

---

EXCLUSIVE BREASTFEEDING MEDIA CAMPAIGNS AMONG NURSING  
MOTHERS IN IMO STATE, NIGERIA

**Gregory Herbert Ezeah & Chinwe Mirian Odionye**  
University Of Nigeria, Nsukka

**Abstract**

Necessitated by the constant health teachings and media campaigns on the practice of exclusive breast feeding based on its benefits to both mother and child, this study sought to ascertain the awareness level of nursing mothers in Imo State on exclusive breastfeeding, their major source of exclusive breastfeeding information, the rate of exclusive breastfeeding practice and the factors that hinder exclusive breastfeeding practice. The study adopted the survey method. Questionnaire, focus group discussion and personal interview were used for data collection. A sample size of 399 was selected through multi-stage sampling technique. It was found that there is high level of awareness on exclusive breastfeeding. Despite the high level of awareness of nursing mothers on exclusive breastfeeding and its benefits, it was found that the rate of exclusive breastfeeding practice is still low. The source of exclusive breastfeeding information was found to be the television and the greatest challenge to the practice of exclusive breastfeeding was found to be work status of nursing mothers. Based on the findings, it was recommended that constant health education and media sensitization on exclusive breastfeeding should be given to nursing mothers and that there should be six months compulsory paid maternity leave to make exclusive breastfeeding achievable by working mothers.

**Keywords:** Exclusive Breastfeeding, Breast Milk, Nursing Mothers, Imo State, Nigeria.

**Introduction**

Over the years, breast milk has been known to be uniquely superior for infants. It is believed that breast milk helps in infants' growth, health development and all other short and long term diseases or outcomes. It directly promotes the overall health of the child and results in decreased childhood morbidity and mortality. Exclusive breastfeeding is defined by UNICEF (2010), as giving baby breast milk only and nothing else, not even sips of water except for medicines prescribed by the doctor or nurse for the first six months of life. According to Morisky, Kar, Chaudhry, Chen Shaheen and Chinckering (2012) early initiation of breast feeding also impacts on the health status of the child because the first milk, colostrums, contains antibodies that protects the child from diseases. In an attempt to achieve a successful breast feeding globally by the year 2000, the World Health Organisation (WHO) and United Nations International Children's Fund (UNISEF) launched the Baby Friendly Hospital Initiative (BFHI) in 1991. The BFHI is a global effort involving 160 countries, of which 95 of them are in the developing world

where Nigeria belongs (UNICEF, 1993, Salami, 2006). According to Nwanwko (2002) it is a project through which the practice of exclusive breast feeding is being supported, promoted and protected.

A recent estimate by the WHO showed that worldwide only 35% of children between birth and their fifth month were breastfed exclusively (WHO, 2010). Ojo and Opeyemi (2012) observed that based on the WHO Global data on infant and Young Child feeding in Nigeria, 22.3% of children were exclusively breastfed for less than four months while 17.2% were exclusively breastfed for less than six months in the year 2013. The Nigerian Demographic and Health Survey (NDHS) showed that 17% of children were exclusively breastfed for less than four (4) months while 13% were exclusively breastfed for less than six (6) months (Ojo and Opeyemi, 2012). Accordingly, WHO recommends early (within one hour of giving birth) initiation of breast feeding, especially exclusively for six months and thereafter for 24 months. However, these statistics are far below the 90% level recommended by the WHO (Jones 2003 in Ojo and Opeyemi 2012).

Nigam and Sinha (2012) observed that early initiation of breast feeding could reduce neonatal mortality by 22%, which would contribute to the achievement of the Millennium Development Goal four (reducing child mortality). In developing countries for instance, early initiation of breast feeding could save as many as 1.45 million lives each year by reducing deaths mainly due to diarrheal disorders and lower respiratory tract infections in children (p.382) According to experts, medically, breast feeding should serve as the only food for babies under six months. Unfortunately, getting mothers to do it the right way is the problem (Osuji, 2016; Emeruwa, 2016). This has been attributed to traditional practices and factors such as education, employment, place of delivery, family pressure and cultural values which affect breast feeding initiation and sustainability, Ojo and Opeyemi, 2012). As a global public recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. The responsibility of nursing mothers in this regard could be of great importance as their sensitization regarding adopting breast feeding practices prior to child birth is easier and acceptable (Nigam and Sinha, 2012, p.12).

Over the last two decades, there has been a growing attention in the endorsement of exclusive breastfeeding as the recommended feeding practice for newborns (Danso, 2014). This, to a large extent, has been encouraged by increasing scientific substantiation on the significance of exclusive breastfeeding in reducing infant morbidity and mortality (p.1). Exclusive breastfeeding is defined by WHO (2010) as the practice of giving an infant only breast-milk for the first six months of life-no other food or water. It is part of optimal breastfeeding practices, which also include initiation within one hour of life and continued breastfeeding for up to 2 years of age or beyond. The United States Breastfeeding Committee (USBC) and the American Academy of Pediatrics (AAP) declare that breastfeeding is the physiologically normal form of infant and child feeding (AAP, 2012; Danso, 2014).The criteria of exclusive breast feeding initiatives includes constantly informing the nursing mothers about benefits and management of breast feeding to ensure the integration of messages about breast feeding in all prenatal and antenatal education interchanges.

The Nigerian government, in recognition of the many health benefits of breastfeeding to mothers and children, established six university teaching hospitals as Baby Friendly Hospital Initiative (BFHI) centres in Benin, Enugu, Maiduguri, Lagos, Jos

and Port Harcourt with the sole aim of reducing infant malnutrition, morbidity and mortality, and promoting the health of mothers (Salami, 2006). As such since the inception of BFHI in 1991, a series of programmes and media campaigns, seminars workshops and conferences aimed at promoting breast feeding have been organized in different hospitals in the country aimed at sensitizing both pregnant and nursing mothers on the health benefits of exclusive breastfeeding to both mother and child.

