

**PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD
TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHERS IN
IBADAN NORTH-WEST LOCAL GOVERNMENT AREA**

BY

FAWOLE OMOBAYONLE

MAT.NO: 176796

**B.SC. MICROBIOLOGY (FEDERAL UNIVERSITY OF AGRICULTURE,
ABEOKUTA, NIGERIA)**

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DEDICATION

THIS PROJECT IS DEDICATED TO ALMIGHTYGOD

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ABSTRACT

IMPLICATIONS AND IMPACT OF MOTHER- CHILD SLEEPING POSITIONS HAVE GENERATED INTEREST IN DEVELOPED COUNTRIES IN THE LAST DECADE BECAUSE EMERGING EVIDENCE SUGGESTS A CAUSAL RELATIONSHIP WITH SUDDEN INFANT DEATH SYNDROME (SIDS). THE RISK OF SIDS IS PROVEN TO BE HIGH FOR INFANTS WHO ARE PLACED TO SLEEP IN WRONG SLEEPING POSITION. THE INFANT MORTALITY RATE IS 112/1000 LIVE BIRTH IN NIGERIA AND RESEARCHES HAVE SHOWN THAT SIDS CONTRIBUTE SIGNIFICANTLY TO INFANT MORTALITY. THERE HAS BEEN LITTLE OR NO INTEREST ON THIS TOPIC IN DEVELOPING COUNTRIES BY RESEARCHERS DESPITE THE EVIDENCE THAT SIDS WAS A LEADING CAUSE OF POST NEONATAL INFANT MORTALITY IN DEVELOPED COUNTRIES. THIS STUDY THEREFORE AIMED TO INVESTIGATE PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA, NIGERIA.

A CROSS-SECTIONAL DESCRIPTIVE SURVEY INVOLVING 422 WILLING NURSING MOTHERS FROM IBADAN NORTH-WEST LOCAL GOVERNMENT AREA ((LGA) WAS CONDUCTED. PARTICIPANTS WERE RECRUITED USING 3-STAGE SAMPLING TECHNIQUE WHICH INVOLVED SELECTION AT LOCAL GOVERNMENT LEVEL, WARD LEVEL AND FINAL SELECTION FROM HOUSEHOLDS. RESPONDENTS WERE INTERVIEWED USING AN INTERVIEWER-ADMINISTERED, VALIDATED QUESTIONNAIRE. OVERALL PERCEPTION WAS ASSESSED USING A 19-ITEM INSTRUMENT WITH A TOTAL SCORE OF 38. SCORE ≤ 18 WAS CATEGORISED AS POOR WHILE SCORES >19 WAS CATEGORISED AS GOOD. DATA WERE ANALYZED USING DESCRIPTIVE STATISTICS AND CHI SQUARE TEST AT P=0.05 LEVEL OF SIGNIFICANCE.

AGE OF RESPONDENTS WAS 31.8 ± 5.9 YEARS. MOST OF THE RESPONDENTS (89.3%) WERE MARRIED AND 40.8% HAD SECONDARY EDUCATION. MAJORITY (94.3%) BELONGED TO THE YORUBA ETHNIC GROUP, 45.7% WERE INTO BUSINESS, 19.9% CIVIL SERVANTS, AND ABOUT 27.3% HAD 3 CHILDREN. MORE THAN HALF (59.0%) WERE CURRENTLY BREASTFEEDING, 78.7% HAD RECEIVED INFORMATION ON THE SAFEST METHOD OF BREASTFEEDING WHILE 64.5% RECEIVED INFORMATION FROM HEALTH WORKERS. MOST (94.5%) OF THE RESPONDENTS DID NOT BREASTFEED IN PRONE SLEEPING POSITION WHILE MAJORITY (88.6%) BREASTFEED IN SIDE SLEEPING POSITION, 95.3% DID NOT BREASTFEED IN SUPINE SLEEPING POSITION AND ONLY 52.4% BREASTFEED IN SITTING POSITION. THE RESULT SHOWED THAT 98.0% OF THE RESPONDENTS HAD GOOD PERCEPTION. THERE WERE SIGNIFICANT ASSOCIATIONS BETWEEN “ETHNICITY, LEVEL OF EDUCATION, OCCUPATION AND MARITAL STATUS” AND “MOTHER-CHILD SIDE SLEEPING POSITION”. MOTHER-CHILD SITTING SLEEPING POSITION ALSO SHOWED SIGNIFICANT ASSOCIATION WITH THE ETHNICITY, LEVEL OF EDUCATION, OCCUPATION AND MARITAL STATUS.

DESPITE THE FACT THAT THE NURSING MOTHERS HAVE GOOD PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITIONS, THEY DID NOT PUT THEM INTO PRACTICE. ALMOST ALL THE NURSING MOTHERS PRACTICED MOTHER-CHILD SIDE SLEEPING POSITION WHILE ONLY FEW PRACTICED MOTHER-CHILD SUPINE SLEEPING POSITION. PUBLIC ENLIGHTENMENT SHOULD BE CARRIED OUT TO EDUCATE THE PUBLIC ON THE BENEFITS OF INFANTS’ SUPINE SLEEPING POSITION AND DANGERS OF INFANTS’ SIDE SLEEPING POSITION TO MOTHER AND CHILD. THERE IS NEED TO WORK WITH THE PEDIATRICIAN TO REALLY CONFIRM THE FACT THAT SIDE SLEEPING POSITIONS HAS LED TO SUDDEN INFANT DEATH SYNDROME.

KEYWORDS: SUDDEN INFANT DEATH SYNDROME; MOTHER-CHILD; SIDE SLEEPING POSITION.

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CERTIFICATION

I CERTIFY THAT THIS PROJECT WAS CARRIED OUT BY FAWOLE OMOBAYONLE
IN THE DEPARTMENT OF HEALTH PROMOTION AND EDUCATION, FACULTY OF

PUBLIC HEALTH, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN,
NIGERIA.

SUPERVISOR

**J. D. ADENIYI, B.A (IFE); MPH (CHAPEL HILL); ARSH (LONDON); DR. PH
(JOHNS HOPKINS)**

PROFESSOR/ADJUNCT LECTURER,
DEPARTMENT OF HEALTH PROMOTION AND EDUCATION,
FACULTY OF PUBLIC HEALTH,
COLLEGE OF MEDICINE,
UNIVERSITY OF IBADAN,
IBADAN, NIGERIA.

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LIST OF ABBREVIATIONS

SIDS - SUDDEN INFANT DEATH SYNDROME

SUID - SUDDEN UNEXPECTED INFANT DEATH

USA - UNITED STATE OF AMERICA

LG - LOCAL GOVERNMENT

DF - DEGREE OF FREEDOM

X^2 - CHI^2

P - LEVEL OF SIGNIFICANT

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND OF THE STUDY

THE TRADITIONAL SLEEPING POSITIONS IN MOST COUNTRIES ARE SUPINE (SLEEPING ON THE BACK), PRONE (SLEEPING ON THE FRONT) AND SIDE SLEEPING POSITION (BLAIR, PLATT, SMITH AND FLEMING, 2006). SIDE SLEEPING POSITION IS THOUGHT TO BE COMFORTABLE AND RELAXING FOR MOTHERS' BREASTFEEDING WHILE SLEEPING. THE CHILD SUCKS BETTER IN

THAT POSITION. BUT CHILD BREASTFEEDING IN SIDE SLEEPING POSITION WAS THE LEAST UTILIZED POSITION BY THE MOTHERS IN SEMI-URBAN COMMUNITY OF NIGERIA AS IT IS ADDUCED THAT THE POSITION IS BELIEVED BY THE MOTHERS TO BE PROBLEMATIC TO LATCH THE BABY ON TO THE BREAST. THERE ARE ERRONEOUS FEARS OF INFECTION FROM BREAST MILK DRIPPING TO THE BABY'S EARS AND POSSIBLE RISK OF SMOTHERING AND SUFFOCATION OF BABY WHEN SLEEPING ESPECIALLY BY OBESE MOTHERS OR THOSE WITH LARGE BREASTS (MBADA, OLOWOOKERE, FARONBI, OYINLOLA-AROMOLARAN, FAREMI, OGUNDELE, AWOTIDEBE, OJO AND AUGUSTINE, 2013).

PRONE WAS REPORTED TO IMPROVE RESPIRATORY FUNCTION IN PRE-TERM BABIES WITH RESPIRATORY DISTRESS AND REDUCE VOMITING IN BABIES WITH GASTRO OESOPHAGEAL REFLUX. INFANTS WHO ARE BORN PREMATURELY EXHIBIT LESS APNOEA AND INTERMITTENT HYPOXIA, HAVE BETTER THORACOABDOMINAL SYNCHRONY, HIGHER LUNG VOLUMES AND BETTER OXYGENATION WHEN NURSED IN THE PRONE POSITION, WHICH IS PARTICULARLY TRUE FOR THOSE WITH CHRONIC LUNG DISEASE. ONCE THE INFANTS ARE NEARING DISCHARGE, HOWEVER, THESE PHYSIOLOGICAL ADVANTAGES OF THE PRONE POSITION BECOME LESS CLEAR. NONETHELESS, THESE ADVANTAGES, PLUS AN UNSUBSTANTIATED FEAR OF A HIGHER RISK OF ASPIRATION IN THE SUPINE POSITION, MAY BE RESPONSIBLE FOR MANY MATERNITY HOSPITALS IN BOTH THE USA AND EUROPE CONTINUING TO ADVOCATE A NON-SUPINE SLEEPING POSITION FOR INFANTS AT THE TIME OF DISCHARGE (CHRISTIAN AND ANETTE, 2007).

DESPITE THE ABOVE BENEFITS OF PRONE, THIS SLEEPING POSITION CARRIES BETWEEN 1.7 AND 12.9 TIMES THE RISK OF SUDDEN INFANT DEATH SYNDROMES (SIDS) WHEN COMPARED WITH SUPINE. THE MECHANISMS BY WHICH STOMACH SLEEPING MIGHT LEAD TO SIDS ARE NOT ENTIRELY KNOWN. STUDIES SUGGEST THAT STOMACH SLEEPING MAY INCREASE SIDS RISK THROUGH A VARIETY OF MECHANISMS, INCLUDING: INCREASING THE PROBABILITY THAT THE BABY RE-BREATHES HIS OR HER OWN EXHALED BREATH, LEADING TO CARBON DIOXIDE BUILD-UP AND LOW OXYGEN

LEVELS, CAUSING UPPER AIRWAY OBSTRUCTION AND INTERFERING WITH BODY HEAT DISSIPATION, LEADING TO OVERHEATING (CHRISTIAN AND ANETTE, 2007).

WHATEVER THE MECHANISM, EVIDENCE FROM NUMEROUS COUNTRIES INCLUDING NEW ZEALAND, SWEDEN, AND THE UNITED STATES SUGGESTS THAT WHEN MOTHERS PLACE BABIES ON THEIR BACKS TO SLEEP, THERE IS SUBSTANTIAL DECLINE IN THE SIDS RATE COMPARED TO PLACING BABIES ON THEIR STOMACHS TO SLEEP. RESEARCHERS HAVE ESTABLISHED THE LINK BETWEEN STOMACH SLEEPING AND SIDS BY SHOWING THAT BABIES WHO DIED FROM SIDS WERE MORE LIKELY TO BE PUT TO SLEEP ON THEIR STOMACHS COMPARED TO BABIES WHO LIVED. THEN PUBLIC HEALTH CAMPAIGNS WERE LAUNCHED TO PROMOTE BACK SLEEP POSITION AND REDUCE THE USE OF THE STOMACH SLEEP POSITION. DRAMATIC DECREASES IN SIDS RATES WERE OBSERVED IN ALL COUNTRIES WITH THESE PUBLIC HEALTH CAMPAIGNS AND THEY HAVE BEEN SUCCESSFUL IN REDUCING THE PREVALENCE OF STOMACH SLEEP POSITION AMONG INFANTS. IN AREAS WHERE STOMACH SLEEPING IS RARE (INCLUDING HONG KONG), SIDS RATES HISTORICALLY HAVE BEEN VERY LOW, WHICH FURTHER STRENGTHENS THE ASSOCIATION (EUNICE, 2009).

COMPARED WITH INFANTS WHO SLEEP ON THEIR BACKS, INFANTS WHO SLEEP ON THEIR STOMACHS (PRONE) ARE LESS REACTIVE TO NOISE, EXPERIENCE SUDDEN DECREASES IN BLOOD PRESSURE AND HEART RATE CONTROL AND EXPERIENCE LESS MOVEMENT, HIGHER AROUSAL THRESHOLDS, AND LONGER PERIODS OF DEEP SLEEP. THESE CHARACTERISTICS MIGHT PUT AN INFANT AT HIGHER RISK OF SIDS. THE SIMPLE ACT OF PLACING INFANTS ON THEIR BACKS TO SLEEP SIGNIFICANTLY LOWERS SIDS RISK.

AS STOMACH SLEEPING HAS DECLINED IN RESPONSE TO BACK-SLEEPING CAMPAIGNS WORLDWIDE, STATISTICS SHOW THAT THE CONTRIBUTION OF SIDE SLEEPING TO SIDS RISK HAS INCREASED. RESEARCH SHOWS THAT SIDE SLEEPING IS JUST AS RISKY AS STOMACH SLEEP POSITION AND, THEREFORE, SHOULD NOT BE USED. MOTHERS' PLACING BABIES ON THEIR BACKS TO

SLEEP IS NOT ASSOCIATED WITH RISKS FOR OTHER PROBLEMS. FOR EXAMPLE, SLEEP. MOREOVER, BABIES MAY BENEFIT IN OTHER WAYS FROM SLEEPING ON THEIR BACKS. A 2003 STUDY FOUND THAT INFANTS WHO SLEPT ON THEIR BACKS WERE LESS LIKELY THAN INFANTS WHO SLEPT ON THEIR STOMACHS TO DEVELOP EAR INFECTIONS, STUFFY NOSES, OR FEVERS.

SEVERAL STUDIES FOUND THAT BACK SLEEPERS HAVE DELAYED EARLY MOTOR SKILL MILESTONES, ALTHOUGH ONE RECENT ISRAELI STUDY FOUND NO DIFFERENCE IN GROSS MOTOR DEVELOPMENTAL SKILLS AT 6 MONTHS AMONG SUPINE AND PRONE SLEEPERS. SOME STUDIES HAVE NOTED THAT EVEN THOUGH SUPINE SLEEPERS EXPERIENCE THESE EARLY DELAYS, THERE IS NO SIGNIFICANT AGE DIFFERENCE IN TERMS OF WHEN THE INFANTS LEARN TO WALK. MULTIPLE STUDIES HAVE FOUND A POSITIVE CORRELATION BETWEEN THE AMOUNT OF TIME SUPINE SLEEPERS SPEND DURING THEIR AWAKE HOURS AND MOTOR SKILLS DEVELOPMENT. THIS FINDING REINFORCES THE NEED TO EDUCATE PARENTS ABOUT THE IMPORTANCE OF PRONE SLEEPING POSITION (EUNICE, 2009).

THE IMPLICATIONS AND IMPACT OF CHILD SLEEPING POSITION HAVE GENERATED INTEREST IN DEVELOPED COUNTRIES IN THE LAST DECADE BECAUSE MERGING EVIDENCE SEEMS TO SUGGEST A CAUSAL RELATIONSHIP WITH SUDDEN INFANT DEATH SYNDROME (SIDS), A LEADING CAUSE OF POST NEONATAL INFANT MORTALITY. FACTORS COMMONLY LINKED WITH THE INCREASED RISK OF SIDS INCLUDE BLACK RACE, LOW BIRTH WEIGHT, YOUNG MATERNAL AGE, LOW MATERNAL EDUCATION, HIGH PARITY, AND LATE OR NO ANTENATAL CARE. THIS IS IN CONTRAST TO THE SITUATION IN DEVELOPING COUNTRIES WHERE THE ABOVE RISK FACTORS ARE “NATIVE” DUE TO SOCIOECONOMIC DEMOGRAPHICS AND ARE USUALLY ASSOCIATED WITH THE LEADING CAUSES OF INFANT MORBIDITY AND MORTALITY, WHICH ARE MAINLY INFECTIONS AND INFESTATIONS (NGOZI, IBEZIAKO, ROLAND AND BEDE,2009).

CONSIDERING THE ABOVE FACTS A STUDY OF PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS AMONG

NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA WAS CONDUCTED.

1.2 STATEMENT OF THE PROBLEM

IMPLICATIONS AND IMPACT OF MOTHER- CHILD SLEEPING POSITIONS HAVE GENERATED INTEREST IN DEVELOPED COUNTRIES IN THE LAST DECADE BECAUSE EMERGING EVIDENCE SUGGESTS A CAUSAL RELATIONSHIP WITH SUDDEN INFANT DEATH SYNDROME (SIDS). THE RISK OF SIDS IS PROVEN TO BE HIGH FOR INFANTS WHO ARE PLACED TO SLEEP IN WRONG SLEEPING POSITION. THE INFANT MORTALITY RATE IS 112/1000 LIVE BIRTH IN NIGERIA AND RESEARCHES HAVE SHOWN THAT SIDS CONTRIBUTE SIGNIFICANTLY TO INFANT MORTALITY. THERE HAS BEEN LITTLE OR NO INTEREST ON THIS TOPIC IN DEVELOPING COUNTRIES BY RESEARCHERS DESPITE THE EVIDENCE THAT SIDS WAS A LEADING CAUSE OF POST NEONATAL INFANT MORTALITY IN DEVELOPED COUNTRIES. THIS STUDY THEREFORE AIMED TO INVESTIGATE PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA, NIGERIA.

FIGURE.1.0 PICTURES OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION



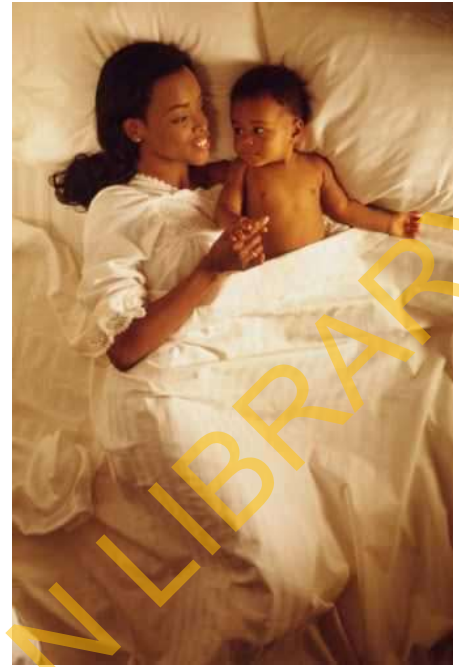
MOTHER AND CHILD IN SIDE SLEEPING POSITION



MOTHER IN SUPINE TOGETHER WITH THE CHILD
IN PRONE SLEEPING POSITION



MOTHER AND CHILD IN PRONE SLEEPING POSITION



MOTHER-CHILD SUPINE POSITION

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1.3 JUSTIFICATION

THE FINDING IN THIS STUDY WILL THEREFORE BE VERY USEFUL IN:

1. PROVIDING VALUABLE BASELINE INFORMATION AS REGARDS DIFFERENT SLEEPING POSITIONS WHICH CAN BE USED FOR PREVENTING SUDDEN INFANT DEATH SYNDROME (SIDS).
2. DESIGNING AN EDUCATIONAL INTERVENTION AIMED AT EDUCATING THE VULNERABLE POPULATION THE BEST MOTHER-CHILD SLEEPING POSITIONS OF INFANTS.

