

**CONSTRAINTS IN THE ADOPTION OF EXCLUSIVE BREAST  
FEEDING PRACTICES AMONG WORKING CLASS (CAREER)  
MOTHERS IN UNIBEN HEALTH CENTRE, BENIN CITY**

**IGBINIGUN QUEEN IYORE  
EDU1511154**

**UNIVERSITY OF BENIN  
BENIN CITY**

**SEPTEMBER, 2023**

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**BEING A PROJECT WORK SUBMITTED TO THE DEPARTMENT  
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## **CERTIFICATION**

We the undersigned certified that this project work was carried out by **Igbinigun Queen Iyore** with matriculation number **EDU1511154** in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City and approved that the research was adequate both in scope and quality for the partial fulfillment of the requirement for the award of (B.Sc. Ed) in Health Education.

**MRS. P. TIMBIRI**  
**Project Supervisor**

-----  
**Signature and Date**

**DR. E.O. IGUDIA**  
**Project Coordinator**

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**Signature and Date**

**PROF. O.K. OMOROGIUWA**  
**Dean, Faculty of Education**

-----  
**Signature and Date**



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## **ABSTRACT**

Breast milk has been the ideal food for infants starting from the earliest times and it is exclusively for babies. Exclusive breast feeding according to World Health Organization define feeding the infant with milk only with no additional food or liquid for the first 6 months of life. The purpose of this research is to examine the constraints in the adoption of exclusive breast feeding practices among working class (career) mothers in UNIBEN Health Centre. The aim of this research was to find out the constraints and factors contributing to noncompliance of career women in the adoption of exclusive breast feeding. It also aims at assessing the level of knowledge of exclusive breast feeding among career women as well as increasing the knowledge of the public towards the benefits of exclusive breast feeding and help suggest ways to overcome and deal with those constraints and challenges to successful practice of exclusive breast feeding.

The descriptive survey research design was used, the target population consisted of 100 women attending UNIBEN health centre,

random sampling technique was employed and a total of 100 questionnaires were distributed and same retrieved. Data was analyzed using simple percentages and frequency count.

The result shows that most women have good knowledge of exclusive breast feeding and those who do not practice it due to one constraint or the other should be educated and the importance and gains of practicing exclusively. Also the health centre should endeavor to create enough break time for nursing mothers to practice exclusive breast feeding effectively.

# CHAPTER ONE

## INTRODUCTION

### **Background of the Study**

Prior to 20th century, cereals mixed with flour, were introduced as substitute for breast feeding but this did not have a favorable outcome. As the superior qualities of breast milk such as providing exactly the right amount of nutrients at exactly the right time became better established in medical literature, Breastfeeding rates have increased and countries have enacted measures to protect the right of infants and mothers to breast feed. According to Bagiella, Howie, Kramer, Chalmers and Hodnett (2011) said that in developing countries where the knowledge and skills of exclusive breastfeeding have been retained within society, women who choose to breastfeed are less likely to do so successfully.

Breastfeeding is a unique way of providing ideal food for the growth and development of infants, which has a unique biological and emotional influence on the health of the mother and child. Breast feeding has been adopted as the most vital intervention for reducing infant

mortality and ensuring optimal growth and development of children (American Academy of Pediatrics, 1997). According to Jense (2005), breast milk is a live tissue containing many nutrients and immune substances. It is considered a live tissue because it contains almost more of live cells. It is bacteriologically safe and it is also fresh. The nutrients of breast milk are more easily absorbed than those in formulas. Human Breast milk is designed specifically for Human infant and it is nutritionally superior to any alternative.

According to World Health Organization (2011), exclusive breastfeeding for the first six months of life improves growth, health, and survival status of newborns and it is one of the most natural and best forms of preventive medicine. It plays a pivotal role in determining the optimal health and development of infants and it is associated with a decreased risk for many early life diseases and conditions including diarrhea, respiratory tract infections and early childhood obesity.

Therefore, exclusive breastfeeding is defined as the feeding of infants with breast milk only with no additional food or liquid included for the first six months of life (WHO, 2011). It is estimated that

suboptimal breastfeeding especially non-exclusive breast feeding in the first six months of life results in 1.4 million deaths and 10% of disease burden in children younger than 5 years of age (Preble, Schanler & Shulman, 2009). Breastfeeding was the method adopted to feed newborn babies during the time of our forefathers. Women then had little knowledge of artificial feeding. Women breastfed their babies because it was the only known means of feeding handed to them through customs by their mothers. They believed that children fed on artificial milk behaved like animals and are usually not intelligent (Stina, 2000).

Exclusive breastfeeding contributes to the health and wellbeing of mothers. It helps to space children, reduces the risk of postpartum bleeding, ovarian cancer, breast cancer and increases family and National resources. It is a secured way of feeding and safe for the environment among others. (Association Press, 2001). Due to the importance of exclusive breastfeeding in the early period of the Child's life/birth, active support measures to promote and protect exclusive breast feeding was established by World Health Organization (WHO) and United Nations Children Education Fund (1992) which recommends:

- Initiation of breast feeding within the first hour of life.
- Infants to be fed with breast milk with no addition of food or drinks.
- Breastfeeding on demand as often as possible.
- No use of bottles, teats or pacifiers.

Baby Friendly Hospital Initiative (BFHI) to ensure that all maternities whether free standing or in a Hospital become centres of breast feeding support to strengthen their babies for the first six months without water and food after which the baby is introduced to family meals for 2yrs and beyond. Despite all the recommendations by World Health Organization (2011), all the numerous benefits to both mother and child, exclusive breastfeeding is still not practiced by many working class mothers. The practice and duration of breastfeeding has declined in most part of the world such as Nigeria. Many studies show why women do not initiate breast feeding at birth or breast feed for only a short duration. It has been found that variety of socio-economic and cultural reasons have led to non-compliance of working class mothers towards exclusive breastfeeding which has affected the health of children, hence

the introduction of Baby friendly Hospital Initiative. (World Health Organisation & United Nation Children Fund, 1992).

### **Statement of the Problem**

Every Newborn is a gift from God, and valued by parents, communities and the government of every country. None of these categories of people would want to lose an infant to malnutrition and easily preventable infections. Despite all the knowledge and benefits of exclusive breastfeeding to both mother and child through seminars, mass media e.g. Television, Radio, etc, many women still choose not to breastfeed. This could be as a result of the nature of work they do, or due to limited available facilities to discharge their duties or they believe that without breast milk the baby would grow well. Based on the above, this study seeks to examine the constraints in the adoption of exclusive breast feeding practices among career women in University of Benin Teaching Hospital.

### **Research Questions**

1. Can long working hours prevent mothers from breast feeding their babies exclusively in UNIBEN Health Centre?

2. Is cosmetic reason a hindrance to the practice of exclusive breastfeeding?
3. Does high socio-economic status and high level of education prevent mothers from breastfeeding their babies exclusively

### **Purpose of the Study**

The purpose of this study is to examine the constraints experienced by working women in the adoption of exclusive breast feeding in University of Benin Teaching Hospital Benin City.

### **Significance of the Study**

1. To help discover the various constraints in the adoption of exclusive breast-feeding practices among career women and to help tackle the identified constraints as well as help correct negative misconceptions about exclusive breast feeding in Ikpoba Okha Local Government Area.
2. To increase the knowledge on how breastfeeding prevents childhood diseases and how to prevent these factors that might hinder successful breastfeeding.

