

Assessment of Practice of Exclusive Breast Feeding Among Postnatal Mothers in NKST Hospital Mkar, Gboko, North Central Nigeria

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Abstract

The research is a cross-sectional descriptive survey conducted at NKST hospital Mkar, Gboko, North Central Nigeria to assess practice of exclusive breastfeeding (EBF) among postnatal mothers. The specific objectives were; to assess the knowledge of postnatal mothers on EBF, to determine the level of understanding of postnatal mothers on importance of EBF, to ascertain if postnatal mothers adopt good attachment while breastfeeding, and to assess factors militating against EBF by the postnatal mothers. Convenient sampling technique was used in selection of samples used for the study. Data were collected from the respondents through self-structured and validated questionnaire. Data obtained were analyzed and presented using frequency distribution table. Based on the findings; the knowledge of postnatal mothers on EBF was very adequate and good, also, the postnatal mothers have good understanding of the importance of EBF, however only very few of the mothers practices EBF. The finding also revealed that majority of mothers does not really know what are indications for good baby attachment to the breast. In addition, the finding show that the major factors militating against EBF includes misconception that crying baby is an indication that the breast was not enough for the baby, hence needed more supplement; nature of their work not permitting them to practice EBF; misconception that EBF makes their breast to sag quick among other factors. The researcher made the following recommendations; health workers especially should put all hands on deck to ensure more implementation of practices of EBF by lactating mothers through adequate dismissal of all misconceptions militating against EBF, and that government should come up with good motivational material incentives for mothers who successfully breast feed their babies exclusively such as giving out wrappers to the mothers, giving such child free primary and secondary education, giving the mothers some reasonable amount of money etc.

Key Words: Assessment, Practice, Exclusive Breast Feeding, Postnatal Mothers.

Statement of the Problem

According to National Demographic Health survey (2008), in Nigeria, infants and young child feeding practices have remained unsatisfactory as evidenced by low rates of timely breastfeeding initiation (38%) and very low rates of exclusive breastfeeding for the first six months (13%). More than 50% of Nigerian infants are given complementary foods too early. Among children younger than 5 years 41% are stunted, 23% are underweight, and more than 14% are wasted. In NKST Hospital Mkar many infants and young children are brought to postnatal clinics with clinical presentation of malnutrition and many mothers complaining of their children not getting satisfied with breast milk. This has prompted the investigator to go into assessment of post-natal mothers on practice of exclusive breastfeeding.

Objectives of the study

The general objective of the study was to assess the practice of exclusive breastfeeding among postnatal mothers in NKST hospital Mkar. The specific objectives are:

1. To assess the knowledge of postnatal mothers on exclusive breastfeeding

2. To determine the level of understanding of postnatal mothers on importance of exclusive breastfeeding.
3. To ascertain if postnatal mothers adopt good attachment while breastfeeding
4. To assess factors militating against exclusive breastfeeding by the postnatal mothers.

Literature Review

World Health Organization (WHO) and United Nations Children's Fund (UNICEF) defines exclusive breastfeeding as „the process by which the infant has received only breast milk from the mother or a wet nurse or expressed breast milk and no other liquid or solids with the exception of drops or syrups consisting of vitamins, mineral supplement or medicines. In other words, it means that the infant receives only breast milk. No other liquids or solids are given not even water with the exception of oral rehydration solution or drops/syrups of vitamins, minerals or medicines. Omisami (2010) defines exclusive breastfeeding as “means of giving a baby only breast milk and no other liquids or solids not even water. Drops or syrups consisting of vitamins, mineral supplements or medicines are permitted when medically prescribed”.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2years of age or beyond (WHO, 2015).

