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Nseobot Okon Essien

Educational Attainment and Cultural Beliefs as Determinants of Exclusive Breastfeeding Practice Among Working Nursing Mothers in Akwa Ibom North-West Senatorial District

Nseobot Okon Essien

Department of Human Kinetics and Health Education

Faculty of Education, University of Uyo

nseobot247@gmail.com

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Abstract

This study examines the influence of educational attainment and cultural beliefs on the practice of exclusive breastfeeding (EBF) among working nursing mothers attending immunization clinics in the Akwa Ibom North-West Senatorial District. A descriptive survey design was employed, and 200 working nursing mothers were selected using a multi-stage sampling procedure from general hospitals within the district. Data were collected through a validated, researcher-developed questionnaire titled Knowledge, Attitude, and Practice of Exclusive Breastfeeding Questionnaire (KAPEBQ), with reliability coefficients ranging from 0.71 to 0.88. Data analysis utilized descriptive statistics and inferential tests at a 0.05 significance level. The findings indicated that educational attainment significantly influenced mothers' likelihood of practicing EBF, with higher-educated mothers showing better adherence to recommended practices. Cultural beliefs also played a significant role in breastfeeding decisions, particularly those related to colostrum disposal, pre-lacteal feeding, and family-driven feeding norms. The study concludes that both educational level and cultural beliefs are critical factors

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shaping EBF behavior among working mothers. It recommends strengthening community-based health education, offering culturally sensitive breastfeeding counseling, and implementing workplace support systems to improve EBF uptake in the district.

Keywords: Breastfeeding, education, cultural belief, nursing mothers

1. Introduction

Breastfeeding has long been recognized as a fundamental infant-feeding practice, providing newborns with essential nutrients for growth and survival. The World Health Organization (WHO) recommends initiating breastfeeding within the first hour of birth and continuing as frequently as the infant demands (WHO, 2021). Exclusive breastfeeding (EBF) is defined as providing only breast milk to infants, with no additional liquids or solids, except for prescribed vitamins or medications. This practice is considered one of the most effective public health interventions for reducing infant morbidity and mortality (Valeii, 2021; WHO, 2021). Despite its importance, global EBF rates remain suboptimal, with only 44% of infants under six months exclusively breastfed (WHO, 2021). In Africa, the rate was recorded at approximately 37% in 2020 (Jama et al., 2020).

In Nigeria, the practice of exclusive breastfeeding has continued to decline despite sustained advocacy efforts. National statistics indicate a prevalence of just 16.4% for infants under six months, which further drops to 7.1% by the fifth month of life (Agho et al., 2022). This pattern is also observed in Akwa Ibom North-West Senatorial District, where cultural practices, knowledge gaps, and socio-demographic factors influence infant feeding behaviors. Although breastfeeding is widely practiced, misconceptions about colostrum, concerns over milk insufficiency, and the early introduction of complementary feeds remain prevalent (Ibe et al., 2020; Adejuyigbe et al., 2020; Shirima et al., 2021).

Educational attainment has been identified as a significant determinant of breastfeeding behavior. Studies have shown that mothers with higher education levels are more likely to be aware of breastfeeding benefits and adopt EBF practices (Chin et al., 2018; Gyampoh & Arthur, 2021). In contrast, limited formal education may restrict

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access to accurate health information, thereby influencing breastfeeding decisions (Ojong et al., 2022). Cultural beliefs also play a pivotal role in shaping infant feeding norms. Practices such as discarding colostrum, giving pre-lacteal feeds, or introducing water and herbal mixtures shortly after birth persist in many communities, hindering adherence to recommended exclusive breastfeeding guidelines (Adejuyigbe et al., 2020; Agnarsson et al., 2021; Shirima et al., 2021).

Despite extensive global and regional research on factors influencing exclusive breastfeeding, there is a paucity of localized studies focused on working nursing mothers in Akwa Ibom North-West Senatorial District. In immunization clinics within the district, many working mothers remain reluctant to practice EBF, despite receiving regular health education from healthcare providers. This gap highlights the need for context-specific evidence on how educational attainment and cultural beliefs influence breastfeeding practices within this population.

