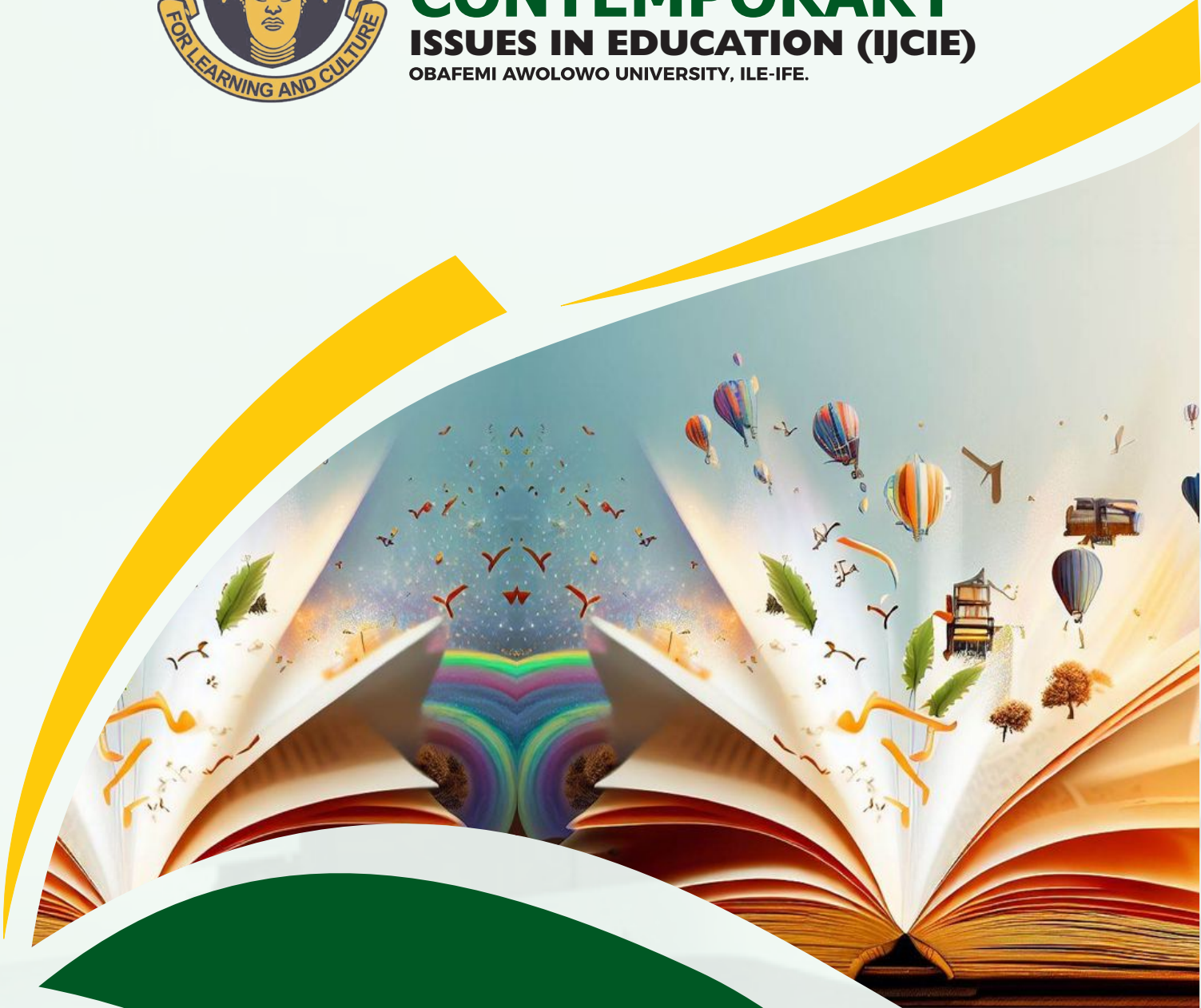




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EXCLUSIVE BREASTFEEDING AS A NATURAL COST REDUCTION STRATEGY IN CHILD REARING AMONG MOTHERS OF CHILDREN UNDER FIVE IN OSUN STATE, NIGERIA