1.4 RESEARCH QUESTIONS

1. WHAT ARE THE TYPES OF TRADITIONAL SLEEPING POSITIONS AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA?

1. WHAT IS THE PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AMONG THESE NURSING MOTHERS?
2. WHAT IS THE PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THE NURSING MOTHERS?
3. WHAT IS THE PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AMONG THESE NURSING MOTHERS?
4. WHAT IS THE PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THESE NURSING MOTHERS?

1.5 OBJECTIVES OF THE STUDY|

1.5.1 BROAD OBJECTIVE

THE BROAD OBJECTIVE OF THIS RESEARCH IS TO INVESTIGATE THE PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AND CHILD AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA.

1.5.2 SPECIFIC OBJECTIVES

THE SPECIFIC OBJECTIVES OF THE RESEARCH ARE TO:-

1. DETERMINE THE TYPES OF TRADITIONAL SLEEPING POSITIONS AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA.
2. ASSESS THE PERCEPTION OF BENEFIT OF EACH TRADITIONAL SLEEPING POSITION TO MOTHERS AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT.
3. ASSESS THE PERCEPTION OF BENEFIT OF EACH TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT.
4. ASSESS THE PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHERS AMONG THE MOTHERS
5. ASSESS THE PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THE NURSING MOTHERS?

1.6 HYPOTHESIS

THE FOLLOWING NULL HYPOTHESIS WILL BE TESTED FOR.

THERE WILL BE NO SIGNIFICANT ASSOCIATION BETWEEN:

1. ETHNICITY OF THE MOTHERS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.
2. OCCUPATION OF MOTHERS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.
3. EDUCATION OF MOTHERS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.
4. MARITAL STATUS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 PRONE AND SIDE SLEEP POSITIONS

THE PRONE OR SIDE SLEEP POSITION CAN INCREASE THE RISK OF REBREATHING EXPIRED GASES, RESULTING IN HYPERCAPNIA AND HYPOXIA. THE PRONE POSITION ALSO INCREASES THE RISK OF OVERHEATING BY DECREASING THE RATE OF HEAT LOSS AND INCREASING BODY TEMPERATURE COMPARED WITH INFANTS SLEEPING SUPINE. RECENT EVIDENCE SUGGESTS THAT PRONE SLEEPING ALTERS THE AUTONOMIC CONTROL OF THE INFANT CARDIOVASCULAR SYSTEM DURING SLEEP, PARTICULARLY AT 2 TO 3 MONTHS OF AGE AND CAN RESULT IN DECREASED CEREBRAL OXYGENATION. THE PRONE POSITION PLACES INFANTS AT HIGH RISK OF SIDS (ODDS RATIO [OR]: 2.3–13.1). HOWEVER, RECENT STUDIES HAVE DEMONSTRATED THAT THE SIDS RISKS ASSOCIATED WITH SIDE AND PRONE POSITION ARE SIMILAR IN MAGNITUDE (OR: 2.0 AND 2.6, RESPECTIVELY) AND THAT THE POPULATION-ATTRIBUTABLE RISK REPORTED FOR SIDE SLEEP POSITION IS HIGHER THAN THAT FOR PRONE POSITION. FURTHERMORE, THE RISK OF SIDS IS EXCEPTIONALLY HIGH FOR INFANTS WHO ARE PLACED ON THEIR SIDE AND FOUND ON THEIR STOMACH (OR: 8.7) (TASK FORCE, 2013).

THE SIDE SLEEP POSITION IS INHERENTLY UNSTABLE, AND THE PROBABILITY OF AN INFANT ROLLING TO THE PRONE POSITION FROM THE SIDE SLEEP POSITION IS SIGNIFICANTLY GREATER THAN ROLLING PRONE FROM THE BACK. INFANTS WHO ARE UNACCUSTOMED TO THE PRONE POSITION AND ARE PLACED PRONE FOR SLEEP ARE ALSO AT GREATER RISK THAN THOSE USUALLY PLACED PRONE (ADJUSTED OR: 8.7–45.4). THEREFORE, IT IS CRITICALLY IMPORTANT THAT EVERY CAREGIVER USE THE SUPINE SLEEP POSITION FOR EVERY SLEEP PERIOD (FACTFILE, 2009).

2.2 THE SUPINE POSITIONING

DESPITE THESE RECOMMENDATIONS, THE PREVALENCE OF SUPINE POSITIONING HAS REMAINED STAGNANT FOR THE LAST DECADE. ONE OF THE MOST COMMON REASONS THAT PARENTS AND CAREGIVERS CITE FOR NOT PLACING INFANTS SUPINE IS FEAR OF CHOKING OR ASPIRATION IN THE SUPINE POSITION. PARENTS OFTEN MISCONSTRUE COUGHING OR GAGGING, WHICH IS EVIDENCE OF A NORMAL PROTECTIVE GAG REFLEX, FOR CHOKING OR ASPIRATION. MULTIPLE STUDIES IN DIFFERENT COUNTRIES HAVE NOT

FOUND AN INCREASED INCIDENCE OF ASPIRATION SINCE THE CHANGE TO SUPINE SLEEPING. THERE IS OFTEN PARTICULAR CONCERN FOR ASPIRATION WHEN THE INFANT HAS BEEN DIAGNOSED WITH GASTROESOPHAGEAL REFLUX. THE AAP SUPPORTS THE RECOMMENDATIONS OF THE NORTH AMERICAN SOCIETY FOR PEDIATRIC GASTROENTEROLOGY AND NUTRITION, WHICH STATE THAT INFANTS WITH GASTROESOPHAGEAL REFLUX SHOULD BE PLACED FOR SLEEP IN THE SUPINE POSITION, WITH THE RARE EXCEPTION OF INFANTS FOR WHOM THE RISK OF DEATH FROM GASTROESOPHAGEAL REFLUX IS GREATER THAN THE RISK OF SIDS SPECIFICALLY, INFANTS WITH UPPER AIRWAY DISORDERS FOR WHOM AIRWAY PROTECTIVE MECHANISMS ARE IMPAIRED, WHICH MAY INCLUDE INFANTS WITH ANATOMIC ABNORMALITIES, SUCH AS TYPE 3 OR 4 LARYNGEAL CLEFTS, WHO HAVE NOT UNDERGONE ANTIREFLUX SURGERY. ELEVATING THE HEAD OF THE INFANT'S CRIB WHILE THE INFANT IS SUPINE IS NOT EFFECTIVE IN REDUCING GASTROESOPHAGEAL REFLUX; IN ADDITION, THIS ELEVATION CAN RESULT IN THE INFANT SLIDING TO THE FOOT OF THE CRIB INTO A POSITION THAT MIGHT COMPROMISE RESPIRATION AND, THEREFORE, IS NOT RECOMMENDED (TASK FORCE, 2013).

THE OTHER REASON OFTEN CITED BY PARENTS FOR NOT USING THE SUPINE SLEEP POSITION IS THE PERCEPTION THAT THE INFANT IS UNCOMFORTABLE OR DOES NOT SLEEP WELL. AN INFANT WHO WAKES FREQUENTLY IS NORMAL AND SHOULD NOT BE PERCEIVED AS A POOR SLEEPER. PHYSIOLOGIC STUDIES HAVE FOUND THAT INFANTS ARE LESS LIKELY TO AROUSE WHEN THEY ARE SLEEPING IN THE PRONE POSITION. THE ABILITY TO AROUSE FROM SLEEP IS AN IMPORTANT PROTECTIVE PHYSIOLOGIC RESPONSE TO STRESSORS DURING SLEEP, AND THE INFANT'S ABILITY TO SLEEP FOR SUSTAINED PERIODS MIGHT NOT BE PHYSIOLOGICALLY ADVANTAGEOUS. (TASK FORCE, 2013).

SEVERAL STUDIES FOUND THAT BACK SLEEPERS HAVE DELAYED EARLY MOTOR SKILL MILESTONES, ALTHOUGH ONE RECENT ISRAELI STUDY FOUND NO DIFFERENCE IN GROSS MOTOR DEVELOPMENTAL SKILLS AT 6 MONTHS AMONG SUPINE AND PRONE SLEEPERS. SOME STUDIES HAVE NOTED THAT EVEN THOUGH SUPINE SLEEPERS EXPERIENCE THESE EARLY DELAYS, THERE

IS NO SIGNIFICANT AGE DIFFERENCE IN TERMS OF WHEN THE INFANTS LEARN TO WALK (EUNICE, 2009).

RECENT EPIDEMIOLOGICAL STUDIES IN NEW ZEALAND, UNITED KINGDOM, AUSTRALIA, AND USA THAT FOCUSED ON THE INFANT SLEEPING ENVIRONMENT WHICH ARE “MODIFIABLE” FOUND A STRONG ASSOCIATION BETWEEN PRONE SLEEPING POSITION AND SIDS. IN 1992, THE AMERICAN ACADEMY OF PEDIATRICS (AAP). TASK FORCE ON INFANTS’ SLEEPING POSITION AND SIDS RECOMMENDED THAT ALL HEALTHY FULL-TERM INFANTS SHOULD BE PLACED EITHER LATERAL (ON THE SIDE) OR SUPINE (ON THE BACK) TO SLEEP. THIS WAS FOLLOWED BY A PUBLIC EDUCATION CAMPAIGN ON “BACK TO SLEEP,” AN INTERVENTION THAT RESULTED IN 66% REDUCTION IN PRONE SLEEPING AND 33% DECLINE IN SIDS RATE (NGOZI, ET. AL., 2009).

2.3 TERMINOLOGIES USED IN SLEEPING ARRANGEMENTS:

THE TERMS “BED-SHARING” AND “CO-SLEEPING” ARE OFTEN USED INTERCHANGEABLY, BUT THEY ARE NOT SYNONYMOUS. CO-SLEEPING IS WHEN PARENT AND INFANT SLEEP IN CLOSE PROXIMITY (ON THE SAME SURFACE OR DIFFERENT SURFACES) SO AS TO BE ABLE TO SEE, HEAR, AND OR TOUCH EACH OTHER. CO-SLEEPING ARRANGEMENTS CAN INCLUDE BED-SHARING OR SLEEPING IN THE SAME ROOM IN CLOSE PROXIMITY. BED-SHARING REFERS TO A SPECIFIC TYPE OF CO-SLEEPING WHEN THE INFANT IS SLEEPING ON THE SAME SURFACE WITH PERSON. BECAUSE THE TERM CO-SLEEPING CAN BE MISCONSTRUED AND DOES NOT PRECISELY DESCRIBE SLEEP ARRANGEMENTS. (TASK FORCE, 2013).

THE AAP RECOMMENDS THE ARRANGEMENT OF ROOM-SHARING WITHOUT BED-SHARING, OR HAVING THE INFANT SLEEP IN THE PARENTS' ROOM BUT ON A SEPARATE SLEEP SURFACE (CRIB OR SIMILAR SURFACE) CLOSE TO THE PARENTS' BED. THERE IS EVIDENCE THAT THIS ARRANGEMENT DECREASES THE RISK OF SIDS BY AS MUCH AS 50% AND IS SAFER THAN BED-SHARING OR SOLITARY SLEEPING (WHEN THE INFANT IS IN A SEPARATE ROOM) IN ADDITION, THIS ARRANGEMENT IS MOST LIKELY TO PREVENT SUFFOCATION,

STRANGULATION, AND ENTRAPMENT, WHICH MAY OCCUR WHEN THE INFANT IS SLEEPING IN THE ADULT BED. FURTHERMORE, ROOM-SHARING WITHOUT BED-SHARING ALLOWS CLOSE PROXIMITY TO THE INFANT, WHICH FACILITATES FEEDING, COMFORTING, AND MONITORING OF THE INFANT.

PARENT-INFANT BED-SHARING IS COMMON. IN ONE NATIONAL SURVEY, 45% OF PARENTS RESPONDED THAT THEY HAD SHARED A BED WITH THEIR INFANT (8 MONTHS OF AGE OR YOUNGER) AT SOME POINT IN THE PRECEDING TWO WEEKS. IN SOME RACIAL ETHNIC GROUPS, THE RATE OF ROUTINE BED-SHARING MIGHT BE HIGHER. THERE ARE OFTEN CULTURAL AND PERSONAL REASONS WHY PARENTS CHOOSE TO BED-SHARE, INCLUDING CONVENIENCE FOR FEEDING (BREASTFEEDING OR WITH FORMULA) AND BONDING (KUZMA, 2013).

IN ADDITION, MANY PARENTS MIGHT BELIEVE THAT THEIR OWN VIGILANCE IS THE ONLY WAY THAT THEY CAN KEEP THEIR INFANT SAFE AND THAT THE CLOSE PROXIMITY OF BED-SHARING ALLOWS THEM TO MAINTAIN VIGILANCE, EVEN WHILE SLEEPING. SOME PARENTS WILL USE BED-SHARING SPECIFICALLY AS A SAFETY STRATEGY IF THE INFANT SLEEPS IN THE PRONE POSITION OR IF THERE IS CONCERN ABOUT ENVIRONMENTAL DANGERS SUCH AS VERMIN AND STRAY GUNFIRE (HAUCK AND TANABE, 2008).

PARENT-INFANT BED-SHARING CONTINUES TO BE HIGHLY CONTROVERSIAL. ALTHOUGH ELECTROPHYSIOLOGICAL AND BEHAVIOURAL STUDIES HAVE OFFERED A STRONG CASE FOR ITS EFFECT IN FACILITATING BREASTFEEDING AND ALTHOUGH MANY PARENTS BELIEVE THAT THEY CAN MAINTAIN VIGILANCE OF THE INFANT WHILE THEY ARE ASLEEP AND BED-SHARING, EPIDEMIOLOGIC STUDIES HAVE SHOWN THAT BED-SHARING CAN BE HAZARDOUS UNDER CERTAIN CONDITIONS. BED-SHARING MIGHT INCREASE THE RISK OF OVERHEATING, REBREATHING OR AIRWAY OBSTRUCTION, HEAD COVERING, AND EXPOSURE TO TOBACCO SMOKE WHICH ARE ALL RISK FACTORS FOR SIDS. A RECENT META-ANALYSIS OF 11 STUDIES THAT INVESTIGATED THE ASSOCIATION OF BED-SHARING AND SIDS REVEALED A SUMMARY OR OF 2.88 (95% CONFIDENCE INTERVAL [CI]: 1.99–4.18) WITH BED-

SHARING. FURTHERMORE, BED-SHARING IN AN ADULT BED NOT DESIGNED FOR INFANT SAFETY EXPOSES THE INFANT TO ADDITIONAL RISKS FOR ACCIDENTAL INJURY AND DEATH, SUCH AS SUFFOCATION, ASPHYXIA, ENTRAPMENT, FALLS, AND STRANGULATION INFANTS, PARTICULARLY THOSE IN THE FIRST 3 MONTHS OF LIFE AND THOSE BORN PREMATURELY AND/OR WITH LOW BIRTH WEIGHT, ARE AT HIGHEST RISK, POSSIBLY BECAUSE IMMATURE MOTOR SKILLS AND MUSCLE STRENGTH MAKE IT DIFFICULT TO ESCAPE POTENTIAL THREATS. IN RECENT YEARS, THE CONCERN AMONG PUBLIC HEALTH OFFICIALS ABOUT BED-SHARING HAS INCREASED, BECAUSE THERE HAVE BEEN INCREASED REPORTS OF SUICIDES OCCURRING IN HIGH-RISK SLEEP ENVIRONMENTS, PARTICULARLY BED-SHARING AND OR SLEEPING ON A COUCH OR ARMCHAIR (TASK FORCE, 2013).

SEVERAL ORGANIZATIONS PROMOTE THE PRACTICE OF MOTHER-INFANT BED-SHARING (SLEEPING IN THE SAME BED) AS A WAY OF FACILITATING BREASTFEEDING. BREASTFEEDING IS A COMMON REASON GIVEN BY MOTHERS FOR BED-SHARING WITH THEIR INFANTS. STUDIES HAVE FOUND AN ASSOCIATION BETWEEN BED-SHARING AND LONGER DURATION OF BREASTFEEDING, BUT THEIR DATA CANNOT DETERMINE A TEMPORAL RELATIONSHIP. ALTHOUGH BED-SHARING MAY FACILITATE BREASTFEEDING, IT IS NOT ESSENTIAL FOR SUCCESSFUL BREASTFEEDING (TASK FORCE, 2013).

FURTHERMORE, A CASE-CONTROL STUDY FOUND THAT THE RISK OF SIDS WHILE BED-SHARING WAS SIMILAR REGARDLESS OF BREASTFEEDING STATUS, WHICH INDICATES THAT THE BENEFITS OF BREASTFEEDING DO NOT OUTWEIGH THE INCREASED RISK ASSOCIATED WITH BED-SHARING. ALSO, IN MOST COUNTRIES THE TRADITIONAL SLEEPING POSITION FOR BABIES ARE SUPINE (SLEEPING ON THE BACK), PRONE (SLEEPING ON THE FRONT) AND SIDE-LYING POSITION (BLAIR ET AL., 2006).

MANY MOTHERS FIND LYING DOWN TO NURSE A COMFORTABLE POSITION, ESPECIALLY AT NIGHT. BOTH MOTHER AND BABY LIE ON THEIR SIDES FACING EACH OTHER. ONE CAN USE PILLOWS BEHIND THE BACK AND BEHIND

OR BETWEEN THE KNEES TO HELP GET COMFORTABLE. A PILLOW OR ROLLED BLANKET BEHIND THE BABY'S BACK WILL KEEP HIM FROM ROLLING AWAY FROM THE MOTHER. THE BABY CAN BE CRADLED IN THE ARM WITH HIS BACK ALONG THE FOREARM. HAVING HIS HIPS FLEXED AND HIS EAR, SHOULDER AND HIP IN ONE LINE HELPS THE BABY GET MILK MORE EASILY. SOME MOTHERS FIND THAT PRACTICING WITH THIS POSITION DURING THE DAYTIME IS VERY HELPFUL. SLEEPING ON THE SIDE INCREASES THE RISK OF SUDDEN INFANT DEATH SYNDROMES AS COMPARED WITH SLEEPING ON THE BACK. THIS MAY BE BECAUSE IT IS EASIER FOR A BABY TO TURN FROM SIDE TO PRONE POSITION (MITCHELL ET. AL., 1999).