While breastfeeding is a natural act, it is also a learned behavior. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices. WHO and UNICEF launched the baby-friendly Hospital Initiative (BFHI) in 1992 to strengthen maternity practices to support breastfeeding. The foundation for the BFHI are the ten steps to successful breastfeeding described in protecting, promoting and supporting breastfeeding. Among the steps are; initiation of breast feeding within the first half-hour of birth, exclusive breastfeeding- that is, given to newborn infants no food or drink other than breast milk, unless medically indicated; breastfeeding on demand- that is as often as the child wants, day and night; give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Knowledge of Postnatal Mothers on EBF

Study by Ekambaram, Bhat and Asif (2010) on knowledge, attitude and practice of breastfeeding among postnatal mothers in South India revealed that the knowledge of the mothers were inadequate especially in areas of time of initiation of breastfeeding, duration of exclusive breastfeeding, knowledge on expressed breast milk and continuation of breastfeeding while baby is sick. Better scores correlated with higher maternal age, better maternal education, higher socio-economic status and having received antenatal care from tertiary care centers and private practitioners.

Adil (2014) in study of postnatal 600 women on knowledge, attitude and practice regarding exclusive breastfeeding among mothers attending primary health care centers in Abha city found that overall mothers' breastfeeding knowledge was good among more than half of them (55.3%) and excellent among 30.7% of them while it was unsatisfactory among 14% of the mothers. Positive attitudes towards breastfeeding was reported among 62.2% of the participants.

Study by Kever et al (2014) on knowledge of exclusive breastfeeding and proposed infant feeding pattern of post natal mothers in Maiduguri, Nigeria showed that 90.1% of the respondents were aware of EBF, 60.3% knew what exclusive breastfeeding is and 70% knew when to wean the baby.

Joshi et al (2014) on exclusive breastfeeding practices among postnatal mothers showed that out of 600 lactating mothers studied only 1.16% were practicing exclusive breastfeeding and majority 98.84% were practicing non-exclusive breastfeeding practices.

Study by Ampeire (2008) showed that of 203 respondents studied on knowledge of exclusive breastfeeding, 49.8% had exclusively breastfed their infants for six months, 12.3% for more than six months, 73.8% knew that a child is supposed to be exclusively breastfed for six months. The main advantage perceived 55.2% of the women was nutrition.

Importance of Exclusive Breastfeeding

According to Omisami (2010), exclusive breastfeeding has the following benefits to the baby;

- Protection against infection as it has been established that exclusively breastfed babies have less diarrheal episodes, gastro-intestinal infection and respiratory infection than artificially fed babies. This is because of the such substances contained in breast milk which enhances development of the baby's immunity. Such substances as bifidus factor, anti-inflammatory agents, lymphocytes and macrophages, growth factors, digestive enzymes etc.
- Protection against allergy: this is because the baby's gastro-intestinal tract develops more quickly when fed with breast milk. A lower exposure to foreign proteins (such as artificial infant feeds) creates more tolerance rather than allergic responses.

To the mother;

- Oxytocin released while breastfeeding contracts the uterus and helps to stop bleeding after delivery. It aids involution of the uterus.
- Exclusive breastfeeding delays the return of menses and helps as a form of family planning methods (lactation amenorrhoea). This conserves iron stores and space children. There is a lower risk of breast and ovarian cancer. Exclusive breastfeeding also reduces postpartum depression and enhances faster recuperation from child birth.
- Exclusive breastfeeding enhances mother-child bonding which results in less child abuse and neglect. With exclusive breastfeeding, there is no worry on the part of the mother about milk spoiling or running out of supplies.

Benefits to Society

- Mothers can space pregnancies with lactation amenorrhea method which improves the health of mothers, family and the country at large
- Cost of medical consultation, medicine, laboratory tests and hospitalization are reduced
- There is no need to purchase infant formula or feeding equipment thus, mothers can use the money for other family members.
- In addition to the above benefits, exclusive breastfeeding has the following advantages;
- It is readily available at the right temperature and ideal nutritional value
- Cheaper than formulated feed

The American Academy of Pediatrics (2015) recommends exclusive breastfeeding for the first six months because it contains all the vitamins and nutrients that the baby needs in the first six months of life, breast milk is packed with disease fighting substances that protects the baby from illness.

According to Motee and Jeewon (2014) breastfeeding is the gold standard of infant feeding up to 6 months. It remains the most cost effective way for reducing the risk of diseases such as obesity, hypertension, eczema, type II diabetes among others in later life as well as mortality.

