly in government or private offices.

In other studies, mixed feeding is common among college-level mothers 10 out of 18 (56%), followed by high school graduates 16 out of 40 mothers (40%) and elementary graduates 10 out of 30 mothers (33%). Using a sample of 2,293 urban and 712 rural Cebu households, they have proven that better-educated women and women with higher socioeconomic status are likely to breastfeed.

Bottle feeding is predominant in college graduate and college level with the result as follows; 9 out of 14 (64%) and 5 out of 18 (28%) respectively.

7. From the table, it points out to the fact that forty-four (44) mothers out of one hundred two (102) respondents said that for their babies, they are doing exclusive breastfeeding. Forty (40) respondents said they are into mixed feeding; while only eighteen (18) are using formula feeding.

8. The findings vividly depict the respondents' limited awareness on informed choice. Sixty-four (64) respondents or at least sixty-three per cent have revealed little knowledge on the importance of exclusive feeding; in direct contrast to such findings, only thirty-eight have clearly said that they are highly knowledgeable on the importance of exclusive feeding. I find out based on others previous studies that factors like the planned duration of RBFF, socioeconomic status, infant's gender, maternal employment outside the household, birth weight, and maternity ward are the determinants of EBF common to more than one country.

Conclusion

On the age of the respondents, mother belonging to 21-25 age groups has a higher rate of Exclusive Breastfeeding practice. Mothers with living children from 4 to 11 children are practicing exclusively breastfeeding. Exclusive breastfeeding practice is high on married mothers. The result shows that in lower-income mothers 43 out of 96 (45%) practice EBF. In terms of feeding practices based on employment status, the result shows that majority of the mother without job practice Exclusive Breast Feeding 40 out of 79 mothers (51%). With regards to the educational attainment of mothers, respondents

who graduated from elementary is the one who practices more exclusive breastfeeding. The majority of the respondents, currently practicing breastfeeding. The majority of the mothers has little knowledge on the importance of exclusive breastfeeding.

Recommendation

1. Proper breastfeeding practices are effective ways in reducing childhood morbidity and mortality. While many mothers understand the importance of breastfeeding, others are less knowledgeable on the benefits of breastfeeding and weaning. The aim here is to provide adequate information continuously thru bench conferences in the barangay level for all age groups especially the very young and less educated mothers.
2. Adequate nutrition using breast milk during the first 6 months is essential to ensure the growth, health, and development of children to their full potential. It is necessary that first-time mothers understand the health messages conveyed to them by using local dialect in health teaching.
3. Single mothers' perception about breastfeeding practice should be corrected through counseling early on during the prenatal visit. Encourage family support by doing home visitation of the RHU or health center staff.
4. Providing incentives to low-income mothers who EBF her child-like Phil-health enrollment, a free medical check-up will encourage the mother to fully breastfeed.
5. Government should encourage the employer to provide space in their offices as breastfeeding areas to provide privacy for nursing mothers. Especial time allocation/schedule should also be provided to mothers to make sure that the child can be fed well. Nurseries are also encouraged to be put up in offices so that mothers and baby are nearer to each other during feeding time.
6. Importance, advantages of breastfeeding should be taught in elementary grades 5 and 6 to instill awareness.
7. Governmental health services need to emphasize and support the importance of regular training programs to all Rural Health Unit and hospital staff, especially those involved in antenatal clinics and maternity wards, as they can influence the early infant feeding practices among the new generation of mothers.

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