SUDDEN INFANT DEATH SYNDROME (SIDS) IS THE UNEXPECTED, SUDDEN DEATH OF A CHILD UNDER AGE ONE. AN AUTOPSY DOES NOT SHOW AN EXPLAINABLE CAUSE OF DEATH (KONSTANTINIDOU, KONSTATINIDOU, VLACHODIMITROPOULOS, KONSTANTINIDOU, KONTOSIANNIS, PAPADODIMA AND SIPILIOPOULOU2011). ONE OF THE RISK FACTORS OF SIDS IS SLEEPING IN THE SAME BED AS THEIR PARENTS (CO-SLEEPING). ALMOST ALL SIDS DEATHS HAPPEN WITHOUT ANY WARNING OR SYMPTOMS. DEATH OCCURS WHEN THE INFANT IS THOUGHT TO BE SLEEPING. AUTOPSY RESULTS ARE NOT ABLE TO CONFIRM A CAUSE OF DEATH. HOWEVER, THE INFORMATION FROM AN AUTOPSY CAN ADD TO OVERALL KNOWLEDGE ABOUT SIDS. STATE LAW MAY REQUIRE AN AUTOPSY IN THE CASE OF UNEXPLAINABLE DEATH (MITCHELL, 1998).

SIDS RISK-REDUCTION CAMPAIGNS HAD JUST BEGUN AROUND 1990. IT IS EVIDENT THAT THESE CAMPAIGNS HAVE HAD A MAJOR IMPACT ON REDUCING SIDS RATES. THESE REDUCTIONS WERE, FOR MOST COUNTRIES, WELL OVER 50%. THE LARGEST DECLINES GENERALLY OCCURRED IN THE FIRST FEW YEARS AFTER INITIATION OF NATIONAL CAMPAIGNS. DECLINES WERE ALSO FOUND IN POST NEONATAL MORTALITY(PNM) RATES IN MOST COUNTRIES. THIS WOULD BE EXPECTED, BECAUSE THE MAJORITY OF SIDS DEATHS OCCUR IN THE POST NEONATAL PERIOD. DECREASING PNM RATES OCCURRING WITH DECREASING SIDS RATES SUPPORT THE DECLINE IN SIDS RATES BEING REAL (ESPECIALLY THE EARLY DECLINES) RATHER THAN

MERELY THE RESULT OF CLASSIFYING SUDDEN DEATHS DIFFERENTLY MORE RECENTLY. THE MAGNITUDE OF DECLINE VARIED AND WAS GENERALLY SMALLER THAN THE RESPECTIVE DECLINE SEEN IN THE SIDS RATE. AGAIN, THIS WOULD BE EXPECTED, BECAUSE SIDS, WHILE BEING THE LEADING CAUSE OF INFANT DEATH IN THE POST NEONATAL PERIOD, ACCOUNTS FOR ONLY A PORTION OF THE TOTAL (KATTWINKEL, HAUCK, KEENAN, MALLOY, MOON, 2006).

RATES OF SIDS, HOWEVER, VARIED CONSIDERABLY ACROSS COUNTRIES. IN 2005, RATES VARIED FROM 0.10 IN 1000 LIVE BIRTHS TO 0.80 IN 1000. THERE ARE SEVERAL POSSIBLE EXPLANATIONS FOR THESE DIFFERENCES. FIRST, THE AGE OF INCLUSION FOR SIDS DIFFERS ACROSS COUNTRIES. SOME COUNTRIES (CANADA, ENGLAND AND WALES, GERMANY, AND SCOTLAND) DEFINE SIDS AS OCCURRING FROM 1 WEEK TO 1 YEAR. OTHERS USE THE RANGE OF BIRTH TO 1 YEAR (ARGENTINA, AUSTRALIA, IRELAND, JAPAN, SWEDEN, AND THE UNITED STATES) OR BIRTH TO >1 YEAR (NETHERLANDS, NEW ZEALAND, AND NORWAY). ALTHOUGH THIS MAY ACCOUNT FOR SOME OF THE DIFFERENCES FOUND IN THE SIDS RATES, IT IS LIKELY TO BE A SMALL EFFECT BECAUSE THE NUMBER OF SIDS DEATHS OCCURRING IN THE FIRST WEEK OF LIFE AND AFTER 1 YEAR ARE VERY SMALL. THE DATA PRESENTED IN FOR NORWAY ARE RESTRICTED TO AGE <1 YEAR (TASK FORCE, 2013).

EACH YEAR IN THE UNITED STATES, ABOUT 4,000 INFANTS DIE SUDDENLY OF NO OBVIOUS CAUSE. ABOUT HALF OF THIS SUDDEN UNEXPECTED INFANT DEATHS (SUID) ARE DUE TO SUDDEN INFANT DEATH SYNDROME (SIDS), THE LEADING CAUSE OF SUID AND OF ALL DEATHS AMONG INFANTS AGED 1-12 MONTHS.

THE THREE MOST FREQUENTLY REPORTED CAUSES ARE SIDS, CAUSE UNKNOWN AND ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED. IN 2010, 2,063 DEATHS WERE REPORTED AS SIDS, 918 AS CAUSE UNKNOWN, AND 629 AS ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED (KANESHIRO, DAVID, MHA, BETHANNE, AND A.D.A.M. EDITORIAL TEAM, 2013).

2.4 THE INFANT SLEEPING PLACE

THE INFANT SLEEPING PLACE HAS ALSO ELICITED INTEREST SINCE A CASE CONTROL STUDY IN ENGLAND FOUND THAT BED SHARING (BEDDING-IN WITH MOTHER OR OTHER ADULTS) WAS MORE COMMON IN CASES OF SIDS THAN IN CONTROLS. SIMILARLY, A NATIONWIDE STUDY IN NEW ZEALAND FOUND A TWOFOLD INCREASE IN THE RISK OF SIDS ASSOCIATED WITH BED SHARING. HOWEVER, KLONOFF-COHEN AND EDELSTEIN IN ANOTHER CASE CONTROL STUDY IN CALIFORNIA, USA, DID NOT FIND ANY SIGNIFICANT RELATIONSHIP BETWEEN ROUTINE BED SHARING AND SIDS (MAYOR CLINIC STAFF, 2011).

1.7 CONCEPTUAL FRAMEWORK

ALTHOUGH SOCIAL AND BEHAVIORAL SCIENCE THEORIES' WERE ABLE TO CONTRIBUTE GREATLY TO THE EFFECTIVENESS OF HEALTH EDUCATION PROGRAMS, MANY PRACTITIONERS IN THE PROFESSION SEEM TO DOUBT THIS. AND VERY FEW EVER DELIBERATELY USE THEORIES IN THEIR WORKS. THEORIES ARE ESSENTIAL STATEMENT IDENTIFYING FACTORS THAT ARE LIKELY TO PRODUCE PARTICULAR RESULT UNDER SPECIFIED CONDITIONS. THEORIES AIM AT IDENTIFYING AND HELPING US TO UNDERSTAND ELEMENTS THAT AFFECT SEEMINGLY DIVERSE CLASSES OF BEHAVIORS AND TELL US HOW THE ELEMENTS FUNCTION (HOCHBAUM, 1992).

FOR THE PURPOSE OF THIS STUDY PRECEDE MODEL ADAPTED FROM GREEN AND OTTOSON, 2006 WAS USED. THIS MODEL IS A DIAGNOSIS MODEL (OTHERWISE KNOWN AS THE ANTECEDENT MODEL) THAT CAN BE USED TO CLASSIFY THE BEHAVIORAL PATTERNS OF THE NURSING MOTHERS IN IBADAN NORTH WEST CONCERNING THEIR MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.

FACTORS INFLUENCING HEALTH BEHAVIORS THAT ARE MODIFIABLE BY EDUCATIONAL INTERVENTION ARE BROADLY DIVIDE INTO THREE CATEGORIES.

THESE FACTORS ARE:-

- (i) PREDISPOSING FACTORS
- (ii) ENABLING FACTORS
- (iii) REINFORCING FACTORS

PREDISPOSING FACTORS ARE CHARACTERIZED BY MOTIVATIONAL FORCES PRIOR TO THE ACTION. SUCH PREDISPOSING FACTORS AS RELATED TO THIS STUDY INCLUDE MOTHER'S:

- **KNOWLEDGE** OF TRADITIONAL SLEEPING POSITIONS (I.E. HER KNOWLEDGE OF BENEFITS AND DANGERS ASSOCIATED WITH MOTHER-CHILD SLEEPING IN EITHER PRONE, SUPINE OR SIDE).
- **BELIEFS** ABOUT A PARTICULAR SLEEPING POSITION WILL DETERMINE HER CHOICE OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS. FOR EXAMPLE, SOME MOTHERS BELIEVE SLEEPING IN SUPINE REVEALS YOUR DESTINY TO EVILS AND PRONE WILL MAKE YOU DULL SO, THEY BELIEVED SIDE IS THE BEST. AS A RESULT, THEY PRACTICE MOTHER- CHILD SIDE SLEEP POSITIONS

ENABLING FACTORS: WHEN ENABLING FACTORS ARE MOTIVATED AS AN EDUCATIONAL PROCESS, CHANGES IN ORGANIZATION AND MANAGEMENT OF RESOURCE ARE ANTICIPATED.THESE INCLUDE SKILL FACILITIES, AND FINANCE REQUIRED, SUCH WILL USUALLY TO BE REQUIRED BY THE NURSING MOTHERS TO MAINTAIN APPROPRIATE SLEEPING POSITION. ENABLING FACTORS IN THIS STUDY ARE:

OCCUPATION: OCCUPATION OF THE MOTHERS DETERMINES THE SLEEPING POSITION THE MOTHER WILL PREFER. FOR INSTANCE, A MOTHER WHO IS ALWAYS BUSY AT WORK WILL PREFER PRONE WHICH FACILITATE SOUND SLEEP FOR LONGER PERIOD SO THAT THE BABY WILL NOT DISTURB HER WHILE SLEEPING IN THE NIGHT.

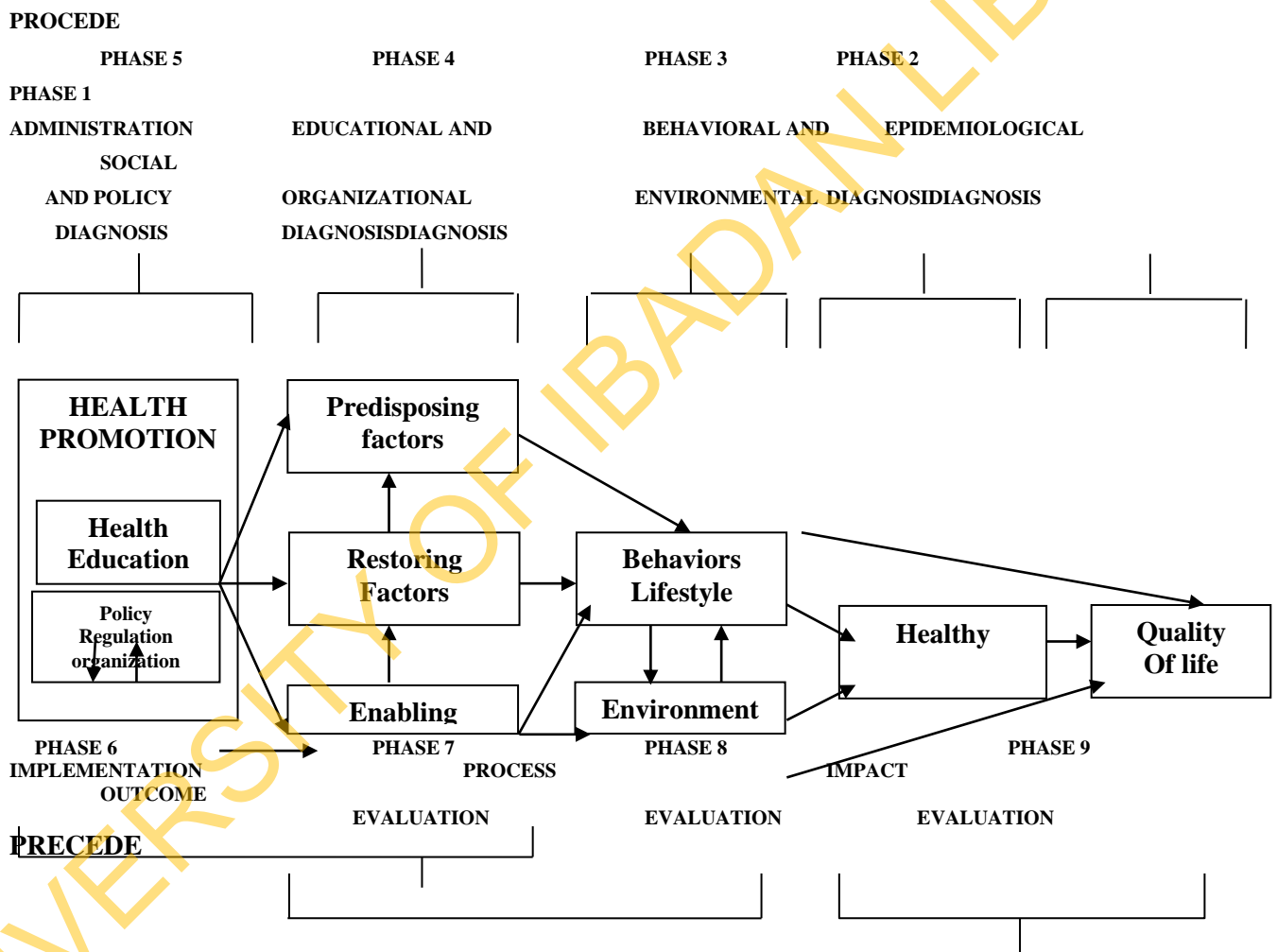
EDUCATION: A WELL-EDUCATED MOTHER AS REGARDS THE BEST SLEEPING POSITION WILL CHOOSE THE ONE THAT IS HEALTH PROMOTING AND VICE-VERSA.

TIME: THE TIME IT TAKES TO WAKE UP FROM A PARTICULAR SLEEPING POSITION DETERMINES THE TYPE OF MOTHER-CHILD SLEEPING POSITION THE MOTHER WILL PREFER.

REINFORCING FACTORS ARE SOCIAL OR PHYSIOLOGICAL IN NATURE. THESE ARE THE ATTITUDES OR BEHAVIOR OF THE HEALTH PROFESSIONAL, FAMILY MEMBERS ESPECIALLY THE MOTHER-IN-LAW, FRIENDS AND NEIGHBOURS. IN

THIS STUDY, SUCH FACTORS INCLUDE EXTENT OF INFORMATION ABOUT SLEEPING POSITIONS GOTTEN FROM THE HEALTH WORKERS AT THE IMMUNIZATION CLINICS, MOTHER-IN-LAWS, FRIENDS AND NEIGHBOURS. THESE FACTORS CONTRIBUTE GREATLY TO THE CHOSEN MOTHER-CHILD SLEEPING POSITION.

FIGURE 1.1: PRECEDE MODEL



*SOURCE: GREEN AND OTTOSON (2006)

FIGURE 1.2: THE PRECEDE MODEL ADAPTED TO THE TRADITIONAL SLEEPING POSITIONS

EDUCATIONAL DIAGNOSIS

PREDISPOSING FACTORS

*MOTHER'S KNOWLEDGE OF BENEFITS AND DANGERS ASSOCIATED WITH MOTHER-CHILD SLEEPING IN EITHER PRONE, SUPINE OR SIDE
 *BELIEFS ABOUT A PARTICULAR SLEEPING POSITION WILL DETERMINE HER CHOICE OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS.

BEHAVIORAL DIAGNOSE

ENABLING FACTORS

*TIME IT TAKES TO WAKE UP FROM A PARTICULAR SLEEP POSITION.

MOTHER'S BEHAVIOUR TO PICK UP HEALTH PROMOTING SLEEPING POSITION

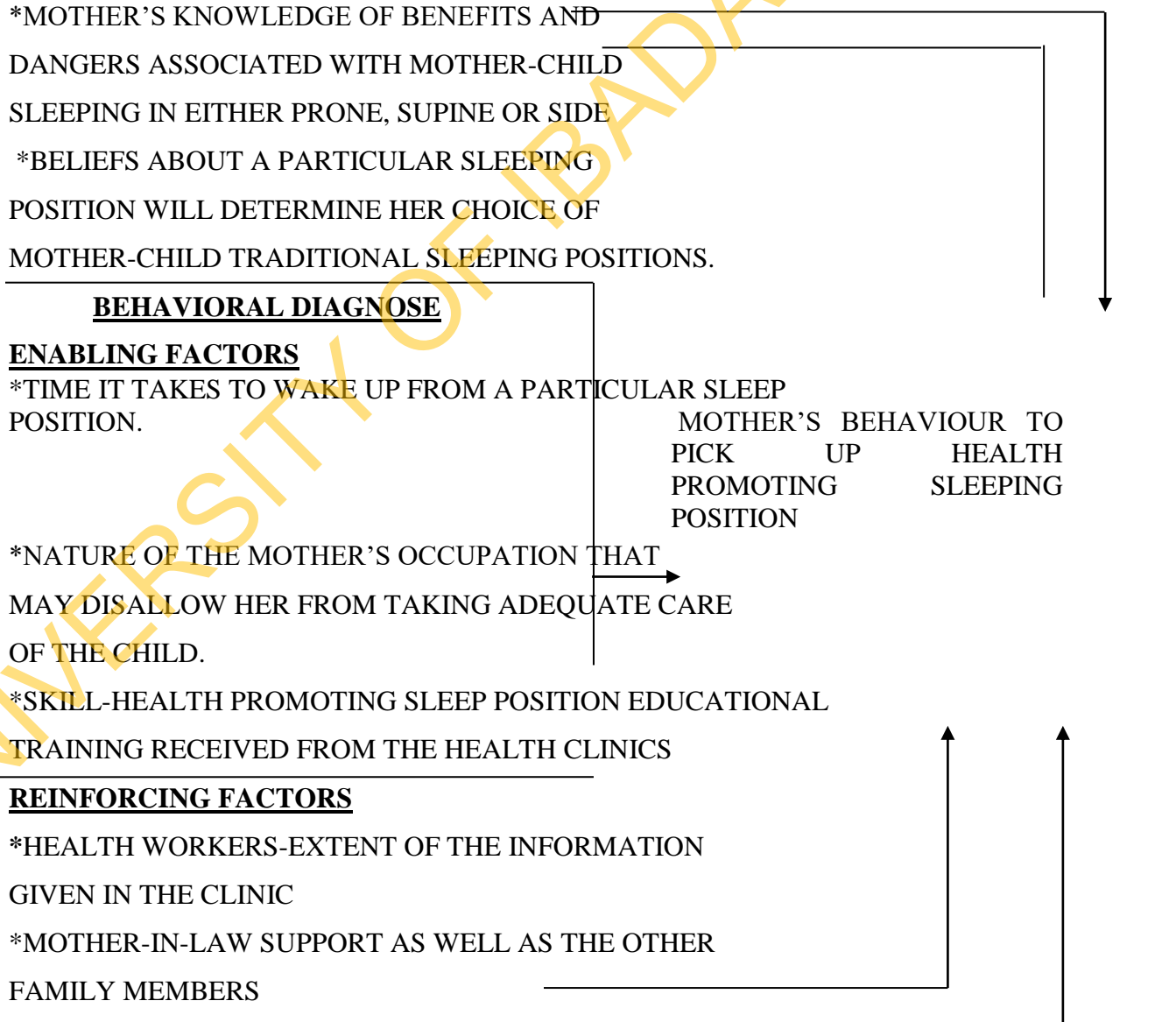
*NATURE OF THE MOTHER'S OCCUPATION THAT MAY DISALLOW HER FROM TAKING ADEQUATE CARE OF THE CHILD.

