

The Effect of Exclusive Breastfeeding on Marital Satisfaction in Bokkos Local Government, Plateau State, Nigeria.

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Abstract

The study investigated the effect of exclusive breastfeeding on marital satisfaction. A sample of 150 participants that comprised 114 (76.0%) Females and 36 (24%) males, aged between 20-56 were purposively selected from Bokkos community; and primary healthcares in Bokkos Local Government in Plateau State. The Maternal Breastfeeding Evaluation Scale (MBFES), and Index of Marital Satisfaction questionnaire were administered. The study utilized ex post facto research design. Three hypotheses were tested using multivariate linear regression analysis. The first hypothesis revealed that the regression coefficient of maternal role attainment in the estimated regression line is 0.030; which indicates that 3.0% of change in marital satisfaction was accounted for by maternal role attainment. The value of the calculated statistic of maternal role attainment was not significant, $t = 0.356$, $p = 0.722$ ($p > 0.05$). The hypothesis was not accepted. Hypothesis two showed that the regression coefficient of infant growth in the estimated regression line is 0.018, which indicates that 1.8% of change in marital satisfaction was accounted for by infant growth. The value of the calculated statistic of infant growth was not significant, $t = 0.216$, $p = 0.0829$ ($p \geq 0.05$). The hypothesis was not accepted. Hypothesis three demonstrated that the regression coefficient of maternal body image in the estimated regression line is -0.002; which indicates that 0.2% of change in marital satisfaction was accounted for by maternal body image. The value of the calculated statistic of maternal body image was not significant, $t = -0.028$, $p = 0.978$ ($p \geq 0.05$). The hypothesis was not accepted. Based on these outcomes, it is recommended that healthcare professionals should not renege on educating spouses and general public regarding the significance of exclusive breastfeeding to mitigate negative family perception particularly on expectant mothers.

Keywords: Bokkos, Breastfeeding, Effect, Exclusive and Marital Satisfaction.

Introduction

Breast milk is considered as the most complete nutritional source for infants because it contains the essential fats, carbohydrates, proteins, and immunological factors needed for them to thrive and resist infection in the formative first year of life. Based on this, the World Health Organization WHO (2007) recommended exclusive breastfeeding for the first six months of life and continuation of breastfeeding and adequate complementary foods for up to two years of age and beyond. Exclusive breastfeeding (EBF) is defined as exclusive intake of breast milk by an infant from its mother or wet nurse or expressed milk with addition of no liquid or solid foods, with

exception of drops or syrups consisting vitamins, minerals supplements, or medicine and nothing else for the first six months.

WHO (2007) affirmed that research has disproved the general beliefs that breast milk substitutes are as good as breast milk. Therefore, there is a need to encourage mothers to continue exclusive breastfeeding, though breastfeeding is a concern for men more than for women (Avery, Duckett, & Frantzich, 2000). Some literatures revealed that there is a need to include men in the breastfeeding experience (Jordan & Wall, 1990, 1993) since the benefits of the exclusive breastfeeding outweigh the limitations. To enable mothers establish and sustain EBF for six months, the WHO and UNICEF recommend initiation of breastfeeding within the first hour of birth.

While some mothers try to do this, others might resort to feeding their babies with infant formula in place of breast milk during the first six months. Some mothers might not be knowledgeable of the benefits of exclusive breastfeeding (Nwachukwu, & Nwachukwu, 2007). In discussing the need for breastfeeding, it has been reported that health information and education significantly influenced mother's knowledge about the importance of breastfeeding, the initiation of lactation, the frequency of lactation and other practices among women attending a post-natal clinic in Nigeria (Edegbai, 2001).

Breast milk is the best food for infants because it contains all the nutrients in the correct proportions. It has the correct temperature, easily digested and assimilated, readily produced and available (Frazer, & Cooper, 2003). Indeed, breastfeeding is an unequalled way of providing ideal food for healthy growth and development of infants. Despite the benefits of exclusive breastfeeding, evidence suggests that it may negatively affect husbands of breastfeeding mothers (Byrd, Hyde, DeLamater, & Plant, 1998; Jordan & Wall, 1990).

