

Quality of Life and its Determinants among Lactating Mothers in South East Senatorial District, Rivers State, Nigeria

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Article History	Abstract
<p>Original Research Article</p> <p>Received: 10-05-2026</p> <p>Accepted: 13-06-2026</p> <p>Published: 05-07-2026</p> <p>Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.</p> <p>Citation: Dappa, L. G., Wama, H., & Harry, P. G. N. (2026). <i>Quality of life and its determinants among lactating mothers in South East Senatorial District, Rivers State, Nigeria.</i> UKR Journal of Medicine and Medical Research, 2(4), 07-13.</p>	<p><i>Having good health-related quality of life (HRQoL) is essential, particularly for women after childbirth. This study investigated the quality of life and its determinants among lactating mothers in South East Senatorial District, Rivers State, Nigeria. A cross-sectional design was adopted. The population of this study consisted of one thousand, nine hundred and sixty-five (1,965) lactating mothers attending postnatal clinics in South East Senatorial District. The sample size for the study was 983 which was selected using multi-stage sampling procedure. The data collection instrument was a structured questionnaire titled 'Health Survey Instrument and Health-Related Quality of Life Instrument (HSIHRQoL (SF-12v2)'. Data collected was analyzed with the aid of the Statistical Product for Service Solution (SPSS V-27), using percentage, mean, standard deviation, multivariate regression, and one-way analysis of variance (ANOVA) at 0.05 level of significance. The result showed that the more than three quarter (78.8%) had good quality of life while 21.2% had poor quality of life. The result of the study indicated that there was a very high positive relationship between level of income and quality of life among lactating mothers ($r = 0.81$). The result further showed that level of income contributed 72.6% of the variance in the quality of life of lactating mothers ($R^2 = 0.726$). There was a statistically significant relationship between quality of life and factors such as level of income [$f(1,952) = 4521.62, p < 0.05$], access to healthcare services [$f(1,952) = 7817.04, p < 0.05$], family support [$f(1,952) = 6189.10, p < 0.05$], parity [$F(2, 950) = 58.85; p < 0.05$], age [$F(2, 950) = 20.81; p < 0.05$], and religion [$F(2, 950) = 52.84; p < 0.05$]. It was concluded that lactating mothers in South-East Senatorial District of Rivers State had a good quality of life, which is encouraging and should be sustained. It was recommended among others that quality of life is all-encompassing hence, the postnatal clinics should consider and attend to all the domains of health of both the mother and infant by ensuring that professionals are on ground to discharge their duties both on the social, mental and physical health.</i></p> <p>Keywords: Determinants, Lactation, Quality of Life, Mothers, South East.</p>

Introduction

Having good health-related quality of life (HRQoL) is essential, particularly for women after childbirth. The quality of life of lactating mothers is multifaceted. Quality of life encompasses various physical, psychological, social, and environmental factors that influence an individual's perception of their life satisfaction and fulfilment (World Health Organization, 2020). It was asserted by Chen et al. (2020) that, breastfeeding experiences significantly impact the quality of life of lactating mothers. Positive

breastfeeding experiences, including successful initiation, comfortable breastfeeding techniques, and bonding with the infant during breastfeeding, can enhance maternal well-being and satisfaction with motherhood. Maternal health significantly influences the quality of life of lactating mothers.

Addressing quality of life among lactating mothers requires a multi-faceted approach that addresses the underlying social, and economic determinants of health. According to

Hawkins et al. (2024), socioeconomic status and educational attainment, also contribute significantly to health disparities among lactating mothers. Women from lower socioeconomic backgrounds often face challenges accessing prenatal care, nutritional support, and other essential services that are critical for promoting maternal and infant health. For example, Nguyen et al. (2021) showed that women with low-income status are more likely to experience food insecurity and live in neighborhoods with limited access to healthy food options, which can negatively impact breastfeeding initiation and duration. Notably, socioeconomic status intersects with educational background.

Educational background serves as a crucial determinant of health disparities among lactating mothers, influencing the quality of life. According to Ciccone et al. (2021), higher educational attainment is associated with increased access to prenatal care, breastfeeding support services, and preventive health services, which contribute to better maternal and infant health outcomes. Conversely, mothers with lower levels of education may face barriers to accessing healthcare services, including lack of health insurance, transportation challenges, and limited health literacy, which can result in disparities in breastfeeding outcomes. Additionally, Geronimus et al. (2021) stated that, educational attainment is associated with healthier lifestyle behaviors, such as smoking cessation, physical activity, and adherence to prenatal care guidelines, which contribute to improved maternal health outcomes and good quality of life.

