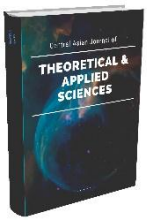

CENTRAL ASIAN JOURNAL OF THEORETICAL AND APPLIED SCIENCES

Volume: 03 Issue: 07 | Jul 2022 ISSN: 2660-5317
https://cajotas.centralasianstudies.org

Socio-Demographic Characteristics Influence on Birth Order and Exclusive Breast feeding Practices Among Multiparous Mothers Attending Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State

Ambali Adebayo Adetola
Department of chemical pathology and Immunology, Faculty of Basic Medical Science,
Olabisi Onabanjo University

Olugbenga Asaolu
Babcock University, Ileshan Remo, Ogun State

Ayinde, Abayomi O
University of Ibadan (Public Health Epidemiology)

Oluwagbemiga Obembe
Texila American University

Alawale Oluwabukola
Obafemi Awolowo University

Folahanmi Tomiwa Akinsolu
Lead City University, Ibadan Nigeria Institute of Medical Research, Lagos

Ifeoluwa Eunice Adewole
Lead City University, Ibadan

Ibrahim Babangida Mohammed
Maryam Abacha American University

Received 24th May 2022, Accepted 13th Jun 2022, Online 12th Jul 2022

Abstract: *Adequate nutrition at early childhood is essential to ensure the healthy growth and development of children, Breastfeeding offers health benefits to mother and child when exclusively breastfed. Children aged less than 5 years are dying due to inadequate exclusive breastfeeding practices. This study aimed to determine the influence of socio-demographic characteristics among multiparous mothers on birth order and exclusive breastfeeding practices. Four null hypotheses were tested for the study.*

The research design used was a cross-sectional design. A sample size of 288 mothers with two or more children attending Adeoyo Maternity Hospital, Yemetu were selected using a systematic random sampling and a structured questionnaire was used to collect data on sociodemographic characteristics, birth

history, knowledge, and practice of breastfeeding. The Chi-square test was used for bivariate analyses to test the significance of the association between categorical variables and the practice of exclusive breastfeeding, it was found that religion, age of the children, and parity are factors that influence the exclusive breastfeeding practices. Logistic regression analysis was performed to identify independent predictors of exclusive breastfeeding. The level of significance was at 5%.

The mean age of mothers was 30.4 years (SD 4.4 years) while the mean age of the children was 56.0 months (SD 41.1 months). Exclusive breastfeeding was higher among the second and third children compared to the first, fourth, and fifth children. However, on logistic regression, the differences were not significant. Mothers with three children were about three times more likely to have exclusively breastfed their children compared to mothers with four/five children (OR=2.168. 95%CI= 1.307-3.596). Mothers from another ethnic group different from Yoruba were significantly less likely to breastfeed exclusively than those who were Yoruba (OR=0.515, 95% CI=0.254-1.046).

Based on the results findings, the study recommended that educational practices should be strengthened among mothers, especially on the benefit of exclusive breastfeeding which makes it superior to artificial feeding.

Keywords: *Mothers with more than one child , Birth order, Exclusive breastfeeding Practices.*

Introduction

Breastfeeding is recommended by multiple health agencies as the preferred method of infant feeding for at least 1 year because of its numerous benefits, both immediate and long term, for both mothers and babies. In 2002, 71% of mothers in the United States initiated breastfeeding, close to the Healthy People 2010 goal of 75%. To maintain or even increase this proportion, it is necessary to determine the multiple factors that influence a woman's decision to breastfeed. Given that many women have more than one child, understanding the infant feeding experiences of individual mothers with multiple children provides an important public health perspective on infant nutrition.(Satcher DS., 2011; Adetola *et al.,* 2022)

The promotion and support of breast-feeding is a global priority (American Academy of Pediatrics 2017 and feachem et al, 1984). A vast scientific literature demonstrates substantial health, social and economic benefits associated with appropriate breast-feeding, including lower infant morbidity and mortality from diarrhea and other infectious diseases [Popkin et al., 2000, Ruiz-palacious et al., 2000 and Newburg et al., 1998). In the longer term, insulin dependent diabetes mellitus, inflammatory bowel diseases and childhood lymphomas are less common in children who were breast-fed (Wilson et al 1998). Breast-feeding promotes maternal-infant bonding and attachment and provides the child with a sense of security (Woolridge et al., 2013). Breast milk provides perfect nutrition because it optimizes growth, development and health in general. It provides all nutrients required for infants in the first six months of life (Woolridge et al., 2013).

Several studies have considered the impact of maternal demographics, employment, the health care system, maternal-child health medical issues, and cultural beliefs on breastfeeding initiation. (Scott, 2017, Ayinde *et al.,* 2021, Asaolu & Agbede, 2022, Alawale *et al.,* 2022 and Amballi *et al.,* 2022). However, very few articles have focused on the relationship between birth order and breastfeeding. Two older studies, one small and the other limited to a single region of the United States have shown that women tend to repeat the feeding decision they made with their first child with subsequent children. (Da Vanzo *et al.,* 2017). However, a more recent analysis of birth certificates in New Jersey found considerable fluctuations in breastfeeding status at hospital discharge for births to the same mother. (Kruse et al., 2015) In that study, mothers who breastfed their first child exclusively had higher rates of subsequent

breastfeeding than those who supplemented breastfeeding with formula. In addition, it has also been suggested that the duration a woman breastfeeds her first born is an important predictor of whether or not she will breastfeed a later-born child (Da Vanzo et al., 2017).

