

# Developmental Nexus between Socio-Economic and Cultural Correlates of Exclusive Breastfeeding among Nursing Mothers in Ojo Local Government Area of Lagos State, Nigeria

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## Abstract

Development as a social discourse, a construct that has been arguably conceptualized as a journey and not a destination, equally a many-sided process by pool of scholars and writers of both the antediluvian and in our contemporary time. The discourse touch light its curiosity on the nexus between socio-economic and cultural correlates of exclusive breastfeeding among nursing mothers in Ojo Local Government Area of Lagos State, Nigeria. Other specific interests of the paper are the pattern of exclusive breastfeeding, the level of literacy of nursing mothers and the socio-economic state of the nation, its effects, if any, on the lactating mothers in the study area. A survey of one hundred and fifty mothers were selected, using simple random sampling, questionnaires were administered. Chi-square statistical analysis was carried out to evaluate relationship among selected variables for the study. The study revealed 17.9% of mothers' breastfed their children exclusively for the first 6 months, and the mean duration of exclusive breastfeeding (EBF) is 2.1 months. Complementary feeding was more commonly initiated around 4 – 6months (75.2%). The fact that 60.6% of mothers initiate breastfeeding and 21.6% of mothers are found to breastfeed up to 2 years, the practice of EBF for the first 6 months is low (17.9%). Causal factors militating EBF, are type of delivery, occupation of the mothers, education, and thorough awareness. Therefore, the strongest thrust of this paper is that proper initiation programmes by the relevant agencies of health practitioners should endeavour more orientation about the benefit of exclusive breastfeeding to the community (Ojo).

**Keywords:** Development, Exclusive-breastfeeding, infants, Morbidity, Mortality and Mothers

## INTRODUCTION

Development; a multidimensional social discourse that has been variously conceptualized by scholars and writers. It is considered as a journey and not a destination (Ohiorhenuam, 2003). To Rodney (1972), development in human society is a many-sided process. At the level of the individual, it implies increased skill and capacity, greater freedom, creativity, self-discipline, responsibility and material well-being, Rodney arguably remarked. The “well-being” is the centre piece of this study; the physical essentials of proper growth, reduction in childhood morbidity and mortality right from birth, hence, development in human form.

A cursory re-evaluation of breastfeeding by mothers cut the attention of this paper. Adequate nutrition during infancy and early childhood is essential to ensure growth, health and development of children to their full potential. It has been recognized worldwide that breastfeeding is beneficial for both the mother and child, as breast milk is considered the best source of nutrition for infant. The World Health Organization (WHO, 2010) recommends that infants be exclusively breastfed for the first six months, followed by breastfeeding along with complementary foods for up to age one and beyond. Exclusive breastfeeding can be

conceptualized as a practice whereby the infant receive only breastmilk and not been given water, other liquids, tea, herbal preparation or food during the first six months of life, with the exception of vitamins, minerals supplements or medicines.

Despite increase rate of initiations of mothers as regard importance of exclusive breastfeeding of infants, there seems to be challenges to achieve this feats. There societal barriers such as employment and length of maternity leave; inadequate breastfeeding knowledge, lack of family support, lack of guidance and encouragement from health professionals – most especially when breastmilk (sometimes from mothers) no longer supplies requires energy and nutrients to sustain normal growth and development of the infant. These factors and many more tend to promote early use of breastmilk substitute.

Hence, this study examines mothers' knowledge as regard breastfeeding and assess breastfeeding pattern, infant formula feeding pattern and weaning introduction of infant by nursing mother, the socio-economic and cultural correlates of this subject matter in Ojo Local Government Area of Lagos State, Nigeria.