Family support influences maternal mental health outcomes during the postpartum period. Family support can take various forms, including emotional encouragement, practical assistance with household chores and childcare, and advocacy for breastfeeding within the family and community. However, disparities in family support may exist among certain populations, with women from disadvantaged backgrounds or those lacking social support networks facing challenges in accessing adequate support for breastfeeding (Tuthill et al., 2021). Mohlman (2021) argued that, social support from family members, including partners, parents, and extended family, can positively impact maternal mental health, breastfeeding practices, and overall well-being during the postpartum period. However, disparities in family support may exacerbate maternal mental health problems, particularly among women from marginalized communities or those experiencing social isolation. Family support not only influences maternal well-being and infant health outcomes but also affects the overall caregiving environment within the household. Crear-Perry et al. (2021) stated that to enhance the health and quality of life of nursing moms, social aspects must be considered.

More than a decade ago, the World Health Organization (WHO) launched its commission on the social determinants of health (SDOH), and a large body of research has since demonstrated that social determinants, which are the conditions in which people are born, grow, live, work and age, are major drivers of disease risk and susceptibility within clinical care and public health systems (WHO, 2020).

Speaking from personal experience and observations, quality of life among lactating mothers in Rivers South-East is a source of concern both to the researcher and among healthcare professionals. Thus, the need to unravel the determinants, which if known could provide a guide on what aspect to focus on during any intervention to improve the health and quality of life of the mothers during the lactating period. Therefore, the problem is to identify the most impactful factors that contribute to poor quality of life but, data revealing such is scarce hence, the need for this study. Bai et al. (2021) argued that, little is known about quality of life and its determinants. Therefore, this study examined the quality of life and its determinants among lactating mothers in South-East Senatorial District of Rivers State, Nigeria. The study provided answers to the following research questions:

1. What is the quality of life of lactating mothers in South-East Senatorial District of Rivers State, Nigeria?
2. What are the determinants of quality of life among lactating mothers in South-East Senatorial District of Rivers State, Nigeria?

Hypotheses

The following null hypotheses were formulated to guide the study were tested at 0.05 level of significance

1. There is no significant relationship between level of income and quality of life of lactating mothers in South-East Senatorial District of Rivers State.
2. There is no significant relationship between family support and quality of life of lactating mothers in South-East Senatorial District of Rivers State.

Methodology

A cross-sectional design was adopted. The population of this study consisted of one thousand, nine hundred and sixty-five (1,965) lactating mothers attending postnatal clinics in South East Senatorial District. The inclusion criteria included healthy mothers, who gave consent for

the study and those attending postnatal clinics in the selected facilities. The sample size for this study was 983 which is 50% ($n = 50/100 \times 1,965$) of the entire population (1,965) because, according to Nwana (2020) when the population is a thousand or few thousand, 50% of the population can be used as the sample size.

Multi stage sampling process was used to calculate the sample size. Stage one: The clustering stage was used to cluster all the Local Government Areas in the Senatorial District into two categories based on the terrain. Riverine (Andoni and Opopo Nkoro) and Upland (Oyigbo, Eleme, Tai, Gokana and Khana). Stage two employed simple random sample technique to select two health centres

from each of the Local Government Areas. Stage three: Respondents were recruited from the selected facilities using the simple random sampling. Data were obtained using a structured questionnaire named 'Health Survey Instrument and Health-Related Quality of Life Instrument (HSIHRQoL (SF-12v2))' with a reliability coefficient of 0.82. Data were analysed using Statistical Product for Service Solution (SPSS V-27) by percentage, mean, standard deviation and one-way analysis of variance (ANOVA) at 0.05 level of significance.