Olagunju (2013) posited that for infants to survive, grow and develop properly, they require the right proportion of nutrients; the nutrients can only be found in the breast milk of the mother.

The breast milk is rich in nutrients and antibodies and they are always readily available with the right quantities of fat, sugar, water and protein. These nutrients are the major pre-requisites to the health and survival of the baby. Moreover, they are available in the form that can be easily digested by the babies in comparison to formula made from cow's milk which takes time to get digested.

Attachment of Baby to the Breast

A baby who is poorly attached does not get the breast milk easily, he suckles ineffectively. The consequence of this is that the baby may not get enough milk and fail to gain weight. He may also want to be breastfed frequently and for a very long time at each feed to get enough milk and most often cry which some mothers uses as an excuse for not continued breastfeeding (Omisami, 2010)

In order for baby to obtain a good catch at the breast, there are four main principles which need to be followed;

- The baby's head and body should be in a straight line.
- The mother should hold the baby's body close to hers.
- The baby should face the breast with his nose opposite the nipple.
- The position should be sustained be sustainable for both mother and baby.

According to UNICEF, the following are important in helping the baby to attach to the mother's breast properly.

- Put the baby to your breast within the first hour of birth
- Good attachment helps you to produce a good supply of breast milk.
- Good attachment helps to ensure that your baby suckles well.
- Good attachment helps to prevent sore and cracked nipples.

To ensure your baby is attached well:

- Touch baby's lips with your nipple
- Wait until your baby's mouth opens wide
- Quickly bring onto your breast from below, aiming your nipple up towards the roof of the baby's mouth.
- Baby should take a big mouthful of breast

The four signs of good attachment are:

- (a) Baby's mouth is wide open
- (b) You can see more of the darker skin (areola) above the baby's mouth than below
- (c) Baby's lower lip is turned outwards
- (d) Baby's chin is touching your breast

(UNICEF Brochure, 2015 retrieved online)

According to Manual of Federal Ministry of Health (2012), the signs of effective suckling are:

- The baby takes slow, deep suckles, sometimes pausing
- You may be able to see or hear your baby swallowing after one or two suckles
- Suckling is comfortable and pain free for you
- Your baby finishes the feed, releases the breast, and looks contented and relaxed
- The breast is softer after the feed

Factors Militating Against Exclusive Breast Feeding

According to Omisami (2010), breast problems such as damaged or cracked nipple, breast sore, abnormal nipples, long nipples, short nipples, abnormally large nipples, flat nipples and inverted nipples can contribute to poor or non-breastfeeding of the infant.

Postnatally, problems can arise during breastfeeding in which any of these conditions could arise due to mismanagement and thus could hinder the success of exclusive breastfeeding; Breast engorgement, mastitis, breast abscess and block ducts (Daire, Margret and Anna 2008).

Some mothers once observed that their baby has some problems such as congenital conditions as cleft palate; pre-term babies and low birth weight babies, they refuse to breastfeed these babies or expressed breast milk for them (Omisami, 2010).

Some mothers believe they do not have enough milk to satisfy the baby especially in cases of multiple birthing. Others believe that crying baby is an indication that the breast milk is not enough and has to be complemented with family food or water. Still some mothers believe that refusal to breastfeed by the baby is sign that the breast milk is bad (Federal Ministry of Health, 2012, Karacam, 2008). Many mothers introduce early supplements or stop breastfeeding because they have to return to work.

Study by Ojo (2012) found that only small proportion (19%) of the nursing mothers studied practiced exclusive breastfeeding. The survey showed that the major constraints to exclusive breastfeeding includes; the perception that babies continues to be hungry after breastfeeding (29%); maternal health problems (26%); fear of babies becoming addicted to breast milk (26%); pressure from mother-in-law (25%); pains in the breast (25%) and the need to return to work (24%).

Ugboaja et al (2013) in study on barriers to post natal care and exclusive breastfeeding among urban women in South eastern Nigeria found that the main reasons for non-practice of exclusive breastfeeding were that the EBF was very stressful (26.2%), mothers refusal (23.5%) and the feeling that EBF was not necessary (18.1%), 13.7% of the women were constrained by time.