Time to breastfeeding initiation is one of the commonly reported independent predictors of exclusive breastfeeding in many communities (Forster *et al.,* 2017 & Bamgboye *et al.,* 2020). Over the years, UNICEF has promoted breastfeeding initiation within half an hour of childbirth as an important strategy to reduce perinatal and infant morbidities and mortality, and by extension to support the attainment of Millennium Development Goal 4: reduce child mortality (Bamgboye *et al.,* 2017, Huffman *et al.,* 2019 and Sheehan *et al.,* 2019). Other predictors of breastfeeding initiation include educational level, parity, age, socioeconomic status and ethnicity (Kelly *et al.,* 2016, Scott *et al.,* 2019 and Ayinde *et al.,* 2022).

There are various sociocultural norms that act as barriers to the practice/adoption of exclusive breastfeeding (EBF) by mothers in Nigeria (Eregie, 2011, Feyisetan 2000 and Iyanda *et al.,* 2022). The cultural barrier against breastfeeding with colostrum have been previously reported in Nigeria, as the fluid is regarded as a "poison" (Nwankwo, 2015). In addition, use of pre-lacteal feeds to complement breastfeeding has also remained a challenge in Nigeria (Nwankwo, 2015 and Marcus *et al.,* 2022). Breastfeeding is recommended by multiple health agencies as the preferred method of infant feeding for at least 1 year because of its numerous benefits, both immediate and long term, for both mothers and babies.

The Baby Friendly Initiative (BFI) was launched in Nigeria in the early 2000s with the sole aim of integrating all the Ten Steps into the health care system with the intention of promoting breastfeeding practices to all nursing mothers except those with HIV infection (Covington 2015 and Asaolu & Agbede, 2022). The fourth Step is to encourage initiation of breastfeeding within half an hour of childbirth (WHO and UNICEF, 2018). Since then, the authority of the University College Hospital, Ibadan (a tertiary public health institution) had adopted this policy and pronounced the hospital as one of the BFI designated sites (as is the practice in Nigeria). In spite of this, the majority of studies that have evaluated breastfeeding practices in Nigeria have reported low levels of exclusive breastfeeding. (WHO and UNICEF, 2018).

Birth order is defined as a person's rank by age among his or her siblings. Birth order is often believed to have a profound and lasting effect on psychological development. This assertion has been repeatedly challenged by researchers, yet birth order continues to have a strong presence in pop psychology and popular culture. (WHO and UNICEF, 2018).

Problem Statement

Researchers have stated that various nutritionally health problems with regards to chronicity, do occur in children as a result of inappropriate breastfeeding practices adopted by mothers (Guiro, 2017). These health problems include infections and growth retardation, with prolong case resulting to malnutrition and invariably mortality (UNICEF, 2011).

Ignorance of mothers to appropriate breastfeeding practices is a disadvantage to the proper well being of a child. Most mother with low- level of education are mostly affected in such situations(Ighedioh,2016).This problem of negligence on the part of such mothers have been directed to health educators and personnel’s who fail in their duties of ensuring proper counselling on nutritional related matters (Ahmed and Al-shosan,2017).

However, a more recent analysis of birth certificates in New Jersey found considerable fluctuations in breastfeeding status at hospital discharge for births to the same mother. In that study, mothers who breastfed their first child exclusively had higher rates of subsequent breastfeeding than those who supplemented breastfeeding with formula. In addition, it has also been suggested that the duration a

woman breastfeeds her first born is an important predictor of whether or not she will breastfeed a later-born child.

A rapid assessment interview carried out showed that multiparous women usually breastfeed their first child exhibit delay in early breastfeeding initiation and subsequent breastfeeding of their other children due to the pain they encounter while breastfeeding their first child. (Krues L *et al.,* 2015)

Similarly the problem of job opportunity which arises after the birth of the first child has also led to the delay in breastfeeding initiation and inadequate breastfeeding or limiting the duration of breastfeeding the second and other children respectively.(Krues L *et al.,* 2015)

It is interesting to consider yet difficult to clearly delineate the association between birth order and duration of breastfeeding. In addition, often women stop breastfeeding when they have another pregnancy. However, very few articles have focused on the of socio-demographic characteristics influence on birth order and exclusive breastfeeding practices among multiparous mothers (Scott *et al.,* 2019)

Justification

This study will promote the understanding of infant feeding experiences which will provide an important public health perspective on infant nutrition. Several studies have considered the impact of maternal demographics, employment, the health care system, maternal-child health medical issues, and cultural beliefs on breastfeeding initiation. (Scott *et al.,* 2019 and Fein *et al* .,1998) However, very few articles have focused on the relationship between birth order and breastfeeding initiation and duration. Thus this study sought to determine of socio-demographic characteristics influence on birth order and exclusive breastfeeding practices among multiparous mothers attending Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State

General objective

The general objective of this study is to determine the of socio-demographic characteristics influence on birth order and exclusive breastfeeding practices among multiparous mothers attending Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State.