It is fathomable that role strain experienced in marriage as a result of infant feeding practices may have continued effects on the dynamics of marriage. However, decision to exclusively breastfeed is a difficult one, the decision itself and the ensuing responsibilities are likely to affect the mother-child, father-child, and husband-wife relationships. Changes in these relationships may then extend beyond the transition to parenthood and have consequences for later child development and family role. Literatures that exists on exclusive breastfeeding with regards to men, highlighted two main issues that are relevant to exclusive breastfeeding in relation to marital satisfaction. The first is sexual satisfaction and the second is the precipitation of negative feelings such as exclusion and jealousy as a result of the intimate relationship between mother and child during breastfeeding.

According to Bradbury, Finchman and Beach (2000), marital satisfaction is a mental state that reflects perceived benefits and costs of marriage to a particular person. The more a marriage partner inflicts on a person, the less satisfied one generally is with the marriage and with the marriage partner. Similarly, the greater the perceive benefits are, the more satisfied one is with the marriage partner (Baumeister, 2007). A recent study based on analysis of the Fragile Families and Child Wellbeing found that fathers' emotional support (rated by mothers) emerged as a marginal predictor of breastfeeding initiation but that relationship quality was not associated with breastfeeding at 6 months postpartum (Gibson-David & Brooks-Gunn, 2007).

Family life and marital satisfaction, in particular, are known as main predictors of overall quality of life (Stutzer & Frey, 2006). Marital satisfaction can affect not only the physical and mental health of both spouses (Holt-Lunstad, Birmingham, & Jones, 2008), but also children's development, academic performance, social skills, and relationships (Cummings & Davies, 2010; Hetherington & Kelly, 2002). Marital satisfaction can be achieved through the adjustment process between the spouses, which then produce marital satisfaction. Furthermore, intimate environment and atmosphere support easier adjustment, producing comfort and caring feelings.

Indeed, breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; despite the benefits of exclusive breastfeeding, evidence suggest that it may negatively affect husbands of breastfeeding mothers (Byrd, Hyde, DeLamater, & plant, 1998; Jordan & Wall, 1990).

In all, the unique contributions of fathers as an individual in supporting the initiation and continuation of breastfeeding have been recognized, (Rempel & Rempel, 2011) yet little work has focused on whether the quality of the mother-father partnership is affected, particularly from father's perspective. This study attempt to address some questions bordering on marital satisfactions during the period of breastfeeding among couples in Bokkos, Bokkos Local Government Area, Plateau State, Nigeria.

Statement of the Problem

Exclusive breastfeeding can have positive consequences on the growth, development and survival of infants. WHO (2007) recommended exclusive breastfeeding for the period of first six months because it has been shown to reduce the occurrence of adverse health outcomes on the infant and mother, and so is regarded as best form of preventive medicine. The practice may not be without some negative consequences. This study examines the effect or otherwise of exclusive breastfeeding on marital satisfaction among married couples in Bokkos community, Bokkos Local Government Area of Plateau State, Nigeria.

Objectives of the Study

The research was guided by the following objectives:

- i. To examine the effect of maternal role attainment on marital satisfaction.
- ii. To investigate the effect of infant growth on marital satisfaction.
- iii. To assess the role of maternal body image on marital satisfaction.

Hypotheses

The following hypotheses were tested in the study:

- i. There is no significant effect of maternal role attainment on marital satisfaction.
- ii. There is no significant effect of infant growth on marital satisfaction.
- iii. There is no significant effect of maternal body image on marital satisfaction.

Material and Methods

The study utilizes ex post facto research design. It is a quasi-experimental study that investigates how independent variable affects dependent variable. It was used to assess the perception of

couple’s marital satisfaction during exclusive breastfeeding. Breastfeeding (independent variable) was assessed to identify if it will have any effect on marital satisfaction (dependent variable) among couples. The study used 150 participants that consisted of 114 (76.0%) females and 36 (24%) males (husbands who accompanied their spouses to the clinic) aged between 20-56, with mean age of 30.52. Participants were selected in Bokkos Cottage Hospital; using purposive sampling technique. Demographic information of participants such as gender, age and marital status were obtained using the scales.