Methodology

Research Design: Cross-sectional descriptive survey design was used for the study to assess practice of exclusive breastfeeding among post-natal mothers in NKST hospital Mkar, Gboko North Central Nigeria.

Setting for the Study: The study was conducted at NKST Hospital Mkar, Gboko, Benue State, North Central Nigeria. The hospital is located along Gboko-Mkar-Katsina/Ala road. It has about 350 bed capacity. It is accredited by different medical professional regulatory bodies such as Nursing and Midwifery Council of Nigeria, Medical Laboratory Council of Nigeria etc for training of medical and paramedical students. The hospital is made up of many units/wards such as; Paediatric unit, maternity unit, child warfare, medical/surgical units, laboratory/diagnostic units, ophthalmic unit and pharmaceutical unit. The hospital was established in 1926 by Christian Missionary from Dutch Reformed Church Mission of South Africa. The hospital is now being managed by the Church of Christ among the Tiv (NKST) a local church and an offspring of the Sudan United Mission Christian Reformed Church since November 1980.

Study Population: The target population consists of all the postnatal mothers who attends postnatal and infant welfare clinics at NKST Hospital Mkar, Gboko, Benue State. The hospital has about 340 registered postnatal mothers.

Sample and Sampling Techniques: A total of 195 were conveniently selected from the target population for the study upon their willingness to participate in the study following detailed explanation of the rationale of the study to them.

Method of Data Collection: Data for the study was collected through administered self-structured and validated questionnaire which was made up of different sections such as demographic section and other sections that were constructed with the aim of eliciting needed information capable of answering the research questions. The questionnaire was made up of both closed and open ended questions. Same questionnaire was used as a an interview guide for those respondents who were illiterate.

Method of Data Analysis: Data was analyzed after collection by the researcher using descriptive frequency distribution table which shows responses of the respondents and analyzed in percentages.

Ethical Consideration: Information obtained from subjects was for the research purpose only and was treated as strictly confidential; hence, study participants were not required to provide their names on the questionnaire. Participation in the study was voluntary after explaining the rationale and procedures of the study to eligible participants.

Results

Table 1: Socio-demographic characteristics of respondents

S/N	VARIABLES	FREQUENCY N=195	PERCENTAGE (%)
1.	Age (years)	46	23.5
	18-23	85	43.6
	24-28	36	18.5
	29-33	24	12.3
	34-38	4	2.1
	39 and above	46	23.5
2.	Marital Status		
	Single	23	11.8
3.	Married	172	88.2
	Educational level		
	Primary	36	18.5
	Secondary	130	66.6
	Tertiary	13	6.7
Others	16	8.2	
4.	Occupation		
	Farming	120	61.5
	Civil servant	28	14.4
	House wife	26	13.3
	Trading	17	8.7
Others	4	2.1	
5.	Parity status		
	1-3 children	131	67.2
	4-6 children	60	30.7
	7 and above	4	2.1

From table 1, 43.6% of the respondents were between the ages of 24 and 28, 23.5% between the ages of 18 and 23, 18.5% between the ages of 29 and 33, 12.3% were between 34 and 38 while 2.1% were within the age of 39 and above. The table also shows that 88.2% of the respondents were married while 11.8% were single. Assessing the educational qualification, 66.6% had secondary school education, 18.5% primary education, 6.7% tertiary education while 8.2% had no formal education. The table also shows that 61.5% of the respondents were farmers, 14.4% were civil servants, 13.3% were house wives, 8.7% were traders while 2.1% engaged in other unspecified occupation. The table further shows that 67.2% of the respondents had 1-3 children, 30.7% had 4-6 children while 2.7% had 7 and above number of children.