*SKILL-HEALTH PROMOTING SLEEP POSITION EDUCATIONAL TRAINING RECEIVED FROM THE HEALTH CLINICS

REINFORCING FACTORS

*HEALTH WORKERS-EXTENT OF THE INFORMATION GIVEN IN THE CLINIC

*MOTHER-IN-LAW SUPPORT AS WELL AS THE OTHER FAMILY MEMBERS



*FRIENDS OR NEIGHBORS (THE KIND OF INFORMATION GIVEN)

*ADAPTED FROM GREEN AND OTTOSON (2006)

3.0 METHODOLOGY

THIS CHAPTER PRESENTED A DESCRIPTION OF THE STUDY AREA AND THE RESEARCH DESIGN. THE OTHER COMPONENTS OF THE METHODOLOGY INCLUDE: THE STUDY POPULATION, SAMPLE SIZE AND SAMPLE TECHNIQUE, METHODS AND INSTRUMENTS FOR DATA COLLECTION, VALIDITY AND RELIABILITY, DATA COLLECTION PROCESS, DATA MANAGEMENT AND ANALYSIS, ETHICAL CONSIDERATION AND LIMITATION OF THE STUDY.

3.1 STUDY DESIGN AND SCOPE

THIS WAS A DESCRIPTIVE CROSS SECTIONAL SURVEY. IT WAS AIMED AT STUDYING THE PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS TO MOTHER AND CHILD AMONG NURSING MOTHERS IN IBADAN NORTH- WEST LOCAL GOVERNMENT AREA.

3.2 DESCRIPTION OF THE STUDY AREA

THE STUDY WAS CARRIED OUT IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA (LGA). THE LOCAL GOVERNMENT IS LOCATED IN IBADAN CITY, BORDED IN THE WEST BY IDO LOCAL GOVERNMENT, IN THE EAST BY IBADAN SOUTH WEST LOCAL GOVERNMENT, IN THE NORTH BY IBADAN NORTH AND IN THE SOUTH BY IBADAN SOUTH-EAST LOCAL GOVERNMENT AREA.

IBADAN CONSISTED OF A NUMBER OF RELATIVELY INDEPENDENT AND AUTONOMOUS LOCAL GOVERNMENT, WHICH GENERALLY DID NOT HAVE MANY INTERACTIONS WITH EACH OTHER. IBADAN NORTH WEST IS ONE OF THE FIVE URBAN LOCAL GOVERNMENT OF IBADAN THAT CAME INTO EXISTENCE IN AUGUST 1991. THE IBADAN NORTH-WEST CARVED OUT OF IBADAN MUNICIPAL GOVERNMENT (IMG) IBADAN CONTAINS ELEVEN LOCAL GOVERNMENT AREAS (FIVE URBAN AND SIX RURAL).

PHYSICAL CHARACTERISTICS

IBADAN NORTH-WEST LOCAL GOVERNMENT (LG) IS THE SMALLEST OF ALL THE ELEVEN LGAS IN IBADAN. IT OCCUPIES 1% OF THE TOTAL LAND AREA OF THE METROPOLITAN AREA. IT CONTAINS ONE OF THE WATER WORKS-THE ELEYELE WATER WORKS, ARMY AND POLICE BARRACKS AND A GOLF COURSE.

(a) PHYSICAL INFRASTRUCTURE

THERE ARE 3 CATEGORIES OF ROADS THAT RUN ACROSS THE LOCAL GOVERNMENT (LG): FEDERAL, STATE AND LOCAL GOVERNMENT ROADS. THE ONLY FEDERAL ROAD THAT PASSES THROUGH THE LOCAL GOVERNMENT (LG) IS THAT PORTION FROM EKOTEDO JUNCTION (NEAR QUEEN'S CINEMA) TO DUGBE INTERSECTION: THIS IS FOLLOWED BY STATE ROADS, WHICH INCLUDE AMONG OTHERS ARMY BARRACKS ROAD, DUGBE-ELEYELE AND OLONA MOTORS ROAD AND AYEYE – IDIKAN-FELEYEROAD. THE LAST CATEGORY CONSTITUTES THE LARGEST LENGTH, SINCE ALL OTHER RESIDENTIAL ACCESS ROADS FALL UNDER IT.

(b) WATER SUPPLY

THE RESIDENTS OF THE LOCAL GOVERNMENT (LG) DEPEND ON THE MUNICIPAL WATER SYSTEM FROM THE WATER CORPORATION OF OYO STATE (WCOS) AND ON WELLS. SOME PARTS OF THE LOCAL GOVERNMENT (NOTABLY ELEYELE, JERICHO AND IDI-ISHIN) GET THEIR WATER SUPPLY FROM THE ELEYELE WATER WORKS WHILE THE REMAINING AREAS DEPENDS ON THE ASEJIRE WATER DAM LOCATED ALONG THE IBADAN-IFE ROAD FOR THEIR WATER SUPPLY; FROM THE

WATER CORPORATION IS ERRATIC, SO PEOPLE HAVE TO DEPEND MORE OFTEN ON WELLS FOR WATER.

(c) **HOUSING**

THERE ARE 3 TYPES OF HOUSING IN THIS LOCAL GOVERNMENT (LG.) THE INNER CORE (HIGHLY DENSE CORE AREAS) HAVE POOR QUALITY HOUSING WHILE THE HOUSING IN TRANSITORY (MODERATELY DENSE AREA) WERE OF FAIR QUALITY. THOSE IN THE PERIPHERAL (LEAST DENSE AREAS) HAVE GOOD QUALITY HOUSING. THESE LATTER AREAS ARE IN THE GOVERNMENT RESERVATION AREAS IN JERICHO AND ONIREKE. IN GENERAL, THE POOR QUALITY HOUSES HAVE INADEQUATE OR NO INFRASTRUCTURE AND SANITATION FACILITIES. IN SOME CASES, THE POPULATION IN THESE AREAS DOES NOT HAVE ACCESS TO ANY OF THE BASIC SERVICES.

(d) **LAND USE**

THE TOTAL LAND AREA OF THE LOCAL GOVERNMENT (L.G) AS GIVEN BY THE SURVEY DEPARTMENT OF OYO STATE MINISTRY OF LANDS, HOUSING AND PHYSICAL PLANNING IS 31.38KM². OUT OF THIS, RESIDENTIAL LAND USE TAKES THE LARGEST SHARE OF ABOUT 60% WHICH IS 18.83KM².

THE RESIDENTIAL AREAS IN THE LOCAL GOVERNMENT (LG) WAS CLASSIFIED INTO THREE: THE INNER CORE, TRANSITORY AND PERIPHERAL. A HIGH-DENSITY AREA IS A DENSELY POPULATED RESIDENTIAL NEIGHBORHOOD, WHICH AS MANY AS FOUR OR MORE DWELLING UNITS PER PLOT OF LAND. ON THE OTHER HANDS, A LOW-DENSITY AREA IS A SPARSELY POPULATED NEIGHBORHOOD HAVING AS LOW AS ONE DWELLING UNIT ON A PLOT OF LAND. THE LOW DENSITY NEIGHBOURHOOD ARE FOUND IN JERICHO, ONIREKE GOVERNMENT RESERVATION AREAS AND IDI-ISHIN. THESE LATTER PLACES ARE WELL PLANNED WITH INFRA-STRUCTURAL FACILITIES AND SERVICES WHILE THE HIGH-DENSITY RESIDENTIAL AREAS ARE NOT WELL PLANNED. SUCH AS FOUND IN BOTH THE CORE AREAS AND THE NEWLY DEVELOPED PARTS OF THE LOCAL GOVERNMENT. THESE

INCLUDE AGBENI, IDIKAN, ELEYELE, AROMETA AND IJOKODO TO MENTION A FEW.

THE COMMERCIAL ACTIVITIES IN THE LOCAL GOVERNMENT (LG) TAKE PLACE MAINLY IN AGBENI, OGUNPA AND DUGBE MARKETS. THESE ACCOUNTED FOR 3% OF THE TOTAL LAND AREA. COMMERCIAL ACTIVITIES ALSO TAKE PLACE ALONG THE MAJOR ROADS IN THE LOCAL GOVERNMENT (LG).

(e) **HEALTH FACILITIES**

THERE ARE A TOTAL OF 13 HEALTH FACILITIES OWNED BY THE LOCAL GOVERNMENT (LG) LOCATED IN VARIOUS PART OF THE LOCAL GOVERNMENT. THEY RANGE FROM HEALTH CENTRES TO DISPENSARIES, PRIMARY HEALTH CARE CENTRES TO SUPPORTED HEALTH CENTRES. BESIDES THE PUBLIC HEALTH FACILITIES, THERE ARE ALSO ABOUT 23 PRIVATE CLINICS/HOSPITALS IN THE LOCAL GOVERNMENT. THE SERVICES AVAILABLE IN THESE FACILITIES INCLUDE PRIMARY CARE SUCH AS IMMUNIZATION, DISTRIBUTION OF ORAL RE-HYDRATION THERAPY (ORT), GROWTH MONITORING, HEALTH EDUCATION, NUTRITION AND FAMILY PLANNING SERVICES.

THE FIVE COMMON DISEASES OF CHILDREN ARE MALARIA, DIARRHOEA AND BRONCHO-PNEUMONIA, ANAEMIA AND TETANUS. THE MAJOR CAUSES OF DEATH IN CHILDREN UNDER FIVE YEARS OLD ALSO INCLUDE ANAEMIA AND TETANUS.

(f) **POPULATION AND POPULATION DENSITY**

THE TOTAL POPULATION OF IBADAN NORTH-WEST LOCAL GOVERNMENT AREA WAS ESTIMATED TO BE 223,331 IN 2006 USING THE NIGERIA POPULATION GROWTH RATE OF 2.4% QUOTED IN THE WORLD FACT BOOK (2007). THE POPULATION OF THE LOCAL GOVERNMENT ACCOUNTED FOR 8% OF THE TOTAL POPULATION OF IBADAN REGION (I.E. THE ELEVEN LOCAL GOVERNMENTS). THE POPULATION OF FEMALES WAS 50.6% (86,938) WHILE THAT OF MALES WAS 49.4% (84,854). THE POPULATION OF CHILDREN UNDER ONE YEAR OLD WAS 6,872 WHILE

THOSE UNDER FIVE YEARS OLD WAS 34,359. THE POPULATION OF WOMEN IN REPRODUCTIVE AGE WAS 37,794.

THE POPULATION DENSITY OF THE LOCAL GOVERNMENT IS ABOUT 4,677 PERSONS PER KM². THE INNER CORE RESIDENTIAL QUARTER OF LOCAL GOVERNMENT ACCOUNT FOR THE HIGHEST POPULATION DENSITY. THIS IS FOLLOWED BY NEWLY DEVELOPED (TRANSITORY) HIGH-DENSITY RESIDENTIAL QUARTERS SUCH AS ELEYELE AND AROMETA. THE JERICHO, ONIREKE, IDISHIN AREA (PERIPHERAL) ARE SPARSELY POPULATED.

THE LOCAL GOVERNMENT COMPRISES OF 11 POLITICAL WARDS WITH HEADQUARTERS AT ONIREKE. THESE ARE: AYEYE, OPOYEOSA, AGBAJE, ORI-ERU, IDI-IKAN, ABEBI, EKOTEDO, INALENDE, AFONTA, ELEYELE AND OLOPOMEWA.

3.3 STUDY POPULATION

THE STUDY POPULATION CONSTITUTED THENURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA

3.4 SAMPLE SIZE ESTIMATION

THE SAMPLE SIZE USED FOR THIS STUDY WAS CALCULATED USING THE FORMULA BELOW:

$$N = \frac{(Z_A)^2 PQ}{D^2}$$

WHERE N IS THE MINIMUM SAMPLE SIZE

Z_A = STANDARD NORMAL DEVIATE CORRESPONDING TO LEVEL OF SIGNIFICANCE; 1.96

P = ASSUMED PREVALENCE OF CONSEQUENCES OF BREASTFEEDING A CHILD IN SIDE-LYING POSITION IN NIGERIA, ESTIMATED AT 50% = 0.5 (SINCE NO WORK HAS BEEN DONE ON IT)

$$Q = 1 - P = (1 - 0.5) = 0.5$$

D = DESIRED LEVEL OF PRECISION = 5%

NON RESPONSE RATE FOR POPULATION BASED STUDY = 10%

$$N = \frac{(1.96)^2 \times 0.5 \times 0.5}{0.05^2} = 384.16$$

$$0.05^2$$
$$= 384 \text{ RESPONDENTS}$$

HOWEVER $384+10\% =422$ PARTICIPANTS WERE STUDIED.

3.5 SAMPLING PROCEDURE

MULTI-STAGE SAMPLING TECHNIQUES WAS USED TO SELECT THE RESPONDENTS.

STAGE1: IBADAN NORTH-WEST LOCAL GOVERNMENT AREA ((LGA) WAS STRATIFIED INTO INNER CORE, TRANSITORY AND PERIPHERAL.

STAGE 2: ONE WARD WAS RANDOMLY SELECTED FROM EACH STRATUM AND 141 RESPONDENTS WERE SYSTEMATICALLY CHOSEN FROM EACH WARD.

STAGE 3: RESPONDENTS WERE CHOSEN FROM EVERY OTHER HOUSEHOLD IN EACH WARD UNTIL THE REQUIRED NUMBER OF RESPONDENT WAS REACHED.

3.6 SELECTION CRITERIA

INCLUSION CRITERIA

THIS INCLUDED NURSING MOTHERS THAT AGREED TO GIVE THEIR CONSENT DURING THE PERIOD OF STUDY.

EXCLUSION CRITERIA

THIS INCLUDED THOSE NURSING MOTHERS THAT DOES NOT AGREE TO GIVE THEIR CONSENT.

3.7 METHOD AND INSTRUMENTS FOR DATA COLLECTION

A QUANTITATIVE METHOD OF DATA COLLECTION USING INTERVIEWER ADMINISTERED QUESTIONNAIRE, WHICH BEAR CLOSE AND OPEN-ENDED

QUESTIONS AND TRANSLATED TO YORUBA LANGUAGE UNDER THE FOLLOWING SECTIONS.

- A. SOCIO DEMOGRAPHIC DATA
- B. TYPES OF TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHER IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA.
- C. PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT.
- D. PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT.
- E. PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AMONG THE MOTHERS
- F. PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD AMONG THE NURSING MOTHERS?

A PICTORIAL ASSESSMENT OF TYPES OF MOTHER-CHILD TRADITIONAL SLEEPING WAS ALSO INCLUDED IN THE QUESTIONNAIRE. FOUR FIELD ASSISTANTS WERE TRAINED TO COLLECT DATA USING INTERVIEWER ADMINISTERED QUESTIONNAIRE. THE TRAINING FOCUSED ON THE OBJECTIVES AND IMPORTANCE OF THE STUDY SAMPLING PROCESS, HOW TO SECURE RESPONDENT INFORMED CONSENT, AND HOW TO REVIEW QUESTIONNAIRES TO ENSURE COMPLETENESS. THEY WERE FLUENT IN ENGLISH, YORUBA AND PIDGIN ENGLISH AND WERE STUDENT OF THE POLYTECHNIC IBADAN. THE PURPOSE OF THE STUDY WAS EXPLAINED TO EACH RESPONDENT AND QUESTIONNAIRES WERE ADMINISTERED TO ONLY CONSENTING RESPONDENTS.

IN DEPTH INTERVIEW WAS NOT CARRIED OUT SINCE NONE OF THE NURSING MOTHERS EXPERIENCED SUDDEN INFANT DEATH SYNDROME WITH ANY OF THE SLEEPING POSITIONS.

3.8 VALIDITY AND RELIABILITY

SEVERAL MEASURES WERE TAKEN TO ENSURE THE VALIDITY AND RELIABILITY OF THE INSTRUMENT

VALIDITY:-

TO ENHANCE THE FACE AND CONTENT VALIDITY OF THE INSTRUMENT, IT WAS GIVEN TO EXPERTS IN THE FIELD OF HEALTH PROMOTION AND EDUCATION, EPIDEMIOLOGY AND PEDIATRICS IN THE COLLEGE OF MEDICINE FOR APPRAISAL. AFTER APPRAISAL BY THE EXPERTS, IT WAS REVIEWED BY MY RESEARCH SUPERVISOR.

RELIABILITY:-

THE RELIABILITY OF THE QUESTIONNAIRE WAS TESTED BY A PRE-TEST OF DRAFT QUESTIONNAIRE IN 10% OF SAMPLE SIZE AMONG THE NURSING MOTHERS OF IBADAN SOUTH-EAST LOCAL GOVERNMENT. CHRONBACH'S ALPHA WAS USED TO DETERMINE RELIABILITY COEFFICIENT. THE COEFFICIENT WAS FOUND TO BE 0.7 WHICH WAS CLOSER TO ONE. THIS SHOWED THAT THE INSTRUMENT WAS RELIABLE.

3.9 DATA COLLECTION PROCESS

THE STUDY WAS CARRIED OUT WITHIN A PERIOD OF 2 WEEKS. EACH RESEARCH ASSISTANT ADMINISTERED THE QUESTIONNAIRE TO THE SELECTED NURSING MOTHERS. THE DATA COLLECTION INVOLVED THE FOLLOWING STEPS.

1. NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA WERE IDENTIFIED
2. RAPPORT WAS ESTABLISHED WITH THE NURSING MOTHERS INCLUDING A DISCLOSURE OF THE NATURE OF THE STUDY, ITS OBJECTIVES, WHAT THE SOCIETY AND NIGERIA AS A WHOLE WILL BENEFIT FROM THE STUDY AND ASSURANCE OF CONFIDENTIALITY OF RESPONSE IF GIVEN.
3. INTERVIEWER-ADMINISTRATION OF QUESTIONNAIRE TO THE RESPONDENTS
4. COLLECTION OF COMPLETED QUESTIONNAIRE.