Scales used in the study were; maternal breastfeeding evaluation scale (MBFES) and index of marital satisfaction (IMS). MBFES consist of 55 items while IMS has 25 items. Maternal breastfeeding evaluation scale was developed by Ellen, Sandra, and Margaret in (1992). It was built on five points likert scale ranging from: strongly disagree (SD), disagree (D), no opinion or unsure (N), agree (A) and strongly agree (SA). The study reported that the scale has a cronbach alpha level of 0.93. The index of marital satisfaction (IMS) developed by Hudson (1982), is a self-report questionnaire that assesses marital satisfaction. It is a 25-item inventory designed to measure the degree, severity of, or magnitude of the problem one’s spouse or partner perceives to be having in the marital relationship. It is built on five point likert scale ranging from: (1) rarely or none of the time (2) a little of the time (3) some of the time (4) good part of the time and (5) most of the time. Torkan and Molavi (2009) reported the standardization, reliability and validity of IMS in a study in Isfahan. The sentivity and specificity indexes were satisfactory. Cronbach’s alpha was 0.97 for the nondistressed and 0.93 for the distressed couples.

The researchers obtained permission from the Head of the Cottage Hospital in Bokkos, headquarter of Bokkos Local Government Area, Plateau State, Nigeria; and administered questionnaire on nursing mothers and husbands who consented to participate in the study. Prior to test administration, participants were briefed about the study and assured that the report of the study would not in any way be linked to them by name. Participants responded to the questionnaires within 40 minutes and were appreciated thereafter. Multivariate linear regression analysis was used to test the hypothesis at 0.05 level of significance. The Statistical Package for Social Science (SPSS) computer software version 20 was used to analyzed the data obtained.

Result of the Findings

150 participants completed the study, the R-Square (R^2), F-Change and Durbin-Watson results are presented in table 1; the three hypotheses that were formulated were tested and analyzed using regression coefficient to test for differences between maternal role attainment, the infant growth and maternal body image on marital satisfaction are reported.

Table 1: Regression Model Summary for Effect of Breastfeeding on Marital Satisfaction.

R^2	F Change	df1	df2	Sig. F Change	Durbin-Watson
0.01	.052	3	146	.984	1.660

a. Predictors: (Constant) the Maternal Role Attainment, the Infant Growth, Maternal Body Image.
 b. Dependent Variable: Index of Marital Satisfaction.

The result of the regression model 1 summary revealed that the coefficient of determination $R^2 = 0.01$, $F_{(3, 146)} = 0.984$, $DW = 1.660$ (5% level of significance). This showed that the model can be

held for 0.01% change in marital satisfaction. The F- statistic (ANOVA) of the model had no closeness of fit, which means that the model is not statistically significant at 5% ($p \geq 0.05$) level of significance. The Durbin-Watson value of 1.660 shows that autocorrelation between the variable under consideration are without multicollinearity.

Table2: Regression Coefficients of Maternal Role Attainment and Marital Satisfaction.

	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std. Error			
(Constant)	71.963	9.546		7.539	.000
The Maternal Role attainment	.063	.177	.030	.356	.722

Hypothesis One:

There will be no significant effect of maternal role attainment on marital satisfaction.

The result of the hypothesis showed that the regression coefficient of the maternal role attainment in the estimated regression line is 0.030, which indicate that 3.0% of the change in marital satisfaction was accounted for by maternal role attainment. The value of the calculated statistic of the maternal role attainment was not significant, $t = 0.356$, $p = 0.722$ ($p > 0.05$). The hypothesis was not supported. This means that, irrespective of the responsiveness and ability to fend and care for infant, mother’s marital role will not change suppose all other variables are held constant.s

Table3: Regression Coefficients for Infant Growth and Marital Satisfaction.

	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std. Error			
(Constant)	71.963	9.546		7.539	.000
The Infant Growth	0.49	.226	0.18	.216	.829

Hypothesis Two:

The infant growth will have no significant effect on marital satisfaction.

The result of hypothesis two revealed that the regression coefficient of the infant growth in the estimated regression line is 0.018, which indicate that 1.8% of the change in marital satisfaction was accounted for by the infant growth. The calculated statistical value of infant growth was not significant, $t = 0.216$, $p = 0.829$ ($p \geq 0.05$), the hypothesis was not supported. This finding implies that, increase in child’s body size will not affect the marital quality of couples.