The far reaching importance of mass media and communication in the society cannot be based on its relevance in all spheres of human endeavours. The media plays significant role in the enlightenment and development of a society in which campaigns in the prevention and control of lassa fever is part of. This probably prompted the opinion of Ndolo (2006, p.20) that "the media is one of the knowledge producing institutions that make up the society. As such, Ndolo (2006) highlighted the functions of media in the society to include: information (surveillance), correlation (consensus building), cultural transmission (forging and maintaining commonality of values), entertainment (reducing social tension) and mobilization (promote national interest). The information, education and entertainment functions of mass media in particular, place several tasks on them and necessitate the coverage of a wide range of human endeavours and subject areas.

In recognition of the importance of mass media in communicating health issues, almost all the campaigns on exclusive breastfeeding carried out by the media have strongly emphasized on effective and well articulated communication strategies that are geared towards creating awareness of the public, especially nursing mothers on the benefits and exclusive breast feeding and consequently inspire positive attitude and behaviours. The mass media has been at the centre of all exclusive breast feeding sensitization campaigns through various channels such as radio, television, newspapers and magazines. Other channels of mobilization include health workers, friends and relatives, aimed at reaching the general public with desired effects. According to Noar (2006, p.22) citing Rogger and Storey (1987) health communication campaigns have four distinct characteristics which include (i) To generate specific outcomes or effects (ii) in a relatively large number of individuals (iii) usually within a specific period of time and (iv) through an organized set of communication activities.

However, despite these international and local efforts, breast feeding practice among nursing mothers has not reached the hundred percent mark as recommended by WHO (WHO, 2010, p.4). Hence, Cattaneo, Davanzo and Ronfani (2014) argue that to design promotional activities and set national goals, breast feeding awareness and rates of practice need to be assessed. It is therefore, the intention of this study to assess the breast feeding awareness and rates of its practice among nursing mothers in Imo state, Nigeria. The need to evaluate nursing mothers' awareness level on breast feeding and its practice becomes pertinent against the huge investments and campaigns of international and national agencies (such as WHO, UNICEF, USBC, AAP) on the effect of such practices on the health of mother and the growing child. The study was therefore embarked upon to know the awareness level of nursing mothers on breastfeeding based on media campaigns; the level of practice of exclusive breast feeding and the factors that influence breast feeding practices by nursing mothers.

### **Statement of Problem**

The benefits of exclusive breastfeeding for the health of both mother and child have been recognized by global and local agencies (WHO, UNICEF, USBC, AAP). As such, several sensitization programmes and media campaigns have been organized and sponsored by these agencies both internationally and locally, including Nigeria's Federal Ministry of Health and Information. These efforts are geared towards creating the desired awareness on exclusive breastfeeding and its inherent benefits and the need for its adoption and practice by nursing mothers. The mass media have been known to exert powerful influence on the attitude and behaviour of the audience, especially through their information and education role. However, the issue that remains uncertain is how successful these media campaigns have been in influencing the attitude of nursing mothers and their adoption of exclusive breastfeeding practice. It against this backdrop that this study ought to ascertain the awareness level of nursing mothers in Imo State on exclusive breastfeeding, their major source of information on exclusive breastfeeding, the extent of their exclusive breastfeeding practice and the factors that hinder exclusive breastfeeding practice.

### **Objectives of the Study**

The study was guided by the following objectives:

1. To ascertain the awareness level of nursing mothers in Imo State on exclusive breast feeding.
2. To identify the major source of exclusive breastfeeding information among nursing mothers in Imo State.
3. To find out the extent of exclusive breastfeeding practice by nursing mothers in Imo State based on media campaigns.
4. To ascertain the factors that hinder exclusive breastfeeding practices by nursing mothers in Imo State.

### **Research Questions**

The following research questions served as guide for the study.

1. What is the awareness level of nursing mothers in Imo State on exclusive breast feeding?
2. What is the main source of exclusive breastfeeding information among nursing mothers in Imo State?
3. To what extent do nursing mothers in Imo state practice exclusive breastfeeding based on media campaigns?
4. What factors hinder exclusive breastfeeding practices by nursing mothers in Imo State?

### **Significance of the Study**

Successful breastfeeding is essential to the overall wellbeing of infants and achieving the Millennium Development Goals four (reducing child mortality) and five (improving maternal health). Based on available evidence, achievement of both goals are still far from the desired progress (Anyamele, 2009; WHO, 2010). The findings of this study will therefore add to an enhanced understanding of how indispensable health interventions

programmes are, as well as how exclusive breastfeeding can be enhanced and promoted. It will be useful to health educators and policy makers in detecting some factors that hinder EBF programmes in order to improve the breastfeeding practices among mothers and reduce child morbidity and mortality. It will enable both international and local health agencies to know when and how to package and present the health and EBF programmes among nursing mothers to achieve effective result. The study would equally be useful to media professionals in utilizing the best communication strategy that would effectively reach the target audience with a desired result. Equally, this research would add to existing body of academic knowledge upon which future researches would be built.

## Literature Review

### Exclusive Breastfeeding and its Benefits

The World Health Organization cited in Danso (2014) defined exclusive breastfeeding as a situation where “the infant receives only breast milk within the first six months of life. 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” (p.3). Breast milk is the natural and original first food for babies, it provides all the energy and nutrients that the infant needs for the first six months of life, and it continues to provide up to half or more of a child’s nutritional needs during the second half of the first year, and up to one-third during the second year of life Danso (2014). The first two years of life are critical stages for a child's growth and development. Any damage caused by nutritional deficiencies during this period could lead to faltered growth, disease, impaired cognitive development, compromised educational achievement, low economic productivity and death, (Okafor, Olatona&Olufemi, 2013).