### **OBJECTIVES OF THIS PAPER**

The general objective of this study is to identify the socio-economic factors that influence the practice or non-practice of exclusive breastfeeding among women in the study area. The other specific objectives are to:

- examine the pattern of exclusive breastfeeding in Ojo Community
- examine the level of literacy of nursing mother as a correlates to exclusive breastfeeding
- examine the socio-economic state of the nation

### **LITERATURE/THEORETICAL ORIENTATION**

#### **Initiation of Breastfeeding**

Although WHO's, Global and National Infant, and Young Child Feeding Guidelines recommend that all newborns should start breastfeeding immediately (within the first hour after delivery), the current study showed that very few participants (27.2%) started to breastfeed immediately/within minutes after delivery or within one hour after birth compared to 39.4% mothers who initiated breastfeeding later than 1 hour within the same day. Additionally, caesarian delivery in Nigeria is on the rise. It has been noted that 206 respondents delivered by caesarian section of which 76.1% began to breastfeed their infants after 24 hours of birth. The delayed initiation of breastfeeding was most probably related to the physical condition of the mother after delivery, whereby some mothers claimed that they were not feeling well enough to be able to breastfeeding as a result of painful conditions associated with caesarian section; of their infants who were kept in nursery.

Similarly, other studies also noted that the rate initiation within 1 hour was low and the principal barrier to the initiation and even continuation of breastfeeding is the operative obstetrical intervention. It has also been reported the caesarean section, mothers and infants are separated for a period of time owing to anesthesia, baby being kept in nursery, or mother being sedated for pain and unable to feed. This ultimately leads to poor maternal milk surge.

### **Exclusive Breastfeeding**

It has been found that although knowledge on exclusive breastfeeding (EBF) for months as per WHO recommendation (35.7%) was relatively long only about half (17.9%) actually practiced it. The mean the ratio of exclusive breastfeeding in Nigeria is only 2.10 months, whereby there are 17.9% of mothers who practiced EBF for the first 6 months.

In other developing countries such as East Asia/pacific the highest rate of exclusive breastfeeding is (43.0%) followed by Eastern/Southern Africa (41.0%) (UNICEF, Nations Children's Fund (2006). Therefore, it can be argued that mother failed to adhere strictly to the WHO recommendation of EBF for the first 6 months owing to the introduction of water and infant formula before 6 months.

The main determinants of EBF include resumption of work followed by milk insufficiency. Usually, female workers in Nigeria are allowed 12 weeks of maternity leave which equals to approximately 3 months (SSP1W, Social Security Programs throughout the World). Under these circumstances, mothers are prompted to results to the supplementation of infant formula before 3 months so that their infants familiarize to bottle feeding during their absence. Finding is consistent with other studies which highlighted milk insufficiency as the major barriers to EBF, while another research pointed out that mothers stop EBF as they perceived that their infants feel hungry and unsatisfied with breast milk ultimately resort to supplement with infant formula.

Additionally, 26.0% cease breastfeeding within 2 years, while there are notably some mothers who breastfeed above 2 years. This implies that despite the fact that the majority of the participants adopt mixed feeding, they still adhere to the WHO recommendation which involves continued breastfeeding up to 2 years or beyond. This study reveals factors, such including parity, alcohol consumption, education, and associated with the termination of breastfeeding.

### **Exclusive Breastfeeding Practices**

Breastfeeding benefits for newborns and infants are well documented. Breastfeeding provides infants with superior content that is capable of improving infant immunity and possible reduction in future health care spending. At the Innocent Declaration in 1990, the WHO/UNICEF called for policies cultivate a breastfeeding culture that encourages breastfeed their children exclusively for the first 6 months of life and then up to 2 years of age and beyond. However, a recent estimate by the WHO showed that worldwide only 35% of children between birth and their 5th month are breastfed exclusively. Based on the WHO Global data on Infant and Young: Child Feeding in Nigeria, 22.3% of children were exclusively breastfed for less than 4 months, while 17.2% were exclusively breastfed for less than 6 months in 2003. According to the Nigerian Demographic and Health Survey (NDHS), in 2008 17% of children were exclusively breastfeed for less than 4 months, while 13% were exclusively breastfeed fortress than 6 months. The median exclusive breastfeeding period in Nigeria by months in the year 2003 was 7 months. In the year 2008, it was 6 months. Within the same period, early initiation of breastfeeding among women in the region was 12.7% in 2003, but increased to 35.5% in the year 2008. All these figures are far below the 90% level recommended by the WHO. Child mortality remains high in low and middle-income countries. Nigeria has the highest under-five rural mortality rate of 242.7 per 1,000 among selected sub-Saharan Africa countries.