Table 2: Knowledge of Mothers on EBF

S/N	VARIABLE	FREQUENCY n=195	PERCENTAGE
1.	Have you heard of EBF?		
	Yes	190	97.4
	No	5	2.6
2.	If yes, how did you get to know about it?	N=190	
	Friends and relations	25	13.2
	Mass media	35	18.4
	Health personnel	130	68.4
3.	Have you ever practiced EBF?	N=195	
	Yes	53	27.2
	No	142	72.8
4.	What do you understand by EBF?		
	Feeding the baby with only breast milk for six months	190	97.4
	Feeding the baby with breast milk and water only	3	1.6
	Feeding the baby with breast milk, water and pap	2	1
5.	At what age do you wean your baby?		
	3 months	130	66.6
	5 months	12	6.2
	6 months and above	53	27.2

Table 2 above shows that 97.4% of the respondents have heard of EBF while 2.6% said they have not heard of it. Of those who have heard of EBF n=190, 68.4% said they got to know about it through health personnel, 18.4% said it was through mass media while 13.2% said it was through friends and relations. The table also shows that 72.8% of the respondents said they have not practiced EBF while 27.2% said they have practiced EBF. Assessment of what the respondents understand by EBF shows that 97.4% said they understand EBF to mean feeding the baby with only breast milk for six months, 1.6% said is feeding the baby with breast milk and water only, while 1% said is feeding the baby with breast milk, water and pap (akamu). The table further shows that 66.6% of the respondents wean their babies at 3months of age, 27.2% said they wean their babies at 6months and above while 6.2% said they wean their babies at 5 months.

Table 3: Knowledge of mothers on benefits of EBF

S/N	VARIABLE	FREQUENCY N=195	PERCENTAGE %
1.	What benefits of EBF do you know?		
	Protects the baby against allergy	148	75.9
	Protects the baby against infection	180	92.3
	It helps the uterus contract and stop bleeding after birth	102	52.3
	It serves as a family planning method	176	90.3
	It reduces the risk of breast and ovarian cancer	48	24.6
	It reduces the risk of diseases like obesity, hypertension, diabetes in the child	130	66.7
	It enhances mother-child bonding	180	92.3

The above table 3 shows that 180 (92.3) of the respondents said EBF protects the baby against infection and enhances mother-child bonding, 176 (90.3%) said it serves as family planning method, 148 (75.9%) said it protects the baby against allergy, 130 (66.7%) said it reduces the risk of diseases like obesity, hypertension, diabetes in the child, 102 (52.3%) said it helps the uterus to contract and stop bleeding after birth, while 48 (24.6%) said it reduces the risk of breast and ovarian cancer

Table 4: Attachment of baby to the breast by mothers

S/N	VARIABLES	FREQUENCY N=195	PERCENTAGE %
1.	Do you feed your baby on demand?		
	Yes	68	34.9%
	No	127	65.1%
2.	Do you know when your baby is attached well on the breast?		
	Yes	165	84.6
	No	30	15.4
3.	What are indications of good attachment ?		
	The baby's mouth is wide open	68	34.8
	More areola is above baby's mouth than below	28	14.4
	Baby's lower lip is turned outwards	17	8.7
	Baby's chin is touching your breast	195	100

Table 4 above shows that 127 (65.1%) of the respondents said they do not feed their baby on demand while 68 (34.9%) said they feed their baby on demand. They table also shows that 165 (84.6%) said they know when their baby is properly attached to the breast while 30 (15.4%) said they do not know when their baby is properly attached to the breast. Assessing the mothers on indications of good attachment, the table shows that 195 (100%) said the indication is when the babies chin is touching their breast, 68 (34.8%) said is when the baby's mouth is wide open, 28 (14.4%) of the respondents said is when more areola is above baby's mouth than below, while 17 (8.7%) said is when the baby's lip turned outwards.

Table 5: Factors Militating Against EBF

S/N	VARIABLES	FREQUENCY N=195	PERCENTAGE %
1.	If you do not practice EBF what are some of the reasons?		
	I have breast problem	12	6.2
	My baby has problem and cannot suck	4	2.1
	My baby was premature and I don't like to express my milk	12	6.2
	My breast don't produce enough milk for my baby	70	35.8
	My baby cries a lot even after breastfeeding, telling me breast milk is not enough for the baby	142	72.8
	My baby refuses to suck breast because the milk is spoilt	82	42.1
	My work cannot allow me to do EBF	108	55.4
	My friends and relatives told me EBF is not good	68	34.8
	EBF will make my breast to sag quick	68	34.8