Table 4: Regression Coefficient of Maternal Body Image and Marital Satisfaction.

	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std. Error			
(Constant)	71.963	9.546		7.539	.000
The Maternal Body Image	-.006	.207	-.002	-.28	.978

Hypothesis Three:

There would be no significant effect of maternal body image on marital satisfaction.

Result of hypothesis three showed that the regression coefficient of the maternal body image in the estimated regression line is -0.002, which indicates that 0.2% of the change in maternal satisfaction was accounted for by the maternal body image. The calculated statistical value of maternal body image was not significant, $t = -0.028$, $p = 0.978$ ($p \geq 0.05$). The hypothesis was not supported. This means, regardless of mother's condition (during pregnancy) that changes her body image, her marital quality will not be affected.

Discussion

This study investigated the effect of exclusive breastfeeding on marital satisfaction among married partners. Hypothesis One was tested to establish whether maternal role attainment will significantly influence marital satisfaction. The finding revealed that there will be no significant effect of maternal role attainment on marital satisfaction. The stated hypothesis was not supported by the finding; it means that irrespective of the responsiveness and ability to fend and care for her infant baby, her marital role will not change suppose all other variables remain constant.

The study outcome is in contrast with the findings of Rubin (1984) who argued that the reconstruction of the mother's self and concerns about the wellbeing of her infant can make women feel uncertain, insecure, unstable and contribute to tension and anxiety. It has also been argued that the intense emotional work during pregnancy and following childbirth is cause for distress in new mothers and may lead to marital dissatisfaction. (Arendell,2000).

Hypothesis Two was tested to determine whether infant growth will significantly have effect on marital satisfaction. Result showed that infant growth did not significantly influence marital satisfaction. This means increase in child body size will not affect the marital quality of the partners. This outcome is inconsistent with the findings of Wise (1995) and Lamle (2004) which indicated that children upbringing could cause some conflicts which either strengthen the union or drag it to a standstill. This again depends on how couples perceive the arrival of babies. Some feel that the baby are intruders and develop a put-off attitude on them while some feel it is a blessing and opportunity to expand, and they work hard to enhance the position by adjusting to a reduction in the occurrence of conflict.

Findings from other countries like Nigeria and Canada, according to Esere (2000) and Ambert (1995) indicated that there is high risk of conflict occurrence in couples who are entering into marriage with men or women who are in their second marriages especially when they have to settle with the younger children who does not belong to them; but they have to take responsibilities by the virtue of their spousal agreement prior to sealing the second marital deal.

Hypothesis Three was tested to determine whether maternal body image will significantly affect marital satisfaction. The result of this study did not support the hypothesis. This implies that, regardless of mother or prospective mother's condition (during pregnancy) that changes her body image, her marital quality will not be affected. This study is in contrast with the findings of Robins and Trzensniewski (2005) and (Tiggeman, 2004) who argued that mothers body image may be

affected by the physical changes during pregnancy which is likely to decrease marital satisfaction. These body image issues may in turn impact mothers' self-esteem.

Conclusion

This study investigated and provided information on exclusive breastfeeding and marital satisfaction. Data were generated from questionnaire that was responded to by breastfeeding mothers and their partners. The study found that both exclusive breastfeeding, maternal role attainment, infant growth and mother's body image do not affect marital satisfaction among married partners. Exclusive breastfeeding initiation and duration is not a risk factor that mitigates against marital satisfaction. The study therefore, concludes that no negative association was established between exclusive breastfeeding and marital satisfaction.

Recommendations

The following recommendations were made that could be vital to breastfeeding mothers and intended mothers regarding exclusive breastfeeding and marital satisfaction.

- i. That spouses be educated about the benefits of exclusive breastfeeding to the infants; and that negative outcomes associated with maternal role attainment, infant growth and maternal body on marital satisfaction can be managed.
- ii. Reproductive health service providers should increase orientation and counselling from urban to rural settings so as to carry all breastfeeding mothers along.
- iii. Government should make exclusive breastfeeding a state policy, with institutionalized mechanism for implementation and monitoring so as to mitigate against nutritional diseases prone to infants.

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