The specific objectives of this study are to:

1. To determine the knowledge, practice, and attitude towards exclusive breastfeeding among mothers with one than one child attending Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State.
2. To determine the socio-demographic characteristics of mothers with one than one child exclusive breastfeeding practices.
3. To deteremine the relationship between knowledge and practice of exclusive breastfeeding among mothers with one than one child .
4. To determine the association between birth order and exclusive breastfeeding practices

Research questions

1. What is the knowledge, practice, and attitude of multiparous mothers attending Adeoyo Maternity Hospital, Yemetu, Ibadan, Oyo State towards exclusive breastfeeding among.
2. What are the socio-demographic characteristics of mothers with more than one child associatwith exclusive breastfeeding practices.
3. What is the relationship between knowledge and practice of exclusive breastfeeding among mothers with more than one child.

4. To determine the association between birth order and exclusive breastfeeding practices

Research Hypotheses

Ho1: There is no relationship between exclusive breastfeeding practices and socio-demographic characteristics of the mothers with more than one child

Ho2: There is no relationship between the socio-demographic characteristics of multiparous mothers and exclusive breastfeeding practices

Ho3: There is no relationship between children socio-demographics variables and practice of exclusive breastfeeding.

Ho4: There is no relationship between birth order and exclusive breastfeeding practices.

Methodology

The study was carried out in adeoyo maternity hospital, yemetu located at Ibadan, Oyo State. Oyo State is one of the 36 states of Nigeria and is located in the South Western region of the country. The State was created in 1976 out of the old Western region. The study population consist of mothers aged 15 to 44 with two or more children that are attending both antenatal and post natal activities at adeoyo maternity hospital, yemetu located at Ibadan, Oyo State. Systematic random sampling technique was used to recruit subject for the study. Participants were interviewed as they came into the hospital. The process continued until the required number of sample size (288) was obtained. Data was collected using an interviewer administered semi- strucured questionnaire which consists of the following. Section A consist of Socio demographic characteristics. Section B consists of Childs vital information. Section C consist of Mothers knowledge of breastfeeding. Section D consists of Pregnancy and delivery history. Section E consist of information on Breastfeeding practices of mothers. Section F consist of information on Mothers attitude to breastfeeding. Data was entered, edited, and analyze with SPSS statistical software (version 15). This included the analysis of mother's socio-demographics data of age, marital status, occupation, educational level, ethnicity and mother's parities. Frequency table diagrams and graph for these data shall be computed. The main variable of interest was birth order; the main outcome measure were exclusive breastfeeding practices for each mother-child pair. Univariate analysis was employed to calculate frequencies and distributions of each variable. Chi-square test was used for bivariate analyses to test the significance of the association between categorical variables and the practice of exclusive breastfeeding. Logistic regression analysis was performed to identify the factors associated with the outcome variable.

Ethical Consideration

Ethical clearance was obtained from the ministry of health research and ethical committee. The research was at no cost to the participants as the researcher shall bear the cost. Informed written consent was obtained from the mothers and permission was taken from the hospital.

RESULTS

Section A: Socio-demographic characteristics.

Table 1: Maternal Demographic Characteristics

MATERNAL DEMOGRAPHIC FACTOR	FREQUENCY (%)
MEAN AGE (SD) MOTHERS	30.4 (4.4)
AGE GROUPS 20-24	15 (6.3)

25-29	85 (29.8)
30-34	110 (38.6)
35 AND Above	72 (25.3)
TOTAL	285 (100)
MOTHERS OCCUPATION	
Skilled	80 (28.1)
Others	205 (71.9)
TOTAL	285 (100)
FATHERS OCCUPATION	
Skilled	124 (43.5)
Semi skilled	161 (56.5)
TOTAL	
EDUCATIONAL LEVEL	
Primary	43 (15.1)
Secondary	159 (55.8)
Tertiary/ post tertiary	83 (29.1)
TOTAL	285 (100)
MARITAL STATUS	
Married	277 (96.9)
Others	9 (3.1)
TOTAL	286 (100)
ETHNICITY	
Yoruba	268 (93.7)
Others	18 (6.3)
TOTAL	286 (100)
RELIGION	
Christianity	123 (43.0)
Islam	163 (56.9)
TOTAL	286 (100)
NUMBER OF CHILDREN	
Two children	161 (55.9)
Three children	95 (33.0)
Four/five children	32 (11.1)
TOTAL	288 (100)

Table 1 shows the demographic characteristics of the mothers. The mean age of mothers was 30.4 years (SD 4.4 years). Majority of the mothers were aged between 30-34 years (38.6%) followed by those aged 25-29 years (29.8%), 35 years and above (25.3%) and 20-24 years (6.3%). There were more mothers in others occupations (71.9%) compared to those with skilled occupations (28.1%). Majority of the fathers had semi skilled occupations (56.55). Majority of the mothers were married (96.9%) and had secondary level of education highest (55.8%). A little above half of the mothers were Muslims (57.0%) while majority were Yoruba's (93.7%). Mothers with two children were more (55.9%) than those with three children (33.0%). Those with four children and above were only about 11.1%.