3. To gain useful information into the various social economic, and cultural factors inhibiting the sole utilization of exclusive breastfeeding in the growing infant.

### **Scope/Delimitation of the Study**

The scope of this study is the practice and adoption of exclusive breastfeeding and it is delimited to breast feeding mothers who attend postnatal clinic in University of Benin Teaching Hospital Benin City.

### **Operational Definition of Terms**

**Artificial milk:** Synthesized milk either from plants or animals.

**Baby friendly Hospital Initiative** - A hospital where baby friendly is being taught and encouraged.

**Breastfeeding** - A method of feeding the baby with milk directly from the mother's breast.

**Exclusive Breast feeding-** This is feeding the baby with breast milk only with no other food or lipid for the first six months of life.

**Malnutrition** - This is a poor condition of health caused by lack of unbalanced intake of nutrients or their impaired utilization from the body as is the case with cow milk when given to infants.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

This chapter was discussed under the following headings:

- The Concept of Exclusive Breastfeeding Breast Feeding
- Definition of Breastfeeding and Exclusive Breastfeeding.
- Factors Contributing to Constraints in the Adoption of Exclusive Breastfeeding Practices among Career Women.
- Empirical Study on Factors Contributing to Non-Compliance of Working Women towards Exclusive Breastfeeding
- Adoption of Exclusive Breastfeeding in Nigeria
- Importance and Benefits of Exclusive Breastfeeding.
- Summary of Reviewed Literature

#### **Concept of Exclusive Breastfeeding**

It involves putting baby to breast on demand and allowing baby to suck until satisfied (Adesokan, 2010). Colostrum; the yellowish sticky breast milk produced at the end of pregnancy is recommended by WHO as a perfect food for the newborn and feeding should be initiated within the first hour of birth.

Ananya (2010), stated that breast milk from the mother or another lactating mother has nourished, protected and helped raise babies since the inception. He went further to state that breastfed babies experience lasting health benefits and this includes helping to prevent several diseases like; diabetes, childhood cancers, obesity, infections, diarrhea, chest infections, asthma. Breastfeeding saves lives, if every baby were exclusively breastfed from birth to up to 6 months of age, approximately 1.5 million lives would be saved each year. The incidence of diseases among these babies would be significantly reduced.

According to Fraser and Cooper (2010), they explained that human milk is species specific. It has been known for some time that exclusively breastfed babies who consume enough breast milk to satisfy their energy needs will easily meet their fluid requirements even in hot and dry climates. The World Health Organization (WHO) recommends exclusive breastfeeding in the first six (6) months of life as being beneficial to infants. These benefits includes protection against infections, breastfeeding is more economical and breast milk is always

available, clean and at In this country, midwives encourages mothers to breast feed because of the protection against infections conferred on the baby, as breast milk is an immunity booster.

The WHO and UNICEF said that breastfeeding is important to the mental health and development of children and also important for the health of their mothers. It is suited for the babies' needs and digestions, it is also germ free when produced. It goes directly to the consumer (the baby) without being handled. It is always fresh and has a lower renal solute content than cow's milk. Breast milk contains protective antibodies, anti-viral properties and vitamins.

Breast fed infants get more care when Breast fed than when bottled fed because they are cuddled, making them to feel loved and secured, increasing maternal/child bonding and general feeling of wellbeing between mother and child. Breast milk is beneficial to child when exclusively breast fed as a good nutrient provider and immunity booster, and to the mother, a child bonder. According to report from the

Association Press on January 30th, 2001, mothers who breastfeed their babies for two years or longer reduce their risk of breast cancers.

According to Rita (1999); 609% of urban infants less than 4months of age were exclusively breastfed. In the study, about 89% of rural and 73% of urban infants were reportedly exclusively breastfed till the age of one. Stina (2000), in her research on the “Awareness of the importance of breast feeding and breast fed child” in her recommendation, she said “it is important for nursing mothers to understand the benefits of common milk for babies because this spurs them to breastfeed their babies exclusively”. Knowledge as she puts it brings about awareness, awareness results in a change of attitude towards a positive, practice of exclusive breastfeeding.

### **The baby friendly hospital initiative**

In 1991, WHO and UNICEF jointly launched the Baby Friendly Hospital Initiative (BFHI) which is aimed at improving maternity service so that they protect, promote, and support breastfeeding if practiced, and every hospital and maternity must endorse fully the ten steps to

successful breastfeeding and must also have among others breastfeeding guide and policy for mothers and staff in general.

A midwife to show them how to hold their baby and how to help him catch on in order to make sure he gets enough milk and that feeding is not painful for both mother and baby. A midwife will show them how to express milk. The baby not to be given water, artificial milk unless this is needed for medical reason.

**Breastfeeding health insurance:** This is now considered to be one of the most effective mechanisms for creating strong political commitment to breastfeeding. Unfortunately, and despite scientific evidence showing the importance of breastfeeding, for maternal impart and child health, global indicators demonstrate that the decline of breastfeeding in the 1950's and the trend towards bottle feeding as confirmed in the 1990's (Sadden, 1993). It was concluded that breast feeding can save more infant lives and prevent more morbidity than any other intervention strategy.

## **WHO/UNICEF - Ten steps for baby friendly hospital initiative 1991**

The ten steps to successful breastfeeding according to W.H.O and UNICEF (1991) are stated below:

1. Have a written breastfeeding policy that is routinely communicated to all health staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of exclusive breastfeeding.
4. Help mothers initiate breastfeeding immediately after birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their babies.
6. Give new born infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming in, that is allow mother and baby to remain together for 24 hours a day.

8. Encourage breast feeding on demand
9. Give no artificial teat or pacifier
10. Foster the establishment of breastfeeding groups and refer mothers to them on discharge from hospital or clinic.

### **Factors Contributing to Constraints in Adoption of Exclusive Breast Feeding among Career Women**

Horizon (2007), said that there are positive and negative factors of women towards exclusive breastfeeding, and he highlighted the positive and negative factors as follows:

Positive factors contributing to constraints in adoption of exclusive breastfeeding among career women are:

1. Breastfeeding for over 2 years
2. Breastfeeding for six (6) months without food, water or artificial milk.
3. Feeding infants with expressed breast milk without water due to health reasons.

Negative factors contributing to constraints in the adoption of exclusive breastfeeding among career women are:

The negative factors could be explained further under social, health, biological and cultural factors.

### **Social factors**

1. Women who spend long hours at work
2. Women not wanting to expose their breast in public
3. Some people see formula feeding as a symbol of wealth
4. Some husbands object to breast feeding

### **Health factors**

Some women are ready to breastfeed their babies but their attitude towards it changed due to health reasons such as cracked nipple, retracted nipple, heart disease (class III NYHA-New York Heart Association), HIV/AIDS, Breast Abscess, damaged nipples and cancer of the breast.

### **Biological factors**

These includes change in the anatomy of the breast (many women believe that their breasts will sag when they breastfeed their babies. Breast milk is the most suitable nutritional source for an infant's needs up to the first 6 months of life. The benefits of breastfeeding are well known and include optimized infant growth and reduced death rates.<sup>1,2</sup> Healthy mothers and their healthy term babies who underwent vaginal births should not encounter many problems in exclusive breastfeeding.