The World Health Organization (WHO) recommends early (within one hour of giving birth) initiation of breast feeding. According to Edmond (2006) cited in Nigam and Sinha (2012) a recent trial has shown that early initiation of breastfeeding could reduce the neonatal mortality rate by 20%, which could contribute to the achievement of Millennium Development Goals. Globally over one million new infants could be saved each year by initiating breastfeeding within the first hour of life. In developing countries alone, early initiation of breastfeeding could save as many as 1.45 million lives each year by reducing deaths mainly due to diarrheal disorder and lower respiratory track infections in children (Nigam *et al.*, 2012). The global health recommendation by WHO is that infants should be exclusively breastfed for six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years of age or more (WHO, 2002). To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

1. Initiation of breastfeeding within the first hour of life
2. Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
3. Breastfeeding on demand – that is as often as the child wants, day and night
4. No use of bottles, teats or pacifiers

Breastfeeding serves and continues to serve as an appropriate method through which newborns are offered essential nutrients necessary for optimal growth and intellectual

development and contains everything nutritionally that the baby needs for growth (Danso, 2014). Exclusive breastfeeding for six months of life improves growth, health and survival status of newborns and is one of the most natural and best form of preventing medicine. Breast milk plays a pivotal role in determining the optimal health and development of infants and is associated with a decrease risk for many early-life diseases and conditions, including otitis media, respiratory track infection, diarrhoea, early infections and early childhood obesity. Breastfeeding also protect the baby from developing inflammatory bowel disease in later life. Breastfeeding can protect the child from developing allergies. It helps to boost the child's learning ability. It protects the child from developing leukaemia. Breastfeeding protects the child from type 1 diabetes. It protects the child from developing high blood pressure later in life. Breastfeeding can help the mother to loose weight. It can help to reduce mother stress level. Breastfeeding reduces the risk of some types of cancer. (WHO, 2012). Breastfeeding reduces the mother's risk of fatal postpartum hemorrhage and premenopausal breast and ovarian cancer. Frequent and exclusive breastfeeding contributes to a delay in the return of fertility and helps protect women against anemia by conserving iron. Breastfeeding provides frequent interaction between mother and infant, fostering emotional bonds, a sense of security, and stimulus to the baby's developing brain (WHO, 2002; Danso 2014). A study by Nigam (2012) found that 81.5% of antenatal mothers have knowledge about benefits of exclusive breastfeeding while only 18.5% don't have knowledge. Similarly, in their study, Vennemann *et al* (2009) posit that breastfeeding was found to be protective against sudden infant death syndrome by reducing the risk by 50% at all ages during infancy; these benefits have been reported to exhibit dose-response relationship, which means, health gains increases with increases in duration and exclusivity.

It is a fact that exclusive breast feeding for the first six months of life improves growth, health and survival status of newborns and is one of the most natural and best forms of preventive medicine. For instance, Agho (2010) in his study on the "Determinants of Exclusive breastfeeding in Nigeria" found that Exclusive breast feeding (EBF) has important protective effect on the survival of infants and decreases risk for many early-life diseases. The EBF rate in Nigeria is low and falls short of the expected levels needed to achieve a substantial reduction in child mortality. Also, the study found that antenatal care was strongly associated with an increased rate of EBF. The study therefore recommends the appropriate infant feeding practice if Nigeria is to reach the child survival Millennium Development Goal (four) of reducing infant mortality from about 100 deaths per 1000 live births to a target of 35 deaths per 1000 live births by the year 2015. In corroboration, Yewande (2011) cited in Ogundipe (2012) notes that exclusive breastfeeding is the most effective public health intervention for a child's survival, yet many women do not breastfeed exclusively for six months.

### **Sources of Exclusive Breastfeeding Information**

There are different sources through which mother get information on the practice of exclusive breast feeding. Kovach, (2002), cited in Danso (2014, p.5) stressed that formal breastfeeding policies in hospitals, staff and physician training in breastfeeding management, and rooming-in have been shown to positively affect breastfeeding promotion efforts. Also, such strategies as Baby-Friendly Hospital Initiative (BFHI), peer counseling, paternal support, and education of the mothers and health care professionals

have been used to promote breastfeeding in the U.S. (Martens, 2000; Philipp, 2001). A study by Nigam & Umesh (2012) found the sources of RBF information among nursing mothers to be: doctors, nurses, and health workers mass media which has significantly increased the rate (81.5%) of knowledge about the benefits of exclusive breast feeding. Similarly, a study by Danso (2014) found that all the respondents indicated their main source of exclusive breastfeeding information to be health care professionals when they visit clinics, health centres and hospitals. To a great extent, exclusive breastfeeding information from health care professional is targeted at nursing mothers particularly during postpartum. The study also found that the respondents learnt exclusive breastfeeding from reading, mass media, and through school, friends and other relatives (p.10).

Danso (2014) concludes that support from governmental programmes, health professionals, and education in schools is very significant for the promotion of exclusive breastfeeding and for bringing about changes in person's behaviour.

Increased public awareness is expected to help in the design of appropriate breastfeeding promotion activities between families and physicians. In their 2012 survey, Schanler, O'Connor and Lawrence study on "Pediatricians' Practices and Attitudes Regarding Breastfeeding Promotion" showed that exclusive breastfeeding practice for the first six months was recommended by 65% of responding pediatricians; only 37% recommended breastfeeding for one year. A majority of pediatricians agrees with the opinion that breastfeeding and formula-feeding are equally acceptable methods for feeding infants. The finding further revealed that majority of pediatricians (72%) were unfamiliar with the content of the Baby friendly Hospital Initiative. And that majority of pediatricians had not attended a presentation on breastfeeding management in the previous three years; most said they wanted more education on breastfeeding management.

