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INFLUENCE OF EDUCATIONAL INTERVENTION ON THE COMPLIANCE OF NURSING MOTHERS TO EXCLUSIVE BREASTFEEDING IN KARU LOCAL GOVERNMENT AREA OF NASARAWA STATE

Ibrahim Tanko, PhD

Department of Admin and Planning, Faculty of Education,
Nasarawa State University, Keffi

Hauwa'u Muhammad Mainoma, Ph.D

Department of Admin and Planning, Faculty of Education,
Nasarawa State University, Keffi

Abstract

The study examines the extent of compliances of nursing mothers to exclusive breastfeeding. The study is spurred by the fact that lack of breast feed could lead to serious illness on the babies. The study population comprises all nursing mothers in Nasarawa State and the sample of the study is Karu Local Government area. The instrument used for data collection was the questionnaire and the statistical tool for the analysis of the data is the simple percentage. The instrument was pre-tested in order to check for its rational and logical validity. The study found that mothers do engage in exclusive breastfeeding and by extension has reduced the frequency of illness by the babies, its reveal also that educated mothers are the only one's practicing exclusive breastfeeding while lower compliance was recorded among non-educated women. Furthermore, the study reveals that women with children and women who are married show high positive compliance to breastfeeding than women with female children and unmarried women. The study recommends that mothers should engage in complete breastfeeding for at least six months, that the Government should make exclusive breastfeeding a compulsory practice and ban the importation of artificial baby's feeds. Finally, the study concludes by calling for an all-embracing enlightenment campaign involving chiefs, village herds, clergy (ies), teachers, parents among others on the importance and benefit of exclusive breastfeeding.

Keywords: Educational Intervention, Compliance, Nursing Mothers, Exclusive Breastfeeding

1. Introduction

Many generations ago, babies were almost universally breast fed; about fifty years ago, the number of women who choose to breast-feed began to decline. The lowest proportion of women who breastfed babies occurred in the early 70's when fewer than 40% choose to breast-feed and by six weeks after childbirth fewer than 20% were breastfed especially among middle class women (Jeliiffe, 1985). In the few decades past, great changes have occurred method of infant feedings, especially from the universal use of human milk and breastfeeding or bottle feeding with formulae based on cow milk.

Breastfeeding is an accepted method in Nigeria. It is ideal and is practical among all mothers to ensure that

babies are adequately fed, four hourly or less often. For years human milk was the only food for the young baby and breast feeding is the greatest gift can give to her new infant. Vanguist (2000) have identified various advantages cut across health, nutritional and developmental benefits. Human milk is uniquely good and superior to infant it from all formula and is naturally and specially made to suit human beings which differentiate it from all their substitute feeding options, such as cow milk or other artificial which differentiate infants drives advantages with regards to general health growth and development and there is tremendous decrease in the risk of acute and chronic illness.

There is no doubt breastfeeding is the best and safest way of feeding infants. It provides the only perfect food for babies. It protects them against infection and lays the foundation of their healthy psychological development. It contains all the nutritional components for growth and development that is required for infants.

In the early years of human species, breastfeeding was common as it was for other mammals feeding their young. There were no alternative foods for the infants and mother along with other lactating females had no choice but to breast feed the children.

The Egyptian, Greek and Roman empires saw women feeding only their own children but later, the royalty considered breastfeeding as something to be done by lower cadre of the society as such wet nurses were employed to breastfeed their children.

In the late 15th century formula feeding first became popular as such many mothers submitted cow or goat milk for their breast milk which was helpful especially to working mothers who did not have the time to breastfeed their children. This practice was later stooped when the problems associated with formula milk became noticeable.

Penny, (2001) revealed that in the early 1900s babies were breastfeed quite alright but at the same time solid food were offered as early as the first week of life. This practice, according to him, was because of the popular belief at the time that solid food would not only improve infant's nutrition but would also help babies sleep through the night sooner.

