

Knowledge, Attitude and Practices of Breastfeeding of Mothers in Rural and Urban Settings in the Federal Capital Territory, Nigeria

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Statement of the Problem

According to World Bank (2008), the percentage of children under 6 months that were exclusively breast fed in Nigeria was reported to be 17.20% in 2004 and 13.10 % in 2008. This indicates a decline in the practices of exclusive breastfeeding among mothers in the urban and rural settings in Nigeria. Also, a recent survey by the Federal Ministry of Health in Nigeria reveals that 13.1% of Nigerian children under six months are exclusively breastfed.

Hence the need to assess the knowledge, attitude and practices of breastfeeding among mothers in Nigeria using the rural and urban settings in the Federal Capital Territory as a case study.

Introduction

Breastfeeding is a very important way of providing the needed food and nourishment for the healthy growth and development of babies or infants. It is also relevant in the reproductive health of mothers.

Breastfeeding is an attitude inherited from generations in Nigeria. There are so many cultural beliefs attributed to breast feeding in communities in Nigeria which may have affected breast feeding practices. It was a culture in our society for a woman to breast feed her baby for 3years before weaning the baby but now most nursing mothers breastfeed their babies for 1 year while some breastfeed for less than a year.

WHO gave the recommendation that mothers worldwide are to breastfeed their infants exclusively for the first six months to achieve optimal growth, development and health, after which complementary foods that are nutritious could be given to the baby and to continue breastfeeding until two years or beyond.

In 2009, a review of the evidence on exclusive breastfeeding was conducted by WHO and UNICEF with the findings advocating that exclusively breastfeeding infants with only breast milk and no other foods for six months has several advantages which includes; lower risk of gastrointestinal infection for the baby, rapid maternal weight loss after birth, and delayed return of menstrual periods in the mother.

Rationale of the Study

A recent survey by the Federal Ministry of Health in Nigeria reveals that 13.1% of Nigerian children under six months are exclusively breastfed.

This was also confirmed by the report of World Bank (2008) which shows a reduction in the percentage of children under 6 months who were exclusively breastfed in Nigeria from 17.20% in 2004 to 13.10% in 2008.

This study is aimed at assessing the knowledge, attitude and practices of breastfeeding among mothers in Nigeria; as this will help discover possible gaps relating to breastfeeding among mothers in Nigeria and to provide recommendations that would be useful in addressing the gaps.

Study Objectives

General objective:

To assess the level of knowledge, attitude and practices of breastfeeding among mothers in urban and rural settings in Nigeria's Federal Capital Territory (FCT).

Specific objectives:

- i. To identify 10 health facilities i.e. primary health care (PHC) and comprehensive Primary health care (CPHC) in the Federal Capital Territory, Nigeria.
- ii. To administer structured questionnaire to 40 nursing mothers at the identified PHCs and CPHCs.
- iii. To ensure that a sample size of 400 nursing mothers were randomly selected for the purpose of this study at the identified health facilities.

Literature Review

The millennium development goal four is targeted at achieving a 2/3 reduction in child mortality by the year 2015, goal five is aimed at improving maternal health by reducing by ¾ the maternal mortality ratio by the year 2015. To achieve these goals aimed at child and maternal health, there is a need for achieving optimum breastfeeding of infants.

Agunbiade and Ogunleye (2012) in their research work stated that successful breastfeeding is essential in overcoming infant malnutrition which will in turn help in achieving the millennium goal four. The World Health Organization gave the report that countries in West and Central Africa have the highest record of child malnutrition and mortality rates worldwide. WHO further reported that 3 million children under the age of five years die every year, 56% of these deaths would have been averted if the children were not malnourished.

WHO in their record recommended that “promoting and supporting breastfeeding could be the single most important child survival intervention in West and Central Africa”.

Maduforo and Onuoha (2011) recorded in their research work that optimum breastfeeding practices contribute to the reproductive health of the mother; it also influences rapid maternal weight loss after birth, and delayed return of menstrual periods in the mother.

It is therefore evident that breastfeeding is relevant to the mother’s health as well. Achieving optimum breastfeeding practices among mothers will inevitably contribute to achieving the millennium goal five.