### **Cultural factors**

In most culture, they believe that traditional diet are more beneficial than breast milk and satisfy the baby more. Breast milk is critical for sustaining newborn infant health and wellbeing. Infants who are properly breast-fed grow better and experience less sickness and fewer deaths than other infants who are not breast-fed (John, 2005). Breastfeeding is a natural process of infant feeding involving two main methods; exclusive and partial with the latter being trendiest. Nevertheless, exclusivity is the absolute and suitable scheme with finest

domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome (Khresheh *et al.*, 2011). Breastfeeding definition is that internationally recommended by the World Health Organization. Full breastfeeding is breastfeeding either exclusively or predominantly.

### **Empirical Study on Factors Contributing to Non-Compliance of Working Women towards Exclusive Breastfeeding**

Many researchers have carried out several studies on the factors leading to constraints in the adoption of exclusive breastfeeding among career women. A study carried out in Nigeria (JOS) in July-September 2007 on the subject shows that out of the 470 mothers studied, 387 (82.3%) were not allowed to carry their babies to work and crèches were few, while 315 (67.0%) said that they could not breastfeed their babies due to cosmetic purposes (saying of their breasts) and 96 (20.4% of nursing mothers said that they never breasted their babies while in a public place (WHO, 2017).

An exclusive breastfeeding study by World Health Organization (WHO), which was carried out in Australia (2008) where 409 mothers at

24-34 weeks of pregnancy were used to assess the factors responsible for constraints in the adoption of exclusive breastfeeding among career women. In the study, 61% of the mothers were aware of the WHO recommendation of exclusive breastfeeding for 6 months. Only 42% of all the mothers intended to meet this recommendation. Among the 61% of the mothers who knew the recommendation, only 11% hoped to breastfeed their babies exclusively. The only factor from this study about WHO recommendation was the mothers' level of education; mothers who had a tertiary education were 1.5 times more likely to be aware of the recommendation and only 0.02% wished to follow the recommendation. In conclusion, many mothers were not aware of this recommendation by WHO.

Another study which was carried out in China by Mirshahi (2008) showed that 653 women at 5-22 gestational weeks were recruited from four community health centres. This result showed that during early pregnancy, a substantial proportion of mothers were not aware of the

nutritional value of breast milk (40%), or the value of exclusive breastfeeding for 6 months (80%) or breastfeeding for 24 months (98%).

The awareness of WHO guidelines for breastfeeding was associated with intention to breastfeed. In late pregnancy and post-partum, most mothers were still not fully aware of the breastfeeding recommendations and nutritional value of breast milk. Limited communications with health care providers and lack of support for dealing with breastfeeding difficulties were reported.

In conclusion, low awareness of WHO guidelines on breastfeeding was found among first time mothers in Shanghai China. A study carried out by the Preble et al. call to action to support breastfeeding in 2009 says that although mothers having information about the health advantages of breastfeeding is important, still many are not aware of how to initiate and continue breastfeeding after a child is born and these women may fear that it will always be painful and feel that they will be unable to produce enough milk to fully feed and satisfy the baby, as a result, they may decide on formula feeding of the child. Expectant

mothers who believe that breastfeeding is difficult or painful, identify the fear of discomfort as a major negative influence on their desire to initiate breastfeeding.

According to Gordon (1976) breast milk contains all the nutrients that babies need. It is crammed with long cells that fight bacteria and loaded with anti-allergic properties. Breast milk contains the following; as listed by Gordon (1976).

### **Colostrum**

This is the first milk that appears in the breast of a pregnant woman, gradually it gives way to mature milk. Colostrums contains nearly 3times the amount of protein that is present in mature milk and contain essential amino acid. It also contains a higher proportion of substance that protects the baby from infection and builds up a strong immunological defense. It is also a laxative ensuring that meconium (baby's first faeces) in the baby's bowel is cleared out quickly.

### **Lactose**

This contains sugar and main milk carbohydrate. There is more lactose in human milk than in other mammals. It is converted to galactose and glucose by the action of the enzyme lactase and these sugars provide energy to the rapidly growing brain. Lactose enhances the absorption of calcium and also promotes the growth of lactobacilli, which increases the acidity of the intestine, thus reducing the growth of pathogenic organisms.

### **Protein**

The protein in breast milk boosts the immune system of the infant and contributes to brain growth.

### **Iron**

Human Breast milk is quite low in iron but there is a high absorption rate as high as 50%.

### **Fat**

Is the main source of calories, fat soluble vitamins and essential fatty acids plays a great role in brain growth and myelination even in the development of the retina and visual cortex of the newborn. It has a

satisfying ability and enables the child to be filled after sucking the mother's breast.

### **Minerals**

Human breast milk has a fairly low concentration of minerals so as not to load the newborn baby's immature liver. Minerals regulate normal body functions.

## **Water**

Constitutes 87.5% of breast milk such that the baby can never be dehydrated.

## **Vitamins**

Breast milk provides all the vitamins for the growing infant. They include vitamin A, C, D, E and K.

## **Adoption of Exclusive Breastfeeding in Nigeria**

Resistance to six-month exclusive breastfeeding remains pervasive among mothers in spite of the numerous health and economic benefits of breastfeeding. Experts attribute the nonchalance towards exclusive breastfeeding to several factors, including myths and traditional beliefs as well as fear that breastfeeding weakens the breast fibre and consequently, quickens the sagging of the breast and the woman's sexual appeal. In Nigeria, government and non-governmental agencies continue to promote exclusive breastfeeding for the first six months of life. The purpose of this paper was to investigate the influence of socio-economic variables on the awareness, knowledge and adoption

of the six months exclusive breastfeeding campaign in two Nigerian states.

The practice of breastfeeding is natural to humans and other mammals. However, advocates of six months exclusive breastfeeding have perennially expressed concern over the seeming reluctance or outright refusal of mothers, to breastfeed in general, or to adhere to the recommendation of WHO/UNICEF to exclusively breastfeed their infants for the first six months of life (Ajayi, 2012). Some of the reasons attributed to the reluctance are myths and traditional beliefs opposed to breastfeeding (UNICEF, 2010; Umar & Oche, 2013), the stress and struggle of keeping up with the recommended period of six months exclusive breastfeeding (Moisse, 2011), perceived insufficiency of breast milk, lack of social support to mothers and care givers (Agunbiade & Ogunleye, 2012), work demands on mothers, and linking breastfeeding with the transmission of HIV (UNICEF, 2010). Other factors militating against the adoption of six months exclusive breastfeeding include: the notion in some medical circles that exclusive breastfeeding could lead to

iron deficiency, food allergies and underdevelopment of taste in the infant (Moisse, 2011); inability of some states to properly enforce the international code prohibiting marketing of infant formula or breast milk substitutes (Cox, Gidlia, & Binns, 2015); negative attitudes of mothers towards infant care (Mgongo *et al.*, 2013); as well as the belief among some women that breastfeeding emasculates breast fibre and consequently, quickens the sagging of the breast and the woman's sexual appeal (Agunbiade & Ogunleye, 2013). The six-month exclusive breastfeeding is highly advantageous to the mother, child and the society. National Breastfeeding Campaign carried out in the United States of America between 2004 and 2006, showed that babies who were fed breast milk exclusively for six months had less chances of developing "ear infections, diarrhoea, respiratory illness", and also less likelihood of developing "childhood obesity" (Womenshealth.gov, 2011).