### **Awareness level and Rate of Exclusive Breastfeeding Practice**

Successful exclusive breastfeeding is essential to the reduction of child malnutrition and achieving the Millennium Development Goals four and five (reducing child mortality and improving maternal health) (WHO, 2010; Ojo and Opeyemi, 2012). According to Nigerian MDG Reports 2001 and WHO Report 2010, achievement of these millennium development goals four and five still remain far from the desired progress. In Nigeria for instance, while early breastfeeding initiation is relatively high, the duration and practice of exclusive breastfeeding among mothers who deliver in a healthy facility and outside such facility remains low (Ogunnlesi, 2010). Ojo and Opeyemi (2012) citing WHO (2010) assert that early introduction of complementary feeding based on erroneous assumptions affects breastfeeding initiation and sustainability. According to Jelliffe and Jelliffe (1978) cited in Mudzengerere and Mudzengerere (2013) early ceasing of exclusive breastfeeding predisposes the infant to diarrhea, malnutrition and respiratory tract infections. Thus lack of exclusive breastfeeding results in increased infant morbidity and mortality especially in developing countries.

Despite the benefits of EBF, much remains to be done to make exclusive breastfeeding during the first six months of life the norm for infant feeding. Globally, only 38% of infants 0 to 6 months old are exclusively breastfed (Black 2013; WHO 2013). Recent analyses indicate that suboptimal breastfeeding practices, including non-

exclusive breastfeeding, contribute to 11.6% of mortality in children under 5 years of age. This was equivalent to about 804, 000 child deaths in 2011 (WHO, 2013). An American based research revealed that 60% of mothers leave hospitals planning to breastfeed their babies exclusively, however only 22% of this 60% were still breastfeeding exclusively for six months (American Academy of Paediatrics, Committee on Nutrition, 2014). Also the findings of a study ‘examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana by Danso (2014), revealed that though the respondents were well-informed about exclusive breastfeeding, 48% of professional working mothers were able to practice exclusive breastfeeding and 52% could not practice exclusive breastfeeding according to World Health Organisation recommended practice of exclusive breastfeeding.

In Nigeria similarly, a study on ‘constraints to exclusive breastfeeding practice among breastfeeding mothers in southwest Nigeria’ by Ojo and Opeyemi (2012) found that there was high awareness level of breastfeeding (94%) and the intention of mothers to breastfeed their babies for up to a year. Ironically, of the mothers whose babies were less than or up to 6 months, only 19% of them practised exclusive breastfeeding. This finding was in line with the findings of Salami (2006) on ‘factors influencing breastfeeding practices in Edo State, Nigeria’ which found that 82% of the mothers practised breastfeeding, 66% supplemented with corn gruel, and glucose water and 14% used herbal brew. However, only 20% of the mothers practised exclusive breastfeeding. The implication of these findings is that universally, people are aware of the importance of exclusive breastfeeding although some choose not to practice it for some different reasons.

Despite the available body of knowledge on exclusive breastfeeding practice in Nigeria and other parts of the world, literature search has shown that little or no studies examining nursing mothers’ practice of exclusive breastfeeding in Imo State have been executed. It is this gap in literature that the study sought to provide through empirical research findings. As such, this study adopts a mixed method approach in exploring nursing mothers’ perception and adoption of exclusive breastfeeding practices in Imo State, Nigeria. The views of nursing mothers were complemented with that of chief nursing officer and pediatric doctors.

### **Factors that hinder Exclusive breastfeeding**

Exclusive breastfeeding is perceived as essential to child’s health and also strengthens the physical and spiritual bond between the mother and the child. Yet, Nigerian breastfeeding practices continue to fall well below the WHO/UNICEF recommendations for developing countries (Okafor, et al, 2013). However, certain variables or factors influence effective practice of exclusive breastfeeding which invariably affects the health of the young infants leading to high mortality rate. For instance, the findings of Ojo and Opeyemi (2012) in their study titled “Constraints to exclusive breastfeeding practice among breastfeeding mothers in southwest” revealed that only a small portion of the nursing mothers (19%) practiced exclusive breastfeeding. The survey revealed the major constraints to exclusive breastfeeding to be: the perception that babies continued to be hungry after breastfeeding(29%), maternal health problem (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%). Similarly, in her study on ‘factors

influencing breastfeeding practices in Edo State, Nigeria', Salami (2006) found that factors such as: age of mother, education attained by mother, marital status, income, family background, proximity to baby, cultural affiliation and spouse influence affect exclusive breastfeeding practices among mothers. The findings revealed that proximity to baby was the most influential factor while cultural affiliation and family background were the least factors affecting EBF practice.

Schmied and Barclay (2009) emphasized that breastfeeding; including early initiation and duration are usually influenced by many interwoven factors which include health, psychosocial, culture, political and economic factors. Of all these factors, decisions concerning initiation and duration of breastfeeding in developing countries are influenced by education, employment, place of delivery, family pressure and cultural values (WHO, 2010; Ojo and Opeyemi, 2012).

### **Theoretical Framework**

The study is anchored on the agenda setting theory of mass communication. Agenda setting theory describes the ability of the media to influence the salience of topics on the public agenda. This invariably means that if an issue or topic is covered frequently and prominently, the audience will regard the issue as more important. The agenda theory propounded by Bernard Cohen (1963) states that as a result of the kind of coverage given to a particular issue by the media, there is the tendency that the issue will begin to be seen as very important by the mass media audience. In other words, the media have the capacity to set agenda for public discuss on important issues like exclusive breast feeding. The agenda-setting theory is traced to the first chapter of Walter Lipmann's 1922 book titled 'Public Opinion'. In that first chapter of Lipmann's book - "The World Outside And The Pictures In Our Heads", he argues that the mass media are the principal connection between events in the world and the images in the minds of the public. Following Lipmann, in 1963, Bernard Cecil Cohen observed that the press "may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about".