Results

The results of the study are shown below:

Table 1: Distribution showing Respondents' Health-Related Quality of Life

SN	Items	SD	D	U	A	SA	Mean	S.D
1	I do not feel any pain	271	201	481	00	00	2.73	1.33
2	I can perform any physical activity without limitation	220	201	52	380	100	2.94	1.40
3	I fall asleep easy and I sleep long enough; when I wake up, I feel rested	205	109	100	202	337	3.37	1.57
4	I take care of myself completely	102	160	109	268	314	3.56	1.37
5	My physical condition is excellent	102	161	150	439	101	3.29	1.18
6	I am always in a good mood	101	362	59	380	51	2.91	1.19
7	I feel upset very rarely	110	212	251	262	118	3.07	1.20
8	I feel good in my skin	151	110	100	261	331	3.54	1.46
9	Life is beautiful	101	102	100	371	279	3.66	1.29
10	The world is beautiful	51	52	150	438	262	3.85	1.05
11	My family relations are excellent	101	111	100	481	160	3.51	1.21
12	I am doing excellently at my job	101	59	159	532	102	3.5	1.11
13	I regularly meet my friends and enjoy their company	101	170	100	481	101	3.33	1.19
14	I may say that my sex life is very good	51	218	101	433	150	3.43	1.16
15	My relations with colleagues at job are good	103	50	150	500	150	3.57	1.15
16	I am content with my finances	278	210	110	255	100	2.67	1.40
17	I feel completely safe	51	59	320	464	59	3.44	0.90
18	I easily adapt to environmental temperature	110	159	203	372	109	3.22	1.20
19	I do not have problem with breathing where I live or work	103	268	51	254	277	3.35	1.42
Grand mean							3.31	1.25

Criterion mean = 3.00. Guide: <3.00 is poor quality of life while ≥ 3.00 is good quality of life

Table 1 presented the distribution showing respondents' Health-Related Quality of Life. The result showed that the grand mean of 3.31 was greater than the criterion mean of 2.50, indicating a good health related quality of life. Majority ($f = 481$) indicated that they did not feel any pain, their family relations are excellent, they regularly meet friends and enjoy, 439 showed that their physical condition is excellent, and 380 indicated that they are always in a good mood. Thus, lactating mother had good health-related quality of life.



Fig 1: Bar Chart showing overall quality of life of the respondents

Fig 1 presents the overall quality of life of the respondents. The result showed that overall, more than three quarter (78.8%) had good quality of life while 21.2% had poor quality of life.

Table 2: Linear regression showing relationship between level of income and quality of life among lactating mothers

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Remark
1	0.81	0.72	0.72	0.76	Very High relationship

Guide: 0.00-0.19 = very low, 0.20-0.39 = low, 0.40-0.59 = moderate, 0.60-0.79 = high and 0.80 above is very high relationship

Table 2 illustrated the relationship between level of income and quality of life among lactating mothers. The result of the study indicated that there was a very high positive relationship between level of income and quality of life among lactating mothers ($r = 0.81$). The result further showed that level of income contributed 72.6% of the variance in the quality of life of lactating mothers ($R^2 = 0.726$).

Table 3: Mean and standard deviation showing family/social support for better quality of life among lactating mothers

SN	Items	Mean	S.D
1	I have someone I can really count on to listen to me when there is a need	2.60	0.83
2	I have someone to depend on in case of any emergency	2.63	1.01
3	My family members are supportive to me, particularly anything relating to my health	2.59	0.84
4	I have friends that can run around for me if there is need to do so	2.27	1.04
5	I feel people around me are concerned about my health and well-being	2.70	0.88
Grand mean		2.56	0.92

Criterion mean = 2.50. Guide: <2.50 is poor support while ≥ 2.50 is good support

Table 3 presents the mean and standard deviation showing family/social support for better quality of life among lactating mothers. The result revealed that the grand mean of 2.56 was greater than the criterion mean of 2.50 indicating a good support from family. Specifically, the respondents indicated that they feel people around them are concerned about their health and well-being (2.70), they have someone to depend on in case of any emergency (2.63), they have someone they can really count

on to listen to them when there is a need (2.60), and family members are supportive to them, particularly anything relating to their health (2.59).

Table 4: Linear regression showing significant relationship between family support and quality of life among lactating mothers

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	7924.12	1	7924.12	6189.10	0.00*	Rejected
	Residual	1218.87	952	1.28			
	Total	9143.00	953				

***Significant; p < 0.05**

Table 4 showed the regression study on the association between family support and quality of life of lactating mothers in South-East Senatorial District of Rivers State. The results of the study demonstrated that there was a statistically significant association between family support and quality of life ($f(1,952) = 6189.10, p < 0.05$). Therefore the null hypothesis which states that there is no significant relationship between family support and quality of life of lactating women in South-East Senatorial District of Rivers State was rejected.