This study, therefore, aims to investigate the influence of educational attainment and cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in Akwa Ibom North-West Senatorial District. By addressing these factors, the study seeks to contribute to ongoing efforts to improve EBF uptake and promote optimal child health outcomes in the region

2. Literature Review

2.1. Theoretical Framework

2.1.1. Theory of Planned Behaviour (Ajzen & Fishbein, 1980)

The Theory of Planned Behaviour (TPB) posits that human action is guided by behavioral intentions, which are influenced by three key factors: attitudes, subjective norms, and perceived behavioral control. Ajzen and Fishbein (1980) argue that individuals are more likely to engage in a behavior when they believe it will lead to desirable outcomes and when they perceive themselves as capable of performing the behavior. In the context of exclusive breastfeeding (EBF), the TPB suggests that mothers are more likely to adopt EBF if they perceive it as beneficial for both themselves and their infants. Conversely, mothers who perceive EBF as harmful or impractical may be reluctant to adopt this practice.

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2.1.2. Locus of Control Theory (Rotter, 1966)

Rotter's (1966) Locus of Control Theory distinguishes between individuals with an internal locus of control, who believe that outcomes result from their own actions, and those with an external locus, who attribute outcomes to external factors such as fate or chance. Applied to breastfeeding, mothers with an external locus of control may perceive infant health as determined by factors beyond their control, such as genetics or fate. This perspective may discourage them from adopting EBF recommendations or valuing health education provided by professionals.

2.1.3. Health Belief Model (Hochbaum, Rosenstock & Kegel, 1950)

The Health Belief Model (HBM) emphasizes that health behaviors are influenced by perceptions of susceptibility, severity, benefits, and barriers. According to Hochbaum et al. (1950), individuals are more likely to engage in preventive health behaviors when they perceive themselves to be at risk and believe that the recommended behavior will reduce that risk. In the context of breastfeeding, mothers are more likely to practice EBF if they believe it protects their infants from disease and if the perceived benefits outweigh the perceived inconveniences or cultural barriers.

2.2. Conceptual Review

2.2.1. Breastfeeding

Breastfeeding refers to feeding infants directly with breast milk or through expressed milk. It provides balanced nutrients, immunological protection, and various physiological benefits (WHO, 2021; American Academy of Pediatrics, 2021). Breastfeeding has been shown to reduce the risks of respiratory infections, diarrhoea, early childhood obesity, otitis media, and several chronic diseases (Stopper & Shiel, 2022; Hunegnaw et al., 2021). Additionally, breastfeeding offers maternal health benefits, such as reduced postpartum blood loss, delayed return of fertility, and decreased risks of breast and ovarian cancers (WHO, 2021).

2.2.2. Exclusive Breastfeeding

Exclusive breastfeeding (EBF) is defined as providing only breast milk to infants for the first six months of life, with the exception of prescribed vitamins or medications (Anyanwu & Maduforo, 2021; WHO, 2021). EBF reduces infant morbidity and mortality from gastrointestinal infections, malnutrition, and other preventable diseases

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(Rollins et al., 2021; Olowolafe & Oyebade, 2020). While EBF is globally recognized as a vital strategy for child survival, rates remain low, particularly in West and Central Africa (Cai et al., 2022).

2.2.3. Benefits of Exclusive Breastfeeding

- i. Colostrum intake: Colostrum provides essential antibodies and nutrients crucial for early immunity (Jones, 2021).
- ii. Disease prevention: EBF reduces susceptibility to diarrhoea and respiratory infections (UNICEF, 2020; Jones, 2021).
- iii. Improved oral development: EBF promotes better oral development, reduces the risk of obesity, and enhances cognitive growth (Lawrence et al., 2020; WHO, 2020).
- iv. Maternal health benefits: EBF contributes to reduced cancer risks and prolonged lactational amenorrhea (WHO, 2021).
- v. Economic and environmental benefits: EBF reduces healthcare costs and reliance on manufactured formula products (Bartick & Reinhold, 2020; USDHHS, 2021).