Agunbiade and Ogunleye (2012) reported from their research work that; the initiation and duration of breastfeeding practices among mothers can be influenced by multiple factors that are interconnected which includes political, cultural, health, economic factors and psychosocial.

Awi and Alikor (2006) in their research which was focused on the possible barriers to timely initiation of breastfeeding among mothers reported that; initiating breastfeeding early within thirty minutes of delivery has improved infant and maternal bonding. They also recorded how this can be achieved as reported from an experimental study conducted which revealed that babies who are left with their mothers after delivery start breastfeeding within the first half hour after delivery. They also stated that early initiation of breastfeeding establishes early lactation; it also prevents post- partum haemorrhage. Another added advantage of this is that infant that sucks directly from the breast have an outpouring of 19 different gastrointestinal hormones. This also applies to the mother; the hormones includes cholecystokinin and gastrin which are responsible for stimulating growth in the baby’s and mother’s intestinal villi, therefore increasing the surface area and absorption of calories with each feeding. This benefit of breastfeeding in infants and mothers can also be enhanced if breastfeeding starts earlier and lasts longer.

Alutu and Orubu (2005) reported in their research work that 98% of mothers in both rural and urban settings started breastfeeding almost immediately after delivery. It was also observed from their report that there were variations in the duration of exclusive breastfeeding among the mothers. Alutu and Orubu also discovered in the study that 16.7% of urban and 16.1% of rural nursing mothers initiate bottle feeding for their babies as early as 3 weeks of delivery.

In his research work, Mbada et al (2013) observed that out of nursing mothers in semi urban communities in Nigeria 71.3% had good knowledge of breastfeeding while 54% had positive attitude of breastfeeding.

Complementary feeding practices and poor breastfeeding are major close causes of malnutrition in the first two years of life in children. This was pointed out in a research conducted by Kimani-Murage et al (2011).

Interventions promoting optimal breastfeeding could prevent 13% of deaths while optimal complimentary feeding could prevent 6% of deaths in countries with high mortality rates (Gareth et al, 2003). Inadequate breastfeeding and complementary feeding practices have been observed and widely documented in developing countries. Only 39% of infants in the developing countries, 25% in Africa are exclusively breastfed for the first six months, while 6% were never breastfed in developing countries (Lauer et al, 2004).

Agho et al (2011) reported that the Baby Friendly Hospital Initiative (BFHI) was established by the Nigerian government in six states of the country. This was to emphasize the importance of breastfeeding as a factor relevant to infant nutrition, child mortality and morbidity which has been known and thus documented for a long time in the public health literature.

The aim of the BFHI in the six states was to focus on providing supportive environment for mothers and infants for breastfeeding and also to promote breastfeeding practices that are appropriate according to the WHO/UNICEF laid down standard on breastfeeding; achieving this aim should help to reduce infant mortality and morbidity rates (Salami L., 2006).

WHO/UNICEF reported that despite the intervention by the Government in establishing the BFHI, the mortality rate of child and infant continue to increase and be a major health issue affecting Nigeria. The Federal office of statistics in Nigeria reported that infant mortality rate from 1999 to 2003 (the five most recent years) is about 100 deaths per 1,000 live births.

In his recommendation for a close marking of the understanding of factors that could be associated with exclusive breastfeeding in Nigeria, Agho et al (2011) reiterated that this is essential in the development of effective and efficient interventions which will improve the rates of exclusive breastfeeding also bringing about a reduction in infant mortality.

Several factors that are said to be responsible for poor practice of exclusive breastfeeding as recommended by WHO/UNICEF; most especially in Nigeria. These factors which are common to both urban and rural settings were highlighted by Aloysius et al (2011) in his research these include; poverty, single parenting, working mothers, cultural issues, lack of belief in the benefits of exclusive breastfeeding, babies inability to suck early, multiple births and peer/family pressure.

Klein et al, (2005) recorded a high incidence of teenage mothers in our communities both rural and urban. He described the practice of exclusive breastfeeding of the infant by a teenage mother as an extra burden which might invariably fail, and this reflects in the impact on the infant as the risk of malnutrition and vulnerability to infections increases being so young. This could also be influenced by socio-economic factors.