The relevance of this theory to this study is that when the media (newspaper, magazine, television and radio) are constantly utilized in disseminating messages on the importance of and need for exclusive breastfeeding practice by nursing mothers, they will begin to think and discuss this issue as important and as such see the need to adopt it as a better method of ensuring the health and well being of their young infants. The constant WHO/ UNICEF recommendations and Baby Friendly Hospital Initiative campaigns on the adoption or practice of exclusive breastfeeding by nursing mothers, when complemented with constant media campaigns, the issues will undoubtedly be seen as important and this will increase the rate of its practice by both educated and non-educated nursing mothers.

### **Methodology**

The survey research method was adopted for this study. The questionnaire, focus group discussion and personal interview were the instruments used for data collection.

### Area/Population of Study

The area of study is Imo State, Nigeria. Imo State is made of three senatorial zones namely: Imo North, Imo East and Imo West. The study population consisted of nursing mothers in Imo State that were aged between 20 to 40 years. Because of unavailability of statistical figure of nursing mothers in Imo state, the population all the women in Imo State was used. The population figure Imo State women was 1,951,092 going by 2006 census population (NPC, 2006). However, ten years have gone since the census figure was published. Therefore, the population of Imo State women was projected to reflect the time of this study (which is 2016) using UNDP population extrapolation index of 2.28% per annum. Using this index, therefore, the projected population of Imo State women in 2016 was 2,380,332.

### Sample Size and Sampling Technique

A sample size of 399 was drawn from the population of 2,380,332, using Taro Yemanne statistical formula. The multi-stage sampling was used in selecting the sample for the study. The first stage was the selection of three senatorial zones in the state. These senatorial zones are Imo North, Imo East and Imo West. The second stage was the allocation of samples to the senatorial zones using quota sampling technique to ensure equal proportion for each zone. The third stage was the selection of two (2) LGAs from each senatorial zone which gives six (6) LGAs. The fourth stage was the selection of two (2) communities from each LGA which gives a total of twelve (12) communities from where individual respondents were selected using simple random sampling technique. In order to examine exclusive breastfeeding practice, the study included only mothers with infants from 0-12 months of age. In order to supplement the information gotten from questionnaire, the focus group discussion (FGD) and personal interview were also used.

**Table 1: Allocation of sample to senatorial zones in Imo States based on quota**

S/N	Senatorial zone	Sample size
1.	Imo East	133
2.	Imo West	133
3.	Imo North	133
	<b>Total</b>	<b>399</b>

Source: Fieldwork (2016)

**Table 2: Sampling Frame**

S/N	Senatorial zones	Selected LGA	Selected communities
1.	Imo North	Okigwe Ehime Mbano LGA	Umulolo and Okigwe Umuezeala&Umunakanu
2.	Imo East	Owerri Municipal LGA and EzinihitteMbaise LGA	Umuororonjo&Umuoyimma Ezeagbogu and Amumara
3.	Imo West	Oru East LGA Ideato North LGA	Omuma and Awo-Omamma Uruala and Akokwa

Source: Fieldwork (2016)

**Data Presentation****Table 3: Responses on the age bracket of the baby**

Variable	Frequency	Percentage (%)
0 – 3 months	72	18.6
4- 6 months	102	26.4
7 – 9 months	124	32.1
10 – 12 months	89	22.9
<b>Total</b>	<b>387</b>	<b>100</b>

The above table 3 shows the age range of the babies, as obtained from their mothers. From the table, 72(18.6%) of the babies were between 0-3 months, 102 (26.4%) were between 3-6 months. As many as 124 (32.1%) were between 6-9 months while the remaining 89 (22.9%) were between 9-12 months.

**Table 4: Respondents' awareness on exclusive breastfeeding**

Responses	Frequency	Percentage (%)
Giving the baby breast milk only and nothing else	326	84.2
Giving the baby breast milk, water and artificial milk	40	10.3
Giving the baby water and infant formula (artificial milk) without breast milk	21	5.4
<b>Total</b>	<b>387</b>	<b>100</b>

The above table 4 shows that as many as 326 (84.2%) of the respondents are aware of what exclusive breastfeeding is, according to the WHO definition 'that the infant receives only breast milk with no other liquids or solids added' while 61(15.8%) did not know what is exclusive breastfeeding. As such, 40(10.3%) give breast milk with water and artificial milk while 21 (5.4%) give only water and artificial milk without breast milk. From the focus group discussion (FGD), all the 20 (100%) respondents indicated that they are knowledgeable and aware of what exclusive breastfeeding is and were able to describe exclusive breastfeeding correctly. They acknowledged that health programmes were always given during postnatal care, immunization and children checkup and that health education media programmes they receive equipped them with the skills and knowledge of breastfeeding and its benefits.

**Table 5: Respondents' level of awareness on exclusive breastfeeding**

Responses	Frequency	Percentage (%)
Very high	107	27.6
High	190	49.1
Low	53	13.7
Very low	37	9.6
<b>Total</b>	<b>387</b>	<b>100</b>

The above table 5 shows that 107 (27.6%) and 190 (49.1) of the respondents had very high and high level of awareness on exclusive breastfeeding respectively while 53 (13.7%) and 37 (9.6%) of the respondents had low and very low level of awareness on

exclusive breastfeeding respectively. Most of the nursing mothers involved in FGD (14 or 70%) indicated a very high level of awareness of exclusive breastfeeding and 6 (30%) acknowledged that their awareness of exclusive breastfeeding was high. None of the nursing mothers in FGD indicated low and very low level of awareness of exclusive breastfeeding. The question on when the babies should be given other foods, 12 (60%) of the respondent said food should be given after six months while 8(40%) said food should be given after three months. When interviewed, the chief nursing officer in charge of immunization and a pediatric Doctor in FMC noted that nursing mothers now have very high awareness level on exclusive breastfeeding because of constant teachings and media campaigns on the benefits of exclusive breastfeeding to both mother and child. They also said that there is a constant health seminar in accordance with WHO recommendations where health care professionals teach many health topics including the need for six months exclusive breastfeeding. The interviewees equally said that the doctors and nurses often monitor nursing mothers on how they breastfeed and insert the nipple on the baby's mouth.