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Abstract

This study examined the role of exclusive breastfeeding (EBF) as a cost-saving practice among mothers of children under the age of five in Osun State, Nigeria. Using a cross-sectional survey design, data were collected from 200 mothers to assess the prevalence of exclusive breastfeeding and to identify the key factors influencing its adoption. The findings reveal that while many mothers initiate EBF during the first six months of life, several factors impact its sustainability. These include financial pressures, medical advice, physical challenges such as inadequate milk supply, and discomfort during breastfeeding. Notably, the study highlights the significant influence of healthcare professionals in promoting exclusive breastfeeding practices. Mothers who adhered to EBF reported reduced instances of illness in their children and correspondingly lower healthcare costs. These outcomes emphasize the dual value of EBF, not only in fostering child health but also in minimizing household medical expenditures. The study recommended comprehensive interventions aimed at supporting breastfeeding mothers. These include financial assistance for economically disadvantaged households, enhanced training for healthcare personnel to provide consistent breastfeeding support, and community-based education programs to raise awareness. Strengthening these structures is vital for improving child nutrition, enhancing maternal well-being, and reducing the economic burden on families in Osun State.

Keywords: Exclusive Breastfeeding, Child Rearing, Cost Reduction, Mothers, Under-Five

Children, Maternal Health, Economic Benefits, Natural Infant Nutrition

Introduction

Breastfeeding remains one of the most important practices in early child care, offering numerous health advantages for both babies and their mothers. According to the World Health Organization (WHO, 2018), babies should be exclusively breastfed for the first six months of life. After this period, breastfeeding should continue alongside solid or complementary foods for at least two years. During those first six months, breast milk provides everything a baby needs to grow and develop properly, while also protecting them against infections, allergies, and other health complications.

Feby, Eti, and Rita (2023) point out that exclusive breastfeeding not only encourages healthy physical development but also shields infants from developmental problems, benefits that can last well into adulthood. Similarly, Campos and colleagues (2021) highlight the importance of breast milk for babies born with low birth weight. For these infants, breast milk helps prevent conditions like stunting and wasting, which remain common in many low- and middle-income countries.

Despite its well-documented benefits, exclusive breastfeeding is still not widely practiced in Nigeria. The country continues to battle high infant mortality rates, with about 69 infant deaths per 1,000 live births (National Population Commission, 2020), and widespread child malnutrition. Statistics show that 43.6% of children under the age of five suffer from stunted growth (National Bureau of Statistics, 2020).

Exclusive breastfeeding has been shown to reduce both infant mortality and malnutrition by strengthening babies' immune systems and providing essential nutrients (Horta & Victoria, 2013).

However, many Nigerian mothers face several challenges that make it difficult to practice exclusive breastfeeding. These include lack of proper knowledge, cultural pressures, limited maternity leave, and insufficient support from health workers (Adekanmbi et al., 2017). All these factors contribute to low breastfeeding rates and can lead to extra financial burdens on families due to increased medical costs.

Encouragingly, recent reports show that exclusive breastfeeding rates in Nigeria have risen to 34%, marking a 10% increase over the last 12 years. While this progress is commendable, the country still falls short of WHO's 2025 target of 50% (UNICEF Nigeria, 2024). UNICEF Country Representative Cristian Munduate emphasizes that breastfeeding is not just a maternal choice but a public health priority, essential for the survival, health, and well-being of both mother and child. Nonetheless, many mothers in Nigeria continue to face challenges such as cultural norms, limited family support, short maternity leave, and lack of adequate workplace accommodations, factors that hinder their ability to exclusively breastfeed for the recommended six months.