Breast milk is readily available and easily digestible and contains the right quantities of fat, sugar, water and protein which the infant requires for growth. It also provides all the antibodies which the baby

needs to be protected against illness. The chemical make-up of breast milk is such that it reduces the risk of conditions such as type 1 diabetes, childhood leukaemia, and the kind of skin rash known as atopic dermatitis. It also reduces the threat of “sudden infant death syndrome (SIDS)” (Womenshealth.gov, 2011). The Nigerian Institute of Journalism (NIJ, 1996) in a report endorsed by UNICEF, states that breast milk contains a laxative which helps the new-born to pass out the first stool, known as meconium. This action helps prevent jaundice, which, glucose water given to many newborns, cannot do. Exclusive breastfeeding gives all infants the opportunity of a good start in life, irrespective of their parents’ socioeconomic status, as it ensures perfect nutrition for the baby. Again, breast milk perfectly meets the infant’s nutritional needs, and even changes in composition to meet the child’s needs as he grows. Hind milk, the milk which comes out later, contains fat which is needed for the baby’s brain development (NIJ, 1996). WHO posits that, in addition to protecting the infant from infections and chronic diseases, exclusive breastfeeding promotes sensory and cognitive development in the baby. Breast milk is a unique source of

nutrients to the infant and is irreplaceable (National Resources Defence Council (NRDC), 2005). Breastfeeding also benefits the mother.

The sucking action of the new-born helps to expel the placenta and reduce bleeding following delivery. Frequent breastfeeding can help remedy common breast problems such as engorgement and sore nipples, caused by poor attachment as or by poor positioning of the infant to the breast; and mastitis caused by insufficient emptying of the breast (NIJ, 1996). Breastfeeding helps women to lose weight since they burn calories during lactation (NRDC Online Newsletter, 2005). National Primary Health Care Development Agency (2011) reports that exclusive breastfeeding acts as a kind of family planning method as a woman who breastfeeds her baby exclusively can have about 98 percent protection from pregnancy provided her menstrual periods have not resumed.

The NRDC Online Newsletter (2005) suggests that breastfeeding releases to the mother, oxytocin, a hormone that causes the uterus to quickly reverse to its regular size. Breastfeeding can diminish the likelihood of the mother developing certain adverse conditions in future.

If the mother is diabetic, breastfeeding will promote her health. Women who breastfeed their babies are less prone to feelings of anxiety as the process enhances their emotional health. They develop emotional ties with their babies. Breastfeeding helps to establish the relationship between mother and child in much later years. Besides, a woman's knowledge that she is able to provide all the nutrients required by her baby gives her a sense of confidence. Breastfeeding is actually, the cheapest way of feeding the baby. Apart from not having to spend money on formula, breastfeeding helps reduce health care costs for babies as breastfed babies fall sick less often than those who are not breastfed. Work becomes less and easier for mothers as they would not need to sterilise bottles and mix and warm formula. Exclusive breastfeeding is better for the environment as less refuse from plastic bottles and formula cans is generated. (Womenshealth.gov, 2011). UNICEF (2005) links breastfeeding to infants' fundamental human rights, insisting that, "Breastfeeding is at the intersection of many human rights that are addressed in many international rights conventions."

Ajayi (2012) notes that virtually all mothers can breastfeed their infants if they have accurate information about the benefits of breastfeeding and if they are given support by their families, communities and the healthcare system. Many societies still cling to myths about breastfeeding, and so communication efforts should be channeled towards researching and addressing them (UNICEF, 2010). Examples of such myths are: that colostrum is dirty and should therefore, be thrown away; that babies need water, teas and herbal extracts in addition to breast milk; that nursing mothers who are angry or afraid should not breastfeed.

Ajilore, Atakiti and Onyenankeya (2017) hold that targeted communication could be an effective instrument in dispelling strongly held myths or beliefs. In spite of the numerous benefits of exclusive breastfeeding, compliance worldwide has been poor. According to UNICEF (2013) report, “Only 39 per cent of children aged less than six months were exclusively breastfed in 2012.” Despite the fact that

“breastfeeding is the cheapest and most cost effective life saver in history”.

Nigeria’s Federal Ministry of Health puts the rate of compliance in Nigeria at 13%. In 2008 the Lancet Series on Maternal and Child Malnutrition as cited in Aryeetey and Goh (2013) reported that suboptimal breastfeeding accounted for 12 per cent of the deaths of children under the age of five. The authors observe that suboptimal feeding remains prevalent, especially in developing countries, UNICEF (2006) maintains that exclusive breastfeeding for the first six months of infant life could help prevent about 13 percent of deaths of children under the age of five in over 42 countries. According to UNICEF (2006) exclusive breastfeeding was a more potent preventive measure against mortality among children under the age of five years as more than 3,500 infant deaths could be prevented every day with optimal breastfeeding. Although breastfeeding seems intuitive, it can also be cultivated (UNICEF, 2015). Therefore creating an enabling environment for it to become the norm is important (UNICEF, 2013).

Studies have demonstrated that mothers require support from their families, communities, health systems and even in the work place in order to establish and sustain optimum breastfeeding. Perhaps ignorance of its benefits and other human factors have prevented some women from feeding their babies exclusively on breast milk for the first six months after birth. Ever since the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (UNICEF, 2006), many countries have rolled out various communication campaigns to promote exclusive breastfeeding. Nigeria is one of the countries where six-month exclusive breastfeeding is regarded as an important public health issue because of the benefit it offers.

The Federal Ministry of Health (FMOH, 2010) through the “National Policy on Infant and Young Child Feeding (IYCF)” considers six months exclusive breastfeeding the foundation for adequate infant and young child nutrition and is committed to the promotion of exclusive breastfeeding for the first six months of a child’s life. “The overall goal of the National Policy on Infant and Young Child Feeding in Nigeria is

to ensure optimal growth, protection and development of the Nigerian child from birth to the first five years of life” (FMOH, 2010: 4). Considering the importance attached to exclusive breastfeeding, it is imperative to find out if the campaign for six months exclusive breastfeeding reached women on different socio-economic strata, and whether it influenced them to adopt the practice.

### **The technique of breastfeeding**

The most important factor of successful breast feeding is to be in a comfortable position which could either be sitting or lying down. If the woman prefers sitting up, it is important that the mothers back is upright and at right angle to her lap. This is not possible if the nursing mother is sitting on the bed with legs stretched out in front, though she might be able to achieve it by sitting cross legged or if she is sitting in a chair with a sleep backward slopping. If she prefers lying down, the baby lies on the bed beside her and she should lie on her side facing the baby. She should adjust her position so that the baby can nuzzle her nipple and eventually grab the nipple into his/her mouth. Both lying down and

sitting down correctly enhances breastfeeding. The shape of the breast is such that it can be maneuvered allowing the areola to be inside the baby's mouth so that the baby squeezes the areola with his/her gum, milk spurts from the nipple and into the baby's mouth.

### **Importance/Benefits of Exclusive Breastfeeding**

For more than 2 decades, researchers have established that breast milk is suitable for nourishment and protection of infant. However, apart from the primary benefit to the infant, there are other benefits to the mother, family and society at large as noted by Bagiella 2011, which include;

#### **To the baby**

- Protection against infection
- Breastfed babies have less diarrhea and respiratory tract infections.
- Breast milk contains growth factors which can cause babies development and maturation of the immune system.
- Prevents rickets and aids brain development.