The attitude and practices of breastfeeding by mothers is being faced with a great threat as reported by Davies, (1997) in his research. He further described the threat which is lack of adequate knowledge of exclusive breastfeeding as having a direct and serious influence on the practice of exclusive breastfeeding even on adequate breastfeeding. This also results to inability to apply the knowledge in breastfeeding.

Mothers who work either in the formal or informal sector face the challenge of practicing exclusive breastfeeding which is non-compatible with the reality of working outside the home. This constitutes an economical barrier, since effective exclusive breastfeeding for six months requires that the mother and her infant should be in close proximity through the period. The mother is also expected to use expressed milk only for a short duration (Isaton, 1998).

In the outcome of his research work which involved 480 nursing mothers, Ajibade et al, (2013) reported that 65% have heard of exclusive breastfeeding before from health facilities, family and friends and the media, while 35% declared that they have never heard of exclusive breastfeeding before. A poor practice of exclusive breastfeeding was also recorded by him as only 20% of the mothers practice this while 80% do not practice this at all. In his discussion he further buttressed that the practice of

breastfeeding among mothers in the community is not synonymous to the knowledge of the same. This also reveals the disparity which could exist between the knowledge of breastfeeding among mothers and the actual and ideal practice of it.

Alade et al (2013) reported that the practice of exclusive breastfeeding among mothers in the rural area is poor despite the high level of knowledge that was exhibited by the mothers. Nursing mothers in the rural areas still have a misconception about the effects of exclusively breastfeeding their children, this hence calls for an improved health promotion and education which will target the misconceptions and help reform the attitudes of mothers to exclusive breastfeeding in the rural areas.

Oche et al (2011) described that the educational level of mothers in Kware, northern Nigeria had no influence on the practice of exclusive breastfeeding; he also pointed out that there no difference in the attitude towards exclusive breastfeeding between mothers who had formal education and the ones who had informal education. It was also evident in his reports that mothers who are full time housewives practices exclusive breast feeding more compared to mothers who are civil workers. This was attributed to full time housewives having more time to be with their children than mothers who work outside the home.

In his research work on appraisal of nursing mothers' knowledge and practice of exclusive breastfeeding in Yobe state Nigeria; Ajibuah (2013) reported the use of animal milk by 17.8% of the mothers, while 30% gave water and 4.3% commenced breast milk for their infants immediately after delivery. These practices were supported by divers' cultural beliefs and traditions in the community.

It was observed that early initiation of breastfeeding in Nigeria is on the increase but the duration, attitude and practice of exclusive breastfeeding among the women who delivered their babies in a health facilities and outside the facility has remained very low (Ogunlesi, 2010).

The quality of breastfeeding practices among mothers is greatly being influenced by expectations and networks of supports. These factors exert pressure the nursing mothers and can make the breastfeeding experience pleasurable for them or otherwise (Blum, 1999).

Breastfeeding practices and attitudes depend greatly on the settings, culture and tradition of the community. The promotion of sustainable breastfeeding practices in our communities is being faced with socio cultural and socio economic factors which mitigates the successful implementation of the intervention (Spencer, 2008).

The report from Grassley and Eschiti (2008) showed the importance of grandmothers' influence on breastfeeding practices and attitudes of nursing mothers. This is possible because of their roles, their experiences and knowledge over the years which could influence mothers to initiate breastfeeding early and also continue for over a year.

Oweis, Tayem and Froelicher (2009) reported that perspectives of breastfeeding mothers should be investigated with focus the barriers to breastfeeding and the promotion of healthy breastfeeding practices. This research work will aim at establishing the missing link between the knowledge, attitude and practices of breastfeeding mothers in rural and urban settings in the Federal Capital Territory, Nigeria which is observed in the literatures reviewed above.

Methodology of Study

Study area

This study was conducted in Nigeria's Federal Capital Territory. XXX area councils in the state were covered in the course of the study.

The Federal Capital Territory, Abuja is the capital of Nigeria. It covers a land area of 713km² with an estimated population of 979,876 (NDHS 2013). The federal Capital Territory has six (6) area councils with the chairman (area council chairman) who is a representative of the government over seeing the affairs of each area council.

Study population

The specific samples used in this study are pooled from among nursing mothers who attend immunization clinics at the health facilities which are the PHCs and CPHCs.