3.10 DATA MANAGEMENT ANALYSIS

1. COLLECTED DATA WERE COLLATED DAILY AND CHECKED FOR CONSISTENCY AND COMPLETENESS
2. THE DATA WERE ANALYZED USING THE STATISTICAL PACKAGE FOR SOCIAL SCIENTISTS (SPSS 16.0 MICROSOFT INC.2007).
3. DESCRIPTIVE AND SUMMARY STATISTICS WERE GENERATED TO SUMMARIZE VARIABLES.
4. ANALYSIS WHICH INVOLVES THE USE OF CHI SQUARE TEST AT 0.05 LEVEL OF SIGNIFICANT.

3.11 ETHICAL CONSIDERATIONS

ETHICAL APPROVAL WAS NOT OBTAINED DUE TO THE LIMITED TIME AVAILABLE TO CARRY OUT THE RESEARCH BUT, ETHICAL CONSIDERATION WAS ADDRESSED:

1. ALL INTERVIEWS WERE CONDUCTED IN COMPLIANCE WITH THE PRINCIPLE OF ETHICS
2. EACH PARTICIPANT WAS PROVIDED WITH INFORMATION ON THE STUDY AND ITS OBJECTIVES.
3. PARTICIPATION WAS VOLUNTARY AND PARTICIPANTS WERE AT LIBERTY TO DECLINE AT ANY STAGE OF THE STUDY WITHOUT CONSEQUENCES.
4. SIGNED OR THUMB-PRINTED INFORMED CONSENT FORMS WERE OBTAINED FROM RESPONDENTS.
5. RESPONDENT'S PRIVACY AND CONFIDENTIALITY WERE GUARANTEED BY ENSURING THE ANONYMITY OF RESPONDENTS, LIMITED ACCESS TO THE DATA COLLECTED, AND SECURED STORAGE OF ALL INFORMATION FROM RESPONDENTS.

3.12 LIMITATIONS OF THE STUDY

1. THE STUDY DID NOT INCLUDE FACTORS THAT CONTRIBUTE TO THE PRACTICE OF TRADITIONAL SLEEPING POSITION. THIS GIVES ROOM FOR OTHER STUDY TO LOOK INTO.

2. THE STUDY DID NOT INCLUDE PEDIATRICIAN TO VALIDATE THE FACT THAT SIDS IS CAUSED BY SIDE SLEEPING POSITION OF INFANTS. THIS GIVES ROOM FOR OTHER STUDY TO LOOK INTO.
3. UNWILLINGNESS OR INABILITY OF SOME NURSING MOTHERS TO PARTICIPATE IN THE STUDY DUE TO THE REASONS BEST KNOWN TO THEM. THIS WAS OVERCOME AFTER EXPLAINING THE PURPOSE OF CONDUCTING THE RESEARCH AND THE BENEFIT OF THE FINDINGS TO THEM.

CHAPTER FOUR

4.0 RESULTS

THE FINDINGS FROM THIS STUDY ARE PRESENTED IN THIS SECTION. THEY ARE ORGANIZED INTO THE FOLLOWING SUBSECTIONS:

1. SOCIO DEMOGRAPHIC CHARACTERISTICS
2. TYPES OF TRADITIONAL SLEEPING POSITIONS

3. PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER
4. PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO CHILD.
5. PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER
6. PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD
7. TEST OF HYPOTHESIS

SECTION A

SOCIO-DEMOGRAPHIC CHARACTERISTICS

TABLE 4.2 SHOWED THE RESULT OF SOCIO-DEMOGRAPHIC CHARACTERISTICS THE AGES OF RESPONDENTS RANGED FROM 18 TO 45 YEARS WITH A MEAN OF 31.84 ± 5.9 YEARS. THE MAJORITY (60.7%) FELL BETWEEN 26 TO 35 YEARS AGE GROUP. MOST OF THE RESPONDENTS (89.3%) WERE MARRIED, 5.2% SEPARATED, 3.3% SINGLE AND 2.1% WIDOWED. MANY (40.8) OF THE RESPONDENTS HAD SECONDARY EDUCATION, 32.2% WITH TERTIARY EDUCATION, 23.9% HAD PRIMARY EDUCATION AND JUST 3.1% WITHOUT FORMAL EDUCATION.

ALL THE DIVISIONS OF THE LOCAL GOVERNMENT (INNER CORE, TRANSITORY AND PERIPHERAL) WERE WELL REPRESENTED IN THE STUDY. A LARGER PERCENTAGE (94.3%) OF THE RESPONDENTS WAS YORUBA, LESS THAN 1% CAME FROM HAUSA AND IGBO WHILE 4.5% WERE FROM OTHER ETHNIC GROUP. MOST (45.7%) OF THE RESPONDENT ENGAGED IN BUSINESS, 19.9% CIVIL SERVANTS, 16.8% ARTISAN, 10.0% STUDENTS, 6.4% UNEMPLOYED AND 1.2% WERE FARMERS.

MAJORITY (27.3%) OF THE RESPONDENT HAD 3 CHILDREN, 27.0% WITH 2 CHILDREN, 26.1% 1 CHILD, 15.9% 4 CHILDREN, 3.1% 5 CHILDREN WHILE LESS THAN 1% HAD 6 CHILDREN. AMONG THE NURSING MOTHERS, 59.0% WERE

CURRENTLY BREASTFEEDING, WHILE MOST (78.7%) OF THE RESPONDENTS HAVE RECEIVED INFORMATION ON THE SAFEST METHOD OF BREASTFEEDING.

MOST (64.5%) OF RESPONDENT RECEIVED THE INFORMATION FROM HEALTH WORKERS, 24.2% FROM MOTHERS-IN-LAW, 4.7% FROM MEDIA, 2.8% FROM RELATIVES, WHILE 1.9% EACH RECEIVED FROM FRIENDS AND NEIGHBOURS.

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TABLE 4.1: RESPONDENTS' SOCIO-DEMOGRAPHIC CHARACTERISTICS (N=422)

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
AGE (IN YEARS)		
15 - 25 YEARS	59	14.0
26 – 35 YEARS	256	60.7
36 – 45 YEARS	107	25.4
MARITAL STATUS (N=422)		
SINGLE	14	3.3
MARRIED	377	89.3
SEPARATED	22	5.2
WIDOW	9	2.1
LEVEL OF EDUCATION (N=422)		
NO FORMAL EDUCATION	13	3.1
PRIMARY EDUCATION	101	23.9
SECONDARY EDUCATION	172	40.8
TERTIARY EDUCATION	136	32.2
ETHNIC GROUP (N=422)		
YORUBA	398	94.3
HAUSA	2	0.5
IGBO	3	0.7
OTHERS	19	4.5
OCCUPATION (N=422)		
STUDENT	42	10.0
UNEMPLOYED	27	6.4
FARMING	5	1.2
BUSINESS	193	45.7
ARTISAN	71	16.8
CIVIL SERVANT	84	19.9

NO OF CHILDREN CURRENTLY LIVING WITH YOU (N=422)

1	110	26.1
2	114	27.0
3	115	27.3
4	67	15.9
5	13	3.1
6	3	0.7

DO YOU HAVE A CHILD YOU ARE CURRENTLY BREASTFEEDING (N=422)

YES	249	59.0
NO	173	41.0

HAVE YOU RECEIVED ANY INFORMATION ON THE SAFEST METHOD OF BREASTFEEDING (N=422)

YES	332	78.7
NO	90	21.3

MOTHER'S SOURCE OF THE INFORMATION (N= 422)

HEALTH WORKERS	272	64.5
MOTHERS' -IN-LAW	102	24.2
FRIENDS	8	1.9
RELATIVES	12	2.8
NEIGHBOURS	8	1.9
MEDIA	20	4.7

TABLE 4.2 SHOWED THE RESULT OF TYPES OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS

A LARGER PERCENTAGE (94.5%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEP IN PRONE SLEEPING POSITION, MAJORITY (88.6%) OF THE RESPONDENTS PLACE THEIR CHILD TO SLEEP IN SIDE SLEEPING POSITION, ALMOST ALL (95.3%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEP IN SUPINE SLEEPING POSITION AND SLIGHTLY MORE THAN HALF (52.4%) OF THE RESPONDENTS PLACE THEIR CHILD TO SLEEP IN SITTING POSITION.

TABLE 4.2: RESPONDENTS' TYPES OF MOTHER- CHILD TRADITIONAL SLEEPING POSITIONS

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
DO YOU PLACE YOUR CHILD TO SLEEP IN PRONE AFTER BREASTFEEDING IN THE NIGHT (N=422)		
YES	23	5.5
NO	399	94.5
DO YOU PLACE YOUR CHILD TO SLEEP IN SIDE SLEEPING POSITION AFTER BREASTFEEDING IN THE NIGHT (N=422)		
YES	374	88.6
NO	48	11.4
DO YOU PLACE YOUR CHILD TO SLEEP IN SUPINE AFTER BREASTFEEDING IN THE NIGHT (N=422)		
YES	20	4.7
NO	402	95.3
DO YOU BREAST FEED IN SITTING POSITION AND BOTH OF YOU SLEPT IN THAT POSITION IN THE NIGHT (N=422)		
YES	221	52.4
NO	201	47.6

TABLE 4.3 SHOWED THE RESULT OF THE RESPONDENTS' PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO MOTHERS

56.9% OF RESPONDENTS PERCEIVED THAT INFANT PLACED TO SLEEP IN PRONE ARE LESS REACTIVE TO NOISE. MAJORITY (91.9%) HAD THE VIEW THAT MOTHER-CHILD SIDE SLEEPING POSITION IS MORE RELAXING AND COMFORTABLE FOR MOTHERS BUT, ONLY FEW (6.4%) RESPONDENTS HAVE SEEN OR HEARD OF MOTHER EXPERIENCING SUDDEN INFANT DEATH SYNDROMES (SIDS).

MANY (37.2%) PERCEIVED THE CAUSE OF SIDS TO BE EVIL ATTACK, MANY(35.5%) DID NOT HAVE ANY IDEA OF ITS CAUSE,WHILE7.6%, 7.3%, 5.2%, 3.6%, 3.3% AND 0.5% OF RESPONDENT PERCEIVED MOTHERS SLEEPING ON THE BABY, SUFFOCATION, ASPIRATION, PRONE, NEGLIGENCE OF MOTHER AND MOTHER'S BREAST BLOCKING THE NOSE OF THE BABY RESPECTIVELY.

A LOT (66.4%) OF RESPONDENTS PERCEIVED PLACING BABIES TO SLEEP PRONE WILL NOT SAFE MOTHERS FROM EXPERIENCING SIDS AND 60.2% OF

RESPONDENTS HAD THE VIEW THAT MOTHER WILL EXPERIENCE A BRIGHTER FUTURE OF THE BABY IF PLACED TO SLEEP IN SIDE OR FRONT SLEEPING POSITION.

SCORING THE PERCEPTION SCALE FOR BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER USING 8 POINT SCALE, MAJORITY (84.6%) HAD POSITIVE PERCEPTION TOWARDS BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER, WHILE FEW(15.4%) HAVE NEGATIVE PERCEPTION TOWARDS IT.

TABLE 4.3: PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER (N=422)

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
INFANT WHO SLEEP ON THEIR STOMACH ARE MORE REACTIVE TO NOISE		
YES	182	43.1
NO	240	56.9
SIDE SLEEPING IS TAUGHT TO BE RELAXING AND COMFORTABLE FOR MOTHERS		
YES	388	91.9
NO	34	8.1
HAVE SEEN OR HEARD OF MOTHER THAT EXPERIENCED SUDDEN INFANT DEATH SYNDROMES (SIDS)		
YES	27	6.4

NO	395	93.6
WHAT DO YOU THINK CAN CAUSE IT		
ASPIRATION	22	5.2
MOTHER SLEEP ON BABY	32	7.6
MOTHER'S BREAST BLOCK THE NOSE OF THE BABY	2	0.5
PRONE SLEEPING OF BABY	15	3.6
NEGLIGENCE OF MOTHER	14	3.3
EVIL ATTACK	157	37.2
SUFFOCATION	31	7.3
NO IDEA	149	35.3

PLACING BABIES ON THEIR STOMACH SAVES MOTHER FROM EXPERIENCING INFANT MORTALITY DUE TO SIDS

YES	142	33.6
NO	280	66.4

MOTHER WILL EXPERIENCE A BRIGHTER FUTURE OF THE BABY PUT TO SLEEP ON SIDE OR PRONE

YES	254	60.2
NO	168	39.8

SCORING THE PERCEPTION SCALE FOR BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER USING 8 POINT SCALE

POSITIVE PERCEPTION	357
84.6	
NEGATIVE PERCEPTION	65
15.4	

TABLE 4.4 SHOWED THE RESULT OF THE RESPONDENT'S GENERAL PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO CHILD.

MAJORITY(87.2%) OF THE RESPONDENTS PERCEIVED THAT CHILD SUCKS BETTER IN SIDE SLEEPING POSITION, 61.1% HAD THE VIEW THAT CHILD SLEEPING ON THEIR STOMACH EXPERIENCED LONGER PERIOD OF DEEP SLEEP AND 59.7% OF RESPONDENTS ACCEPTED THAT CHILD PLACED TO SLEEP ON HIS/HER STOMACH WILL HAVE A REDUCED PAIN AND SLEEPLESS NIGHT.

ONLY 45.7% OF THE RESPONDENTS PERCEIVED THAT CHILD PUT TO SLEEP IN SUPINE POSITION WILL NOT REBREATHE HIS/HER OWN BREATH AND 58.8% HAD THE VIEW THAT A CHILD PUT TO SLEEP IN SIDE OR PRONE WILL NOT EXPERIENCE EVIL ATTACK.

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE, MAJORITY(64.5%) OF RESPONDENTS HAVE POSITIVE PERCEPTION TOWARDS THE PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO CHILD WHILE, 35.5% HAS NEGATIVE -PERCEPTION TOWARDS IT.

TABLE 4.4: PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD (N=422)

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
CHILD SUCKS BETTER IN SIDE SLEEPING POSITION		
YES	368	87.2
NO	54	12.8

CHILD SLEEPING ON THEIR STOMACH EXPERIENCED LONGER PERIOD OF DEEP SLEEP		
YES	258	61.1
NO	164	38.9
CHILD PLACED TO SLEEP ON HIS/HER STOMACH WILL HAVE A REDUCED PAIN AND SLEEPLESS NIGHT		
YES	252	59.7
NO	170	40.3
A CHILD THAT SLEEPS IN SUPINE POSITION WILL NOT EXPERIENCE SIDS		
YES	193	45.7
NO	229	54.3
A CHILD PUT TO SLEEP ON HIS/HER SIDE OR PRONE WILL NOT EXPERIENCE EVIL ATTACK		
YES	248	58.8
NO	174	41.2
SCORING THE PERCEPTION SCALE FOR BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE		
POSITIVE PERCEPTION	272	64.5
NEGATIVE PERCEPTION	150	35.5

TABLE 4.5 SHOWED THE RESULT OF THE RESPONDENTS GENERAL PERCEPTION OF DANGER OF TRADITIONAL SLEEPING POSITIONS TO MOTHER.

MAJORITY (69.4%) OF RESPONDENTS PERCEIVED THAT MOTHER WILL HAVE ERRONEOUS FEAR OF INFECTION FROM BREAST MILK DRIPPING INTO THE BABY EARS WHEN BREASTFEEDING IN SIDE SLEEPING POSITION, MAJORITY (78.2%) DID NOT BELIEVE THAT BACK SLEEPERS WALK LATE AND ONLY FEW (35.1%) OF RESPONDENTS BELIEVED THAT PRONE AND SIDE SLEEPING POSITION INCREASE THE RISK OF SIDS.

A LARGE PERCENTAGE (86.7%) OF RESPONDENTS PERCEIVED THAT OBESE MOTHER CANNOT BREASTFEED IN SIDE SLEEPING POSITION AND MANY (71.3%) ACCEPTED THAT MOTHER EXPERIENCED UNSUBSTANTIATED FEAR OF A HIGHER RISK OF ASPIRATION IN INFANTS PLACED TO SLEEP IN SUPINE.

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO MOTHER USING 10 POINTS SCALE, MANY RESPONDENTS (65.6%) HAVE POSITIVE PERCEPTION TO PERCEPTION OF DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION WHILE FEW (34.4%) HAVE NEGATIVE PERCEPTION TO IT.

TABLE 4.5: PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO MOTHER (N=422)

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
MOTHER WILL HAVE ERRONEOUS FEAR OF INFECTION FROM BREAST MILK DRIPPING INTO THE BABY EARS WHEN BREASTFEEDING IN SIDE SLEEPING POSITION		
YES	293	69.4
NO	129	30.6
BACK SLEEPERS WALK LATE		
YES	92	21.8
NO	330	78.2
BOTH PRONE AND SIDE SLEEPING POSITION INCREASE THE RISK OF SIDS		
YES	148	35.1
NO	274	64.9
OBESE MOTHER CANNOT BREASTFEED THEIR CHILD IN SIDE SLEEPING POSITION		
YES	366	86.7
NO	56	13.3
MOTHER EXPERIENCE UNSUBSTANTIATED FEAR OF A HIGHER RISK OF ASPIRATION IN INFANTS IF PLACED TO SLEEP IN SUPINE POSITION		
YES	301	71.3
NO	121	28.7
SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO MOTHER USING 10 POINTS SCALE		
POSITIVE PERCEPTION		277
65.6		
NEGATIVE PERCEPTION		145
34.4		

TABLE 4.6 SHOWS THE RESULT OF THE RESPONDENTS' GENERAL PERCEPTION OF DANGER OF TRADITIONAL SLEEPING POSITIONS TO CHILD.

ALMOST HALF (49.3%) OF RESPONDENTS PERCEIVED THAT CHILD PLACED TO SLEEP SUPINE ARE EASILY ATTACK BY EVILS, MAJORITY (67.3%) HAD THE VIEW THAT PRONE INCREASES THE PROBABILITY THAT BABY REBREATHES HIS/HER OWN EXHALED BREATH AND 60.4% BELIEVED THERE IS HIGH RISK OF ASPIRATION IN INFANTS PLACED TO SLEEP IN SUPINE POSITION.

ONLY FEW (41.2%) PERCEIVED BOTH PRONE AND SIDE SLEEP POSITION TO INCREASE THE RISK OF SIDS, WHILE MANY (61.1%) OF THE RESPONDENT DID NOT PERCEIVE THAT THERE IS A DELAY IN THE ABILITY OF CHILD TO WALK IF PLACED O SLEEP IN SUPINE.

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE, MAJORITY (63.5%) OF THE RESPONDENTS HAVE POSITIVE PERCEPTION, WHILE FEW (36.5%) HAVE NEGATIVE PERCEPTION.

