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RESEARCH ARTICLE

INFANT FEEDING PRACTICES OF MIGRANT PALM CUTTERS IN RIVERS STATE, NIGERIA

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ABSTRACT

Adequate nutrition is one of the major factors required for physical, mental and social growth/development of an infant. Factors such as the type of work, the palm cutters perform have militating against their ability to breastfeed their infants. The objective of this study was to access infant feeding practices of the laborers (palm cutters) Random sampling method was used in selecting the three hundred women that participated in the study from the health care and traditional birth attendants (TBAS) in three cities, namely Omagwa, Isiokpo and Elele, all in Ikwerre local government Areas in Rivers State Nigeria. A survey questionnaires were used to obtain informations on their breastfeeding habits, and their socio-economic characteristics. The study revealed that 35.7% the mothers were teenagers and 95% were married 42% never attended school with 27% of them had monthly income of less than N1,500. A total of 86.4% of the mothers initiated breastfeeding less than 24 hours after delivery. Most of them 82% of them patronized TBAs for their birth. None of the mothers practiced exclusion breastfeeding and above 70% introduced complimentary food before the infant was 3 months old. The result suggest that the palm cutters families need more dietary recommendations about breast-feedings, introduction of liquid/solid foods and proper formula preparation and avoidance of baby bottle tooth decay and treatment of diarrhea and constipation.

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INTRODUCTION

Childhood nutrition in Nigeria can best be appreciated from the magnitude of infant and under five mortality rates (UNICEF, 2000) (Oche and Umar, 2005), (Anderson, 1999). Malnutrition in the form of under nutrition is the most important health and welfare problem of infants and young children in Nigeria. Poverty has led to household food in security and inadequate health services which aggravates the suboptimal use of resources including caregivers knowledge, beliefs and education. Breastfeeding behaviour of mothers is an important predictor of infant and child nutrition, health and development (Labbok *et al.*, 1997) (Oomen *et al.*, 2009), (A sumugh and Okete 2007). Breastfeeding is an important resource, which includes exclusive breastfeeding. It is one single practice that provides good health and care simultaneously (Armstrong, 1998). Migrant palm cutters (laborers) are vital to agricultural productivity in Nigerian economy. The labourers travel from their home-base areas in Akwa-Ibom State in Nigeria to Rivers State in south-south

Nigeria for the purpose of harvesting palm in Rivers State. This labourers (migrants) are subject to poor health and sanitary conditions. There could be malnutrition among this group of people. Their children and infants could be at high risk of malnutrition. This study would provide descriptive information of the infant feeding practices of the palm cuttes in Rivers State.

MATERIALS AND METHODS

A survey was administered to collect informations on demographics, breastfeeding practices, and introduction of liquids and solid foods. Three hundred mothers that attend the well child clinic were incorporated into the study. The recruitment criteria included that delivery must be normal, at term singleton delivery. In addition, the child must be clinically adjudged healthy and must weigh not less than 250g at birth. Only mothers that freely gave consent to participate and who indicated that they were not likely to relocate from their traceable addresses within 12 months from the beginning of the study were recruited into the study. The study was conducted in Omagwa, Isiokpo and Elele towns in Ikwerre Local Government Areas of Rivers State where large population of the palm cutters reside. Trained dietary

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interviewers visited each of the participants during the immunization days in the various health centers. Data were analyzed using SPSS (version 11.0). Software package for all the descriptive statistics such as percentage and means.

RESULTS

The Socio-demographic characteristics of the respondents are presented in Tables 1 and 2, while data on the actual place where the babies were delivered is presented in Table 3. Data on when breastfeeding was initiated after delivery is presented in Table 4 while Table 5 present the types of food given to the infants after birth. Table 6 present the age at which complementary food was given and the type of complementary food given.