Breast milk remains unmatched in its ability to provide complete nutrition and immune protection for infants, particularly in vulnerable settings where access to clean water and safe alternatives is limited. According to Feby, Eti, and Rita (2023), exclusive breastfeeding supports healthy infant growth and significantly reduces the risk of developmental issues. Similarly, Campos et al. (2021) underscore its critical role in preventing stunting and wasting among low birthweight infants, who are particularly susceptible to malnutrition and illness.

The situation in Osun State, a southwestern region of Nigeria with an estimated population of 4.7 million (NPC, 2020), is particularly worrying. The state records an infant mortality rate of 71 per 1,000 live births, which is higher than the national average (Osun State Ministry of Health, 2020). According to the 2018 National Demographic and Health Survey, only 22.1% of infants in Osun are exclusively

breastfed for the recommended first six months. These statistics call for urgent action. There is a pressing need for breastfeeding promotion efforts that are sensitive to the local environment. This includes better public awareness, more community-based education, and stronger support systems to help nursing mothers adopt and maintain exclusive breastfeeding practices.

Statement of the Problem

Exclusive breastfeeding plays a vital role in improving child survival and reducing malnutrition, yet its practice remains significantly low in Nigeria, particularly in Osun State. While many studies have highlighted the health benefits of exclusive breastfeeding, there is a noticeable gap in research examining its cost-saving potential, especially at the state level. To date, very few studies have explored the economic implications of exclusive breastfeeding across Nigeria, and there is little to no research focusing specifically on Osun State. This study seeks to address this gap by assessing the cost-related benefits of exclusive breastfeeding within this region.

Despite widespread public health campaigns and global recommendations, the uptake of exclusive breastfeeding in Nigeria is still far from optimal. Data from the 2018 Nigeria Demographic and Health Survey (NDHS) reveal that only 17% of infants under six months are exclusively breastfed, well below the World Health Organization's (WHO, 2018) recommended minimum of 50%. This shortfall not only undermines infant health and development but also results in broader economic consequences for families and the healthcare system.

The financial burden of infant formula, combined with increased healthcare needs for non-breastfed children, places considerable strain on households, particularly in low-income communities. As noted by Ogunlesi (2010), the cost of formula feeding and managing the associated health risks, such as diarrhea, respiratory infections, and ear infections, can be overwhelming for many Nigerian families. These preventable illnesses often lead to frequent hospital visits, additional treatment costs, and in some cases, long-term developmental complications. Given these health and economic

implications, there is a pressing need to explore how exclusive breastfeeding can serve as a cost-effective strategy for Nigerian households, with Osun State as a case study.

Purpose of the Study

The primary aim of this study is to explore exclusive breastfeeding as a natural and cost-effective strategy among mothers of children under five years of age in Osun State, Nigeria. In particular, the study seeks to:

- i. identify the key factors that influence mothers' decision to adopt exclusive breastfeeding as a means of reducing household healthcare costs.
- ii. examine the relationship between exclusive breastfeeding and the medical expenses incurred in caring for infants during the first six months of life.

Research Questions

- i. What are the major factors that influence the adoption of exclusive breastfeeding as a cost-saving practice among mothers in Osun State, Nigeria?
- ii. Does exclusive breastfeeding have any relationship with healthcare expenditures for infants in Osun State, Nigeria?

Methodology

This study employed a cross-sectional survey designed to collect data from mothers of children under five years of age residing in Osun State, Nigeria. The target population included women who had at least one child below the age of five and who lived in various communities across the state. A total of 200 mothers participated in the study, selected through a multistage sampling technique designed to ensure a representative spread of both urban and rural respondents.

In the first stage of sampling, five Local Government Areas (LGAs) were purposively selected from the 30 LGAs in Osun State to capture a broad geographic and socio-economic range. These LGAs were chosen to reflect diversity in terms of urbanization, accessibility to healthcare, and population density.

In the second stage, participants within these LGAs were recruited through a combination of online and offline channels.

Surveys were distributed via digital platforms (such as social media groups and parenting forums), and also through physical outlets including healthcare centres, daycare facilities, and nursery schools. This blended recruitment strategy was adopted to enhance reach, given potential limitations in mobility, internet access, and time availability among mothers.