Above table 5 shows factors militating against EBF as follows; 142 (72.8%) of the respondents said their baby cries a lot even after breastfeeding, indicating to them that breast milk is not enough for the baby, 108 (55.4%) said their work cannot allow them to do EBF, 82 (42.1%) said their baby refuses to suck breast because their breast milk is not good, 70 (35.8%) said their breast does not produce enough milk for the baby, 68 (34.8%) said that their relatives and friends told them that EBF is not good and that EBF said that they have breast problem, another 12 (6.2%) said that their baby was premature and that they do not like to express their milk while 4 (2.1%) said their baby had problem and cannot suck.

Discussions

The age of the respondents was between the ages of 24 and 39 with majority of them (88.2%) being married. 66.6% of the respondents had secondary school education, 18.5% had primary school education. Also, as shown on table 1, 61.5% of the respondent ranges from children (67.2%), 4-6 children (30.7%) to greater or equal to 7 children (2.7%). This shows that majority of the respondent had at least basic formal education.

Knowledge of Mothers on EBF

As was shown on table 2 majority of the respondent had adequate knowledge on what EBF is, as the table shows that 97.4% of the respondents have heard of EBF and of those who heard of it, 68.4% said they heard of EBF through health personnels, 18.4% heard of EBF through the mass media while 13.2% heard of it through friends and family. The same table shows that 97.4% understand really what exclusive breast feeding is – feeding the baby with only breast milk for six months,; but irrespective of the knowledge on EBF, only 27.2% of the respondent practiced EBF while majority (72.8%) have not practiced EBF. This finding is supported by that of Ekambaram, Bhat and Asif (2010); Adil (2014); and Kever et al (2014) whose studies demonstrated good knowledge of post natal mother on exclusive breast feeding in South India, Abha city and Maiduguri respectively.

The study finding is also supported by that of Joshi et al (2014) whose study shows that out of 600 post natal mothers studied only 1.16% were practicing EBF where as 98.84% were practicing non-exclusive breastfeeding irrespective of knowledge of EBF. Study by Ampeire(2008) further supported the finding of this study as 49.8% had exclusively breast feed their infants for six months whereas 73.8% knew that a child is supposed to be exclusively breast feed for six months.

Understanding of postnatal mothers on importance of EBF

The finding of this study shows that postnatal mothers have good knowledge on the importance of breastfeeding baby exclusively as table 3 shows, n=195 for each item; 92.3% said it enhances mother-child bonding, 92.3% said it protects the baby against infection, 90.3 said it serve as a family planning method, 75.9% said it protects the baby against allergy, 66.7% said it reduces the risk of diseases such as obesity, hypertension, diabetes in the child, 52.3% said it help the uterus to contract and stop bleeding after birth. While 24.6% said it reduces the risk of breast and ovarian cancer. The good knowledge of the post natal mothers on importance of EBF as demonstrated by this finding is supported by Omisani (2010) who posited that EBF protects babies against infection and allergy, aids involution of the uterus, serves as lactation amenorrhea and enhances mother-child bonding. Mote and Jeewon (2014) asserted that breastfeeding is the gold standard of infant feeding up to 6months as it remains the most cost effective way of reducing the risk of diseases such as obesity, hypertension, eczema, type II diabetes among others in later life as well as mortality. American Academy of pediatrics (2015) recommends exclusive breastfeeding for six months because it contains all the vitamins and nutrients that the baby needs in the first six months of life. Olagunju (2013) also posited that for infants to survive, grow and develop properly, they require the right proportion of nutrients; the nutrients can only be found in the breast milk of mother.

Attachment of babies by mothers while breastfeeding.