SCORING THE TOTAL PERCEPTION CATEGORY, A LARGE PERCENTAGE (98.8%) OF THE PERCEPTION WAS **GOOD** WHILE, FEW (1.2%) WAS **POOR**.

TABLE 4.6: PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO CHILD (N=422)

CHARACTERISTICS	FREQUENCY	
PERCENTAGE		
CHILD PLACED TO SLEEP ON HIS BACK IS EASILY ATTACK BY EVIL		
YES	208	49.3
NO	214	50.7
PRONE INCREASE THE PROBABILITY THAT THE BABY REBREATHES HIS/HER OWN EXHALED BREATH		
YES	284	67.3
NO	138	32.7
THERE IS HIGH RISK OF ASPIRATION IN INFANTS IF PLACED TO SLEEP IN SUPINE		
YES	255	60.4
NO	167	39.6
BOTH PRONE AND SIDE SLEEP POSITION INCREASES THE RISK OF SIDS		
YES	174	41.2
NO	248	58.8
THERE IS DELAY IN THE ABILITY OF CHILD TO WORK IF PLACED TO SLEEP IN SUPINE		

YES	164	38.9
NO	258	51.1

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE,

POSITIVE PERCEPTION	268	63.5
NEGATIVE PERCEPTION	154	36.5

SCORING TOTAL PERCEPTION CATEGORY

GOOD	417	98.8
POOR	5	1.2

TEST OF HYPOTHESIS

HYPOTHESIS 1

THE NULL HYPOTHESIS STATES THAT THERE WAS NO ASSOCIATION BETWEEN ETHNICITY AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS (BREASTFEEDING IN SITTING POSITION WHILE SLEEPING). CHI-SQUARE WAS USED TO TEST FOR ASSOCIATION AND THE RESULT WAS PRESENTED BELOW

TABLE 4.7: ASSOCIATION BETWEEN ETHNICITY AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SITTING SLEEPING POSITION)

DO YOU PLACE YOUR CHILD TO SLEEP IN SITTING POSITION AFTER BREASTFEEDING IN THE NIGHT ?		TOTAL	X ² VALUE	DF	P VALUE
YES	NO			3	0.034

	YORUBA	205	193	398	8.697	3	0.013
ETHNIC	HAUSA	2	0	2	10.784	1	0.132
GROUP	IGBO	0	3	3	2.267		
	OTHERS	14	5	19	422		
TOTAL		221	201	422			

P- VALUE
IS
GREATER

THAN 0.05. THIS SHOWED THAT THERE IS NO SIGNIFICANT ASSOCIATION BETWEEN ETHNICITY AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (BREASTFEEDING IN SITTING POSITION). HENCE, WE FAIL TO REJECT THE NULL HYPOTHESIS.

HYPOTHESIS 2

THE NULL HYPOTHESIS STATES THAT THERE IS NO ASSOCIATION BETWEEN LEVEL OF EDUCATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS (SIDE SLEEPING POSITION). CHI-SQUARE WAS USED TO TEST FOR ASSOCIATION AND THE RESULT WAS PRESENTED BELOW.

TABLE 4.8: ASSOCIATION BETWEEN THE LEVEL OF EDUCATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SIDE SLEEPING POSITION)

	DO YOU PLACE YOUR CHILD TO SLEEP IN SIDE AFTER BREASTFEEDING IN THE NIGHT?		TOTAL	X ² VALUE	DF	P VALUE	
	YES	NO					
				34.563			
LEVEL OF EDUCATION	NO FORMAL EDUCATION	13	0	13	33.028	3	0.000
	PRIMARY	74	27	101	6.739	3	0.000
	SECONDARY	165	7	172	422	1	0.000
	TERTIARY	122	14	136			
TOTAL	374	48	422				

P- VALUE IS 0.000 WHICH IS LESS THAN 0.05. THIS SHOWED THAT THERE IS SIGNIFICANT ASSOCIATION BETWEEN EDUCATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SIDE SLEEPING POSITION). HENCE, WE REJECTED THE NULL HYPOTHESIS.

HYPOTHESIS 3

THE NULL HYPOTHESIS STATES THAT THERE IS NO ASSOCIATION BETWEEN OCCUPATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (BREASTFEEDING IN SITTING POSITION WHILE SLEEPING). CHI-SQUARE WAS USED TO TEST FOR ASSOCIATION AND THE RESULT WAS PRESENTED BELOW

TABLE 4.9: ASSOCIATION BETWEEN OCCUPATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (BREASTFEEDING IN SITTING POSITION)

	DO YOU PLACE YOUR CHILD TO SLEEP IN SITTING POSITION AFTER BREASTFEEDING IN THE NIGHT ?		TOTAL	X ² VALUE	DF	P VALUE
	YES	NO				
				66.142	5	0.000
STUDENT	28	14	42	69.744	5	0.000
UNEMPLOYE D	18	9	27	2.317	1	0.000
OCCUPATIO N				422		
FARMING	0	5	5			
BUSINESS	63	130	193			
ARTISAN	53	18	71			
CIVIL SERVANT	59	25	84			
TOTAL	221	201	422			

P-VALUE WAS LESS THAN 0.05; THEREFORE THERE IS SIGNIFICANT ASSOCIATION BETWEEN OCCUPATION AND MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS (BREASTFEEDING IN SITTING POSITION WHILE SLEEPING). HENCE WE REJECTED THE NULL HYPOTHESIS

HYPOTHESIS 4

THE NULL HYPOTHESIS STATES THAT THERE IS NO ASSOCIATION BETWEEN MARITAL STATUS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SIDE SLEEPING POSITION). CHI-SQUARE WAS USED TO TEST FOR ASSOCIATION AND THE RESULT WAS PRESENTED BELOW

TABLE 4.10: ASSOCIATION BETWEEN THE MARITAL STATUS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SIDE SLEEPING POSITION)

	DO YOU PLACE YOUR CHILD TO SLEEP IN SIDE AFTER BREASTFEEDING IN THE NIGHT?		TOTAL	X ² VALUE	DF	P VALUE
	YES	NO				
SINGLE	14	0	14	76.990	3	0.000
MARRIED	346	31	377	47.679	3	0.000
SEPARATED	7	15	22	36.180	1	0.000
WIDOW	7	2	9	422		
TOTAL	374	48	422			

P- VALUE IS 0.000 WHICH IS LESS THAN 0.05. THIS SHOWED THAT THERE IS SIGNIFICANT ASSOCIATION BETWEEN MARITAL STATUS AND MOTHER-CHILD TRADITIONAL SLEEPING POSITION (SIDE SLEEPING POSITION). HENCE, WE REJECTED THE NULL HYPOTHESIS.

CHAPTER FIVE

DISCUSSION CONCLUSION AND RECOMMENDATIONS

THIS SECTION PROVIDED ADDITIONAL INFORMATION FROM OTHER STUDIES TO THE RESULTS OBTAINED FROM INVESTIGATED NURSING MOTHERS ON THEIR PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AND CHILD IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA. CONCLUSIONS ARE DRAWN AND RECOMMENDATIONS ARE MADE TO FACILITATE A SAFER MOTHER-CHILD SLEEPING POSITION.

5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS

THE AGES OF RESPONDENTS RANGED FROM 18 TO 45 YEARS WITH A MEAN OF 31.84 ± 5.9 YEARS. THE MAJORITY (60.7%) FELL BETWEEN 26 TO 35 YEARS AGE GROUP. THIS MAY BE DUE TO THE FACT THAT MOST OF THEM HAVE A LATE MARRIAGE. 89.3% HAVE MARRIED WHICH SHOWED THAT THEY WERE RESPONSIBLE MOTHERS. THE RESPONDENTS WERE MOSTLY (40.8) WITH SECONDARY EDUCATION. THIS MAY BE DUE TO THE FACT THAT MOTHERS IN IBADAN NORTH-WEST ARE MOSTLY INTERESTED IN DOING BUSINESS THAN GOING TO SCHOOL.

ALL THE DIVISION OF THE LOCAL GOVERNMENT (INNER CORE, TRANSITORY AND PERIPHERAL) WERE WELL REPRESENTED IN THE STUDY. THIS WAS BECAUSE, ONE -THIRD EACH (141) OF RESPONDENTS WERE SYSTEMATICALLY CHOSEN FROM INNER CORE, TRANSITORY AND PERIPHERAL . A LARGER PERCENTAGE (94.3%) OF THE RESPONDENTS WAS YORUBA. THIS SHOWED MAJORITY IN INHABITANTS OF IBADAN NORTH-WEST LOCAL GOVERNMENT WERE YORUBA. MOST (45.7%) OF THE RESPONDENT ARE INTO BUSINESS. THIS SHOWED THAT MOST OF NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT WERE BUSINESS WOMEN. MAJORITY (27.3%) OF THE RESPONDENT HAS 3 CHILDREN. THIS SHOWED THAT THE NURSING MOTHERS OF THE LOCAL GOVERNMENT WERE WELL INFORMED OF FAMILY PLANNING AND ENGAGED IN IT. 59.0% ARE

CURRENTLY BREASTFEEDING, WHICH SHOWED THAT THE RESULT WILL BE MORE USEFUL FOR THEM.

MOST (78.7%) OF THE RESPONDENTS HAVE RECEIVED INFORMATION ON THE SAFEST METHOD OF BREASTFEEDING THE CHILD WHILE SLEEPING IN THE NIGHT AND MOST (64.5%) OF THE RESPONDENTS' SOURCE OF INFORMATION AS REGARDS THEIR CHILDREN WAS FROM HEALTH WORKERS. THIS SHOWED THAT HEALTH WORKERS ARE AGENT OF CHANGE AND CAN BE USED TO PASS HEALTH INFORMATION TO MOTHERS.

5.2 TYPES OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS

A LARGER PERCENTAGE (94.5%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEP IN PRONE SLEEPING POSITION. THIS WAS IN LINE WITH STUDIES WHICH SUGGESTED THAT STOMACH SLEEPING MAY INCREASE SIDS RISK THROUGH A VARIETY OF MECHANISMS, WHICH INCLUDING INCREASE IN THE PROBABILITY THAT THE BABY RE-BREATHES HIS OR HER OWN EXHALED BREATH, LEADING TO CARBON DIOXIDE BUILD-UP AND LOW OXYGEN LEVELS, CAUSING UPPER AIRWAY OBSTRUCTION AND INTERFERING WITH BODY HEAT DISSIPATION, LEADING TO OVERHEATING (CHRISTIAN AND ANETTE, 2007).

MAJORITY (88.6%) OF THE RESPONDENTS PLACED THEIR CHILD TO SLEEP IN SIDE SLEEPING POSITION. THIS WAS NOT IN LINE WITH THE FINDINGS THAT IN THIS POSITION, THERE WERE FEARS OF INFECTION FROM BREAST MILK DRIPPING TO THE BABY'S EARS AND POSSIBLE RISK OF SMOTHERING AND SUFFOCATION OF BABY WHEN SLEEPING ESPECIALLY BY OBESE MOTHERS OR THOSE WITH LARGE BREASTS (MBADA ET. AL., 2013). ALSO RECENT STUDIES HAVE DEMONSTRATED THAT THE SIDS RISKS ASSOCIATED WITH SIDE AND PRONE POSITION ARE SIMILAR IN MAGNITUDE (OR: 2.0 AND 2.6, RESPECTIVELY) AND THAT THE POPULATION-ATTRIBUTABLE RISK REPORTED FOR SIDE SLEEP POSITION IS HIGHER THAN THAT FOR PRONE POSITION. FURTHERMORE, THE RISK OF SIDS IS EXCEPTIONALLY HIGH FOR INFANTS

WHO ARE PLACED ON THEIR SIDE AND FOUND ON THEIR STOMACH (OR: 8.7) (TASK FORCE, 2013).

ALMOST ALL (95.3%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEPING SUPINE SLEEPING POSITION AFTER BREASTFEEDING IN THE NIGHT. THIS SHOWED THAT THERE IS NEED TO CREATE AWARENESS OF THE FINDINGS FROM DEVELOPED COUNTRIES IN WHICH PUBLIC HEALTH CAMPAIGNS PROMOTED BACK SLEEP POSITION AND LED TO DECREASE IN SIDS RATES IN ALL COUNTRIES WITH THESE PUBLIC HEALTH CAMPAIGNS (EUNICE, 2009).

SLIGHTLY MORE THAN HALF (52.4%) OF THE RESPONDENTS PLACED THEIR CHILD TO SLEEP IN SITTING SLEEPING POSITION AFTER BREASTFEEDING IN THE NIGHT. THIS SHOWED THAT SITTING SLEEPING POSITION SHOULD BE ADDED TO THE OTHER POPULAR TRADITIONAL SLEEPING POSITION SINCE MOTHERS ARE PRACTICING IT AND THIS WAS ALSO CONFIRMED BY HYPOTHESIS 3 WHERE THERE WERE SIGNIFICANT ASSOCIATION BETWEEN ETHNICITY AND TRADITIONAL SLEEPING POSITION (BREASTFEEDING IN SITTING POSITION IN THE NIGHT), AND OCCUPATION AND TRADITIONAL SLEEPING POSITION (BREASTFEEDING IN SITTING POSITION IN THE NIGHT) RESPECTIVELY.

PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITION TO MOTHER

56.9% OF RESPONDENTS PERCEIVED THAT INFANT PLACED TO SLEEP IN PRONE ARE LESS REACTIVE TO NOISE. THIS SHOWED THAT MAJORITY OF THE NURSING MOTHERS HAVE GOOD KNOWLEDGE OF BENEFIT OF PRONE SLEEPING POSITION TO MOTHER WHICH IS IN LINE WITH THE WORK OF EUNICE, (2009). MAJORITY (91.9%) OF THE RESPONDENTS PERCEIVED MOTHER-CHILD SIDE SLEEPING TO BE MORE RELAXING AND COMFORTABLE FOR MOTHERS BREASTFEEDING WHILE SLEEPING WHICH IS IN LINE WITH THE FINDINGS OF MBADA ET. AL., (2013). A LARGE PERCENTAGE (93.6%) OF THE

RESPONDENT HAVE NOT SEEN OR HEARD OF MOTHERS THAT HAVE EXPERIENCED SUDDEN INFANT DEATH SYNDROMES (SIDS).THIS WAS NOT IN LINE WITH THE FINDINGS THAT SIDS IS A LEADING CAUSE OF POST NEONATAL INFANT MORTALITY THAT OCCURRED SUDDENLY IN INFANT WHILE SLEEPING (NGOZI ET. AL., 2009).

MAJORITY (37.2%) OF RESPONDENTS PERCEIVED THE CAUSE OF SIDS TO BE EVIL ATTACK AND MANY (35.5%) DID NOT HAVE ANY IDEA OF ITS CAUSE. THIS CONFIRMED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009). MAJORITY (66.4%) OF RESPONDENTS PERCEIVED THAT PLACING BABIES TO SLEEP IN PRONE SLEEPING POSITION WILL PUT THE MOTHERS AT RISK OF EXPERIENCING SIDS OF THEIR CHILD. THIS WAS IN LINE THE FINDINGS THAT THE PRONE POSITION PLACES INFANTS AT HIGH RISK OF SIDS (TASK FORCE, 2013). 60.2% OF RESPONDENTS PERCEIVED THAT MOTHER WILL EXPERIENCE A BRIGHTER FUTURE OF THE BABY IF PLACED TO SLEEP IN SIDE OR FRONT SLEEPING POSITION. THIS SHOWED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009).

SCORING THE PERCEPTION SCALE FOR BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER USING 8 POINT SCALE, MAJORITY (84.6%) HAVE POSITIVE PERCEPTION TOWARDS BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER. THIS SHOWED THAT MAJORITY OF NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAVE GOOD PERCEPTION ABOUT BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHERS.

PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD

MAJORITY (87.2%) OF THE RESPONDENTS PERCEIVED THAT CHILD SUCKS BETTER IN SIDE SLEEPING POSITION. THIS WAS IN LINE WITH THE FINDING SINCE BREASTFEEDING IN SIDE POSITION WHILE SLEEPING IS TAUGHT TO BE COMFORTABLE AND RELAXING FOR MOTHERS AND CHILD SUCKS BETTER IN THAT POSITION (MBADA ET. AL., 2013). 61.1% OF THE RESPONDENTS PERCEIVED THAT CHILD SLEEPING ON THEIR STOMACH EXPERIENCED

LONGER PERIOD OF DEEP SLEEP AND 59.7% OF RESPONDENTS PERCEIVED THAT CHILD PLACED TO SLEEP ON HIS/HER STOMACH WILL HAVE A REDUCED PAIN AND SLEEPLESS NIGHT. THESE WERE IN LINE WITH THE FINDINGS THAT INFANTS WHO SLEEP ON THEIR STOMACHS (PRONE) ARE LESS REACTIVE TO NOISE, EXPERIENCE SUDDEN DECREASES IN BLOOD PRESSURE AND HEART RATE CONTROL AND EXPERIENCE LESS MOVEMENT, HIGHER AROUSAL THRESHOLDS, AND HENCE, LONGER PERIODS OF DEEP SLEEP (EUNICE, 2009).

54.3% OF THE RESPONDENTS DID NOT PERCEIVED THAT CHILD PUT TO SLEEP IN SUPINE SLEEPING POSITION WILL NOT REBREATHE HIS/HER OWN BREATH WHICH CAN LEAD TO SIDS AND 58.8% OF RESPONDENTS PERCEIVED THAT A CHILD PUT TO SLEEP IN SIDE OR PRONE WILL NOT EXPERIENCE EVIL ATTACK. THIS SHOWED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009).

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE, MAJORITY (64.5%) OF RESPONDENTS HAD POSITIVE PERCEPTION TOWARDS THE PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO CHILD. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD.

PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER

MAJORITY (69.4%) OF RESPONDENTS PERCEIVED THAT MOTHER WILL HAVE ERRONEOUS FEAR OF INFECTION FROM BREAST MILK DRIPPING INTO THE BABY EARS WHEN BREASTFEEDING IN SIDE SLEEPING POSITION. THIS WAS IN LINE WITH THE FINDINGS OF MBADA ET. AL., (2013). MAJORITY (78.2%) OF RESPONDENTS DID NOT BELIEVE THAT BACK SLEEPERS WALK LATE. THIS WAS IN LINE WITH RECENT ISRAELI STUDY WHICH FOUND NO DIFFERENCE IN GROSS MOTOR DEVELOPMENTAL SKILLS AT 6 MONTHS AMONG SUPINE AND PRONE SLEEPERS. ALSO, SOME STUDIES HAVE NOTED THAT EVEN THOUGH

SUPINE SLEEPERS EXPERIENCE THESE EARLY DELAYS, THERE IS NO SIGNIFICANT AGE DIFFERENCE IN TERMS OF WHEN THE INFANTS LEARN TO WALK (EUNICE, 2009).