Mothers' attitudes towards breastfeeding are a critical factor influencing EBF. Positive attitudes are linked to longer durations of breastfeeding, while negative attitudes—stemming from misconceptions, fears of breast sagging, pain, and discomfort with breastfeeding in public—can impede EBF adoption (Brown et al., 2021; Zainab & Folake, 2022; Srimorogan, 2023). Cultural norms, formula advertisements, and intergenerational beliefs also significantly influence maternal attitudes towards breastfeeding (Hadley et al., 2022; Tuan & Robert, 2022).

2.2.4. Educational Attainment and Exclusive Breastfeeding

Educational attainment is widely regarded as a key predictor of EBF adoption. Mothers with higher levels of education tend to have a better understanding of EBF and are more likely to practice it (Chin et al., 2018; Gyampoh & Arthur, 2021). In contrast, a lack of education often restricts access to accurate health information, which can reinforce misconceptions and traditional feeding practices (Ojong et al., 2022). Wako et al. (2022) found that maternal education significantly influenced both early initiation and the exclusivity of breastfeeding. Similarly, Laksono et al. (2021) reported that highly educated Indonesian mothers were more likely to exclusively breastfeed than their counterparts with no formal education.

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2.2.5. Cultural Beliefs and Exclusive Breastfeeding

Culture plays a significant role in shaping breastfeeding practices. Practices such as discarding colostrum, giving pre-lacteal feeds, and introducing water or herbal mixtures shortly after birth are widespread in sub-Saharan Africa (Adejuyigbe et al., 2020; Shirima et al., 2021; Sachdev et al., 2020). Family elders, particularly mothers-in-law, often exert considerable influence over feeding decisions (Maru et al., 2021). These cultural norms frequently conflict with WHO breastfeeding recommendations and contribute to low EBF rates. Studies in Ghana and Nigeria have shown that cultural norms, including gender roles, family hierarchies, and collective beliefs about infant readiness for complementary foods, often override health recommendations (Agani et al., 2018; Ibe et al., 2020; Afaya et al., 2020).

Religious norms can also enable or limit EBF practice. While some religious leaders encourage breastfeeding, others may hinder EBF through restrictive norms or patriarchal decision-making structures (Ojong et al., 2022; Jalo et al., 2022). Religious beliefs may influence women's comfort in discussing breastfeeding or seeking health information (Koenig, 2021). Studies have also indicated denominational differences in breastfeeding initiation (Burdette & Pilkauskas, 2020).

The reviewed literature shows that exclusive breastfeeding is influenced by multiple interrelated factors, including knowledge, attitudes, educational attainment, cultural beliefs, and religious norms. Despite breastfeeding being widely accepted, adherence to EBF remains low in many African settings due to persistent misconceptions, cultural practices, and socio-demographic barriers. Importantly, localized evidence on these determinants among working nursing mothers in Akwa Ibom North-West Senatorial District remains scarce. This gap highlights the relevance of the present study, which aims to examine how educational attainment and cultural beliefs influence EBF practices within this specific population.

3 Methodology

This study employed a descriptive survey research design to investigate the influence of educational attainment and cultural beliefs on the practice of exclusive breastfeeding (EBF) among working nursing mothers attending immunization clinics in Akwa Ibom North-West Senatorial District. The descriptive survey design was chosen as it is well-suited for describing existing conditions and gathering information directly from respondents in their natural setting.

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The study was conducted in public health facilities within the Akwa Ibom North-West Senatorial District, and the population comprised all working nursing mothers who visited these immunization clinics for postnatal services.

A sample of 200 working nursing mothers was selected using a multi-stage sampling technique. The first stage involved the selection of health facilities within the district, followed by the selection of eligible mothers who were present during immunization clinic sessions. This method ensured a representative sample of the population.

Data were collected using a structured, researcher-developed instrument titled *Knowledge, Attitude, and Practice of Exclusive Breastfeeding Questionnaire* (KAPEBQ). The questionnaire was designed to capture demographic data, knowledge levels, attitudes, cultural beliefs, and breastfeeding practices. To ensure the instrument's clarity and relevance, it underwent expert validation in Measurement and Evaluation. Additionally, a pilot test was conducted, resulting in reliability coefficients ranging from 0.71 to 0.88, indicating satisfactory internal consistency.