A total of 10 PHCs and CPHCs across 10 area councils (covering the rural and urban settings) in the FCT are used in this study.

Study duration

This study was conducted over a period of two (2) months.

Sampling method

Random sampling method was employed in the selection process for the samples used in this study.

Sample size

A sample size of 400 nursing mothers who attend immunization clinics at selected health facilities were randomly selected for the purpose of this study.

10 health facilities (PHCs and CPHCs) were identified and randomly selected out of the 27 functioning PHCs and CPHCs according to World Health Organization standard in FCT. 40 nursing mothers were selected randomly from each of the health facility.

Study tools

Structured questionnaire was administered to the selected nursing mothers. Specific questions tailored towards assessing the knowledge, attitude and practices of breastfeeding among mothers were included in the questionnaire. Questions that focus on obtaining demographic data of respondents were also included.

Collection of data

Some health care workers who had been sensitized on the purpose of the study were employed in administering the questionnaire with the respondents.

Data analysis

The Statistical Package for Social Scientists (SPSS) version 16 was used for analyzing the data collated in this study.

Chi-square tests was also conducted using the SPSS version 16; on each cross tabulation of variables used in the analysis.

Out of 400 respondents 8 did not give back their filled questionnaire; hence a total of 392 respondents filled accurately and submitted their questionnaire.

Respondents demographic and socio economic situations are presented in frequency tables below;

Table 1 Age group

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid <20yrs	45	11.5	11.5	11.5
20-25yrs	107	27.3	27.3	38.8
25-30yrs	159	40.6	40.6	79.3
30-35yrs	68	17.3	17.3	96.7
35yrs and above	13	3.3	3.3	100.0
Total	392	100.0	100.0	

Table 2 Sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid F	392	100.0	100.0	100.0

Table 3 Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single Mother	10	2.6	2.6	2.6
Married	372	94.9	94.9	97.4
Separated	3	.8	.8	98.2
Divorced	7	1.8	1.8	100.0
Total	392	100.0	100.0	

Table 4 Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No Education	29	7.4	7.4	7.4
Primary Level	84	21.4	21.4	28.8
Secondary Level	185	47.2	47.2	76.0
Tertiary Level	78	19.9	19.9	95.9
Post graduate	16	4.1	4.1	100.0
Total	392	100.0	100.0	

Table 5 Occupation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Trader	86	21.9	21.9	21.9
Public Servant	44	11.2	11.2	33.2
Self Employed	119	30.4	30.4	63.5
Private Employment	55	14.0	14.0	77.6
Not Employed	88	22.4	22.4	100.0
Total	392	100.0	100.0	

43 women out of the 392 respondents did not breastfeed their baby for 6 months without water (see table 6 below)

Table 6 Breastfed for 6mths without water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	349	89.0	89.0	89.0
	NO	43	11.0	11.0	100.0
	Total	392	100.0	100.0	

Using the Chi-Square tests, a cross tabulation of the women's education versus number of children by the women was significant at a P value of < 0.05 (see Table 7a & 7b)

Table 7a Number of children vs. Education Cross tabulation

Count	Education					Total
	No Education	Primary Level	Secondary Level	Tertiary Level	Post graduate	
Number of children 1	6	14	54	25	7	106
2	5	25	67	29	4	130
3	7	21	30	17	1	76
4	4	9	24	3	2	42
5	1	10	4	1	2	18
6	4	3	3	2	0	12
7	0	0	2	1	0	3
8	2	1	1	0	0	4
9	0	1	0	0	0	1
Total	29	84	185	78	16	392

Table 7b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	64.589 ^a	32	.001
Likelihood Ratio	55.894	32	.006
Linear-by-Linear Association	19.599	1	.000
N of Valid Cases	392		

a. 27 cells (60.0%) have expected count less than 5. The minimum expected count is .04.