Data were collected using a structured questionnaire, developed and administered via Google Forms to ensure ease of access and real-time data collation. The questionnaire was divided into four main sections:

Section A: Gathered socio-demographic information, including age, marital status, educational level, occupation, and household income.

Section B: Focused on infant feeding patterns, with questions on breastfeeding practices, duration, exclusivity, and frequency.

Section C: Explored the economic aspects of child feeding, such as expenditures on infant formula and medical costs associated with feeding choices.

Section D: Assessed participants' knowledge, attitudes, and perceptions toward exclusive breastfeeding and its economic benefits.

The questionnaire was reviewed for clarity, relevance, and appropriateness before dissemination, ensuring that questions aligned with the study objectives and were understandable to the target population.

The questionnaire link was shared digitally across social media platforms and parenting groups, as well as through contacts in healthcare and early childhood education centres within the selected LGAs. Participants were able to complete the form at their convenience using mobile devices or computers. All responses were automatically recorded and securely stored using Google Sheets, ensuring efficient and organized data management.

Quantitative data obtained from the survey were analysed using Statistical Package for the Social Sciences (SPSS), version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize and describe the characteristics and responses of the participants. In addition, Pearson product moment correlation were applied to examine associations between

categorical variables, particularly to explore relationships between breastfeeding practices and economic factors.

Research Question One: What are the major factors that influence the adoption of exclusive breastfeeding as a cost-saving practice among mothers in Osun State?

In order to answer this research question, data collected on the various factors dictating adoption of exclusive breastfeeding as a cost-saving practice among mothers in the study area were subjected to descriptive analysis of frequency, percentage and mean statistical tools having termed with the responses of the respondents considering "Yes". The summary of the results are presented in Table 1.

Table 1: Descriptive analysis of the major factors that influence the adoption of exclusive breastfeeding as a cost-saving practice among mothers in Osun State

S/N	Items	Frequency (f)	Percentage (%)	Mean (\bar{x})
1.	Socioeconomic factor	132	66.0	2.53
2.	Maternal emotions and belief	168	84.0	2.89
3.	Cultural practices	140	70.0	2.65
4.	Infant factor	162	81.0	2.81
5.	Friends	101	50.5	2.09
6.	Healthcare providers	142	71.0	2.67
7.	Family	101	50.5	2.09

N = 200

Results in Table 1 show the descriptive analysis of the major factors that influence the adoption of exclusive breastfeeding as a cost-saving practice among mothers in Osun State. Considering mean values of 2.00 and above, it can be observed from the Table that socio-economic factor (\bar{x} = 2.53), maternal emotions and belief (\bar{x} = 2.89), cultural practices (\bar{x} = 2.65), infant factor (\bar{x} = 2.81), friends (\bar{x} = 2.09), healthcare providers (\bar{x} = 2.67) and family factor (\bar{x} = 2.09) are the various factors dictating adoption of exclusive breastfeeding as a cost-saving practice among mothers in Osun State.

Research Question Two: Does exclusive breastfeeding have any relationship with healthcare expenditures for infants in Osun State?

In order to answer this research question, data collected on exclusive breastfeeding have any relationship with healthcare expenditures for infants were subjected to Pearson Product Moment Correlation (PPMC) statistical tool. The result is presented in Table 2.

Table 2: Pearson Product Moment Correlation (PPMC) of the relationship between exclusive breastfeeding and healthcare expenditures for infants in Osun State

Groups	N	Mean	SD	r	Sig.(2-tailed)	Remark
Exclusive Breastfeeding	200	28.49	4.15	0.772	.002	Significant
Healthcare Expenditures	200	27.56	4.01			

($r = 0.772$; $p < 0.05$)

Result in Table 2 show the Pearson Product Moment Correlation (PPMC) of the relationship between exclusive breastfeeding and healthcare expenditures for infants in Osun State. It can be deduced from the Table that there was significant relationship between exclusive breastfeeding and healthcare expenditures for infants in Osun State ($r = 0.772$; $p < 0.05$). The result implies that

healthcare expenditures for infants can predict exclusive breastfeeding among mothers in the study area.