Section B: Childs vital information

Table 2: Demographic Characteristics of Children

DEMOGRAP HIC CHARACTERISTICS OF CHILDREN	FREQUENCY (%)
MEAN AGE	56.0 (41.4)
AGE OF CHILDREN(MONTHS)	
1-60	
61-144	486 (66.1)
145 and above	228 (31.0)
Total	21 (2.9)
	735 (100)
SEX	
Male	445 (60.5)
Female	290 (39.5)
Total	753 (100)

Table 2 shows the demographic characteristics of the children. The mean age of the children was 56.0 months (SD 41.1 months). Majority of the children were aged between 1-60 months (66.1%) and were males (60.5%).

Ho1: There is no significant relationship between the prevalence level of knowledge, practice and attitude of multiparous mothers towards exclusive breastfeeding

Section C: Mothers knowledge of breastfeeding.

Table 3: Breastfeeding Practices Received by Mothers

BREASTFEEDING PRACTICES RECEIVED BY CHILDREN	FREQUENCY BY BIRTH ORDER (PERCENTAGE)				
	TOTAL	FIRST CHILD	SECOND CHILD	THIRD CHILD	FOURTH/FIFTH CHILD
EXCLUSIVE BREASTFEEDING					
Yes	462 (62.9)	163 (57.0)	191 (66.8)	91 (70.0)	16 (48.5)
No	273 (37.1)	123 (43.0)	95 (33.2)	38 (29.5)	17 (51.5)
Total	735 (100)	286 (100)	286 (100)	129 (100)	33 (100)
TIME OF INITIATION OF BREAST FEEDING					
Immediately	421 (57.8)	166 (58.5)	167 (59.0)	75 (58.6)	13 (39.4)
Hours	307 (42.2)	118 (41.5)	116 (41.0)	53 (41.4)	20 (60.6)
Days	728 (100)	284 (100)	283 (100)	128 (100)	33 (100)
Total	98(54.3)	3(12.2)	40(14.0)	18(13.8)	5(14.3)
SUPPLEMENTARY FOODS GIVEN					
Multi mix	9 (30.0)	4 (36.4)	4 (33.3)	1 (14.3)	-

Pap	5 (16.7)	1 (9.1)	2 (16.7)	2 (28.6)	-
Pap and milk	2 (6.7)	1 (9.1)	1 (8.3)	-	-
Baby formular	14 (46.7)	5 (45.5)	5 (41.7)	4 (57.1)	-
Total	30 (100)	11 (100)	274 (100)	122 (100)	-

Table 3 shows mother's breastfeeding practices for all children. Majority of the children were exclusively breastfed (62.9%) and were immediately put to the breast after delivery (57.8%). Children who were given baby formular had the highest percentage (46.7%) followed by those who were given multi mix (30.0%), pap (16.7%) and pap and milk (6.7%).

Ho2: There is no significant relationship between the socio demographic characteristics and exclusive breastfeeding.

Section D: Pregnancy and delivery history.

Table 4: Bivariate analysis of exclusive breastfeeding with socio demographic characteristics of the mothers

SOCIO DEMOGRAPHIC CHARACTERISTICS	EXCLUSIVE BREASTFEEDING		Total	Chi square	P-value
	Yes (%)	No (%)			
AGE GROUPS					
20-24	13 (72.2)	5 (27.8)	18 (100)		
25-29	47 (55.3)	38(44.7)	85 (100)		
30-34	59 (53.6)	51 (46.4)	110 (100)	2.523	0.471
35 AND Above	43 (59.7)	29 (40.3)	72 (100)		
MOTHERS OCCUPATION					
Skilled	47 (58.8)	33 (41.3)	80 (100)		
Others	115 (56.1)	90 (43.9)	205 (100)	0.165	0.685
HUSBAND OCCUPATION					
Skilled	74 (59.7)	50(40.3)	124 (100)	0.719	0.396
Semi skilled	88 (54.7)	73 (45.3)	161 (100)		
EDUCATIONAL LEVEL					
Primary or non	25 (58.1)	18 (41.9)	43 (100)		
Secondary	86 (54.1)	73 (45.9)	159(100)	1.238	0.538
Tertiary/ post tertiary	51 (61.4)	32 (38.6)	83 (100)		
MARITAL STATUS					
Married	156 (56.3)	121	277 (100)	1.638	0.201
Others	7 (77.8)	(43.7)	9 (100)		
		2 (22.2)			
ETHNICITY					
Yoruba	149 (55.6)		268 (100)	3.386	0.066
Others	14 (77.8)	59 (53.6)	18 (100)		

		4 (22.2)			
RELIGION					
Christianity	78 (63.4)		123 (100)	3.631	0.005
Islam	85 (52.1)	45 (36.6)	163 (100)		
		78 (47.9)			
PARITY					
Two children	193 (61.1)		316 (100)		
Three children	202 (69.7)	123	290 (100)	12.757	0.002
Four/five children	67 (51.9)	(38.9)	129 (100)		
		88 (30.3)			
		62 (48.1)			