- Protection from allergy
- Lowers the risk of childhood diseases like diabetes, cancer and lymphoma.
- Lowers incidence of cot death.
- Breast milk is easily digestible
- Promotes mother and child bonding
- Breastfeeding enhances vaccine effectiveness

### **To the mother**

- Speeds up involution and prevents post-partum hemorrhage.
- Helps in child spacing.
- Reduces risk of breast and ovarian cancer.
- Promotes emotional bonding and reduces risk of child abuse and neglects.
- Reduces the burden of artificial feeding.
- It is always ready at the right time and the right temperature.
- Promotes quick recovery from childbirth and prevents postpartum depression.

### **To the family**

- Promotes natural family planning and population control.
- It is easier and cheaper.
- Money spent on artificial food can be used for other family needs.
- Breastfed children are less frequently ill, as a result, there is less hospital visit and less money spent on health care.
- It is time saving, time used to make formula feed can be used to do other things in the home.

### **To the society**

- It enhances environmental sanitation because the problem of solid waste disposal caused by empty formula can is minimized.
- Promotes natural family planning and population control.
- Promotes the upbringing of emotionally balanced youth and a better society.
- Money will be saved as the society won't spend money on rehabilitating the handicapped or mentally retarded children.

### **To the economy**

- Foreign exchange is saved by countries not importing breast milk substitute.
- Productivity increases in offices and companies because of high intelligent quotient
- It increases the gross development product (GDP) of the economy.

### **Problems of exclusive breast feeding**

**Mastitis:** This is the inflammation of the breast and it is thought to be caused by infection. It typically causes a hard, red, tender, swollen area of one breast and fever (38.8). It can be treated conservatively or surgically.

**Sore nipples:** It is often complained by mothers that their nipples hurt after some time of breastfeeding. You can release the baby's grip on your breast by gently sliding a finger into the corner of the baby's mouth to release the tongue. It is not a good idea to gladly bear the pain as it can lead to bleeding of the nipples.

**Blocked or plugged ducts:** These are areas in the breast where the flow of milk is blocked, usually by plugs of skin cells and milk. As the milk

duct fills and stretches, the surrounding breast tissue becomes tender. If the baby does not latch well to your breasts, it can leave certain areas of the breast to remain full of milk. Signs of a plugged duct include a tender or reddened lump in the breast. This usually occurs in one breast it develops gradually and the discomfort is mild.

**Thrush:** This condition occurs as a result of soreness. It is not common during the 1st week. The sudden development of pain when the mother has had a period of trouble-free feeding is suggestive of thrush. The nipple and areola are often inflamed and shiny and pain typically persists throughout the feed. It is usually that the infection is transmitted from mother to child through breast feeding (Rita, 1999).

**Tongue tie:** Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue tie and it can affect feeding by making it hard for the baby to attach effectively on the breast.

**Cleft lip and cleft palate:** This is the failure of the lip and palate to unite completely during development of the fetus in the womb before

birth. In this case, the baby finds it difficult to allow his/her mouth properly attach to the nipple to suck from the breast.

**Prematurity:** Preterm infant whose sucking and swallowing reflexes are not strongly developed may find it difficult to suck from the breast. The baby may tire before the feed is complete.

**Engorgement:** This refers to swelling within the breast tissue, which can be painful. In some women, with engorgement, the breasts become firm, flushed, warm to touch and feel as if they are throbbing. Some develop a slight fever. It usually occurs around the 3rd or 4th day postpartum, when feeds are delayed or restricted for one reason or another or if the baby is unable to feed efficiently because he is not correctly attached to the breast (Illingworth and Stone 1952). Management should be aimed at enabling the baby to feed well (complete emptying of breast). If the breasts are engorged, expressing milk by hand or breast pump can help to soften the areola and allow the baby to latch on more easily.

**Nursing mother guide/keys to successful exclusive breastfeeding**

According to William (2003) getting ready for the birth of a baby is an exciting yet busy time. There are many things to do such as deciding on how the baby is going to feed.

Here are some tips to breastfeeding successfully:

1. Start to breastfeed, within an hour after birth, this ensures that the infant receives colostrum as well as breast milk.
2. Elicit the rooting reflex by touching the baby's lips with the nipple, this stimulates the baby to open his mouth.
3. When the mouth is wide open, bring the baby to the breast and not the breast to the baby, except for large breasts.
4. Move the baby's whole body towards the breast, don't push only the baby's head towards the breast.
5. Make sure the baby's mouth is covering the nipple and the areola. Mother can help the baby latch on by supporting her breast with her free hand during feeding.
6. If the baby is not well attached, she should break sucking, i.e. remove the nipple from the baby's mouth and start again.

7. Do not give any pre-lacteal drink (Any drink given before the first breast feed). Breastfeed frequently on demand, day and night.
8. Do not give any other food or fluids such as water or infants formula during the first 6 months of life.
9. Nutritious mashed home prepared foods can be started at 6 months of age. Breast feeding should be continued with complementary foods until Baby is at least two years of age.
10. In case of work, mothers can express breast milk and store in the fridge to be used within 24hours of expression.

### **Manual expression of breast milk**

11. For working class mothers, where schedule becomes too tight to allow breastfeeding directly from the source (breast), breast milk can be expressed manually to allow exclusive breastfeeding of the child.
12. To potentiate and enhance exclusive breastfeeding, manual expression of breast milk is advocated.

13. This can be done either with the hand or with an electric breast pump.

### **Factors attributing to the success or failure rate of exclusive breastfeeding**

- Advice and past experience in pregnancy and childbirth.
- Marketing of breast milk substitutes e.g. infant formulas.
- Tight schedule of working class mothers.
- Physical difficulties and problems.
- Bonding.
- Societal Norms.
- Emotional support postnatal.
- Successful lactation in previous pregnancy.
- Worksite programs, which do not support breastfeeding/  
unfavorable environment for breastfeeding.

### **Summary of Literature Reviewed**

The practice of exclusive breastfeeding is still low despite the associated benefits. Improving the uptake and appropriating the benefits will require an understanding of breastfeeding as an embodied

experience within a social context. This study investigates breastfeeding practices and experiences of nursing mothers and the roles of grandmothers, as well as the work-related constraints affecting nurses in providing quality support for breastfeeding mothers in Nigeria.

Breastfeeding was perceived as essential to baby's health. It strengthens the physical and spiritual bond between mothers and their children. Exclusive breastfeeding was considered essential but demanding. Only a small proportion (19%) of the nursing mothers practiced exclusive breastfeeding. In addition, the qualitative findings showed that significant others played dual roles with consequences on breastfeeding practices. The desire to practice exclusive breastfeeding was often compromised shortly after child delivery. Poor feeding, inadequate support from husband and conflicting positions from the significant others were dominant constraints. The nurses decried the effects of their workload on providing quality supports for nursing mothers.

Studies have shown that breastfeeding mothers are faced with multiple challenges as they strive to practice exclusive breastfeeding. Thus, scaling up of exclusive breastfeeding among mothers requires concerted efforts at the macro, meso and micro levels of the Nigerian society.