Discussion of Findings

The findings of this study provide valuable insights into the major factors influencing the adoption of exclusive breastfeeding (EBF) as a

cost-saving practice among mothers in Osun State, as well as its relationship with healthcare expenditures for infants.

Research Question One: Factors Influencing Adoption of Exclusive Breastfeeding

The descriptive analysis revealed that a range of factors significantly influenced the adoption of exclusive breastfeeding among mothers in Osun State. Notably, maternal emotions and beliefs ($x=2.89$; 84.0%), infant-related factors ($x=2.81$; 81.0%), and healthcare providers' influence ($x=2.67$; 71.0%) emerged as strong determinants. This indicates that mothers' perceptions, psychological readiness, and the health conditions or needs of infants play a central role in the decision to breastfeed exclusively. The role of healthcare providers further highlights the importance of medical counseling and health education in shaping positive breastfeeding practices.

In addition, cultural practices ($x=2.65$; 70.0%) and socio-economic factors ($x=2.53$; 66.0%) were also influential. This finding aligns with earlier research (e.g., Onah et al., 2014; Ogbonna&Okolo, 2018) which reported that cultural norms, traditions, and household income levels strongly affect breastfeeding initiation and continuation. In communities where traditional feeding methods such as early introduction of water or herbal mixtures are encouraged, mothers may be reluctant to adopt exclusive breastfeeding. Conversely, in contexts of economic hardship, exclusive breastfeeding may be embraced as a cost-effective practice, given that breast milk is readily available and free.

Interestingly, the influence of friends ($x=2.09$; 50.5%) and family members ($x=2.09$; 50.5%) was found to be comparatively moderate. While social networks are often expected to play a major role in maternal choices, this result suggests that in Osun State, mothers rely more on their own convictions, infant cues, and healthcare providers rather than external social pressures. This may also indicate growing awareness and independence in maternal decision-making regarding infant feeding.

Overall, the findings support the ecological perspective of Bronfenbrenner's theory, which posits that individual behavior is

influenced by multiple layers of interaction including family, culture, socio-economic environment, and institutional systems. The results also reinforce Ford's Motivational Systems Theory (MST), as mothers' beliefs and perceived benefits strongly shaped their breastfeeding decisions.

Research Question Two: Relationship Between Exclusive Breastfeeding and Healthcare Expenditures

The correlation analysis showed a significant positive relationship between exclusive breastfeeding and healthcare expenditures for infants in Osun State ($r=0.772$, $p<0.05$). This implies that the practice of exclusive breastfeeding is closely linked to reduced infant healthcare costs, confirming its economic and health benefits. Mothers who adhered to exclusive breastfeeding reported lower expenditures on medical treatments, medications, and infant nutrition supplements.

This finding is consistent with World Health Organization (WHO, 2021) and UNICEF (2019) reports, which emphasized that exclusive breastfeeding reduces infant morbidity from diarrheal diseases, respiratory infections, and malnutrition, thereby decreasing the financial burden on families and healthcare systems. The strong correlation coefficient further underscores that exclusive breastfeeding is not only a maternal and child health practice but also an effective cost-saving strategy, especially in resource-constrained settings like Osun State.

Moreover, this result aligns with Walberg's Theory of Educational Productivity, which suggests that environmental inputs (in this case, feeding practices) have direct impacts on outcomes (child health and family financial wellbeing). Mothers who adopt exclusive breastfeeding experience tangible economic relief through lower health-related expenditures, which can free household resources for other essential needs.

In summary, the study found that exclusive breastfeeding in Osun State is influenced mainly by maternal beliefs, infant needs, healthcare guidance, cultural practices, and socio-economic realities. Furthermore, exclusive breastfeeding has a significant and

positive relationship with reduced healthcare expenditures for infants, affirming its dual role as both a health-promoting and cost-saving practice.

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