Table 4 shows the association between exclusive breastfeeding and demographic characteristics of the mothers. Majority of the mothers were aged between 20-24 years (72.2%) exclusively breastfed their children followed by those 35 years and above (59.7%), those aged 25-29 years (55.3%), and 30-34 years (53.6%). This was not significant at p= 0.47. The mothers who were skilled (58.8%) exclusively breastfed their children compared to those in others occupations (56.1%). This was not significant at p= 0.68. Majority of the husband (59.7%) that their wives exclusively breastfed had skilled occupations compared to those that were semi skilled (5.7%). This was not significant at p= 0.39. Mothers who had tertiary level of education (61.4%) who exclusively breastfed were the highest when compared to those who had secondary level of education (54.1%). This was not significant at p= 0.53. Majority (77.8%) of the mothers who exclusively breastfed were others (divorce, widows and single) compared to those that were married (56.3%) and had secondary level of education highest (55.8%). This was significant at p= 0.20. The mothers who were Christians (63.4%) exclusively breastfed compared to those were Islam (52.1%). This was significant at p= 0.005. Mothers who exclusively breastfed (77.8%) were other (hausa, igbo and others) compared to those who were Yoruba (55.6%). This was not significant at p= 0.06. A slightly greater proportion of mothers with three children reported exclusive breastfeeding (69.7%) compared to those with two (61.1%) and four/five children (51.9%). This was significant at p= 0.002.

Ho3: There is no significant relationship between knowledge and practice of exclusive breastfeeding?

Section E: Information on Breastfeeding practices of mothers.

Table 5: Bivariate analysis of exclusive breastfeeding with socio demographic characteristics of the children

DEMOGRAPHIC CHARACTERISTICS OF CHILDREN	EXCLUSIVE BREASTFEEDING		Total	Chi square	P-value
	Yes (%)	No (%)			
AGE OF CHILDREN(MONTHS)					
1-60	319 (65.6)	167 (34.4)	486 (100)	6.67	0.03
61-144	128 (56.1)	100 (43.9)	228 (100)		
145 and above	15 (71.4)	6 (28.6)	21 (100)		

Table 4.5 shows the association between exclusive breastfeeding and the demographic characteristics of the children. The children that were 145 months and above (71.4%) were exclusively breastfed were the

highest compared to those who are between 1-60 months (65.6%) and those between 61-144 months (56.1%). This was however significant at p= 0.03. The children who were males (63.8%) were exclusively breastfed than those who were females (61.4%). There was a significant relationship between the breastfeeding practives of mother and the socio ddemographic characterisitics of children at p less than 0.05

Table 6: Bivariate analysis of exclusive breastfeeding with birth order

BIRTH ORDER	EXCLUSIVE BREASTFEEDING		Total	Chi square	P-value
	Yes (%)	No (%)			
First child	163 (57.0)	123 (43.0)	286 (100)	12.276	0.006
Second child	191 (66.8)	95 (33.2)	286 (100)		
Third child	91 (70.5)	38 (29.5)	129 (100)		
Fourth/fifth child	16 (48.5)	17 (51.5)	33 (100)		
TIMEOF INITIATION OF BREASTFEEDING					
Immediately	270 (64.1)	187 (60.7)	421 (100)	0.889	0.346
Hours	151 (35.9)	121 (39.3)	308 (100)		

Table 4.6 shows the association between exclusive breastfeeding and birth order. A slightly higher proportion of third children had been exclusively breastfed (70.5%) followed by second children (66.8%), first children (57.0%) and fourth and fifth children (48.5%). However, from thhe above tables there was significant association between birth order and exclusive breastfeeding practices at p< 0.05

Ho4: There is no significant relationship between birth order and exclusive breastfeeding?

Section F: Information on Mothers attitude to breastfeeding

Table 7: Logistic regresion of exclusive breastfeeding on variables

Variable	Odds ratio	95% CI or	P-value
ETHNICITY			
Yoruba	0.515	0.254-1.046	0.066
Others			
RELIGION			
Christianity	1.347	0.984-1.843	0.043
Islam			
CHILD AGE (yrs)			
0-5	0.517	0.177-1.508	0.227
5-10	0.418	0.149-1.169	0.096
10 and above			
BIRTH ORDER			
First child	0.919	0.373-2.268	0.855
Second child	1.355	0.577-3.182	0.486
Third child	1.540	0.652-3.638	0.325
Fourth/fifth child			
PARITY			
Two children	1.609	0.920-2.813	0.095
Three children	2.168	1.307-3.596	0.003

Four/five children	2.941		
TIME OF INITIATION OF BREASTFEEDING			
Immediately	0.864	0.638-1.170	0.346
Hours	2.069		

Table 4.7 shows the logistic regression output for exclusive breastfeeding. After adjusting for other variables, mothers who are Yoruba are two times less likely to have exclusively breastfed their children compared to mothers from other ethnic group. (OR=0.494, 95%CI= 0.247-0.986). Mothers who are Christians are more likely to have exclusively breastfed their children compared to mothers who are Muslims. (OR= 1.347, 95%CI= 0.984-1.843). The children who are between 1-60 months are six times less likely to be exclusively breastfed compared the children that were 145 months and above (OR= 0.517, 95%CI= 0.177-1.508) children who are between 1-60 months are two times less likely to be exclusively breastfed compared the children that were 145 months and above. (OR= 0.418, 95%CI= 0.149-1.169). The first child are less likely to be breastfed than the fourth child, second child is more likely to be breastfed than the fourth and fifth child while the third child are two times more likely to be exclusively breastfed than the fourth and fifth child (OR= 1.540, 95%CI= 0.652-3.638).