Statement of the Problem

The global initiative to promote exclusive breastfeeding is still a concern in Nigeria. This is as a result of an expensive venture; the type of care the child received is not adequate. The practice exclusive totally entrenched even amongst those who could barely afford it. Many believe that exclusive breastfeeding causes an undue strain on the mother. Most mothers do not practice exclusive breastfeeding; these may largely be due to

ignorance on the importance of giving breast milk alone to babies for the first 4-6 months of life. This abnormality can be corrected when parent especially mothers are educated about the significance of exclusive breastfeeding. It is against this background that the research work examined the Extend of Compliance of Nursing Mothers to Exclusive Breastfeeding in Karu.

Objective of the Study

- i. To find out the level of compliance to exclusive breastfeeding practice in Karu LGA.
- ii. To determining the level of awareness of exclusive breastfeeding among nursing mothers.
- iii. To identify the category of mothers of exclusive breastfeeding in relation to their occupation and age.
- iv. To evaluate how educational intervention influences exclusive breastfeeding practice in Karu LGA.

2. Literature Review

Concept of Exclusive Breastfeeding

Exclusive breastfeeding refers to the percentage of children less than six months old who are fed with breast milk alone. According to Newell (2004), exclusive breastfeeding is whereby an infant is fed with only breast milk, and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Setegn et al (2012) affirmed that the practice of exclusive breastfeeding (EBF) has contributed immensely to the reduction in infant morbidity and mortality, especially from systemic infections, like diarrhoea and allergies among others. For Victora et al (2016) opined that exclusive breastfed infants grow more rapidly and have higher intelligence quotient than those who were and are not. Therefore, EBF provides many social and economic benefits to households and nations at large (Pokhrel et al. 2015).

Exclusive breastfeeding (EBF) for the first 6 months of life improves the growth, health and survival status of newborns (WHO, 2003) and is one of the most natural

and best forms of preventive medicine (WHO, 1991). EBF plays a pivotal role in determining the optimal health and development of infants, and is associated with a decreased risk for many early-life diseases and conditions, including otitis media, respiratory tract infection, diarrhoea and early childhood obesity (WHO, 2008).

Exclusive breastfeeding is classified as a situation of giving a baby no other food, solid or liquid including absence of water, except breast milk even though medicine, vitamins and mineral drops are permitted to be given during this period. It is a process that aids quick recovery during illness and reduces mortality in infants resulting from illnesses (WHO, 2018b). Studies have shown that Nigeria loses over \$21 billion annually and over 103,742 children annually to poor breastfeeding (Obinna, 2017). The National Nutrition and Health Survey in 2014 shows that 25% of infants 0 – 6 months are exclusively breastfed (UNICEF, 2016; NPC, 2014). During the past decades, breastfeeding has been encouraged to improve both maternal and child health. Holmes and Salvage (2007) indicated immediate and long-term benefits of breastfeeding, which is a cost-effective intervention for child survival which could prevent 13-15% of child deaths in low-income countries. Breastfeeding protects against common infections such as diarrhoea, pneumonitis, neonatal sepsis and otitis media (Newell, 2004). A study conducted in Brazil found that infants who were not breastfed were 17 times at higher risk of hospital admissions (OR 16.7, 95% CI 7.7-36) (Newell, 2004). According to Horvath et al (2010), the epidermal growth factor in the colostrums helps to make the gastrointestinal tract less permeable to viral infection.

According to Montgomery (2017), exclusive breastfeeding sounds great theoretically but impracticable for many moms. Socio - demographic factors found associated to exclusive breastfeeding include mode of delivery. It has been reported that women who had normal delivery are more likely to breastfeed than those who delivered through caesarian (Saco, *et al.*, 2019). In a descriptive expository study in

Nepal, Adhikari (2014) found that high level of practice regarding breastfeeding exclusively was seen more among mothers with normal delivery than those with caesarian delivery (65% compared to 49%).

Breastfeeding

For optimal growth, development and health, infants should be exclusively breastfed for their first six months. Such infants should then receive nutritionally adequate and safe complementary foods, while breastfeeding continues up to 24 months and beyond. Breastfeeding aids proper mandible, dental and speech development (Okogba, 2017), enhances mothers' well-being, child - spacing, shrinks ovarian and breast cancer risks, boosts household and national resources, secures feeding and promotes environmental safety (WHO, 2018a).