Data collection was carried out personally by the researcher to ensure high retrieval rates and to allow for immediate clarification of any items, if necessary. Completed questionnaires were retrieved on-site to minimize response bias and maximize data accuracy.

The data were analyzed using descriptive statistics, including frequencies and percentages, to answer the research questions. Chi-square (χ^2) statistics were used to test the hypotheses at the 0.05 significance level. These analytical procedures enabled the researcher to examine the associations between educational attainment, cultural beliefs, and EBF practices among working nursing mothers in the district.

4. Results

4.1 Influence of educational attainment on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District

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Nseobot Okon Essien

Table 1: Summary of Descriptive Statistics on the Influence of Educational Attainment on Exclusive Breastfeeding Practice

Variables	Mean	SD	Difference
Educational Attainment	3.34	1.93	1.17
Attending Immunization Clinic	2.17	1.63	—

Source: Field Data (2023)

The results in Table 1 reveal that educational attainment had a mean score of 3.34 with a standard deviation of 1.93, while the mean score for attendance at immunization clinics was 2.17, with a standard deviation of 1.63, resulting in a mean difference of 1.17. This finding indicates that educational attainment significantly influences the practice of exclusive breastfeeding among working nursing mothers in the study area. The higher mean score for educational attainment suggests that mothers with higher levels of education are more likely to understand, adopt, and maintain exclusive breastfeeding practices.



4.2 Influence of cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District

Table 2: Summary of Descriptive Statistics on the Influence of Cultural Beliefs on Exclusive Breastfeeding Practice

Variables	Mean	SD	Difference
Cultural Beliefs	3.15	1.72	0.98
Attending Immunization Clinic	2.17	1.63	—

Source: Field Data (2023)

Table 2 shows that cultural beliefs had a mean score of 3.15 with a standard deviation of 1.72, while attendance at immunization clinics had a mean score of 2.17 with a standard deviation of 1.63, resulting in a mean difference of 0.98. This finding indicates that cultural beliefs significantly influence exclusive breastfeeding practices among working nursing mothers. The higher mean score for cultural beliefs suggests that cultural norms, perceptions, and traditional expectations play a significant role in shaping mothers' adherence to exclusive breastfeeding recommendations.

4.3 Hypotheses Testing

Hypothesis One

H₀₁: There is no significant influence of educational attainment on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District.

Table 3: Dependent t-test Analysis on the Influence of Educational Attainment on Exclusive Breastfeeding Practice

Variables	Mean	SD	t-value	t-critical	df	Decision
Educational Attainment	3.34	1.93	2.92	1.96	199	Significant
Attending Immunization Clinic	2.17	1.63	—	—	—	—

Significant at 0.05 alpha level

Source: Field Data (2023)

The results presented in Table 3 show that educational attainment had a mean score of 3.34 with a standard deviation of 1.93, while attendance at immunization clinics had a mean score of 2.17 with a standard deviation of 1.63. The dependent t-test yielded a calculated t-value of 2.92, which is greater than the critical t-value of 1.96 at 199 degrees of freedom and a 0.05 alpha level. Since the calculated t-value (2.92) exceeds the critical value (1.96), the null hypothesis is rejected. This suggests that educational attainment significantly influences the practice of exclusive breastfeeding among working nursing mothers in General Hospitals within Akwa Ibom North-West Senatorial District.

Hypothesis Two

H₀₂: There is no significant influence of cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District.