Mothers with three children were about two times more likely to have exclusively breastfed their children compared to mothers with four/five children. (OR= 2.168, 95%CI= 1.307-3.596). Mothers who initiated breastfeeding immediately are less likely to be exclusively breastfed compared to those who breastfed hours after delivery.

Discussion of Findings

This study examined the influence of socio demographic characteristics among multiparous mothers on birth order and exclusive breastfeeding practices

Socio demographic characteristics

The mean age of the mothers was 30.9 ± 4.4 years and the age range was 20-45. The highest proportion (38.6%) of mothers was in the age group 30 - 34 when compared with the others and those (6.3%) in the age group 20 – 24 having the least. Majority of the participants were married when compared to others who were single, divorced or widowed. Among all the respondents more than half had a secondary educational level while the least were those who had a primary or none. Mothers occupation was such that majority were either unskilled or semi-skilled when compared to those that were skilled. Also the occupation of the husband was the same. The predominant ethnic group was Yoruba compared to Islam.

Demographic characteristics of the children

The mean age of the children was 56.0 ± 41.4 months and the age range was 1- 145 months. The highest proportion of the children was in the age group 1 – 60 months when compared with the others while those aged 145 months and above were the least. Majority of the children were males when compared to the females

Breastfeeding practices received by mothers

The prevalence of exclusive breastfeeding was 62.9%. This figure although above average can still be considered low considering the increasing awareness on the importance of exclusive breastfeeding gives to mothers during ante natal care. This is however not consistent with the findings conducted in Enugu, Nigeria by Uchendu, Ikefuna and Emodi (2019) which reported that one third of the mothers exclusively breastfed their children. Majority of the mothers breastfed their first and third child exclusively, this however decreased with the second child and then the fourth/ fifth child. Those that showed an increase

rate of breastfeeding with smaller family size < 4 children. A little above half of the mothers initiated breast feeding in all their children immediately after birth. This was however not the case with mothers with four/five children who initiated breastfeeding hours after birth. This is likely due to the fact that mothers with more children are more experienced than those with fewer children and are less anxious on to initiate breastfeeding. It was reported that 62.0% of mothers responded to breast feeding within minutes and hours of delivery. Majority of the mothers gave their children irrespective of the birth order baby formular at the onset of weaning compared to other types of food used when weaning a baby.

Association between exclusive breastfeeding and socio demographic characteristics of the mothers

There was no association between selected socio demographic variables and exclusive breastfeeding except for the religion. The study showed that younger mothers between the ages of 20-24 years were more likely to exclusively breastfeed their children compared to older mothers. Mothers within this age range are more likely to be unemployed and stay at home with their babies making exclusive breastfeeding possible. This is not in line with findings of Uchendu at al. (2019) which showed that women who were relatively young (≤25 years) or old (≥36 years) had a lower EBFR compared with those aged between 26 and 35 years. Also, mothers with a higher level of education were more likely to exclusively breastfeed their children compare to mothers with less education. This is because mothers with a higher level of education are more likely to know and appreciate the importance and benefits of exclusive breastfeeding. The results were however not significant. This was consistent with previous studies which reported an association between education of mothers and exclusive breastfeeding (Ogbonna et al, 2000; Lliyasu Z. et al, 2015). The study also found that about two thirds of mothers who were Christians exclusively breastfed compared to those who were Muslims. It was reported that religion had a significant relationship with duration of breast feeding (18 months) with greater percentage of Christian mothers' breastfeeding than Muslim mothers.

This study shows that mothers with three children were more likely to have exclusively breastfed their children compared to those with two and four/five children. This shows that exclusive breastfeeding is mainly the decision of the mother irrespective of the number of children she has. Uchendu et al., (2010) reported similar findings which said that smaller family size had a positive effect on EBF among women with ≤4 children per family, who achieved higher EBFRs than those with ≥5 children. Also studies by Ogunlesi, Dedeke, Olabisi, Oyedeji and Gabriel (2010) in Sagamu Nigeria showed no association between parity and the practice of exclusive breastfeeding. However, it is self-evident that mothers can cope better with the demands of EBF when they have fewer babies who are well spaced out; this reduces the likelihood of 'burnout' and maternal exhaustion. A slightly higher proportion of the third children were exclusively breastfed followed by second children and first children while the fourth and fifth children were the least. This result suggests that having more than three children presents the greatest challenge for breastfeeding every child. It also shows that increases in family size can cause a decrease exclusive breastfeeding practice (Olatunde-Aiyedun, 2021).

Association between exclusive breastfeeding and characteristics of the children

A greater proportion of the older children above the age of ten had been exclusively breastfed compared to the younger children. This could be as a result of mothers back then been more of house wives and having more time for their children. However, children under the age of five had a higher proportion that had been exclusively breastfed compared to those above the age of five. This is likely due to the increased awareness in recent times among mothers on the importance of exclusive breastfeeding. Male children had a slightly higher proportion that were exclusively breastfed compared to females, this was however not significant. This could be as a result of males having a tendency to feed more been more active. Also in the African tradition males take precedence over females in many aspects of their live, feeding

inclusive. This is in line with studies by Aye (2000) reported that sex had no significant relationship with duration of breastfeeding (18 months). A greater proportion of third children were exclusively breastfed compared to first and second children. This is likely due to mothers seeing the benefits of exclusive breastfeeding on their first and second child and wanting the same for their present child. However the proportion is lowest in the fourth/fifth child, this may be because mothers with more children may not be eager to keep you with the practice of exclusive breastfeeding with increase.