Successful breastfeeding is crucial to the curbing of infant malnutrition and achieving the millennium development goal number four (reducing child mortality) and five (improving

maternal health), even though, year 2015 was the assessment year for Millennium Development Goals, worldwide. Based on available evidence, achievements of both goals from the desired progress. Breastfeeding practices, including initiation and duration, are influenced by multiple interwoven factors which include health, psychosocial, cultural, political, and economic factors. Among these factors, decisions regarding initiation and duration of breastfeeding in low-income countries are influenced by education, employment, place of delivery, family pressure, and cultural values. In Nigeria, while breastfeeding initiation is on the increase, the duration, and practice of exclusive breastfeeding among women who had their delivery in a health facility, and aside such facility, has remained low. The early introduction of alternative feeding, based on erroneous assumptions, affects breastfeeding initiation, and sustainability.

#### Constraints Affecting Exclusive Breastfeeding: Implications on the practice of exclusive breastfeeding

This constraint requires holistic measures such as empowering mothers economically. More so, the larger involvement of mothers in the provision of economic support of the household is also an indication of pressure on mothers and a possible source of disempowering women in the informal sector of the economy from practicing exclusive breastfeeding. There is an indication that a number of the breastfeeding mothers are undergoing strain as they struggle to engage in economic activities to support their husbands. At the moment, the high poverty level and costs of living in Nigeria expose a lot of households to malnutrition. Hence, this study suggest further investigation on motherhood and breastfeeding experiences of women, especially those with low socio-economic backgrounds. Findings from such studies may provide insight into the psychosocial consequences of conforming to cultural notions of motherhood and constraints associated with exclusive breastfeeding.

While counseling and proper education on desirable breastfeeding practices, could be adopt to achieve a change in attitudes, perceptions, knowledge and practice of exclusive breast feeding, the inadequate quality support from health care providers, as illustrated by the experiences of the nurses, could be-a challenge. However, this is not peculiar to the provision of educational support on breastfeeding. Inadequate supply of health professionals and increasing health challenges is the bane of modern health delivery in developing nations. The migration of health care professionals and the poor working conditions prevailing in many sub-Saharan African countries has worsened the situation.

Hence, designing effective and prompt intervention initiatives that could promote the provision of quality support for nursing mothers would require concrete efforts from all stakeholders, not just from the hospitals or healthcare system. Such efforts will go a .long way in creating a sustainable exclusive breastfeeding culture and bridging the existing gaps in achieving millennium development goals four and five in Nigeria.

#### **Duration of Breastfeeding**

Exclusive breastfeeding should be continued for 6 months. It protects the child from malnutrition, infections, and helps the overall development of the child. Only 40% of the mothers were doing exclusive breastfeeding, the remaining 60% of the mothers were not. They prematurely start weaning the child, which may lead to the development of infections and may have a long-term effect on the physical growth of the child. The main reason given by the mother to start weaning early was insufficient milk, which may be due to the early age of

marriage (those who were younger than 19 years old) and early childbirth. Studies indicated that adolescent's breastfeed less often than adults and they hold positive and negative attitudes toward breastfeeding that influence decision-making and breastfeeding.

In this study, a majority of the mothers had at least two antenatal check-ups and most of the antenatal check-ups were done by a doctor. The mothers who were attending antenatal check-ups during the duration of breastfeeding did not vary. This may be due to the lack of breastfeeding information given to the mothers during antenatal check-ups.

Postnatal check-ups were not attended by a majority of the mothers. It may also have contributed toward the early weaning or late weaning practices. The importance of the intervention in the form of teaching breastfeeding techniques had a positive outcome in the previous studies.

Most of the mothers received information regarding breastfeeding practices from their doctors. The mothers who went to government doctors exclusively breastfed their babies. In contrast, the mothers who went to the private doctors started weaning early. The development of counselling skills among doctors helps in conveying the right message to mothers about breastfeeding and weaning practices. The influence of the mother-in-law and self-assumption about lack of milk for the baby are cited as major reasons for early weaning and late weaning. Other studies have also found similar influences of the mother-in-law and neighbors regarding exclusive breastfeeding.