Parents need nutrition education regarding the dietary management of infant diarrhea and constipation

Table 1. Socio-demographic characteristics of the respondents

Age groups (years)	Percentage	Marital status	Percentage
17-19	35.7	Married	95%
20-24	25.0	Never married	5%
25-29	19.6	Total	100
30-34	10.7		
35-40	9.0		
Total	100.00		

Table 2. Educational status and income of Respondents and their spouses

Educational status	Percentage	Income per month	Percentage
New attended school	42	Blow 1,500	27
Primary school uncompleted	29	1,500.60	39
Primary school completed	23	2,000	13
Secondary uncompleted	3	2,000	1
Secondary completed	2	3,000	
Total	100	400	
		Above 4,000	7
		Can't extreme	13
		Total	100.00

Table 3. Identified facilities where mother delivered their babies

Facilities	Percentage
TBA (Traditional Birth Attendants)	82
Government hospitality	13
Home	5
Total	100

Table 4. Time Breastfeeding was initiated after delivery

Initiation of Breafeeding	Percentage
< 30 minutes past partum	48.7
30 to 60 minti	22.4
61 minutes + < 6 hrs	15.3
6 < 24 hrs	13.6
Total	100

Table 5. Food given to the infants after birth

Food given	Percentage
Breast milk alone	-
Breast milk and water	92
Breast milk and formula	8
Total	100

Table 6. Age at which complementary foods were first introduced and type of food given

Age at which complementary food first introduced	Percentage
1 to 3 months	70
4 months	20
5 to 6 month	10
Total	100

Types of solid or semi solid foods given to the babies

Akamu (corn starch)	90
Yam pultage (mash)	10
Family food	10
Total	100

DISCUSSION

The central challenges to achieving good health in Nigeria are the household and communities where key health related decisions are made on regular daily basis. Household practices and characteristics affect health through decisions on care practices, use of and access to health facilities. About 36% of the sampled mothers were adolescence/teenage. This impact negatively on the ability of those methods to provide required care for their babies which may have influenced their ability to optimally breastfeed. It was also observed that 5% of the mothers had out of wedlock births. 97% of the mothers had less than 10 years of formal schooling i.e they did not complete their secondary educations hence they could be described as being functionally illiterates. Education was shown from literature to make the only difference in the ability to manage resources efficiently and make informed choices. Mothers are daily required to manage resources at their disposal, which are often meagre and insufficient. Thus, mothers require knowledge, understanding and self-confidence to make informed choices that are beneficial to their well-being and those of their children. In the case of breastfeeding, the right and informed choice to the mother and infant often meant going against tradition.

Lack of understanding and knowledge of the reasons behind recommended behavioural change arising from low level of functional literacy as observed in this study could leave most of the respondents unconvinced and possibly plays a role in the observed none exclusive breastfeeding. Education is also important in the determination of work/occupation available to mothers as well as possible income level. It is not surprising that 27% of the mother earned less than ₦1, 500.00 monthly. The mothers were palm cutters and could not engage in other business within their domain. The observed care quality among the mothers studied was short of expectation as none of the mothers practiced exclusive breastfeeding. Few mothers actually initiated breastfeeding within 30 minutes of delivery. Early initiation of breastfeeding is one of the crucial elements required to successfully breastfeed and prevent the popular "no milk yet" syndrome among nursing mothers. It is unfortunate that not all health workers including frontline professionals are sufficiently convinced of the crucial importance of exclusive breastfeeding to child survival, yet mothers rely on them for guidance. This is evidence by the fact that most of the mothers adopted the observed feeding pattern on their own volition indicative of inadequate knowledge of infant feeding guidelines from the health facility staff. The proportion of

exclusively breastfeed infants were far lower than what was reported for some Nigerian communities. The inability of the mothers to practice exclusive breastfeeding could be based on several factors, some of may include poor knowledge base of the mothers, inadequate social support and workload burden as applies to palm cutting and the process there in.

Conclusion

From the observation of this study the samples mothers worry very much on essential daily activities including source for water and kerosene, food preparation, old children care as well as source of income which is usually not guaranteed. Mothers worries may result in less production of breast milk, inadequate social support to nursing mothers may inturn discourage mothers to breast food optimally and exclusively. Nursery mothers require the enabling environment to breastfeed optimally, which is only possible with full support of house hold and community members. The envisaged support should be targeted at reducing the workload of nursing mothers as well as alleviating poverty of the people. The introduction of solid food to the infant at early age is also a major concern in this study. Additional studies are needed to determine whether the infants are exposed in utero to non regulated pesticides.

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