Factors affecting exclusive breastfeeding

After adjusting for other variables, the study showed that Christians were twice likely to have practiced exclusive breasting when compared to Muslims. This is because Christians are generally believed to be more educated and patronize health facilities where they are taught the benefits of exclusive breastfeeding compared to Muslims whose religion has a great role to play in their daily activities, especially among women. These findings are in line with studies by Aye (2000) which reported that religion had a significant relationship with duration of breast feeding (18 months) with greater percentage of Christian mothers breastfeeding than Muslim mothers. Younger children aged 0-5years were twice less likely to have been exclusively breastfed compared to children above ten years of age. Those between 5-10 years of age were three times less likely to have been exclusively breastfeed compared to those above ten years of age. Previous studies by Aye (2000) showed that it is most likely that women with higher parity are usually older, less educated and less likely to involve in formal employment sector. Also, women with many children are more likely to be from rural areas and follow the traditional lifestyles.

Conclusion

According to the findings of this study, worldwide breastfeeding practices are growing on average. This finding implies that having more than four children is the most difficult situation for breastfeeding each child. It also reveals that when a family grows larger, exclusive breastfeeding becomes less common. Despite the fact that earlier studies have identified a link between exclusively nursing and a variety of socio-demographic characteristics, this study only revealed a link between ethnicity and exclusive breastfeeding.

Recommendations

In light of the foregoing findings, the following suggestions have been made to aid in the development of a desirable attitude and the adoption of healthier breastfeeding habits in our community: Health education should be strengthened among mothers and should cut across all social strata irrespective of the level of education and class and should include information especially like properties and component of breast milk which makes it superior to artificial feeding.

1. Mothers should also be educated about the importance and duration of exclusive breastfeeding for the first six months of the lives of their babies.
2. Mothers should also be taught about when to add supplementary food to breastfeeding and also how to prepare these feeds. They should also be taught the types of food which have the most nutritious value.

References

1. Adetola A, Ayinde A, Asaolu O, Obembe O, Olabumuyi O (2022). Knowledge and attitude of civil servants in Oyo state secretariat, Agodi, Ibadan towards national health insurance scheme. *European Journal of Modern Medicine and Practice 2* (3), 121-134
2. Aiyedun, T.G. (2020). Effect of animation teaching strategy on secondary school students' achievement, retention and interest in climate change in Lokoja, Kogi State. *International Journal of*

Trend in Scientific Research and Development (IJTSRD), 4 (3) 944-949. https://www.ijtsrd.com/papers/ijtsrd30740.pdf

3. Alawale O, Ayinde A, Ayinde O, Asaolu O, Itodo S, Olayinka G. Pattern in Human Immunodeficiency Virus Perception, Sexual Risk Behaviors and Condom use among Young People ln Orire Local Governments Area Oyo State, Nigeria. 2022. Middle European Scientific Bulletin. 2022. Vol 22. Pp 16-33
4. Amballi A., Ayinde A., Asaolu O., & Olabumyi O. (2022). Effect of Work Motivation on Job Performance Among Healthcare Providers in University College Hospital, Ibadan, Oyo State. *Central Asian Journal of Medical and Natural Sciences. 03* (02): 219-233
5. Asaolu, O. S., & Agbede, C. (2022). Factors Influencing Medication Adherence Among Young People Living with HIV In Niger State, Nigeria. Open Journal of Medical Research (ISSN: 2734-2093) , 3(1), 12-19. https://doi.org/10.52417/ojmr.v3i1.321
6. Aye, K.K. (2000). Factors affecting breast-feeding in the Philippines: An analysis of 1998 NDHS Data.1.ISBN 974-664-647-8
7. Ayinde Abayomi Oluwaseun, Ohue Michael Utomiabhi, Ayinde Taiwo Oluwaseun, Adeloye Adewale Idowu, Adeleke A. J., Olatunde-Aiyedun, T. G, & Ogunode Niyi Jacob. (2021). Determinants contributing to adherence with antiretroviral regimen of people living with HIV/AIDS in Babcock University Teaching Hospital. *Central Asian Journal of Medical and Natural Sciences*, 2(3), 253-270.

   https://doi.org/10.47494/cajmns.v2i3.210
8. Ayinde AO, Asaolu O, Alawale O. Birth Order and Exclusive Breastfeeding Practices among Mothers with Two or More Children. 2022. *Central Asian Journal of Medical and Natural Sciences. 03* (02). 137-148
9. Bamgboye Elijah A, Odusote Temitayo, Olusanmi Iyabode, Yusuf Oyindamola B, Bamgboye Eniola A, Asaolu Olugbenga S, Iwuala Felix, Ayeni Oluwagbemiga and Ladipo A. (2020), "A comparison of male and female headed house holding of orphans and vulnerable children in Nigeria. *Journal of Public Health and Epidemiology, 12* (3), 193-201. doi: 10.5897/JPHE2019.1177
10. Bamgboye Elijah A, Odusote Temitayo, Olusanmi Iyabode, Yusuf Oyindamola B, Bamgboye Eniola A, Asaolu Olugbenga S, Iwuala Felix, Ayeni Oluwagbemiga and Ladipo A. (2017), "The economic strength of caregivers of orphans and vulnerable children in Akwa-Ibom and Rivers States, Nigeria. *Journal of Public Health and Epidemiology, 9* (9), 226-237. doi: 10.5897/JPHE2017.0934
11. Ekpo C.G. & Aiyedun T.G. (2017). Environmental Education: Essential tool for the attainment of Sustainable Development Goals in the 21st Century Nigeria. *The Researcher: A Journal of Contemporary Educational Research, 1(1), 124- 142.*