Regarding the neonatal care practices, hospital deliveries outnumber the home deliveries. This may be due to improved access to health care facilities in the region. The majority of the home deliveries were attended by untrained and they used household knives for cord cutting and did not observe aseptic precautions like a clean home delivery kit during delivery. The application of talcum powder on the cord stump often led to infection and was responsible for the ill health of the newborn, while tetanus neonatal could be directly attributed to the practice of applying cow dung on the cord stump but the practice is found to be very less.

The mothers who did not come to the primary health care center for vaccinations were not included in this study. The mothers who went to private clinics or who did not come for vaccinations might be different. Sample size is also a limiting factor.

## **THE THEORIES OF BREASTFEEDING**

### **Situation-Specific theory of breastfeeding**

This paper reports a preliminary situation-specific theory of breastfeeding developed using an integrative, inductive approach (Im & Meleis, 1999). The theory purports varying levels of conflict versus congruity existing between the mother/infant dyad, a mother and her support networks, and both between and within the networks, all of which either block or facilitate breastfeeding. The theory proposes that to decrease conflict, professionals need to carefully consider their approach to promoting and supporting breastfeeding so as to respect the right of maternal decision-making and to avoid semblances of coercion or paternalism. "Salutary breastfeeding" is proposed as a new, ideal breastfeeding experience that is positive, healthy, and fulfilling, yet encompasses acknowledgement of diversity in maternal/infant dyads and situational context.

*"Breastfeeding, the most ancient of feeding methods, is an integral part of mothering, and it, too, is a learned art. Just because the breasts fill with milk upon the birth of a*

*child does not mean that breastfeeding occurs easily and universally. How it is done, how often, and by whom varies within communities and among generations (Baumslag & Michels, 1995, p. 3).*

No area in maternal-child health has received more international attention in the past few decades than breastfeeding. Both the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) long have taken an active role in reclaiming breastfeeding from the current bottle feeding culture as expressed in the title of their classic publication, *Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services* (1980). These international efforts continue to be directed at eliminating obstacles to breastfeeding and increasing initiation, exclusivity, and duration of breastfeeding worldwide (Caldwell, 2002).

The WHO (2001) currently recommends that all infants worldwide be exclusively breastfed for the first 6 months of life, unless it is medically contraindicated. The U.S. Department of Health and Human Services has a specific goal to "increase the proportion of mothers who breastfeed their infants" in their Healthy People 2010 disease prevention and health promotion initiatives (USDHHS, 2000, p. 1). In addition, the USDHHS (2000) has developed a Blueprint for Action on Breastfeeding, outlining key recommendations to promote breastfeeding, and is currently sponsoring a national breastfeeding awareness campaign and numerous community based projects (National Women's Health Information Center, 2005).

Worldwide, more than 12,000 International Board Certified Lactation Consultants specialize in the promotion and support of breastfeeding (2004). In addition, professional organizations including the American Academy of Pediatrics (AAP; 2005), the American College of Nurse-Midwives (2004), the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN; 2000), and the American Dietetic Association (ADA; 2005) long have supported the WHO breastfeeding recommendation and encourage continued breastfeeding with complementary foods for at least 12 months. A number of professional organizations, including AWHONN (2000), have published evidence-based clinical practice guidelines in an effort to provide current, readily available, breastfeeding information to practitioners. Clinical lactation guidelines are also widely available to professionals through specialized, evidence-based textbooks (Riordan, 2005).

Despite immense efforts to protect, promote, and support breastfeeding on international, national, and professional levels, the number of women who initiate and continue to breastfeed exclusively for the recommended 6 months or more, although growing, remains modest. In the US, although 70.9% of mothers currently initiate breastfeeding, only 36.2% are still breastfeeding at 6 months.

### **A Theory of Planned Behavior- Based Structural Model for Breastfeeding**

Breast-feeding is the recommended method of infant feeding because it is clearly associated with health benefits for infants and their mothers. Yet, many women who initiate breast-feeding fail to meet their own personal goals or recommended standards for duration of breast-feeding. To define a Theory of Planned Behavior (TPB)-based structural model for explaining variability in breast-feeding intention and duration. The study design was prospective, multi-correlational, and longitudinal. Out of the total sample of 635 women, 602 mothers of healthy, full-term infants provided complete data sets over the entire course of

their breast-feeding experience and these datasets were used in the modeling analyses. Simultaneous multi-sample analysis of covariance structures was used to develop the model.