Educational Intervention and the Compliance to Exclusive Breastfeeding

Implementing education intervention during breastfeeding session and during pregnancy is beneficial in building confidence (Jamei, et al., 2017). Continuing exclusive breastfeeding is positively associated with worth of guidance and care physicians and healthcare providers give concerning the decision about breastfeeding (Textor et al., 2013).

Exclusive breastfeeding (EBF) education is an orientation that suits the need of the society where it is intended to be carried out to educate nursing mothers on breastfeeding. The timing and method of delivery of antenatal breastfeeding education also have impact on its effectiveness to the society. Timing may impact on women who have not decided about their plan to breastfeed while method of the education, whether it is to an individual or a group is also an important variable that needs to be always considered (Dyson et al. 2014)

Exclusive Breastfeeding Formula

The process of feeding a child who is receiving any breast milk with a diet that provides all the necessary nutrients that the child needs is termed 'replacement feeding' (Newell 2004; Leroy 2007) Formula feeding involves the use of commercial infant that is formulated

industrially in accordance with applicable Codex Alimentarius standard to satisfy the nutritional requirements of infants during the first six months of life up to the introduction of complementary foods (Newell 2004). According to Nolte (2007), although the manufacturers of infant formulas attempt to produce a product similar to breast milk in quantity, some elements are only present in breast milk, e.g. antibodies.

Factors Affecting Exclusive Breastfeeding in Nigeria

Breastfeeding can be affected by various factors, including psychological and environmental factors, which all influence the decision to breastfeed. Wambach et al, (2005), highlighted that women who are married, educated, older, wealthier and those with a positive opinion about breastfeeding are more likely to initiate breastfeeding early. Studies suggest that if social networks do not provide enough support, they have a negative effect on the initiation and continuation of breastfeeding. Turnbull-plaza et al (2006), found out that maternal and paternal grandmothers of the child together with physicians were the ones who most influenced exclusive breastfeeding, but in contradiction, it is the same people who disrupted its continuity. Similarly, healthcare providers' support and the general social atmosphere in which a woman lives both influence the initiation and maintenance of breastfeeding. Exclusive breastfeeding practices and the duration of breastfeeding are also influenced by similar factors as the initiation of breastfeeding, but also by breastfeeding education programmes, breastfeeding support, previous experience and other emotional elements (Wambach et al., 2005)

Psychological and environmental factors that affect breastfeeding outcomes have been reported in various studies. It is said that 99% of mothers in Africa breastfeed their infants, although mixed feeding is widely practiced with foods and fluids like water, cereals, infant formula, teas, animal milk and herbal preparations from as early as the first week after birth. This is usually encouraged by improper health advice and beliefs that 'funds help to relieve pain or herbal preparations give strength to the infant'. Almost all these habits have been shown to be unhealthy and dangerous to the infant and they increase the chances of infants

acquiring infectious diseases such as diarrhoea and respiratory infections (Wambach et al., 2005).

A study carried out by Kakute et al. (2005), in Cameroon identified the following as ethnic barriers to exclusive breastfeeding; influences to practice mixed feeding from elders in the village and from family members because mixed feeding is a tradition and the conviction that breast milk is not a complete food for the infant as it does not make the infant gain sufficient weight. In Ghana, barriers to breastfeeding were identified as breast and nipple problems, lack of enough breast milk and influences from family and other community members (Otoo et al., 2009). Various studies have suggested way to effectively deal with education programs (Biancuzzo, 2003; Mattar et al., 2007). These options include acceptable approaches that allow everyone to be involved and that encourage community support (Biancuzzo, 2003). All programs to support and promote breastfeeding must take into consideration cultural practices and the particular needs of the population concerned.

The responsibility of a nurse in antenatal postnatal care setting is to assist and help to sustain interventions to overcome the needs of underprivileged populations. The rights, cultural beliefs, traditions and religious beliefs of each population must be respected when giving care (International Council for Nurses, 2005).

In their study to investigate infant feeding practices of HIV positive women, Adeuyigbe et al., (2008), reported that women how had received counseling mentioned that the major reasons they preferred to exclusively breastfeed were because they were filled with fear of stigmatization. These women had not told their partners about their HIV infection and their economic status prohibited them from buying infant formula.