In the analysis of the women's knowledge about breastfeeding, a cross tabulation of the women's knowledge about breast milk versus the level of education was significant at P value <0.05 (see Table 8a & 8b)

Table 8a Knowledge about breast milk vs. Education Cross tabulation

Count		Education					Total
		No Education	Primary Level	Secondary Level	Tertiary Level	Post graduate	
Knowledge about breastmilk	I know that breast milk is important as the first and ONLY food for the baby immediately after birth	24	73	163	67	12	339
	I know that breast milk cannot be sufficient after birth so I need to give formula supplement	3	6	13	7	1	30
	I know that the first breast milk I produce is not good so I must express it away and must not give my baby until later	2	5	9	4	3	23
Total		29	84	185	78	16	392

Table 8b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.937 ^a	8	.654
Likelihood Ratio	4.261	8	.833
Linear-by-Linear Association	.427	1	.513
N of Valid Cases	392		

a. 6 cells (40.0%) have expected count less than 5. The minimum expected count is .94.

Significance was also observed in the analysis of the women's knowledge about breast feeding versus their actual practice of exclusive breastfeeding for 6 months (see Table 9a & 9b)

Table 9a Breastfed for 6mths without water vs. Knowledge about breast milk Cross tabulation

Count		Knowledge about breast milk			Total
		I know that breast milk is important as the first and ONLY food for the baby immediately after birth	I know that breast milk cannot be sufficient after birth so I need to give formula supplement	I know that the first breast milk I produce is not good so I must express it away and must not give my baby until later	
Breastfed for 6mths without water	YES	314	13	22	349
	NO	25	17	1	43
Total		339	30	23	392

Table 9b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	69.666 ^a	2	.000
Likelihood Ratio	43.420	2	.000
Linear-by-Linear Association	.036	1	.849
N of Valid Cases	392		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.52.

Cultural values relating to breast feeding was analyzed and a significance was observed in the cross tabulation of cultural beliefs versus the practice of exclusive breast feeding (see Table 10a & 10b)

Table 10a Breastfed for 6mths without water vs. Culture about breastfeeding Cross tabulation

Count		Culture about breastfeeding			Total	
		Breastfeeding baby at birth is not allowed in my culture	My culture does not allow exclusive breastfeeding	My culture has nothing to do with exclusive breastfeeding		In my culture the baby must be given concoctions and herbs as he breastfeeds
Breastfed for 6mths without water	YES	5	8	332	4	349
	NO	1	9	29	4	43
Total		6	17	361	8	392

Table 10b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	46.530 ^a	3	.000
Likelihood Ratio	29.304	3	.000
Linear-by-Linear Association	7.037	1	.008
N of Valid Cases	392		

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is .66.

The analysis of how cosmetic issues affect the practice of exclusive breast feeding show significance (see Table 11a & 11b)

Table 11a Breastfed for 6mths without water vs. Breast feeding effect on the breast Cross tabulation

Count		Breast feeding effect on the breast				Total
		Breastfeeding can make my breast to be flat or saggy	Breastfeeding will not allow me to dress smartly	Breastfeeding will make me to be too cautious of my look and dressings	Breast feeding does not affect my dressing or look in any way	
Breastfed for 6mths without water	YES	3	6	18	322	349
	NO	2	2	2	37	43
Total		5	8	20	359	392

Table 11b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.108 ^a	3	.106
Likelihood Ratio	4.229	3	.238
Linear-by-Linear Association	2.188	1	.139
N of Valid Cases	392		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .55.

An analysis of husbands encouraging their wives to breast feed and the practice of exclusive breast feeding among the women was significant (see Table 12a & 12b)

Table 12a Breastfed for 6mths without water vs. Husband's encouraging wives to breastfeed Cross tabulation

Count		Husband encouraged to breastfeed		Total
		YES	NO	
Breastfed for 6mths without water	YES	346	3	349
	NO	36	7	43
Total		382	10	392

Table 12b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	36.615 ^a	1	.000		
Continuity Correction ^b	30.675	1	.000		
Likelihood Ratio	20.396	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	36.521	1	.000		
N of Valid Cases ^b	392				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.10.

b. Computed only for a 2x2 table

In laws encouragement on exclusive breast feeding plays important roles in achieving the actual practice of exclusive breastfeeding by the women (see Table 13a & 13b)

Table 13a Breastfed for 6mths without water vs. In-laws encouragement to breastfeed Cross tabulation

		In-laws encourage to breastfeed		Total
		YES	NO	
Breastfed for 6mths without water	YES	340	9	349
	NO	29	14	43
Total		369	23	392

Table 13b Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	62.297 ^a	1	.000		
Continuity Correction ^b	56.988	1	.000		
Likelihood Ratio	37.195	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	62.138	1	.000		
N of Valid Cases ^b	392				

- a. 1 cell (25.0%) have expected count less than 5. The minimum expected count is 2.52.
- b. Computed only for a 2x2 table

Observations and Findings

Respondents' profile

Age (Table 1): Among the respondents mothers under the age of 20years are 11%, 20-25years are 27%, 25-30years are 41%, 30-35years are 17%, and above 35years are 3%.