## **CHAPTER THREE**

### **METHOD OF THE STUDY**

This chapter dealt with the procedure used in the research study to collect, analyze and interpret data. This chapter is organized under the following sub-heads:

- Research Design
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of the Instrument
- Method of Data Analysis

#### **Research Design**

Description survey research design was used for this study because of its usefulness in collecting data from a population. Data

collected from a few people and they are considered to represent the entire group (Omorogiuwa, 2006).

### **Population of the Study**

The population of the study is made up of all the nursing mothers attending postnatal clinic in UBTH. They are 225 nursing mothers attending immunization in UBTH (Postnatal Clinic Records, 2022).

### **Sample and Sampling Technique**

The simple random sampling technique will be used to select 100 respondents for the study.

### **Research Instrument**

The research instrument was a self-structured questionnaire which has two sections (A and B). Section A dealt with demographic information of the respondents while section B sought to collect information on constraints in the adoption of exclusive breast feeding practices among working class mothers.

### **Validity of the Instrument**

The instrument was validated by the project supervisor and two other experts in the department of Health, Safety, and Environmental Education. Their suggestion and scrutiny was employed into the final draft of the instrument.

### **Reliability of the Instrument**

The test re-test method of reliability was used to determine the correlation coefficient of the instrument. The instrument was administered to 20 respondents who were not part of the study after two weeks the instrument was re-administered. The scores from first and second administrations were subjected to Pearson product moment correlation coefficient which yielded 0.72.

### **Method of Data Analysis**

The copies of the questionnaire were distributed by the researcher to the teachers (Nursing mothers) present in the schools. The questionnaire was explained to the teachers who are nursing mothers before giving them to fill on the spot and retrieved thereafter.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, the analysis was carried out using one hundred questionnaires, administered and collected from female teachers.

#### Method of Data Analysis

Frequency tables, simple percentage and bar chart were used to answer the questions drawn under the sub-problems. They are as follows:

#### Response Based on Demographic Data

**Table 1: Percentage distribution based on Age:**

Age	Number of Subjects	Percentages %
18-25 years	10	10
25-3oyears	30	30
30-35years	45	45
35-4oyears	15	15
Total	100	100

The above table shows that 10 teachers are between the ages of 18-25yrs, 30 are between 25-3oyears, 45 are between 30-35years and 15 between 35-4oyears.

**Table 2: Percentage Distribution based on Marital Status**

<b>Age</b>	<b>Number of Subjects</b>	<b>Percentages %</b>
18-25 years	20	20
25-30years	60	60
30-35years	5	5
35-40years	15	15
Total	100	100

The above table shows that 20 teachers are single, 60 married, 5 divorced and 15 are separated.

**Table 3: Percentage Distribution based on Religion**

<b>Age</b>	<b>Number of Subjects</b>	<b>Percentages %</b>
Christian	90	90
Muslim	10	10
Pagan	-	-
Others	-	-
Total	100	100

The table above shows that 90 teachers are Christians while 10 are Muslims

**Table 4: Percentage Distribution based on Educational Qualification**

<b>Qualification</b>	<b>Number of Subjects</b>	<b>Percentages %</b>
Primary	0	-
Secondary	-	-
Tertiary	100	100
Others	-	-
Total	100	100

The above table shows that 100 female teachers had tertiary Qualifications.

**Table 5: Percentage Distribution on Number of Children**

<b>No of children</b>	<b>No of subjects</b>	<b>Percentage %</b>
None	20	20
1-3	35	35
4-6	45	45
More	-	-
Total	100	100

The table above shows that 20 teachers do not have children, 35 teachers have above 1-3 children and 45 teachers have about 4-6 children.

### **Section B - Response Based on Knowledge**

**Table 6: Percentage Distribution Based on Awareness of Exclusive Breastfeeding**

<b>Awareness</b>	<b>Number of Subjects</b>	<b>Percentage %</b>
Yes	100	100
No	100	-
Total	Number of Subjects	100

The above table shows that all (100) teachers are aware of exclusive breastfeeding.

**Table 7: Percentage Distribution based on source of information**

<b>Source of Information</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Radio/TV	15	15
Antenatal	40	40
Nurse /midwife	25	25
Friend/Relative	20	20
Others	-	-
Total	100	100

The above table shows that 15 teachers got information on breastfeeding from Radio/Television, 40 from Antenatal Clinics, 25 from Nurses/Midwife and 20 teachers from friends /relative.

**Table 8: Percentage Distribution based on knowledge of definition of Exclusive Breastfeeding**

<b>Knowledge</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Breast milk for 3 months only	15	15
Breast milk and formula for 6 months	10	10
Breast milk only for 6 Months	70	70
Breast milk and normal diet for 6 months	5	5
Total	100	100

The above table on knowledge of definition of exclusive breastfeeding shows that 15 teachers think it is breast milk only for three months, 10 teachers think it is breast milk and formula for six months, 5 think it is Breast milk and normal diet for 6months and 70 teachers say it is giving breast milk only for 6 months.

**Table 9: Percentage Distribution Based on Practice of Exclusive Breastfeeding**

<b>Practice</b>	<b>Number of Subjects</b>	<b>Percentage %</b>
Yes	30	30
No	70	70
Total	100	100

The above table shows that 30 teachers practiced exclusive breastfeeding while 70 teachers did not.

**Table 10: Percentage distribution showing duration of time that women breastfeed their babies exclusively**

<b>Knowledge</b>	<b>Number of subjects</b>	<b>Percentages %</b>
0-3months	10	10
3-6months	50	50
7-12months	30	30
Others	10	10
Total	100	100

The above table shows that 10 teachers breastfed for about 0-3months, 50 teachers practiced between 3-6months, 30 teachers for 7-12months and 10 teachers practiced breastfeeding for more than 12 months of age.

**Table 11:**

<b>Feed</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Expressed milk	55	55
Formula milk	30	30
Water	-	-
Others	15	15
<b>Total</b>	<b>100</b>	<b>100</b>

The above table shows that 55 teachers give their baby expressed milk, 30 gives formula milk, while 15 teachers give other feeds.

**Table 12: Percentage Distribution based on Hours (Time) spent with Baby**

<b>Feed</b>	<b>Number of subjects</b>	<b>Percentages %</b>
3-5hours	6	6
6-10hours	20	20
11-15hours	4	-
Others	70	70
<b>Total</b>	<b>100</b>	<b>100</b>

The table above shows that 6 teachers spend 3-5hours with their baby, 20 teachers spend 6-10 hours, 4 teachers spend 11-15hours, while 70 teachers spend more hours with their babies.

**Table 13:**

<b>Time (Age)</b>	<b>Number of subjects</b>	<b>Percentages %</b>
0-3months	0	-
4-6months	30	30
Others	70	70
<b>Total</b>	<b>100</b>	<b>100</b>

The table above shows that 30mothers introduce other feeds when the baby is between 4-6months of age while 70 teachers introduced other feeds after 6months of age.

From the figure above, it shows that 15 teachers breastfed on each breast for 5-10 minutes, 45 teachers' breastfeed for 10-20mins while 40 teachers breast feed for30 minutes.

**Table 14: Percentage Distribution based on challenges of breast feeding**

<b>Challenges</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	80	80
No	20	20
<b>Total</b>	<b>100</b>	<b>100</b>

The above table shows that 80 teachers find breastfeeding stressful while 20 teachers do not.