As shown in table 4, 165(84.6%) n=195 claim to have known when their baby is attached well on their breast while 30(15.4%) n=195 said they do not know when their baby is well attached to the breast, however assessment of the respondents on indications of good attachment revealed the following: 195(100%) of the respondents n=195 said baby's chin touching the mother's breast is an indication of good attachment, 68(34.8%) n=195 said the indication is that the baby's mouth is wide open, 28(14.4%) n=195 said when more areola is above baby's mouth than below is an indication of good attachment, while 17(8.7%) n=195 said baby's lower lip is turned outwards when there is good attachment. This finding shows that irrespective of the claim by majority of the respondents to have known when their baby is well attached on the breast during breastfeeding, only few had adequate knowledge to that as indicated by their choice of what constitute good attachment on the breast. This finding is supported by WHO and UNICEF who stated that why breast feeding is a natural act it is also a learned behavior as extensive body of research has demonstrated that mothers and other care givers require active support for establishment and sustaining appropriate breastfeeding practices. This has necessitated the launching of Baby Friendly Hospital Initiative Programme (BFHI) in 1992 by WHO and UNICEF.

Factors Militating Against EBF

Table 5 presents reasons by the postnatal mothers as to why they do not breastfeed their babies exclusively. These factors are as follows: 142(72.8%) n=195 said their baby cries a lot even after breast feeding, an indication to them that breast milk is not enough for the baby, 108(55.4%) n=195 said the nature of their work could not allow them breast feed exclusively, 82(42.1%) n=195 said their baby refused to suck breast because the milk spoilt, 70 (35.8%) n=195 said their breast does not produce enough milk for the baby, 68(34.8%) n=195 said they were told by friends and relatives that EBF is not good, another 68(34.8%) n=195 said EBF will make their breast sag quick, 12(6.2%) n=195 said they have breast problems and another 12(6.2%) n=195 said that their baby was premature and that they do not like to express their breast milk, while 4(2.1%) of the respondents n=195 said their baby has problems and cannot suck. From the findings it becomes clear that the major problems militating against EBF among the postnatal mothers includes misconception that baby's cry is an indication of not been satisfied with the breast milk, nature of work the respondents engaged in, misconception that when the baby refuses to suck it is an indication that the breast milk has spoilt, the misconception that their breast milk cannot produce enough milk to meet the demand of the baby, also that EBF makes the breast to sag quick.

This findings support the claim by the Federal Ministry of Health (2012) and Karacam(2008) that some mothers believe they do not have enough milk to satisfy the baby, others believe that crying baby is an indication that the breast milk is not enough and has to be complemented with family food or water, still others believe that refusal to breast feed by the baby is sign that the breast milk is bad. The finding is also supported by Ojo (2012); Ugboaja et al (2003) whose findings show that major constraint to EBF includes perception that babies continue to be hungry after breast feeding and that EBF was very stressful respectively.

Conclusion

Based on the findings of the study and statistical analysis, the following conclusion were reached: the knowledge of postnatal mothers on EBF was very adequate and good and that the postnatal mothers have good understanding of the importance of EBF, however only very few of the mothers practices EBF. The finding also revealed that majority of mothers does not really know what are indications for good baby attachment to the breast, more so, the finding show that the major factors militating against EBF includes misconception that crying baby is an indication

that the breast was not enough for the baby, hence need more supplement, nature of their work not permitting them to practice EBF, misconception that EBF makes their breast to sag quick among other factors.

This clearly demonstrates that health workers especially the nurses working in both antenatal and postnatal units of the hospital has a lot to do in terms of clearing the air of misconceptions about EBF while seriously encouraging the mothers to practice EBF which has been proven to be the best fundamental strategy for child survival, health, nutrition, growth, and development as breast milk contains all the vital nutrients needed by the infant.

Recommendations

Following the findings of the study, the researcher hereby recommends the following;

1. Health workers especially should put all hands on deck to ensure more implementation of practices of EBF by lactating mothers through adequate dismissal of all misconceptions militating against EBF.
2. That government should come up with good motivational material incentives for mothers who successfully breast feed their babies exclusively such as giving out wrappers to the mother, giving such child free primary and secondary education, giving the mother some reasonable amount of money etc

Suggestion for further studies

The researcher suggests further studies on the following topics;

1. The incidence of child morbidity and mortality based on early infant weaning.
2. Assessment of practice of exclusive breastfeeding and introduction of complementary feeding among post natal mothers.

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