Table 4: Dependent t-test Analysis on the Influence of Cultural Beliefs on Exclusive Breastfeeding Practice

Variables	Mean	SD	t-value	t-critical	df	Decision
Cultural Beliefs	3.15	1.72	2.83	1.96	199	Significant
Attending Immunization Clinic	2.17	1.63	—	—	—	—

Significant at 0.05 alpha level

Source: Field Data (2023)

As shown in Table 4, cultural beliefs had a mean score of 3.15 with a standard deviation of 1.72, compared to a mean score of 2.17 with a standard deviation of 1.63 for attendance at immunization clinics. The dependent t-test analysis yielded a calculated t-value of 2.83, which exceeds the critical t-value of 1.96 at 199 degrees of freedom and a 0.05 alpha level. Since the calculated t-value (2.83) is greater than the critical value (1.96), the null hypothesis is rejected. This indicates that cultural beliefs significantly influence the practice of exclusive breastfeeding among working nursing mothers in the study area.

4.4 Discussion of Findings

Educational Attainment on the Practice of Exclusive Breastfeeding among Working Nursing Mothers Attending Immunization Clinics

The results of the first hypothesis revealed that educational attainment significantly influences the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District. This finding implies that the level of education attained by working mothers attending immunization clinics plays a crucial role in shaping their breastfeeding practices. Educational attainment, defined as the highest level of education an individual has completed, influences how mothers perceive and engage in exclusive breastfeeding.

Educated mothers are more likely to understand the importance of exclusive breastfeeding and, as a result, are more likely to practice it, ensuring their infants benefit from its advantages. In contrast, mothers with lower levels of education may lack awareness of the benefits of exclusive breastfeeding, such as illness prevention, which is a key concern for all mothers. Working mothers attending immunization clinics who are less educated may be reluctant to adopt exclusive breastfeeding due to a lack of knowledge regarding its importance. This knowledge gap hinders their ability to recognize the full value of exclusive breastfeeding.

These findings align with the assertion by Samuel and Oluwaseem (2020), who highlighted that access to information, facilitated by a mother's educational attainment, promotes the practice of exclusive breastfeeding.

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Nseobot Okon Essien

Cultural Beliefs on the Practice of Exclusive Breastfeeding among Working Nursing Mothers Attending Immunization Clinics

The results of the second hypothesis revealed a significant influence of cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals in Akwa Ibom North-West Senatorial District. This suggests that cultural beliefs shape how working mothers attending immunization clinics perceive and engage in exclusive breastfeeding.

Culture, defined as the set of values, beliefs, and norms within a society, significantly influences individuals' behaviors and judgments about the world. This cultural framework often impacts breastfeeding practices. For some mothers, cultural norms may lead them to view exclusive breastfeeding as unnecessary or time-consuming, thereby preventing its adoption.

Since each society possesses its unique cultural background, developed over time and passed down through generations, it is common for cultural practices to devalue exclusive breastfeeding. Some cultural beliefs even encourage giving infants fluids or water shortly after birth instead of breast milk, while others promote the use of herbal mixtures for infant protection, under the belief that breast milk is insufficient for growth due to its perceived lack of nutrients.

The findings of this study align with the view expressed by Nnaji (2020), who emphasized that cultural beliefs play a crucial role in shaping mothers' breastfeeding practices.

5.1 Summary

The primary aim of this study was to evaluate the influence of educational attainment and cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in Akwa Ibom North-West Senatorial District. Two specific objectives were addressed: (1) to evaluate the influence of educational attainment on the practice of exclusive breastfeeding among working nursing mothers, and (2) to assess the influence of cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals within the district.

To achieve these objectives, two research questions were posed, and corresponding hypotheses were formulated and tested at a 0.05 significance level. A

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Volume 1 Issue 2, November 2025 - ISSN: 3092-9431

Nseobot Okon Essien

descriptive survey research design was adopted. The population for the study comprised 1,247 nursing mothers who visit government-owned hospitals for the immunization of their children. A sample of 200 working nursing mothers was selected through a multi-stage sampling procedure.

Data were collected using the “Knowledge, Attitude, and Practice of Exclusive Breastfeeding Questionnaire (KAPEBQ),” which was developed by the researcher. The instrument was validated by five experts: three from the Physical and Health Education Department and two from the Educational Evaluation unit in the Psychological Foundations Department at the University of Uyo, Faculty of Education. Reliability analysis using Cronbach's Alpha yielded coefficients of .75, .80, .71, .88, and .77 for educational attainment and cultural beliefs, respectively. Descriptive statistics (mean and standard deviation) were used to analyze the research questions, while the dependent t-test was used to test the hypotheses at a 0.05 significance level.