ONLY FEW (35.1%) OF RESPONDENTS BELIEVED THAT PRONE AND SIDE SLEEPING POSITION INCREASE THE RISK OF SIDS. THIS SHOWED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009). A LARGE PERCENTAGE (86.7%) OF RESPONDENTS PERCEIVED THAT OBESE MOTHER CANNOT BREASTFEED IN SIDE SLEEPING POSITION. THIS WAS BECAUSE IT IS BELIEVED THAT THE BIG BURST CAN BLOCK THE NOSE OF THE BABY WHEN THE MOTHER SLEPT OFF WHICH CAN LEAD TO SUFFOCATION OF THE BABY, HENCE THE TERM SIDS (MBADA ET. AL., 2013). MANY (71.3%) OF THE RESPONDENTS PERCEIVED THAT MOTHER EXPERIENCED UNSUBSTANTIATED FEAR OF A HIGHER RISK OF ASPIRATION IN INFANTS PLACED TO SLEEP IN SUPINE. THIS WAS IN CONTRAST WITH MULTIPLE STUDIES IN DIFFERENT COUNTRIES WHICH DID NOT FIND AN INCREASED INCIDENCE OF ASPIRATION SINCE THE CHANGE TO SUPINE SLEEPING (TASK FORCE, 2013).

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO MOTHER USING 10 POINTS SCALE, MANY RESPONDENTS (65.6%) HAVE POSITIVE PERCEPTION TO PERCEPTION OF DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO MOTHER.

PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD

50.7% OF THE RESPONDENTS DID NOT PERCEIVE THAT THAT CHILD PLACED TO SLEEP SUPINE ARE EASILY ATTACKED BY EVILS. THIS SHOWED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009).

MAJORITY (67.3%) OF RESPONDENTS BELIEVED THAT PRONE INCREASES THE PROBABILITY THAT BABY REBREATHES HIS/HER OWN EXHALED BREATH. THIS WAS IN LINE WITH THE FINDING THAT STOMACH SLEEPING MAY INCREASE SIDS RISK THROUGH A VARIETY OF MECHANISMS, INCLUDING: INCREASING THE PROBABILITY THAT THE BABY RE-BREATHES HIS OR HER OWN EXHALED BREATH, LEADING TO CARBON DIOXIDE BUILD-UP AND LOW OXYGEN LEVELS, CAUSING UPPER AIRWAY OBSTRUCTION AND INTERFERING WITH BODY HEAT DISSIPATION, LEADING TO OVERHEATING (CHRISTIAN AND ANETTE,2007).

60.4% OF RESPONDENTS BELIEVED THERE IS HIGH RISK OF ASPIRATION IN INFANTS PLACED TO SLEEP IN SUPINE POSITION. THIS WAS IN CONTRAST WITH MULTIPLE STUDIES IN DIFFERENT COUNTRIES WHICH DID NOT FOUND AN INCREASED INCIDENCE OF ASPIRATION SINCE THE CHANGE TO SUPINE SLEEPING (TASK FORCE, 2013). ONLY FEW (41.2%) PERCEIVED BOTH PRONE AND SIDE SLEEP POSITION TO INCREASE THE RISK OF SIDS, THIS SHOWED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS (NGOZI ET. AL., 2009).

MANY (61.1%) OF THE RESPONDENT DID NOT PERCEIVED THAT THERE IS A DELAY IN THE ABILITY OF CHILD TO WALK THIS IS IN LINE WITH RECENT ISRAELI STUDY WHICH FOUND NO DIFFERENCE IN GROSS MOTOR DEVELOPMENTAL SKILLS AT 6 MONTHS AMONG SUPINE AND PRONE SLEEPERS. ALSO, SOME STUDIES HAVE NOTED THAT EVEN THOUGH SUPINE SLEEPERS EXPERIENCE THESE EARLY DELAYS, THERE IS NO SIGNIFICANT AGE DIFFERENCE IN TERMS OF WHEN THE INFANTS LEARN TO WALK (EUNICE, 2009).

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE, MAJORITY (63.5%) OF THE RESPONDENTS HAVE POSITIVE PERCEPTION. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO CHILD.

SCORING THE TOTAL PERCEPTION CATEGORY, A LARGE PERCENTAGE (98.8%) OF THE PERCEPTION IS **GOOD** WHILE, FEW (1.2%) IS **POOR**. THIS SHOWED THAT THE RESPONDENTS' PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITION WAS CORRECT.

ETHNICITY AND MOTHER-CHILD SITTING SLEEPING POSITION

THE NULL HYPOTHESIS STATES THAT THERE IS NO ASSOCIATION BETWEEN ETHNICITY AND MOTHER-CHILD SITTING SLEEPING POSITION. WHEN χ^2 WAS USED TO TEST THE HYPOTHESIS, P- VALUE OBTAINED WAS GREATER THAN 0.05. THIS SHOWED THAT THERE IS NO SIGNIFICANT ASSOCIATION BETWEEN ETHNICITY AND MOTHER-CHILD SITTING SLEEPING POSITION. HENCE, WE FAILED TO REJECT THE NULL HYPOTHESIS. THIS HYPOTHESIS CONFIRMED THAT MANY OF THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT PRACTICED DID NOT PRACTISE MOTHER-CHILD SITTING SLEEPING POSITION IRRESPECTIVE OF THEIR ETHNIC GROUP AND THE AUTHENTICITY OF THIS WAS PROVED BY THE SIGNIFICANCE OF THIS HYPOTHESIS.

LEVEL OF EDUCATION AND MOTHER-CHILD SIDE SLEEPING POSITIONS

THERE IS NO ASSOCIATION BETWEEN LEVEL OF EDUCATION AND MOTHER-CHILD SIDE SLEEPING POSITIONS. WHEN χ^2 WAS USED TO TEST THE HYPOTHESIS, P- VALUE OBTAINED WAS LESS THAN 0.05. THIS SHOWED THAT THERE IS SIGNIFICANT ASSOCIATION BETWEEN LEVEL OF EDUCATION AND MOTHER-CHILD SIDE SLEEPING POSITION. HENCE, WE REJECTED THE NULL HYPOTHESIS. THIS HYPOTHESIS CONFIRMED THAT MANY OF THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT PRACTICED SIDE SLEEPING POSITION REGARDLESS OF THEIR LEVEL OF EDUCATION AND THE AUTHENTICITY OF THIS WAS PROVED BY THE SIGNIFICANCE OF THIS HYPOTHESIS.

OCCUPATION AND MOTHER-CHILD SITTING SLEEPING POSITIONS

THERE IS NO ASSOCIATION BETWEEN OCCUPATION AND MOTHER-CHILD SITTING SLEEPING POSITIONS. WHEN χ^2 WAS USED TO TEST THE

HYPOTHESIS P- VALUE OBTAINED WAS LESS THAN 0.05. THIS SHOWED THAT THERE IS SIGNIFICANT ASSOCIATION BETWEEN OCCUPATION AND MOTHER-CHILD SITTING SLEEPING POSITION. HENCE, WE REJECTED THE NULL HYPOTHESIS. THIS HYPOTHESIS CONFIRMED THAT MANY OF THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT PRACTICED MOTHER-CHILD SITTING SLEEPING POSITION REGARDLESS OF THEIR OCCUPATION AND THE AUTHENTICITY OF THIS WAS PROVED BY THE SIGNIFICANCE OF THIS HYPOTHESIS.

MARITAL STATUS AND MOTHER-CHILD SIDE SLEEPING POSITIONS

THERE IS NO ASSOCIATION BETWEEN MARITAL STATUS AND MOTHER-CHILD SIDE SLEEPING POSITIONS. WHEN CHI-SQUARE WAS USED TO TEST FOR ASSOCIATION AND THE RESULT IS PRESENTED BELOW WHEN CHI^2 WAS USED TO TEST THE HYPOTHESIS P- VALUE OBTAINED WAS LESS THAN 0.05. THIS SHOWED THAT THERE IS SIGNIFICANT ASSOCIATION BETWEEN LEVEL OF EDUCATION AND MOTHER-CHILD SIDE SLEEPING POSITION. HENCE, WE REJECTED THE NULL HYPOTHESIS. THIS HYPOTHESIS CONFIRMED THAT MANY OF THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT PRACTICED SIDE SLEEPING POSITION REGARDLESS OF THEIR LEVEL OF EDUCATION AND THE AUTHENTICITY OF THIS WAS PROVED BY THE SIGNIFICANCE OF THIS HYPOTHESIS.

CONCLUSION

THE MEAN AGE OF THE RESPONDENTS IS 31.84 ± 5.9 YEARS. THIS MAY BE DUE TO THE FACT THAT MOST OF THEM HAVE A LATE MARRIAGE. ALL THE DIVISION OF THE LOCAL GOVERNMENT (INNER CORE, TRANSITORY AND PERIPHERAL) WERE WELL REPRESENTED IN THE STUDY. THIS WAS BECAUSE, ONE -THIRD EACH (141) OF RESPONDENTS WERE SYSTEMATICALLY CHOSEN FROM INNER CORE, TRANSITORY AND PERIPHERAL. MOST (78.7%) OF THE RESPONDENTS HAVE RECEIVED INFORMATION ON THE SAFEST METHOD OF BREASTFEEDING THE CHILD WHILE SLEEPING IN THE NIGHT AND MOST (64.5%) OF THE RESPONDENTS' SOURCE OF INFORMATION AS REGARDS THEIR CHILDREN WAS FROM HEALTH WORKERS. THIS SHOWED THAT HEALTH WORKERS WERE AGENT OF CHANGE AND CAN BE USED TO PASS HEALTH INFORMATION TO MOTHERS.

A LARGER PERCENTAGE (94.5%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEP IN PRONE SLEEPING POSITION, MAJORITY (88.6%) OF THE RESPONDENTS PLACED THEIR CHILD TO SLEEP IN SIDE SLEEPING POSITION AND ALMOST ALL (95.3%) OF THE RESPONDENTS DID NOT PLACE THEIR CHILD TO SLEEPING SUPINE SLEEPING POSITION AFTER BREASTFEEDING IN THE NIGHT. THESE CONFIRMED THAT THERE IS LOW LEVEL OF PUBLIC AWARENESS CAMPAIGN ON SIDS. SLIGHTLY MORE THAN HALF (52.4%) OF THE RESPONDENTS PLACED THEIR CHILD TO SLEEP IN SITTING SLEEPING POSITION AFTER BREASTFEEDING IN THE NIGHT. THIS SHOWED THAT SITTING SLEEPING POSITION SHOULD BE ADDED TO THE OTHER POPULAR

TRADITIONAL SLEEPING POSITION SINCE MOTHERS ARE PRACTICING IT AS IT WAS ALSO CONFIRMED BY HYPOTHESIS 3.

SCORING THE PERCEPTION SCALE FOR BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER USING 8 POINT SCALE, MAJORITY (84.6%) HAVE POSITIVE PERCEPTION TOWARDS BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHER. THIS SHOWED THAT MAJORITY OF NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAVE GOOD PERCEPTION ABOUT BENEFIT OF TRADITIONAL SLEEPING POSITION TO MOTHERS. ALSO, THE SCORING OF THE PERCEPTION SCALE FOR PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE REVEALED THAT MAJORITY (64.5%) OF RESPONDENTS HAD POSITIVE PERCEPTION TOWARDS THE PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITIONS TO CHILD. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF BENEFIT OF TRADITIONAL SLEEPING POSITION TO CHILD.

SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO MOTHER USING 10 POINTS SCALE, MANY RESPONDENTS (65.6%) HAVE POSITIVE PERCEPTION TO PERCEPTION OF DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO MOTHER. SCORING THE PERCEPTION SCALE FOR PERCEPTION OF DANGER OF MOTHER-CHILD TRADITIONAL SLEEPING POSITION TO CHILD USING 10 POINTS SCALE, MAJORITY (63.5%) OF THE RESPONDENTS HAVE POSITIVE PERCEPTION. THIS SHOWED THAT NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAD GOOD PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITION TO CHILD.

SCORING THE TOTAL PERCEPTION CATEGORY, A LARGE PERCENTAGE (98.8%) OF THE PERCEPTION IS **GOOD** WHILE, FEW (1.2%) IS **POOR**. THIS SHOWED THAT THE RESPONDENTS' PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITION WAS CORRECT.

IT CAN THEREFORE BE CONCLUDED FROM THIS STUDY THAT, DESPITE THE FACT THAT THE NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT HAVE GOOD PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITION, THEY DID NOT PUT IT INTO PRACTICE AS ALMOST ALL THE NURSING MOTHERS (88.6%) PRACTICED MOTHER-CHILD SIDE SLEEPING POSITION BY PLACING THEIR CHILD TO SLEEP IN SIDE SLEEPING POSITION AFTER BREASTFEEDING.

RECOMMENDATION

1. PUBLIC ENLIGHTENMENT SHOULD BE CARRIED OUT TO ENLIGHTEN THE NURSING MOTHERS OF THE
 - a) BENEFITS OF INFANTS' SUPINE SLEEPING POSITION TO MOTHER AND CHILD. THERE IS NEED TO EDUCATE MOTHERS ABOUT THE IMPORTANCE OF SUPINE IN THE PREVENTION OF SUDDEN INFANT DEATH SYNDROME (SIDS).
 - b) DANGERS OF INFANTS SIDE SLEEPING POSITION: MOTHERS SHOULD BE MADE TO REALIZE THAT SIDS RISKS ASSOCIATED WITH SIDE AND PRONE POSITION ARE SIMILAR IN MAGNITUDE AND THAT THE POPULATION ATTRIBUTED RISK REPORTED FOR SIDE SLEEPING POSITION IS HIGHER THAN THAT FOR PRONE. THEY SHOULD ALSO BE CONVINCED THAT THAT RISK THE RISK OF SIDS IS EXCEPTIONALLY HIGH FOR INFANTS WHO ARE PLACED TO SLEEP ON THEIR SIDE AND FOUND ON THEIR STOMACH.
2. HEALTH EDUCATION OF THE HEALTH WORKERS IN PROMOTING SUPINE SLEEPING OF INFANTS AT THEIR VARIOUS CLINICS. HEALTH WORKERS WERE CONFIRMED BY THIS PROJECT AS MOTHER'S MAJOR SOURCE OF INFORMATION. SO, IF THEY ARE WELL EDUCATED ABOUT THE DANGERS OF PLACING A CHILD TO SLEEP IN SUPINE POSITION AGAINST THE DANGERS OF PLACING THEM TO SLEEP IN SIDE POSITION (ESPECIALLY INFANTS OF AGE 0-2 MONTHS). THEY WILL

IMPART THE KNOWLEDGE ON THE MOTHERS IN SUCH A WAY THAT THEY WILL EMBRACE IT.

3. THERE IS NEED TO WORK WITH THE PEDIATRICIAN TO REALLY CONFIRM THE FACT THAT SIDE SLEEPING POSITIONS HAS LEAD TO SUDDEN INFANT DEATH SYNDROME. THE DISCOVERY FROM THIS WORK THAT 88.6% MOTHERS PRACTICED MOTHER-CHILD SIDE SLEEPING POSITION SHOWED THAT A LARGE NUMBERS OF MOTHERS WERE AT RISK OF EXPERIENCING SIDS. THEREFORE THERE IS NEED TO VALIDATE THIS FINDING BY WORKING WITH THE PEDIATRICIANS.

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APPENDIX

INFORM CONSENT FORM

IRB RESEARCH APPROVAL NUMBER:
THIS APPROVAL WILL ELAPSE ON:

TITLE: DEAR RESPONDENT,

PERCEPTION OF BENEFITS AND DANGERS OF MOTER-CHILD TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA

MY NAME IS **FAWOLE OMOBAYONLE**, A MASTER OF PUBLIC HEALTH STUDENT FROM THE DEPARTMENT OF HEALTH PROMOTION AND EDUCATION, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN. I AM A TRAINED RESEARCHER CURRENTLY CARRYING OUT A RESEARCH ON **PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS TO MOTHER AND CHILD AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA.**

THE PURPOSE OF THIS RESEARCH IS TO ASSESS THE **PERCEPTION OF BENEFITS AND DANGERS OF MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT, OYO STATE.**

I AM EXPECTED TO RECRUIT 422 PARTICIPANTS FROM THIS LOCAL GOVERNMENT AREA. THE QUESTIONNAIRE WILL TAKE 8-10 MINUTES TO COMPLETE AND PARTICIPATION IN THIS RESEARCH WILL COST YOU NOTHING. THERE IS NO DIRECT BENEFIT IN PARTICIPATING IN THIS STUDY BUT FINDINGS WILL PROVIDE VALUABLE BASELINE INFORMATION, WHICH CAN BE USED FOR DESIGNING PREVENTIVE INTERVENTION FOR THE DANGERS ASSOCIATED WITH MOTHER-CHILD TRADITIONAL SLEEPING POSITIONS. IT WILL ALSO HELP POLICY MAKERS TO FIND MORE EFFECTIVE WAYS TO ENLIGHTEN THE PUBLIC ON THE CONSEQUENCES ASSOCIATED WITH THIS PRACTICE.

ALL INFORMATION WILL BE GIVEN CODE NUMBER AND NO NAME WILL BE RECORDED AND AS SUCH THE INFORMATION COLLECTED CANNOT BE LINKED TO YOU OR YOUR FAMILY IN ANY WAY. MOREOVER, WHATEVER INFORMATION YOU PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL. PARTICIPATION IN THIS STUDY IS VOLUNTARY AND YOU CAN CHOOSE NOT TO ANSWER ANY QUESTION YOU DO NOT WISH TO ANSWER. HOWEVER WE HOPE THAT YOU WILL PARTICIPATE IN THIS STUDY SINCE YOUR VIEWS ARE IMPORTANT.

AT THIS JUNCTURE, WOULD YOU LIKE TO ASK ANY QUESTION CONCERNING THIS STUDY? IF NONE, MAY I BEGIN INTERVIEW NOW? YES
NO

STATEMENT OF PERSON OBTAINING INFORMED CONSENT:

I HAVE FULLY EXPLAINED THIS TO..... AND HAVE GIVEN SUFFICIENT INFORMATION ABOUT THE RISK AND BENEFITS IN ORDER TO MAKE AN INFORMED DECISION.

SIGNATURE..... DATE.....

STATEMENT OF PERSON GIVING CONSENT:

I HAVE READ THE DESCRIPTION OF THE RESEARCH. I UNDERSTOOD THAT MY PARTICIPATION IS VOLUNTARY. I KNOW ENOUGH ABOUT THE PURPOSE, METHODS, RISKS AND BENEFITS OF THE RESEARCH STUDY TO JUDGE THAT I WANT TO TAKE PART IN IT. I UNDERSTOOD THAT I MAY FREELY STOP BEING PART OF THIS STUDY ANYTIME. I HAVE RECEIVED A COPY OF THIS CONSENT FORM AND ADDITIONAL INFORMATION SHEET TO KEEP FOR MYSELF.