Table 5: Linear regression showing significant relationship between level of income and quality of life among lactating mothers

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	2648.396	1	2648.396	4521.62	0.00*	Rejected
	Residual	557.604	952	.586			
	Total	3206.000	953				

***Significant; p < 0.05**

Table 5 revealed the regression analysis on the relationship between level of income and quality of life of lactating mothers in South-East Senatorial District of Rivers State. The findings of the study revealed that there was a statistically significant relationship between level of income and quality of life [$f(1,952) = 4521.62, p < 0.05$]. Therefore, the null hypothesis which stated that there is no significant relationship between level of income and quality of life of lactating mothers in South-East Senatorial District of Rivers State was rejected.

Discussion of Findings

The findings of the study are discussed below:

The data showed that in all, more than three quarter (78.8%) had good quality of life whereas 21.2% had bad quality of life. This was an expected and welcome finding as nursing moms who are responsible for caring for their new born need good quality of life to be healthy and strong enough to take proper care of their kids. The finding of this study is consistent with Beyene et al., (2021) in South Ethiopia, in which women had a good health-related quality of life. This finding is supported by the study of Kumera and Haidar (2021) at health facilities of Asosa town, Ethiopia, which reported good health related quality of life among the women. This resemblance between the prior research and the present one could be owing to the homogeneity of the study respondents as both studies were conducted among reproductive age women and breastfeeding moms, this

could be implicated for the similarity identified between previous studies and the present study. However, this finding differs from that of Ahmad et al. (2021) in Australia where mothers generally experienced poor health related quality of life. The present result is also different from that of Shana et al. (2020) which revealed poor quality of life among the moms. This discrepancy can be attributed to the difference in research area since prior investigations were done at various locations whereas the present study was carried out in Rivers State.

The result of the study indicated that there was a very high positive relationship between level of income on quality of life among lactating mothers ($r = 0.81$), and level of income contributed 72.6% of the variance in the quality of life of lactating mothers ($R^2 = 0.726$). This finding is not different from the report from several other studies such as Muzaffar (2024) which showed that, women are less likely to access any healthcare services if such services are within the cost they can afford or within the level of income. The finding also corroborates Fisseha et al. (2021) whose report revealed access to healthcare facility is necessary for its utilization. The finding of this study is in keeping with that of Odetola (2024) which reveal that when services are provided for people within the level of income of the consumers of the health services. This similarity between the previous studies and the present one could be due to the homogeneity of the study respondents as both studies focused on reproductive age women and lactating mothers,

this could be implicated for the similarity found between previous studies and the present study.

The findings of the study revealed that there was a statistically significant relationship between family support and quality of life [$f(1,952) = 6189.10$, $p < 0.05$]. This finding may not be surprising because when women are supported by their families, they will be strengthened to do better in taking care of their health. This finding corroborates that of Gadelha et al. (2023) on health-related quality of life of women in Brazil which showed that family and social support correlates with quality of life. The finding of this study is in tandem with that of Bai et al. (2021) study on health-related quality of life after childbirth in the Netherland which showed that family and social support correlates with quality of life. This finding corroborates that of Girardi et al. (2023) on health-related quality of life of women in the United State which showed that family and social support is a strong variable influencing the quality of life of women. This similarity between the previous studies and the present one could be due to the homogeneity of the study respondents as both studies focused on reproductive age women and lactating mothers, this could be implicated for the similarity found between previous studies and the present study.

Conclusion

It was concluded that lactating mothers in South-East Senatorial District of Rivers State had a good quality of life, which is encouraging and should be sustained, and the determinants of quality of life among lactating mothers were level of income, access to healthcare services and family/social support.

Recommendations

The following recommendations were made based on the findings of the study:

1. Quality of life is all-encompassing hence, the postnatal clinics should consider and attend to all the domains of health of both the mother and infant by ensuring that professionals are on ground to discharge their duties both on the social, mental and physical health.
2. Families, caregivers and friends of the lactating mothers should not relent in giving their support to them in any way possible.
3. Government should not relent in their effort to empower women economically by bringing more skills acquisition programmes to them, this will enhance their level of income and decision making on the use of healthcare services to maintain good health.

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