3. Methodology

Karu Local Government is one of the 13 Local Government Areas in Nasarawa State North Central Nigeria. It is close in proximity to the Federal Capital Territory of Nigeria. It has an area of 2,640km². Karu Local Government has its headquarters in New Karu town. The Local Government shares common boundary

with Keffi in the East, Kaduna state in the north and Nasarawa Local Government Area in the South.

Karu Local Government Area, the gate way to the F.C.T. Abuja was created in the year 1991 out of Keffi L.G.A. The L.G.A has two Development Area i.e. Panda and Karshi. The L.G.A has eleven political wards, which include Aso, Kodape, Bagaji, Agada, Gitata, Gurku Kabusa, Karshi I & Karshi II, Karu, Keffi Shanu Betti, Panda/Kare, Tattara/Kondoro and Uke ward. The main ethnic groups found in karu are Gbagyi, Koro, Yeskwa, Gwandara, Gade with other Nigerian tribes found in Karu L.G.C are Hausa, Fulani, Igbo, Mada, Eggon.

Population of Study

The population of this study is made up of selected breast-feeding mothers in Karu Local government area of Nasarawa state for the period of year 2012-2013.

Sample and Sampling Procedure

A purposive sampling plan was used to collect data from the nursing mothers. A total of two hundred and ninety (290) mothers were selected for the study. The nursing mothers are identified in both the public and private health centres as they bring their children for monthly immunization in the hospitals and through this, they were selected randomly and their opinions too were sampled accordingly. However, 268 copies of questionnaires responses were successfully returned after data coding and cleaning.

Instrument of Data Collection

The research makes use of questionnaire (structured in open and closed-ended) and interview method. This is designed in such a way to obtain information from the respondents. The questions in the questionnaire were primarily framed and revolved around the hypotheses that are meant for the research. Hence, they will not be misunderstood by the prospective respondents. The questionnaire would consist of two sections:

Section A: This section consists of item questions on the demographic characteristics of the respondents

Section B: This section consists of items questions relevant to the hypotheses formulated and the research questions. Where the respondent is illiterate, the content

of the questionnaire is explained orally and followed by interview. The questionnaire was designed using a five point likert scale which ranges from strongly agree to disagree.

The questionnaire were administered as copies of questionnaire were distributed to identified nursing mothers in both the public and private health centres during child monthly immunization in the hospitals and through this, they were randomly selected and their opinions too were sampled accordingly. After expression of opinions they were returned in which 67 copies of questionnaire were returned out of the 100 copies distributed to the individual respondents. And it was on the basis of the responses from the identified nursing mothers that they were taken for analysis.

Pre-test of Instruments

The research instruments were pre-tested at Panda Primary Health Centre. It offers similar services like other Maternity Hospital around the study area and receives a similar kind of results. It was done to ensure the validity and reliability of the data collection tools. The exercise was used to make corrections, clarifications, suggestions and highlight omissions to improve the research instruments.

Validity: Validity of the research instruments was ensured through the use of a well – designed questionnaire. A pre-test study was done to check on the accuracy of the questionnaire so that the answers obtained from the study were true and accurate. The research instruments, questionnaires and interview schedules were also presented to the experts in the Public Health for their input.

Reliability: The research instruments were designed to ensure that consistent results were achieved. Reliability was also ensured through selection of research assistants, engaging them in the pre-test study and supervising them during the data collection process. Data checking and cleaning was done simultaneously during data collection. At the end of the field survey, data was checked for completeness and consistency by the researcher.

Method of Data Analysis

The dataset extracted from the administered questionnaire were subjected to statistical analysis. Data collected was analyzed by the use of tables and simple percentages to summarize the responses of respondents.

4. Results and Discussion

Background

Compliance to exclusive breast feeding was tested among nursing mothers using questionnaire. Nursing mothers who strongly agreed (SA) and agree (A) that

they take their nursing babies to work, feed them while at work, do exclusive breastfeeding, engage in formula feeding, and received enlightenment on exclusive breastfeeding were considered to comply than others. Similarly, nursing mothers with high frequencies of daily breastfeeding and long periods of breastfeeding before weaning were also considered to be more baby friendly.