    http://www.researchersjournal.org/j2/papers/v1n1g.pdf
12. Fein SB, Roe B (1998). The effect of work status on initiation and duration of breastfeeding. *Am J Public Health,* 88, 1042–1046.
13. Idowu, A. A., Oluwasegun, A. A., Michael, O., Olatunde-Aiyedun, T. G., & Jacob, O. N. (2021). Prevalence and the risk factors associated with HIV-TB co-infection among clinic attendees in dots and art centres in Ibadan, Nigeria. *Central Asian Journal of Medical and Natural Sciences*, 2(3), 73-87.

    http://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/177

14. Iliyasu Z, Kabir M, Abuabakar IS, Galadanci NA (2015). Current knowledge and practice of exclusive breastfeeding among mothers in Gwale Local Government Area of Kano State. *Nig Med Pract* 2015; 48: 50-55.
15. Iyanda O, Ayinde O, Asaolu O, Alawale O, Azuka CG, Oluwadare M. Socio-Demographic Charateristics Associated with the Burnout Common Mental Health Problems among Health Care Workers Managing PMTCT Patients in Secondary Health Facilities in Oyo State, Nigeria. 2022. Middle European Scientific Bulletin. Vol 21. Pp 182-197
16. Kruse L, Denk CE, Feldman-Winter L. (2015). Longitudinal patterns of breastfeeding initiation. Matern Child Health J 2015;10:13–18.
17. Marcus O, Asaolu O, Ogunleye A (2022). Factors Influencing Alcohol Consumption among Emmanuel Alayande College of Education Students. *Central Asian Journal of Medical and Natural Sciences 3* (2), 160-175
18. Ogbonna C., Okolo A.A. & Ezeogu A. (2000). Factors influencing exclusive breastfeeding in Jos, Plateau State, Nigeria. *West Afr. J Med.*, 19, 107-110.
19. Ogunlesi A.T., Dedeke O.F., Olabisi, O.A.O., Oyedeji, J. & Gabriel, A. (2010). Infant and toddler feeding practices in the Baby Friendly Initiative (BFI) Era in Ilesa, Nigeria. The internet journals of Nutrition and Wellness; 1:2.
20. Ogunode, N.J. & Aiyedun, T.G. (2020). Administration of science programme in Nigerian higher institutions: issues, challenges and way forward. *Middle European Scientific Bulletin*, 6, 94-99.
21. https://www.researchgate.net/publication/346653519_Administration_of_science_programme_in_Nigeria's_higher_institutions_issues_challenges_and_way_forward?_sg=WXqpyO7WFiLRU9HJYoxtykI77dpVp-rKEaYzc2GZgf7OL9CyMY564JEs_KfFHD8uaKJh12bWA449Ylqq5l9d-9wu74_p0v5uEAhcqRlC.5LZX7_yYM_loloXosECNpqeFvTl1U8PNFaakPyBBxf2XJPPT2ngLDxnRhsrld0pHgWRRs673PfJ8fo2N0FOBw
22. Ojelade, I.A., Aiyedun, T.G. & Aregebesola, B.G. (2019). Environmental Education as an Instrument for awareness creation on the health effects of water contamination in Saburi Community of Federal Capital Territory (FCT), Abuja, Nigeria. *The Researcher: A Journal of Contemporary Educational Research*, 2 (1), 1- 16.

    http://www.researchersjournal.org/j2/papers/v2n1a.pdf
23. Olatunde-Aiyedun, T.G. (2021). *Fundamentals of Environmental Education.* LAP LAMBERT Academic Publishing, Mauritius.

    https://www.researchgate.net/publication/349573767_Fundamentals_of_Environmental_Education
24. Olatunde-Aiyedun, T.G., & Ogunode, N.J. (2021). Shortage of professional science and environmental education teachers in Nigeria. *Asian Journal of Science Education*, 3 (1), 1-11.

    https://www.researchgate.net/publication/350819014_Shortage_of_Professional_Science_and_Environmental_Education_Teachers_in_Nigeria
25. Scott JA, Binns CW. Factors associated with the initiation and duration of breastfeeding: A review of the literature. Breastfeed Rev 2019;7(1):5–16.
26. Uchendu UO, Ikefuna A.N. & Emodi I.J. (2019). Factos associated with exclusive breastfeeding among mothers seen in the university of Nigeria teaching hospital. Enugu Nigeria Vol. 3 No.
27. Wilson AC, Forsyth JS, Greene SA, Irvine L, Hau C, Howie PW. Relation of infant diet to childhood health: Seven years follow up of cohort of children in Dundee infant feeding study. BMJ 1998; 316:21-25.