Marital status (Table 3): Single mothers among the respondents are 3%, married are 95%, separated are 1%, and divorced are 2%.

Level of education (Table 4): Respondents who had no education among the respondents are 7%, those with primary education are 21%; mothers with secondary education are 47%; while mothers with tertiary and postgraduate level of education are 20% and 4% respectively.

Occupation (Table 5): Traders among respondents are 22%, public servants are 11%, those that are self-employed and those who work for private organizations are 30% and 14% respectively; while the non-employed are 22%.

Knowledge of the mothers (respondents) about breast milk and their educational levels (Table 8a)

339 mothers (respondents) are knowledgeable about the importance of breast milk as the first and only food for the baby immediately after birth out of which 93% are educated and 7% had no education.

30 mothers have the knowledge that breast milk cannot be sufficient for their babies after birth and hence they supplement with baby formula. 90% of these are educated while 10% had no education.

23 mothers have the knowledge that the first breast milk after delivery is not good and must be expressed away not to be given to the baby; 91% of these mothers are educated and 9% had no education.

Knowledge of the mothers about breast milk and their actual practice of breastfeeding for 6months without giving the baby water (Table 9a)

(Out of 392 respondents 349 mothers breastfed their babies for 6 months without giving water while 43 did not breastfeed for 6 months without giving water).

90% of mothers who practiced breastfeeding their babies for 6 months without giving the baby water had knowledge that breast milk is important as the first and only food for the baby immediately after birth.

4% of mothers who practiced breastfeeding their babies for 6 months without giving the baby water had knowledge that breast milk cannot be sufficient for the baby after birth so they give baby formula as supplement.

6% of the mothers who practiced breastfeeding their babies for 6 months without giving the baby water had knowledge that the first breast milk produced after birth is not good and must be expressed away not to be given to the baby.

Practice of breastfeeding for 6 months without giving water by mothers and their cultural beliefs (Table 10a)

6 mothers had belief in their culture which does not allow breastfeeding a baby at birth; 83% of them practiced breastfeeding for 6 months without giving water.

17 mothers believed in their culture which does not allow exclusive breastfeeding; 47% of this mothers practiced breastfeeding for 6 months without giving water.

361 mothers believed in a culture that has nothing to do with exclusive breastfeeding; 92% of the mothers practiced breastfeeding for 6 months without giving water.

8 mothers had cultural beliefs that babies must be given concoctions and herbs alongside with breastfeeding; 50% of this group practiced breastfeeding for 6 months without giving water.

Practice of breastfeeding for 6 months without giving water by mothers and their dressing/cosmetic concerns (Table 11a)

1% of mothers who practiced breastfeeding for 6 months without giving water had concerns that breastfeeding can make their breast to be saggy.

2% of mothers who practiced breastfeeding for 6 months without giving water had concerns that breastfeeding will not allow them to dress smartly.

5% of mothers who practiced breastfeeding for 6 months without giving water had concerns that breastfeeding will make them to be too cautious of their look and dressings.

92% of mothers who practiced breastfeeding for 6 months without giving water had no concerns about breastfeeding affecting their look or dressing in anyway.

Practice of breastfeeding for 6 months without giving water by mothers and husbands encouragement for breastfeeding (Table 12a)

99% of mothers who practiced breastfeeding for 6 months without giving water received encouragement from their husbands.

1% of mothers who practiced breastfeeding for 6 months without giving water do not receive encouragement from their husbands.

Practice of breastfeeding for 6 months without giving water by mothers and in-laws encouragement for breastfeeding (Table 13a)

97% of mothers who practiced breastfeeding for 6 months without giving water had encouragement from their in-laws

3% of mothers who practiced breastfeeding for 6 months without giving water did not receive encouragement from their in-laws.