**Table 6: Respondents' sources of information on exclusive breastfeeding**

Responses	Frequency	Percentage (%)
Radio	91	23.5
Television	104	26.9
Newspapers and magazine	43	11.1
Health care professionals	98	25.3
Friends and Relatives	51	13.2
<b>Total</b>	<b>387</b>	<b>100</b>

From the above table 6, majority 104 (26.9%) of the respondents said their source of exclusive breastfeeding information was television, 98 (25.3%) said their sources of exclusive breastfeeding information were health care professionals, 91 (23.5%) of the respondents said their sources of exclusive breastfeeding information was through the radio, while 51 (13.2%) said their sources of exclusive breastfeeding information were friends and relatives. From FGD, most of respondents 10(50%) said their main exclusive breastfeeding information originated from nurses and health care workers in the hospital (FMC) especially when they come for immunization, postnatal care and child clinic, others 5(25%) said their source of information was television, while other respondents 3(15%) said they learnt exclusive breastfeeding from listening to radio while and 2(10%) said it was through friends and relatives. No respondent mentioned newspaper and magazine as their source of information on exclusive breast feeding.

**Table 7: Responses of nursing mothers on the practice of breastfeeding**

Responses	Frequency	Percentage (%)
I breastfeed	295	76.2
I do not breastfeed	92	23.8
<b>Total</b>	<b>387</b>	<b>100</b>

From the above table 7, majority 295 (76.2%) of the respondents breastfeed their babies while the remaining 92 (23.8%) of the respondents do not breastfeed their babies.

**Table 8: Responses on the rate of exclusive breastfeeding practice**

Responses	Frequency	Percentage (%)
I exclusively breastfed my baby up till 6 months	117	30.2
I did not exclusively breastfed my baby up to six months, I added water and artificial milk	178	45.9
<b>Total</b>	<b>295</b>	<b>100</b>

Table 8 above shows that out of 295 nursing mothers that practice breastfeeding, 117 (60.6%) practiced exclusive breast feeding while 178 (39.4%) did not practice exclusive breastfeeding. All the respondents in FGD said they breastfeed their babies, but very few 8(40%) practice exclusive breastfeeding, despite the high level of awareness on EBF. Some 3(15%) respondents argued that in as much as exclusive breastfeeding is good, they cannot exclusively breastfeed because of their work, as they cannot stay at home beyond three months maternity leave and cannot also express breast milk to stay for 5-8 hours. Others 2(10%) said exclusive breastfeeding is too demanding such that the baby becomes addicted to only breast milk thereby keeping the mother awake even in the midnight. Some 3(15%) said they do not practice exclusive breastfeeding because it will warrant them to be exposing their breast in the public. Others 2(10%) said that most babies cry a lot after breastfeeding which indicates hunger, as such; if the baby is up to three months and can eat whatever the mother gives it, then food should be introduced. Others 2(10%) said EBF makes them add excess weight and causes their breasts to sag thereby making them to be unattractive before their husbands. The pediatric doctor and the chief nursing officer interviewed stressed that despite the constant media campaigns and teachings on exclusive breastfeeding, most nursing mothers do not exclusively breastfeed because of reasons they give such as: babies not getting enough breast milk, inadequate maternity leave for working mothers to exclusively breastfeed their babies, breast milk not flowing well, pains in the nipple and shyness to expose their breast in public. They also said that nursing mothers who exclusively breastfed for six months confirmed that babies under EBF do not often easily fall sick.

**Table 9: Responses on factors that influence/hinder exclusive breastfeeding practice**

Responses	Frequency	Percentage (%)
Perception that babies continue to be hungry after breastfeeding	77	19.9
Education attained by mothers	65	16.8
Work Status	102	26.4
Family Influence	54	13.9
Maternal health problem	57	14.7
Income	32	8.3
<b>Total</b>	<b>387</b>	<b>100</b>

Table 9 above shows the factors that hinder exclusive breastfeeding practice among nursing mothers. From the table 13, as many as 102 (26.4%) of the respondents said that the main challenge to exclusive breastfeeding practice is the work status of mothers and 65 (16.8%) said that education attained by mothers is the main hindrance. 77 (19.9%) of the respondents said attributed the hindrance to the perception that babies

continue to get hungry after breastfeeding, 57 (14.7%) of the respondents said the hindrance is maternal health problem, 54 (13.9%) of the respondents attributed the hindrance to family influence while the remaining 32 (8.3%) of the respondents attributed it to family income. From the FGD, the respondents attributed the factors that hinder exclusive breastfeeding to maternal health problem, pains in the breast, babies becoming too addicted to breast milk, poor feeding, and inadequate support from the husband.

### **Discussion of Findings**

From data gathered and analysis made, the nursing mothers were aware about exclusive breastfeeding based on their ability to define EBF according to WHO definition of giving an infant only breast-milk for the first six months of life - no other food or water. This was confirmed by 326 (84.2%) of the respondents that indicated giving the baby breast milk only and nothing else. A high awareness level of breastfeeding 190 (49.1) was recorded among the nursing mothers. This implies that the nursing mothers were aware of what exclusive breastfeeding is because of constant media messages and health education they receive during postnatal care, immunization and visit to pediatric wards. This was confirmed by all (100%) the respondents in the FGD who acknowledged that health programmes were always given during postnatal care, immunization and children checkup and also that mass media messages they obtain equip them with the skills and knowledge of breastfeeding and its inherent benefits. This finding corroborates the finding of Danso (2014) titled 'examining the practice of exclusive breastfeeding among professional working mothers in Kumasi metropolis of Ghana'. This study found that all the professional working mothers (100%) studied were well knowledgeable on exclusive breastfeeding practice based on their ability to define exclusive breastfeeding according to the WHO definition 'that the infant receives only breast milk.