The study's findings indicated that both educational attainment and cultural beliefs significantly influenced the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in the study area.

5.2. Conclusion

Based on the data collected and analyzed, it was concluded that educational attainment and cultural beliefs significantly influence the practice of exclusive breastfeeding among working nursing mothers attending immunization clinics in General Hospitals within the Akwa Ibom North-West Senatorial District. These factors play a crucial role in shaping mothers' breastfeeding practices, with higher educational attainment positively influencing the adoption of exclusive breastfeeding, and cultural beliefs shaping attitudes and practices surrounding breastfeeding.

5.3 Educational Implications of Findings

The findings of this study have several educational implications. Firstly, they will help students understand the importance of exclusive breastfeeding among working mothers and its impact on infant health. Secondly, the study highlights the role of educational attainment and cultural beliefs in shaping mothers' breastfeeding practices. Health educators can use these findings to promote exclusive breastfeeding, emphasizing its numerous benefits for newborns. These insights can also guide the development of

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Volume 1 Issue 2, November 2025 - ISSN: 3092-9431

Nseobot Okon Essien

targeted health education programs aimed at encouraging working mothers to adopt exclusive breastfeeding practices.

5.4. Contribution to Knowledge

This study makes a significant contribution to knowledge by providing empirical evidence on the influence of educational attainment and cultural beliefs on the practice of exclusive breastfeeding among working nursing mothers in Akwa Ibom North-West Senatorial District. The findings offer valuable insights for the design of future health education programs and policies aimed at improving breastfeeding practices in this region. The study also contributes to the broader understanding of factors that influence exclusive breastfeeding, particularly in settings with similar socio-cultural dynamics.

5.5. Recommendations

Based on the findings of this study, the following recommendations are made:

- i. **Working mothers** should utilize the knowledge gained from this study to improve their breastfeeding practices, ensuring the health and well-being of their infants.
- ii. **Working mothers** should leverage their educational attainment to better understand the benefits of exclusive breastfeeding and incorporate these practices into their daily routines.
- iii. **Cultural and religious practices** should not impede the practice of exclusive breastfeeding. Efforts should be made to educate and encourage mothers to overcome these cultural barriers through community-based health education initiatives.

5.6. Suggestions for Further Studies

Further research is recommended in the following areas:

- i. The influence of **environmental factors** on the practice of exclusive breastfeeding among working nursing mothers in Akwa Ibom North-West Senatorial District.
- ii. The impact of **economic factors** on the practice of exclusive breastfeeding among working nursing mothers in the district.

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Volume 1 Issue 2, November 2025 - ISSN: 3092-9431

Nseobot Okon Essien

- iii. The effect of **government policies** on the practice of exclusive breastfeeding among working nursing mothers in Akwa Ibom North-West Senatorial District.

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T-Test

Appendix

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Educational Attainment	3.3426	200	1.92514	.21629
	Attending Immunization clinic	2.1718	200	1.63286	.13336

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Educational Attainment & Attending Immunization clinic	200	.232	.034

Paired Samples Test

		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Educational Attainment Attending Immunization clinic	1.1708	.89511	.13979	.55082	.01424	2.919	199	.002

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4.

T-TEST PAIRS=Cultural Beliefs with Attending Immunization clinic (PAIRED)
/CRITERIA=CI(.9500)
/MISSING=ANALYSIS.

T-Test

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Cultural Beliefs	3.1462	200	1.72449	.10047
	Attending Immunization clinic	2.1718	200	1.63286	.13336

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Cultural Belief & Attending Immunization clinic	200	.243	.032

Paired Samples Test									
		Paired Differences		95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	Lower				Upper
Pair 1	Cultural Belief Attending Immunization clinic	0.9744	.88220	.12234	.32253	.16868	2.829	199	.022

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5.

T-TEST PAIRS=Religious Beliefs with Attending Immunization clinic (PAIRED)

p /CRITERIA=CI(.9500)

/MISSING=ANALYSIS.