Attitude of breastfeeding mothers towards compliance

Table 1: Compliance in relation to mother age and attitudes

Attitudes	< 20 years		20-25 years		26-30 years		> 30 years		Total
	Positive Attitude	%	Positive Attitude	%	Positive Attitude	%	Positive Attitude	%	
Take baby to work	10	17	13	17.3	14	19.4	30	48.3	67
Breastfeed baby at work place	5	7.5	20	26.7	25	34.7	17	27.4	67
Do exclusive breastfeeding	14	23.7	21	28.0	28	38.9	4	6.5	67
Do formula feeding	30	50.8	21	28.0	5	6.9	11	17.7	67
Total	59	22.0	75	28.0	72	26.9	62	23.1	268

Source: Researchers computation, 2023

Table 1 gives results from a total of 268 responses by 67 respondents. The highest positive responses show good attitudes to compliance in relation to age of mothers was recorded in the age group 20 – 25 years old (28%),

followed by mothers of ages 26 – 30 years (27%). Lower compliance was recorded among teenage mothers and older mothers.

Table 2: Compliance in relation to academic qualification of mother

Attitudes	Non formal education		Primary education		Secondary		Tertiary education		Total
	Positive Attitude	%	Positive Attitude	%	Positive Attitude	%	Positive Attitude	%	
Take baby to work	10	22.2	10	33.3	30	30	17	18.3	67
Breastfeeding baby at work place	0	0	0	0	37	37	30	32.3	67
Do exclusive breastfeeding	23	51.1	15	50.0	12	12	17	18.3	67
Do formula feeding	12	26.7	5	16.7	21	21	29	31.2	67
Total	45	16.8	30	11.2	100	37.3	93	34.7	268

Source: Researchers computation, 2023

Table shows result from total responded by 67 respondents. The high positive responses show good attitude to compliance were educated mother which record 30 respondents with 44.8% and tertiary educated

mothers has 17 responded with 25.4% giving the total of 69.2% while the remaining 30.8% represent non & primary educated mothers. This show that educated mothers has tightest compliance to non-educated.

Table 3: Compliance in relation to sex of baby

Attitudes	Male		Female		Total
	Positive Attitude	%	Positive Attitude	%	
Take baby to work	37	55.2	30	25.9	67
Breastfeeding baby at work place	40	26.3	27	23.3	67
Do exclusive breastfeeding	35	23.0	32	27.6	67
Do formular feeding	40	59.7	27	23.3	67
Total	152	56.7	116	43.3	268

Source: Researchers computation, 2023

Table 3 shows the total number of 268 responses by 67 respondents. The highest positive responses show good attitudes to compliance in relation to sex of baby was recorded as majority of them are male (43.3%), while the female constitutes (56.7%) which almost half of the

male counterpart .This shows that most women that practice exclusive breastfeeding more are those with male children since 56.7% out of 268% represent male children for exclusive breastfeeding.

Table 4: Compliance in relation to marital status

Attitudes	Single		Married		Divorce		Total
	Positive	%	positive	%	Positive	%	
Take baby to work	2	4.8	50	32.3	15	26.5	67
Breastfeeding baby at work place	10	23.8	30	19.4	27	38.0	67
Do exclusive breastfeeding	10	23.8	40	25.8	17	23.9	67
Do formular feeding	20	47.6	35	22.5	12	16.9	67
Total	42	15.7	155	57.8	71	26.5	268

Source: Researchers computation, 2023

The above table 4 depicts the results from a total number of 268 responses by 67 respondents. The highest positive responses show good attitudes to compliance in relation to marital status of mothers who practice exclusive breastfeeding was recorded from those who are married

(57.8%), followed by the divorced mothers (26.5%). Lower compliance was recorded among the singles. This means that majority of those who practice exclusive breast-feeding is within the married class or group.