DATE.....SIGNATURE/THUMB
PRINT.....
NAME.....
WITNESS IF APPLICABLE.....
WITNESS NAME.....

PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER AND CHILD AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA

A QUESTIONNAIRE

GOOD DAY MA,

I AM A POST GRADUATE STUDENT OF DEPARTMENT OF HEALTH PROMOTION AND EDUCATION, FACULTY OF PUBLIC HEALTH, COLLEGE OF MEDICINE,

UNIVERSITY OF IBADAN. I AM CONDUCTING A RESEARCH WHICH FOCUSES ON PERCEPTION OF BENEFITS AND DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHERS AND CHILD AMONG NURSING MOTHERS IN IBADAN NORTH-WEST LOCAL GOVERNMENT AREA.

I WISH TO APPEAL TO YOU TO PARTICIPATE IN THIS STUDY BY ANSWERING THE QUESTIONS IN THE QUESTIONNAIRE. I EQUALLY PLEAD WITH YOU TO BE TRUTHFUL IN YOUR ANSWERS. THE INFORMATION AND RESULT OF YOUR RESPONSES WILL BE TREATED AS CONFIDENTIAL AND STRICTLY FOR ACADEMIC PURPOSE ONLY. YOUR NAME WILL NOT BE WRITTEN DOWN ANYWHERE IN THE QUESTIONNAIRE. RESULTS WILL BE USEFUL IN THE FUTURE FOR THE DESIGN OF EDUCATIONAL PROGRAMMES WHICH WILL BE USED FOR PREVENTING SUDDEN INFANT DEATH SYNDROME IN THE COMMUNITY. THANK YOU.

FOR OFFICIAL USE ONLY	
TIME STARTED:	DURATION:
TIME ENDED:	
SERIAL NO.....	

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS.

PLEASE HELP THE RESPONDENT TO ANSWER THE QUESTIONS IN THIS SECTION BY TICKING () THE APPROPRIATE OPTIONS OR BY COMPLETING THE BLANK SPACES PROVIDED.

1. AGE: (IN YEARS) AS AT LAST BIRTH DAY.....
2. MARITAL STATUS: (A) SINGLE (B) MARRIED (C) SEPARATED
(D) WIDOW (E) OTHER SPECIFY.....
3. LEVEL OF EDUCATION: (A) NO FORMAL EDUCATION (B)
PRIMARY EDUCATION
(C) SECONDARY EDUCATION (D) TERTIARY EDUCATION
4. ETHNIC GROUP: (A) YORUBA (B) HAUSA (C) IGBO
(D) OTHERS SPECIFY.....
5. OCCUPATION: (A) STUDENT (B) UNEMPLOYED (C)
FARMING
(D) BUSINESS (E) ARTISAN (F) CIVIL SERVANT
6. NUMBER OF CHILDREN BORN WHO CURRENTLY LIVE WITH YOU.....
7. DO YOU HAVE A CHILD THAT YOU ARE CURRENTLY BREASTFEEDING
(A) YES (B) NO
8. HAVE YOU EVER RECEIVED ANY INFORMATION ABOUT THE SAFEST METHOD OF BREAST-FEEDING CHILD? (A) YES (B) NO
9. MOTHERS' SOURCE OF INFORMATION: (A) HEALTH WORKERS (B)
MOTHERS-IN-LAW (C) FRIENDS (D) RELATIVES
NEIGHBOURS (E) MEDIA

SECTION B: TYPES OF TRADITIONAL SLEEPING POSITION

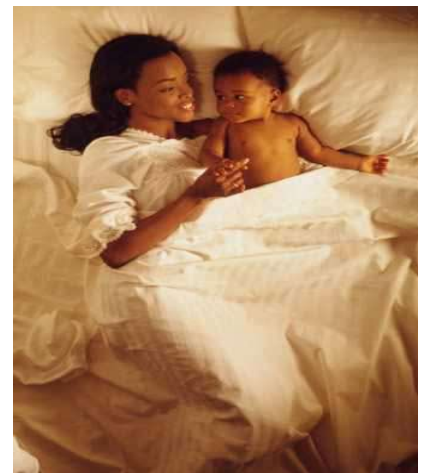
10. DO YOU PLACE YOUR CHILD TO SLEEP IN PRONE AS SHOWN IN THIS DIAGRAM AFTER BREAST-FEEDING IN THE NIGHT? YES NO



11. DO YOU PLACE YOUR CHILD TO SLEEP IN SIDE POSITION AS SHOWN IN THIS DIAGRAM AFTER BREAST-FEEDING IN THE NIGHT? YES NO



12. DO YOU PLACE YOUR CHILD TO SLEEP IN SUPINE AS SHOWN BELOW AFTER BREASTFEEDING IN THE NIGHT? YES NO



SOURCE OF THE PICTURES: ARTICLES.MERCOLA.COM

13. DO YOU PLACE YOUR CHILD TO SLEEP IN SITTING POSITION AFTER BREASTFEEDING IN THE NIGHT?

YES NO

SECTION C: PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER

14. INFANTS, WHO SLEEP ON THEIR STOMACH, ARE MORE REACTIVE TO NOISE AND ENJOY SHORTER PERIODS OF DEEP SLEEP. SO, MOTHER'S SLEEP THE NIGHT WILL BE MORE INTERRUPTED. YES NO
15. SIDE SLEEPING POSITION IS THOUGHT TO BE COMFORTABLE AND RELAXING FOR MOTHERS' BREASTFEEDING WHILE SLEEPING. YES NO
16. HAVE YOU SEEN/HEARD OF ANY MOTHER THAT EXPERIENCED SUDDEN INFANT DEATH SYNDROME (SIDS)? YES NO
16. WHAT DO YOU THINK CAN CAUSE IT?
17. PLACING BABIES ON THEIR STOMACH SAVES MOTHER FROM EXPERIENCING INFANT MORTALITY DUE TO SUDDEN INFANT DEATH SYNDROME. YES NO
18. MOTHER WILL EXPERIENCE A BRIGHTER FUTURE OF THE BABY PUT TO SLEEP ON THE SIDE OR FRONT BACK BECAUSE UNLIKE IN SUPINE, MOTHERS WILL NOT BE ABLE TO DISCOVER THE CHILD'S BRIGHTER FUTURE IN THE PROCESS AND AS SUCH DEALT WITH IT. YES NO

SECTION D: PERCEPTION OF BENEFITS OF TRADITIONAL SLEEPING POSITIONS TO CHILD

19. CHILD SUCKS BETTER IN SIDE SLEEPING POSITION. YES NO
20. CHILD SLEEPING ON THEIR STOMACH EXPERIENCE LONGER PERIODS OF DEEP SLEEP. YES NO
21. CHILD PLACE TO SLEEP ON HIS/HER STOMACH WILL HAVE A REDUCED PAIN AND SLEEPLESS NIGHT THAT IS NORMALLY EXPERIENCED BY INFANT OF AGE 0-2 MONTHS. YES NO
22. A CHILD THAT SLEEPS ON HIS/HER BACK UNLIKE PRONE WILL NOT EXPERIENCE SUDDEN INFANT DEATH SYNDROME BECAUSE HE/SHE WILL NOT BREATHE HIS OR HER OWN BREATH. YES NO
23. UNLIKE SLEEPING ON THE BACK, A CHILD PUT TO SLEEP ON HIS/HER SIDE OR PRONE WILL NOT EXPERIENCE EVIL ATTACK BECAUSE HE/SHE CANNOT DISCOVER HIS/HER DESTINY. YES NO

SECTION E: PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO MOTHER

24. MOTHER WILL HAVE ERRONEOUS FEAR OF INFECTION FROM BREAST MILK DRIPPING INTO TO THE BABY'S EARS WHEN BREASTFEEDING CHILD IN SIDE SLEEPING POSITION WHILE SLEEPING. YES NO
25. BACK SLEEPERS HAVE DELAYED EARLY MOTOR SKILL MILESTONES, I.E. DELAY IN THE ABILITY OF CHILD TO CRAWL WHICH AFFECTS MOTHERS PSYCHOLOGICALLY. YES NO
26. BOTH PRONE (FRONT) AND SIDE SLEEP POSITION INCREASES THE RISK OF SUDDEN INFANT DEATH SYNDROME IN INFANTS LESS THAN 2 MONTHS WHICH MAKES THE MOTHER EXPERIENCE INFANT MORTALITY. YES NO

27. OBESE MOTHER CANNOT BREASTFEED THEIR CHILD IN SIDE SLEEPING POSITION WHILE SLEEPING BECAUSE THEIR BIG BURST WILL BLOCK THE NOSE OF THE BABY LEADING TO SUFFOCATION. YES NO
28. MOTHERS EXPERIENCED UNSUBSTANTIATED FEAR OF A HIGHER RISK OF ASPIRATION IN INFANTS IF PLACED TO SLEEP IN SUPINE POSITION. YES NO

SECTION F: PERCEPTION OF DANGERS OF TRADITIONAL SLEEPING POSITIONS TO CHILD

29. CHILD PLACED TO SLEEP ON HIS BACK ARE EASILY ASCHUCK BY FEELS YES NO
30. PRONE INCREASES THE PROBABILITY THAT THE BABY RE-BREATHES HIS OWN EXHALED BREATH. YES NO
31. THERE IS HIGHER RISK OF ASPIRATION IN INFANTS IF PLACED TO SLEEP IN SUPINE. YES NO
32. BOTH PRONE (FRONT) AND SIDE SLEEP POSITION INCREASES THE RISK OF SUDDEN INFANT DEATH SYNDROME IN INFANTS LESS THAN 2 MONTHS. YES NO
33. THERE IS DELAY IN THE ABILITY OF CHILD TO WALK IF ALWAYS PUT TO SLEEP IN SUPINE YES NO

FOMU WI FUN ATI ILOHUNSI (INFORMED CONSENT FORM)

ORUKO MI NI FAWOLE OMOBAYONLE, MO JE AKEKO ONIPELEKEJI NI ILE IWE UNIVERSITY OF IBADAN, EKA TI O N KONI NIPA ILERA GBOGBO ENIYAN.

ISE IWADI YII WA FUN LATI MO IWOYE AWON IYA OLOMO LORI ANFAANI ATI EWU TO WA NIPA AWON ONA TI A N GBA SUN NITI IBILE SI IYA ATI OMO NI IJOBAIBILE GUSU ILA OORUN, IBADAN NI IPINLE OYO.

MO NILO LATI SISE IWADI YII LORI IYALOMO TO JE MELI LE LOGUN O LE NI IRINWO NI IJOBA IBILE YII. IWE IBEERE YII KO NIGBA YIN JU ISEJU MARUN LO, KO SI NI NA YIN NI OUNKOUN. ESI ISE IWADI YII YOO WULO LATI LAYIN LOYE LORI BI E SE LE SUN PELU OMO YIN TIKO FI NI MU EWU LOWO. BAKANAA O TUNMAA RAN AWON ASOFIN LOWO LATI LE MO ONA TO

DARA JU TI A LE FI POLONGO NKAN TI EWU YII LE FA TO WA NINU ORUN
SISUN YII FUN ARA ILU.

GBOGBO OHUN TI A BA GBO LATI ENU AWON OLUKOPA KOOKAN NI A MAA
FUN NI NONBA IDANIMO TI A KO SI NI KO ORUKO ENIKENI SI. GBOGBO OHUN
TI E BA SO FUN WA NI O MAA WA NI ASIRI. KIKOPA NINU IWADI YII KII SE TI
IPA. E LE MA DAHUN IBEERETI O BAWU YIN.

MO LERO WIPE E MAA KOPA NINU ISE IWADI YII NITORIPE IWOYE YIN SE
PATAKI.

NI IKORITATI A WA YII N JE E NI IBEERE LATI BEERE NIPA ISE IWADI YII? TI KO
BA SI, SE KI EMI BEERE IBEER MO NI FUN Y BEENI BEEKO

IPELE A: SOCIO DEMOGRAPHIC DATA

E JOWO E BA OLUKOPA MAAKI () INU APO TITI O BAYE FUN IDAHUN KOOKAN

1. OJOORI: (NITIODUN) LATIIGBATI E SE
OJOIBIKEHIN.....
2. IPOIGBEYAWO: (A) OMIDAN (B) A KO (D) KO SI
OKO MO
(E) OPO (F) IDAHUNMIRAN.....
3. IPELEKO: (A) ALAIKA ARA (LAKOBEERE (D)
GIRAMMA
(E) ILE EKO (F)
IDAHUNMIRAN.....
4. EYA: (A) YORUB (B) HAUS (C) IGBO
(D) IDAHUNMIRAN
5. ISE TI E N SE: (A) AK (B) ENITI KO TI MA E (C) A
(D) ONISOW (E) ONISE OV (F) OSISE A
6. IYE OMO TI E BI TI O SI N GBE PELU YIN
LOWOLOWO.....
7. NJE E NI OMO TI O N MU OMO LOWO? (A) BEENI BEEKO
8. N JE E TI GBA IDANILEKO LO RI ONATI O DARA JU LATI FUN OMO LOMU
TI KO NI N WU LOWO? (A) BI (B) BEEKO
9. ORISUN IROYIN AWON IYALOMO: (A) O ETO ILERA (B) AWON
IYAOKO
(C) AWON (D) AWON IBA (E) AWON ALAB (F) IROY
LORI AFEFE

IPELE B:ORISIRISI ONATIYAATIOMONGBA SUN

SECTION B: TYPES OF TRADITIONAL SLEEPING POSITION

10. N JE E MAA N GBE OMO YIN SUN NI IPO IDAKUN DE LE LEYIN TI O BA MU OMU TAN?

BEENI BEEKO

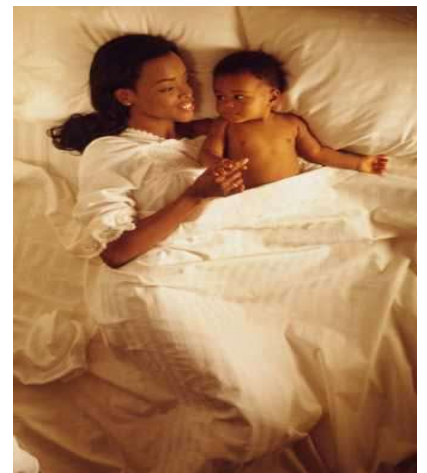


11. N JE E MAA N GBE OMO YIN SUN NI IPO IFEGBE LE LE LEYIN TI O BA OMU TAN BEENI BEEKO



14. N JE E MAA N GBE OMO YIN SUN NI IPO IFEYIN LE LE LEYIN TI O BA MU OMU TAN?

BEENI BEEKO



SOURCE OF THE PICTURES: ARTICLES.MERCOLA.COM

15. N JE E MAA N GBE OMO YIN SUN LORI IJIKO LEYIN TI O BA MU OMU TAN LALE?

BEENI BEEKO

IPELE C: IWOYENIPAAWONANFAANITI WANINUAWONONAADAYEBATIYALOMONGBAA SUN SIIYA

O

14. IDAKUREGBE MAA N WA FUN OORUN IYA TI OMO RE BA N DA IKUN DE
LE SUN, NITORIPE IRU OMO BEE KII PE JI ON BA GBO ARIV EKERE.
BEENI BEEKO
- 15..IRORUN ATI ISIMI WA FUN IYA TO BA N FUN OMO LOMU NI IGBA TI
AWON MEJEJI EGBE SUN BEENI BEEKO
- 16A.NJE E TI RI ABI E GBO NIPA IYA TI OMO RE KU I OJU OORU
BEENI BEEKO
- 16B. KINI E RO WIPE O LE FA A?
17. DIDA AYA OMO DELE SUN MAA N DENA KI OMO KU LA JU OOR
BEENI BEEKO
- 18.IYA YOO JERE OMO TI O BA N FI EGBE SUN NITOTIPE EMI OKUNKUN
KONI RI KADARA RE.
BEENI BEEKO

**IPELE D: IWOYE NIPA AWON ANFAANI TI O WA NINU AWON ONA ADAYEBA
TI IYALOMO NGBAA SUN SI OMO**

19. OMO MAA N MU OMU DADA NIGBATI O BA FI EGB BEENI
BEEKO
20. OMO TI O BA N FI IKUN SUN MAA N SUN FONFON FUN IGBA PIPE.BE
BEEKO
21. OMOTI O BA N FI IKUN SUN KO NI NI INUWO TI O MAA NSE OMO OOJO
TITI DE OSU MEJI.
BEENI BEEKO
22. OMOTI O BA N FI EYIN SUN KO NI KULATI OJU UN. BEENI
BEEKO
23. OMOTI O BA N FI IKUN TABI EGBE SUN KO NI RI IJA AYE NITORI WON
KO NI RI KADARA RE GEGE BI WON TI MAA N R OMO TO BA EYIN
SUN (TAKAACA) BEENI BEEKO

**IPELE E: IWOYENIPAAWONEWUTI O
WANINUAWONONAADAYEBATIYALOMONGBAA SUNSIYA**

3. IYA MAA N BERU WIPE OMI OYAN LE KAN SI OMO LETI NIGBA TI OUN
BAA N FUN OMO NI OMU NIIDUBUL IKOTI W O FI EGBE SUN.
BEENIBEEKO
4. OMO TO BA N TAKAACA SUN KIITETE BEENI BEEKO
5. FIFIEGBE SUN ATIDIDAIKUN DELE SUN FUN OMO LE SE
OKUNFAKIOMOKULATIOJUOORUN.ELEYI LE
FAKIIYAFFOJUSUNKUNOMO. BEENI BEEKO
6. IYATI O BASANRATIOMU RE SITOBICO LE FUN OMOLOMUNIIGBATI
WON BA FI EGBE SUN NITORI IYII DI
OMONIIMUKIOMOSIGBAIBEKU. BEENI BEEKO
7. IYAMAA N BERU WIPE OMOTI O BATAKAAKA SUN LE NKANPA
BEENIBEEKO

**IPELE E: IWOYENIPAAWONEWUTI O
WANINUAWONONAADAYEBATIYALOMONGBAA SUNSIOMO**

16. AWON AYE MAA N BAOMOTI O BATAKAAKA JA. BEENI BEEKO
17. OMO TO BA N FI IKUN SUN MAA N MI EEMITI O TI MI SITAPADASIIMU.
18. BEENI BEEKO

19. EWUGBIGBENKANPARIWA FUN OMO TO BA N TAKA A SUN. B NI
BEEKO

20. FIFIEGBE SUN ATIDIDAIKUN DELE SUN FUN OMO LE SE
OKUNFAKIOMOKULATIOJUO N.ELEYI LE
FAKIYAFFOJUSUNKUNOMO. BEENI BEEKO

21. OMO TO BA N TAKA AKA SUN KIITETERIN. BEENI BEEKO

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