The sources of exclusive breastfeeding information among nursing mothers in Imo State were found to be radio, television, newspapers and magazines, health care professionals, friends and relatives. However, the major source of exclusive breastfeeding information was found to be television as confirmed by majority 104(26.9%) of the respondent while the least source was found to be newspapers and magazines 43 (11.1%) as confirmed by 40 (8.4%) of the respondents. Also, most of respondents 10(50%) said their main exclusive breastfeeding information originated from nurses and health care workers in the hospital (FMC) especially when they come for immunization, postnatal care and child clinic. Very few respondents 5(25%) mentioned television as their source of information. No respondent mentioned newspaper and magazine as their source of information on exclusive breast feeding. The implication is that the mass media being a reliable source of information are not being extensively used by hospital, health care professionals and WHO in the constant campaign on EBF. A study by Nigam & Umesh (2012) found the sources of EBF information among nursing mothers to be: doctors, nurses, and health workers which has significantly increased the rate (81.5%) of knowledge about the benefits of exclusive breast feeding.

It was found that majority of nursing mothers 295 (76.2%) breastfeed with only 92 (23.8%) that do not breastfeed. However, out of the 295 (76.2%) that practiced breastfeeding, only 117 exclusively breastfed their babies up to six months. All the respondents 20(100%) in FGD said they breastfed their babies, but very few 8(40%) practised exclusive breastfeeding. This implies that despite the high awareness level of

nursing mothers on exclusive breastfeeding as well as their knowledge of its benefits, the rate of exclusive breastfeeding practice is still very low. The pediatric doctor and the chief nursing officer interviewed confirmed that despite the constant campaigns and teachings on exclusive breastfeeding, most nursing mothers do not exclusively breastfeed because of reasons they give such as: babies not getting enough breast milk, inadequate maternity leave for working mothers to exclusively breastfeed their babies, breast milk not flowing well, pains in the nipple and shyness to expose their breast in public. A study by Ojo and Opeyemi (2012) which authenticates the above finding revealed that there was high awareness level of breastfeeding (94%) and the intention of mothers to breastfeed their babies for up to a year. Paradoxically, of the mothers whose babies were less than or up to 6 months, only 19% of them practised exclusive breastfeeding.

From the analysis, the factors that hinder nursing mothers from practicing exclusive breastfeeding was found be: babies being hungry after breastfeeding, education attained by mothers, work status, family influence, maternal health problem and family income negatively influence nursing mothers from exclusively breastfeeding their babies for six months. However, of all the factors, work status of nursing mothers was found to be the greatest challenge. This finding was confirmed by the findings of Salami (2006) and Ojo (2012) which revealed that such variables as age of mother, maternal health problem, education attained by mother, family background, spouse influence, pains in the breast, babies becoming too addicted to breast milk and the need to return to work hinder nursing mothers from exclusive breastfeeding practice.

### **Recommendations**

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

1. Although breastfeeding practice is high, the practice of exclusive breastfeeding is still minimal and therefore requires urgent attention. More efforts at creating awareness on the benefits of exclusive breastfeeding should be intensified. Health education on exclusive breastfeeding should be constantly given to mothers in antenatal care, postnatal care and in pediatric wards on a daily basis.
2. The mass media should constantly be employed in creating awareness on EBF because it is very effective for reaching mothers with infants between 0 and 6 months of age. Mass media campaigns can significantly improve the rate of exclusive breastfeeding practice during the first 6 months of baby's life.
3. The ministry of health should empower women to exclusively breastfeed by enacting six months compulsory paid maternity leave as well as policies that encourage women to breastfeed in the workplace and in public. Maternity leave should be increased to six months post delivery to make exclusive breastfeeding achievable by working mothers.
4. Husbands and family members should be involved in promoting exclusive breastfeeding so that mothers are helped to strictly adhere to exclusive breastfeeding since they are principal decision makers and opinion moulders in most families.
5. Government should invest in training and capacity-building in exclusive breastfeeding protection and promotion. Pediatric doctors, nurses and professional health care providers should be encouraged through constant training, seminars and workshops and good packages.

## Conclusion

From the study, exclusive breastfeeding is very crucial for the health of babies and their mothers. It can be concluded that there is a high awareness level of nursing mothers on exclusive breastfeeding practice and its benefits. Despite the high awareness level of nursing mothers on exclusive breastfeeding as well as their knowledge of its inherent benefits, it is concluded that the rate of exclusive breastfeeding practice is still very low; because nursing mothers do not exclusively breastfeed their babies according to the six months recommendation of World Health Organization and the United Nations International Children's Fund. Despite the health education and media campaigns on the benefits of exclusive breastfeeding up to six months, mothers are reluctant to stick to these teachings. The inability of nursing mothers to exclusively breastfeed their infants for six months was revealed to be as a result of challenges such as: work status of mothers, education attained by mothers, perception that babies continue to be hungry after breastfeeding, family influence, maternal health problem and family income which undermine and impede the practice of exclusive breastfeeding.