**Table 15: Percentage Distribution based on Time spent at work and its interference with practice of breastfeeding**

<b>Interference</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	85	85
No	15	15
Total	100	100

The above table shows that 85 teachers feel that the time spent at work interferes with their practice of breast feeding while 15 teachers do not experience this problem.

**Table 16: Percentage Distribution based on how Husbands feel towards exclusive breastfeeding**

<b>Husband (Against)</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	6	6
No	64	94
Total	100	100

The table above shows that 6 teachers' husbands are against exclusive breastfeeding while 94 teachers' husbands accept exclusive breastfeeding.

**Table 17: Percentage Distribution based on Number of subjects who have experienced problems from exclusive breastfeeding e.g. back ache**

<b>Respondents who experienced problems</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	40	10
No	50	90
Total	100	100

Table 17 shows that 40 teachers experience problems such as backpain during breastfeeding, while 60% say they do not experience back pain while breastfeeding.

**Table 18: Percentage distribution based on cultural Acceptance of breastfeeding**

<b>Tradition (Against)</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	-	-
No	100	100
Total	100	100

The table above shows that 100% of teachers' tradition accepts exclusive breastfeeding.

**Table 19: Percentage distribution based on respondents who think work hinders exclusive breastfeeding**

<b>Work (Hinders)</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	85	85
No	15	15
Total	100	100

The table above shows that 85% agrees that work hinders exclusive breastfeeding while 15% do not.

As highlighted above, 60% of respondents agree that high socio economic status can prevent them from breastfeeding exclusively and 40% of respondents agree that high level of education can prevent mothers from breastfeeding their babies exclusively.

**Table 20: Percentage Distribution showing the number of respondents who think that breast fed babies are not satisfied with breast milk only**

<b>Respondents</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	20	0
No	80	0
Total	100	100

From the table above, 20% of respondents believe that babies are not satisfied with breast milk only, while 80% say that babies are satisfied with breast milk only.

**Table 21: Percentage Distribution showing the number of respondents who think breastfeeding exclusively makes their babies too attached to them and then difficult to manage**

<b>Respondents</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	15	15
No	85	85
Total	100	100

The above table shows that 15 teachers agree that exclusive breastfeeding makes their babies too attached to them while 85 teachers do not agree.

**Table 22: Percentage distribution showing the opinion of respondent on whether lack of information about exclusive breastfeeding is responsible for the non-compliance of women towards exclusive breastfeeding**

<b>Respondents</b>	<b>Number of subjects</b>	<b>Percentages %</b>
Yes	80	80
No	20	20

Total	100	100
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From the table above, 80% of respondents say that lack of information is responsible for the negative factors of women towards exclusive breastfeeding, while 20% disagree.

**Table 23: Percentage distribution based on if nursing mothers should be encouraged on breastfeeding**

Respondents	Number of subjects	Percentages %
Yes	90	90
No	10	10
Total	100	100

The above table shows that 90% of teachers agree that Nursing mothers should be encouraged to breastfeed their babies while 10% disagree.

**Based on my research findings the following discussion were made:**

The data collected from the questionnaire showed that; 30% of the age distribution was between 25-30years, 45% were between 30-35% years; 60% were married; 90% were Christians; 100% have attained tertiary level of & location and 45% had between 4-6 children while 35% had between 1-3 children.

From item 6% the questionnaire, the view of the respondents were sorted on the duration of hours they breastfed their babies exclusively and this was analyzed in Table 10,10% of the respondents practiced it for 0-3months, 50% for 3-6months, and other 30% for 7-12months and another 10% practiced it for 12 months and above. They gave reasons which were analyzed in table 15,18,20,21,22, 80% of the respondents said it is stressful, 40% said they experience back ache, 20% said it does not satisfy their babies, 15% said it makes their babies too attached to them, 85% said it was due to work.

This was supported by the empirical study carried out by the surgeon General call to Action to support breastfeeding (2009) says that although mothers have information about the health advantages of breastfeeding and its importance, many still choose not to breastfeed after a child is born and these women fear that it is painful and feel that they will not be able to produce enough milk to satisfy their baby.

The time these women spend at work makes them not to full practice exclusive breastfeeding. As a result, they may decide on formula feeding of the child. Expectant mothers who believe that

breastfeeding is difficult identify the fear of discomfort as a major negative influence on their desire to initiate breastfeeding.

Can long working hours prevent mothers from breastfeeding their babies exclusively in UNIBEN Health Centre? This question was answered using Table 9, 11, 20. In table 9, out of the 70% of respondents who do not practice exclusive breastfeeding, some claim long working hours as the reason as shown in Table 11, which shows that 55% of the teachers spend up to 9-12 hours at work.

This is supported by Mosby, (2008) who said that one of the negative social factor contributing to non-compliance of career women towards exclusive breast feeding is longer hours spent at work by women, Also supported with empirical study carried out in Nigeria (Ilos) in July September 2007 by the surgeon General call to Action to support breastfeeding, say that out of the 470 nursing mothers studied, 387 (82.3%) were not allowed to carry their babies to work and crèches are few.

Is cosmetic reason a hindrance to the practice of exclusive breastfeeding in UNIBEN Health Centre?

From Question 22 of the Questionnaire, the view of respondents was soiled on whether the breast will sag if they practice exclusive breastfeeding, and it was analyzed in figure 2 which shows that 70% of respondents said that the breasts will sag if the mothers practice exclusive breastfeeding while only 30% said it's not true. This shows that many mother believe that exclusive breastfeeding sags their breasts and so do not practice it due to cosmetic reasons (sagging of the breast), and this fact was supported by the empirical study carried out in Jos (Nigeria) July -September 2009, where out of 470 nursing mothers studied, 35 (67.0%) said they do not breastfeed their babies due to cosmetic purposes (sagging of the breast).

Does high socio-economic status and high level of education prevent mothers from breastfeeding their Babies exclusively in UNIBEN Health Centre?

This question was answered using the analysis in figure VI, which shows that majority of the respondent 60% supported the fact that high

socio-economic status can prevent mothers from breastfeeding their babies exclusively and 40% said that high level of education can prevent mothers from practicing exclusive breastfeeding.

This was supported by Mosby (2008), who said that one of the constraints in the adoption of exclusive breast feeding practices is high level of education and high socio-economic because many of the educated women with high socio-economic status sees formula feeding as a symbol of wealth and many do not like exposing their breasts in public.

This was supported by the empirical study carried out by World Health Organization (WHO) in Australia (2008) where 409 mothers at 24-34weeks of pregnancy were used to assess the constraints in the adoption of exclusive breastfeeding practices, out of the study, those who had tertiary education were 15times more likely to be aware of the recommendation to exclusively breast feed your babies due to its numerous benefits but only 0.02 wished to follow the recommendation

Does ignorance affect the attitude of Career women towards the practice of exclusive breastfeeding in UNIBEN Health Centre?

Tables 6, 8, shows that 100% of the respondents have heard of exclusive breastfeeding, 70% of the respondents actually know what exclusive breastfeeding entails. This is in line with the concept of exclusive breastfeeding according to World Health Organization which states that “All nursing mothers should embrace breast feeding totally”. This was supported by Stina (2010) which states “It is important for nursing mothers to understand the benefits of human milk for babies because this spurs them to breastfeed their babies exclusively”.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with the summary, conclusion and recommendations of the study.