Discussions

This research work is focused on assessing the level of knowledge, attitude and practices of breastfeeding among mothers in urban and rural settings in Nigeria's Federal Capital Territory (FCT). It is evident in this study that the practice of breastfeeding among mothers is tied to some factors which also affect mother's attitude to breastfeeding most especially exclusive breastfeeding.

It is evident from the observations that education is a key factor that relates to the knowledge of mothers about breastfeeding; this factor could be very useful in improving the practice of breastfeeding among mothers if worked upon.

It is observed from the assessment conducted in this study that the quality of knowledge mothers have as relates to breastfeeding affects their actual practice of the same; for example more mothers who had the knowledge that breast milk is important as the first and only food for the baby immediately after birth breastfed their babies exclusively for 6 months.

Other factors responsible for possible gaps in the practice of breastfeeding among mothers identified in this study include cultural beliefs, dressing or cosmetic concerns, lack of partner involvement and lack of encouragement from in-laws.

Evidently, mothers who had cultural beliefs that does not allow or accept exclusive breast feeding practiced exclusive breastfeeding less than mothers whose cultural beliefs had nothing to do with breastfeeding in anyway.

The practice of exclusive breastfeeding is being sabotaged among some mothers by their dressing or cosmetics concerns. It is obvious that mothers who had no concerns about breastfeeding affecting their look or dressing in anyway breastfed for 6 months exclusively more than mothers who had concerns about their breasts being saggy or not being able to dress smartly or being too cautious of their looks and dressings.

As evident in this study, most of the mothers who breastfed exclusively had partner support while others do not. Hence, lack of partner involvement or husband's encouragement affects breastfeeding practice among mothers.

Support or encouragement from in-laws is another important factor relevant to the practice of breastfeeding among mothers. Most families in Nigeria are being influenced greatly by in-laws most especially mother-in-laws. From the findings of this study it is obvious that in-laws support and encouragement plays an important role in achieving successful exclusive breastfeeding practice by most mothers.

It is therefore important that intervention effort towards improving breastfeeding practice among mothers in Nigeria must include reaching to in-laws of these mothers.

Conclusion

The gaps affecting the practice of exclusive breastfeeding among mothers identified in this study are more with factors that fuel insufficient or wrong knowledge about breast milk and breastfeeding, factors that affect attitude of mothers to exclusive breastfeeding and factors that directly affect the practice of exclusive breastfeeding by mothers.

It has also been established in this study that the knowledge of mothers about exclusive breastfeeding and their attitude to the same affects their actual practice of exclusive breastfeeding.

Recommendations

To address the gaps identified in this study, below are recommendations with focus on addressing each gap identified;

- To improve the quality of knowledge mothers have about breastfeeding, health talks focusing on benefits of exclusive breastfeeding should be intensified in all health facilities. Role models in the media could also be used to dramatize the benefits of exclusive breastfeeding.
- Sensitization via the media on importance of breast milk to babies, the benefits of exclusive breastfeeding to babies and mothers should be intensified in all the communities to address the gap of cultural beliefs.
- Sensitization on healthy living should be presented in health facilities during ante natal care visits to help mothers understand how to take care of their bodies and look good even while breastfeeding.
- Partner involvement in ante natal care visits should be encouraged in the health facilities. If partners attend ante natal clinics with their wives, it will be possible for them to provide necessary support for the wife to achieve exclusive breastfeeding.
- Mother-in-laws and other members of the family could be reached via the media with sensitization on their expected roles in achieving successful breastfeeding practices by mothers. Role models could be used for this purpose.

Project Summary

This study was conducted to assess the knowledge, attitude and practice of breastfeeding among mothers in Nigeria, to discover possible gaps where present and to provide salient recommendations that will be useful in addressing the gaps identified.

It was observed in this study that the knowledge of mothers about exclusive breastfeeding and their attitude to the same affects their actual practice of exclusive breastfeeding.

The gaps observed by this study in the practice of exclusive breastfeeding among mothers are being fueled by the following factors; wrong / inadequate knowledge of mothers about breast milk and exclusive breastfeeding, cultural beliefs, dressing / cosmetics concerns, lack of partner involvement and lack of encouragement from in-laws.

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