## References

- American Academy of Pediatrics.(2012). Breastfeeding and the use of human milk.*Journal of Pediatrics*. Vol. 129 (3).Pp.827-841.
- Black, R.E, Victora, C.G, Walker, S.P, Bhutta, Z.A, Christian, P, &Onis, M. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Journal of Human Lactation*. Vol.18(30). Pp. 247-251.
- Cohen, B. C. (1963). The press and foreign policy. Princeton, NJ: Princeton University Press.
- Danso, J. (2014). Examining the practice of exclusive breastfeeding among professional working mothers in Kumasi Metropolis of Ghana.*International Journal of Nursing*. Vol. 1(1). Pp. 11-24.
- Philipp, B.L, Merewood, A, O'Brien, S. (2001). Physicians and breastfeeding promotion in the United States: a call for action. *Journal of Pediatrics*. Vol.107(3). Pp.584-587.
- Labbok, M. & Taylor, E. (2008). Achieving Exclusive Breastfeeding in the United States:

- Findings and Recommendations. Washington, DC: United States Breastfeeding Committee. Retrieved August 17, 2016 from <http://www.usbreastfeeding.org/LinkClick.aspx?link=Publications%2fBarriers-EBF-2008.pdf&tabid=70&mid=388>. USBC
- Lippman, W. (1922). *Public Opinion*. New York: MacMillan Co.
- Martens, P.J. (2000). Does breastfeeding education affect nursing staff beliefs, exclusive breastfeeding rates, and Baby-Friendly Hospital Initiative compliance? The experience of a small, rural Canadian hospital. *Journal of Human Lactation*. Vol.16(4). Pp.309-318.
- Morisky, D.E, Snehend, B, Kar, Chaudhry, A.S, Chen, K.R, Shaheen, M & chickering K. (2012). Breastfeeding Practice in Pakistan. *Pakistan Journal of Nutrition*. Vol.1(3). Pp.137-142.
- Mudzengerere, E.T & Mudzengerere, F.H. (2013). The factors that determine exclusive breastfeeding amongst babies below six months old at Chitungwiza central hospital in Zimbabwe. *International Journal of politics and good governance*. Vol. 4(3). Pp. 1-19.
- National Population Commission. (2006). Population and Housing Census of the Federal Republic of Nigeria. Retrieved from <http://www.population.gov.ng>
- Nairojini, B.B, Payal, M & Bandana, B. (2004). A comparative Study of breastfeeding practices among Kashmin Pandits and Dogras. *International journal of Paediatrics*. Vol.6(4). Pp.261-263.
- Ndolo, I.S. (2006). *Mass Media Systems and Society*. Enugu: Ryce Kerex Publishers.
- Nigam, R & Singha, U. (2012). Assessment of Knowledge and Attitude of Antenatal Mother towards Breastfeeding. *Journal of Community Medicine*. Vol 3(3). Pp. 381-384.
- Nwankwo, B.O & Brieger, W.R. (2002). Exclusive Breastfeeding is undermined by Use of Other liquids in Rural Southwest Nigeria. *Journal of Tropical Paediatrics*. Vol.48.(2). Pp.107-110.
- Ogundipe, S & Obinna, C. (2011). Exclusive Breastfeeding: Whither Nigeria in the process? Retrieved December 12, 2012 from [www.vanguardnewspaper.com](http://www.vanguardnewspaper.com).
- Ojo, M.A & Opeyemi, V.O. (2012). Constraints to Exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: implication for scaling up. *International Breastfeeding Journal*. Vol. 7(5). Pp. 1-7.
- Okafor, I.P, Olatona, F.A & Olufemi, O.A. (2013). Breastfeeding practices of mothers of young children in Lagos, Nigeria. *Nigerian Journal of Paediatrics*. Vol.41(1). Pp.43-47.
- Okolo, S.N, Adewunmi, Y.B & Okonji, M.C. (1999). Current Breastfeeding Knowledge, attitude and practices of mothers in five rural communities in Savannah region in Nigeria. *Nigerian Journal of Nutrition and Health*. Vol.45(1) Pp. 323-326.
- Olatona F.A & Olufemi, K. A. (2013). Practice of Exclusive Breastfeeding Among Women in A Semi-Urban Community in Lagos. *Journal of Clinical Science*. Vol.9 (2). Pp.1-6.
- Salami, L. (2006). Factors Influencing Breastfeeding in Edo state, Nigeria. *African journal of food Agriculture Nutrition and Development*. Vol.6(2). Pp. 1-12.

- Schanler, R.J, O'Connor, K.G & Lawrence, R.A. (2012). Pediatricians' Practices and Attitudes Regarding Breastfeeding Promotion. *Journal of the American Academy of Pediatrics*. Vol.6(2). Pp.1-5.
- Schmied, V & Barclay, L. (2009). Connection and Pleasure, disruption and distress: Women's experience of breastfeeding. *Journal of Human Lactation*. Vol.15(4). Pp.324-334.
- UNICEF.(1993). Newsletter on baby friendly initiative in Nigeria. *Breastfeeding Quarterly*. United Nations publications. Pp.1-5.
- UNICEF.(2010). *Breastfeeding pamphlets*. UNICEF in collaboration with Ministry of Health and Child Welfare in Nigeria.
- Victora, C.G, Adair, L & Fall C. (2008). Maternal and Child Under nutrition Study: Maternal and child under nutrition: Consequences for adult health and human capital. *Lancet Nutritional series*. Pp.340-357.
- World Health Organization. (2001). Fifty-Fourth World Health Assembly: Global strategy for infant and young child feeding: The optimal duration of exclusive breastfeeding. Geneva, Switzerland: World Health Organization.
- World Health Organization.(2002). Global Strategy on infant and young child feeding. Infant and Young child Nutrition. Provisional agenda item 13.10. Pp.5-6.
- World Health organization.(2010). The State of Breastfeeding in 33 countries. Retrieved from <http://www.worldbreastfeedingtrends.org>
- World Health organization.(2010). Data Bank on Infant and young child feeding on Nigeria. Retrieved from <http://www.who.int/nutrition/database/infantfeeding/countries/ngs.pdf>
- World Health Organisation.(2012). 10 facts on Child Health. Geneva Switzerland. Retrieved August 17, 2016 from [http://www.who.int/features/factfiles/child\\_health2/en/index.html](http://www.who.int/features/factfiles/child_health2/en/index.html)