#### **Summary**

This study aimed at determining the constraints in the adoption of exclusive breastfeeding practices among career women in UNIBEN Health Centre, Benin City.

Related literature were reviewed to give direction, research questions were formulated, 100 copies of questionnaire were administered to collect data which were analyzed using simple percentage tables and bar graphs. This was then followed by discussion of findings from the discussion of findings, results show that many women do not practice exclusive breastfeeding because of cosmetic purposes (sagging of breasts), high level of education, high socio-economic status, women who spend long hours at work, women not wanting to expose breasts in public, some people see formula feeding as

a symbol of wealth, some husbands objecting to breastfeeding, health factors such as cracked nipples. Some women say they experience back pain when breastfeeding their babies, and some say the practice of exclusive breastfeeding is stressful.

## **Conclusion**

This research work carried out shows the different constraints in the adoption of exclusive breast feeding among career women. The researcher then concluded that all health care staff should be trained on breastfeeding policy and the skills necessary to implement this policy, all pregnant women should be educated on the benefits and management of breastfeeding, mothers should always be referred to breastfeeding support groups on discharge from the hospital, also at every point of contact with nursing mothers e.g. Post-natal clinics, immunization centres; they should be made to demonstrate the act of breastfeeding to ensure they are maintaining the best position for breastfeeding. Government should establish a multi sectorial national breastfeeding committee composed of representatives from relevant government

department, nongovernmental organizations and health professional associations, also health workers should assist mothers in initiating breastfeeding immediately after birth and how to maintain lactation even if they should be separated from their infants due to long working hours. Also Government should review the length of maternity leave to encompass the first six months to tackle the aspect of long working hours of nursing mothers hence promoting exclusive breastfeeding.

### **Recommendations**

Considering the findings obtained from the study, the following recommendations have been suggested:

1. all health providers who interact with women should be knowledgeable about the importance of exclusive breastfeeding to the child's life.
2. nursing mothers right from the Antenatal should be health educated on the benefits of woman milk and why it is necessary for them to exclusively breastfeed their babies.

3. the work environment should enable mothers to continue breastfeeding as long as mothers and the baby desire to do so.
4. provision of child care services at the place of work where mothers can go intermittently to breast feed their babies' e.g. private mothers room for expressing milk in a secure and relax environment should be provided.
5. small refrigerator for safe storage of expressed breast milk should be provided at various working place Government should look into employing more staff to make up for the recommended first six months of absence for nursing mothers.
6. health education should include information on the importance of exclusive breast feeding.
7. media campaign should be sponsored on Newspapers, Television, Radio, Billboards emphasizing exclusive breastfeeding as a necessity for a normal infant growth.

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## **APPENDIX**

### **FACULTY OF EDUCATION UNIVERSITY OF BENIN, BENIN CITY, EDO STATE**

I am a final year student of the Department of Health Safety and Environmental Education, University of Benin, Benin City carrying out a research study on “constraints in the Adoption of Exclusive Breast feeding practices among nursing mothers attending UNIBEN Health Centre, Benin City.

The questions are designed to know your opinion on pertinent issues, which is required to provide valuable information on the study.

You are kindly requested to express your feelings as honestly as possible. The information given is purely for academic purpose and will be treated with confidentiality.

**Instructions:** Please tick (1) the opinion that is applicable to you or fill in where necessary.

#### **SECTION A - Demographic Data**

Age: (a) 15-24yrs ( ), (b) 25-34yrs ( ), (c) 35-44yrs ( ) (d) 45 years and above ( ).

Marital Status: (a) Single ( ), (b) Married ( ), (c) Divorced ( ), (d) separated ( )

Religion: (a) Christian ( ), (b) Muslim ( ), (c) Pagan ( ) (d) Others specify

Highest Educational Qualification: (a) Primary ( ) (b) Secondary ( ) (c) Tertiary ( ) (d) others.....

How many children do you have? (a) None ( ) (b) 1-3 ( ) (c) 4-6( ).

**SECTION B - Knowledge**

1. Are you aware of exclusive breastfeeding? Yes ( ) No ( )
2. If yes, how did you know? Radio/Television ( ), Antenatal clinic ( ), Nurse/midwife ( ), friend/Relative ( ) Others specify
3. What do you understand by exclusive breastfeeding?
  - a. Giving your baby breast milk for only 3 months ( )
  - b. Giving your baby breast milk and formula for 6 months ( )
  - c. Giving your baby only breast milk for the first 6 months ( )
  - d. Giving your baby breast milk and normal diet for 6 months ( )
4. Do you practice exclusive breastfeeding? Yes ( ) No ( )
5. If No, give reasons
6. If Yes, how long do you normally breastfeed your children?
  - (a) 0-3months ( ), (b) 3-6months ( ), (c) 7-12months ( ) (d) others specify

7. Who cares for your baby while you are at work? (a) Nanny ( ), (b) Relative ( ), (c) Daycare ( ) (d) Others specify ( )
8. How do you breastfeed while at work? (a) Visit crèche ( ), (b) expressed breast milk ( ), (c) I do not breast feed ( ) (d) others.
9. How many hours do you spend at work? (a) 1-4hrs ( ) (b) 5-8hrs ( ), (c) 9-12hrs ( ) (d) Others.
10. Do you have break time at work? Yes ( ) No ( )
11. If yes, for how long?
12. What is your baby fed with when you are at work?  
(a) Expressed milk ( ), (b) formula milk ( ), (c) water ( ), (d) others
13. How many hours do you spend with your baby a day? (a) 3-5hrs ( ), (b) 6-10hrs ( ) (c) 11-15hrs ( ) (d) others specify
14. At what age do you introduce other feeds? (a) 0-3 month ( ), (b) 4-6month ( ), (c) Others specify
15. How long do you breastfeed on each breast?  
(a) 5-10mins ( ) (b) 10-20 mins ( ) (c) 30 mins ( ), (d) Others specify
16. Is the practice of exclusive breastfeeding stressful? Yes ( ), No ( )
17. Does time spent at work interfere with practice? Yes ( ), No ( )
18. Is your husband against exclusive breastfeeding? Yes ( ), No ( )

19. Have you experienced any problem (backache) from exclusive breastfeeding? Yes ( ), No ( ), Others Specify
20. Is your tradition against exclusive breastfeeding Yes ( ), No ( ).
21. Do you think work can hinder a woman from breastfeeding her baby exclusively? Yes ( ) No ( )
22. In your view, do you think mothers do not like breast feeding their babies because they feel that their breasts will sag? Yes ( ), No ( )
23. Which of these do you think can prevent mothers from breast feeding their babies exclusively? (a) High socio-economic status ( ) (b) high level of education ( ).
24. Do you think that breast fed babies is satisfied with breast milk only? Yes ( ), No ( ).
25. Do you think mothers do not breastfeed their babies because breastfeeding makes their babies too attached to them and too clingy and difficult to manage Yes ( ), No ( ).
26. If yes, is this a bad feeling? Yes ( ), No ( )
27. Do you think local of information about exclusive breastfeeding is responsible for the negative factor of mothers who do not want to breastfeed their babies exclusively? Yes ( ), No ( ).
28. Do you think that nursing mothers should be encouraged the breastfeed their babies? Yes ( ) No ( ).