Table 5: Compliance in relation to frequency of feeding

Age of mother	Frequency of feeding								
	1 – 2		3 – 4		5 – 6		> 6		
	Positive	%	Positive	%	Positive	%	Positive	%	
< 20 years	1	3.0	2	4.6	11	11.3	53	36.4	67

20 – 25 years	11	33.3	1	2.2	50	51.6	5	5.3	67
26 – 30 years	20	60.6	11	25.0	13	13.4	23	24.5	67
> 30 years	1	3.0	30	68.2	23	23.7	13	13.8	67
Total	33	12.3	44	16.4	97	36.2	94	35.1	268

Table 5 gives results from a total of 268 responses by 67 respondents. The highest positive responses show good attitudes to compliance in relation to frequency of feeding was recorded in the period 5 – 6 times per day

(36.2%), followed by mothers who feed their babies > 6 times a day (35.1%). Lower compliance were recorded among mothers who breast feed their babies 1- 2 and 3 – 4 times a day.

Table 6: Compliance in relation to time of weaning baby

Age of mother	Time of weaning baby (months)								
	6 months		6-12 months		12-24 months		> 24 months		Total
	Positive	%	Positive	%	Positive	%	Positive	%	
< 20 years	0	0	34	24.6	33	25.6	0	0	67
20 – 25 years	0	0	38	27.5	29	22.5	0	0	67
26 – 30 years	0	0	40	24.0	27	20.9	0	0	67
> 30 years	0	0	26	18.8	40	31.0	1	1	67
Total	0	0	138	51.5	129	48.1	1	0.4	268

Source: Researchers computation, 2023

Table 6 shows results from a total of 268 responses by 67 respondents. The highest positive responses show good attitudes to compliance in relation to time of weaning baby was recorded in the age group 6 – 12 months old (51.5%), followed by children of ages 12 – 24 months (48.1%). Low compliance of (0.4%) was recorded among children > 24 months and total noncompliance of children within the age of 6 months was also recorded.

5. Conclusion and Recommendations

The outcome of the findings of this study shows that middle aged mothers complied more than younger and elder mothers. This is a clear indication of the understanding and level of acceptance of compliance in relation to exclusive breastfeeding.

The compliance of mothers in relation to their academic qualification shows also that those who attained secondary education and tertiary education practice

exclusive breastfeeding more than those who attended primary and non-formal education. This is a sign that education is very important in the life of nursing mothers; because the practice of exclusive breast-feeding prevent children from experiencing excessive sickness in their life time.

The research results as regard to compliance in relation to sex of baby proof that majority of mothers who practice exclusive breast feeding gave birth to mostly male children.

Based on the findings from of this study the highest positive responses show good attitudes to compliance in relation to marital status of mothers who practice exclusive breastfeeding was recorded from those who are married and followed by the divorced mothers. The other group of persons with low compliance was those who are not yet married i.e singles. This means that majority of those who practice exclusive breast-feeding is within the married class or group.

Positive responses by respondents show good attitudes to compliance in relation to frequency of feeding was recorded very high in the period 5 – 6 times and above per day by mothers who feed their babies frequently and off course, constant feeding brings about stable or good health of the body. In the same way Low compliance were recorded among mothers who breast feed their babies 1- 2 and 3 – 4 times a day which is too low for good health of most babies. In this regard, mothers are encouraging strongly embark on constant breast feeding of their babies as at when due and necessary.

Positive responses shown by good attitudes to compliance in relation to time of weaning baby was recorded in age group 6 – 12 months old, followed by children of ages 12 – 24 months. These are categories of mothers who comply and wean their babies as when due. This is in line with the standard in which children must attain a particular age before they are weaned.

From the discussion so far, one can safely say that exclusive breast feeding is the best method or form of feeding and rearing of children.

Implication of Research Findings

It is confirmed that mothers are able to maintain a unique physical and devotional bond with their babies during breastfeeding. Breastfeeding directly contribute to increase birth intervals by tending to reduce the resumption of fertility in the mother, this is more pronounced with exclusive breastfeeding. It is related to lactation amenorrhea and has lead to new recommendations for decisions by individuals on family planning (UNICEF, 1992).

They further stated that breastfeeding lowers the life time risk of breast and ovarian cancer and as well inhibiting the nature of menstruation and allows woman to build up their stores of iron and alleviate anemia.

Musa (1981) as cited in Ike (2013) stated that breastfeeding casts less than bottles feeding. There is no formula to buy, nothing to process, no packaging, no fossil fuel used in transportation and no waste to dispose of.

Successful breastfeeding brings a great sense of calm, emotional pleasure and satisfaction, also fulfillment of

mother hood and femininity. It helps the mother to recover after delivery.

In the literature it was identified that the barriers to breastfeeding were breast and nipple problems, lack of enough breast milk and influences from family and other community members. This is in line with views of Fred (2001) who opined that, if a nursing mother is properly instructed and knows all the precautions she should take; exclusive breastfeeding can be a rewarding and even relaxing experience. (Christemssonk 1997 cited in Ike, 2013) stated that full breastfeeding means that the baby may have been exclusively breastfed. Also means that the baby receives nothing other than breasts milk. (Nonye, 1994 as cited in Ike, 2013) maintained that exclusive breastfeeding delays the return of ovulation and may give a longer period of infertility. The continual survival of babies is known to rely heavy on the milk provided by the mother. When the mother curdles and feeds her baby, the baby feels reassured, love and catered for (Nwoye, 1994 as cited in Ike, 2013). He further opined that the mother also experienced a deep satisfaction by realizing that she has done a noble job by giving her baby what no other person can.

Conclusion

- i. Based on the findings, the conclusion of this study are as follows:-
- ii. If mothers engages in serious breast feeding the babies will be very healthy and possibility of the contactory illness will be greatly reduced
- iii. Another conclusion reach is that working mothers do not conveniently breastfeed their babies at place of work. this could have a negative consiquencies on the babies and could also impire the ability of the mother to work properly at her place of work.
- iv. Another conclusion is that the mother within the age of < 20yrs do not want to breast feed their babies because of the impression that they will look older.
- v. Another conclusion is that the married mother compliance most due to the support from the family.

- vi. Another conclusion is that all the Nursing mother do wean their babies at the age of 12 months that is the engaged in exclusive breast feeding.
- vii. Health education should be carried out on every Ante-natal and postanal clinic.

Recommendations

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

The Government

- i. It is also recommended that organisation should create enabling avenue for their breast nursing staff to breast feed properly, if they do so, the mind of the mothers will be at rest and could event perform better.
- ii. The government should increase the maternity leave from three months to six months for the Nursing mother.
- iii. The government should provide maternity leave grant for nursing mothers.
- iv. Government should give more enlightenment campaign on the radios, T.V. e.t.c. In rural areas, the chiefs and ward heads should be informed about the benefit of exclusive breast-feeding and the importance of it so that they may enforce it in their localities
- v. Government should be the importation of artificial feeding bottles and baby feeds.

To the Family

- i. The family should support the Nursing mother with enough food so that the baby will have enough breast milk which will save funds for the family that would have been spent on treatment
- v.

of diseases especially diarrhea that is common among children with artificial milk.

- ii. The family should support the Nursing mothers with breastfeeding so that money that would have been spent on purchase of artificial milk would channel for the economic benefit of the family.
- iii. The support from the family helps the control of population explosion as it enable mother space their children.

In conclusion, health workers in Nigeria especially the Community Health Practitioners should join the Nigerian Government in the Crusade against artificial milk products and embark on the promotion and preach the gospel of exclusive breastfeeding. If this is done, it will go a long way in improving the health and behaviour of most Nigerian children and reduce some bad behaviours in the country, which have been attributed to the consumption of artificial milk.

To Breastfeeding Mother

- i. Mothers are strongly advised to engage in complete breastfeeding as they should do it in such manner for at least six months. If such is done it will enhance the healthy being of their babies.
- ii. Mothers are advice to practice exclusive breastfeeding because infants who are breast feeds are even more intelligent than their counter parts that were feed with artificial infant formulas
- iii. Mothers are strongly advice to practice exclusive breastfeeding because they are also better protected from developing cancer of the breast and cancer of uterus.
- iv. Nursing mothers should engage in exclusive breastfeeding because it is a method of family

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