The resulting TPB for Breast-Feeding (TPB-BrF) describes the rational, motivational processes-of the original TPB, but reconfigures the relationships among them, for homemakers(TPB-BrF/H), women employed half-time or less(TPB-BrF/EL), and women employed more than half-time(TPB-BrF/EM). Mothers' early postpartum ratings of adequacy of milk supply and stimulus conditions of maternal education and breast-feeding knowledge were included in the TPB-BrF to better explain breast-feeding outcomes. Model complexity increased with employment effort. The TPB-BrF is comprehensive, theoretically based, empirically verified model that can serve as a useful heuristic for understanding the personal motivational components of breast-feeding behavior.

### METHODOLOGY

In this study, the researcher used descriptive design. The researcher chooses to use descriptive research design because of the nature of the study. The two types of descriptive research design are used in this work. This includes the survey method and the case study. This research involves the use of questionnaire and personal interview. The area study is the Ojo Local Government Area of Lagos State.

#### Population of the Study

The population of this work includes both the nursing mothers and grandmothers of the Ojo community and the medical personnel's. The Nursing Mothers specially are those in the current situation and the grandmothers. The researcher used total population of two hundred (200) people who were made up of hundred and fifty (150), thirty (30) grandmothers and twenty (20) medical personnel's were interviewed.

#### Testing Of Research Objectives

To ascertain whether the difference in the opinion of respondents is significant enough to draw a valid conclusion, chi-square is applied as a test of goodness of fit. The following are taken into consideration:

A level of significant of 5% or 0.05 is used. Expected frequency (xf) = N/k

While N = Sample size

K = Number of cells

Degree of freedom (df) for goodness of fit = k -1.

Decision Rule: Reject the null hypothesis if the calculated value is greater than the table of value, and accept it otherwise.

**Table 24: To test the validity of these research objectives, the following tables were used.**

S/N	Questions	Yes	No	Total
1	Exclusive breastfeeding increases the immunity of the new born baby	110	40	150
2.	The level of education affects the practice of exclusive breastfeeding	130	20	150
3.	Does the job engagement of mothers affect the practice of exclusive breastfeeding	115	35	150
4.	Does the ages of mothers prevent exclusive breastfeeding practice	144	6	150
	<b>Total</b>	<b>499</b>	<b>101</b>	<b>600</b>

**Source: Field Survey, 2015**

Expected variable:

$$EF = \frac{\text{Row Total} \times \text{Column Total}}{\text{Grant Total}}$$

$$R_1 C_1 = \frac{499 \times 150}{600} = 124.75$$

$$R_2 C_2 = \frac{101 \times 150}{600} = 52.25$$

$$R_1 C_2 = \frac{499 \times 150}{600} = 124.75$$

$$R_2 C_2 = \frac{101 \times 150}{600} = 52.25$$

$$R_1 C_3 = \frac{499 \times 150}{600} = 124.75$$

$$R_2 C_3 = \frac{101 \times 150}{600} = 52.25$$

$$R_1 C_4 = \frac{499 \times 150}{600} = 124.75$$

$$R_2 C_4 = \frac{101 \times 150}{600} = 52.25$$

**Table 25**

Response	OF	EF	OF-EF	(OF-EF) <sup>2</sup>	$\frac{(OF-EF)^2}{EF}$
Agree	110	124.75	-14.75	217.56	1.74
Disagree	40	52.25	-12.25	150.06	2.87
Agree	130	124.75	5.25	27.56	0.22
Disagree	20	52.25	-32.25	1040.06	19.91
Agreed	115	124.75	-9.75	95.06	0.76
Disagree	35	52.25	-17.25	297.56	5.69



Agree	144	124.75	19.25	370.56	2.97
Disagree	6	52.25	-46.25	2139.06	40.94
				X <sup>2</sup> = calculated	<b>75.10</b>

X<sup>2</sup> is calculated as = 75.10 level of significance = 5% or 0.05.

Degree of freedom = (R-1) (C-1)

Where R = No of rows and C = No of columns

Therefore, (R-1) (C-1)

(4-1) (2-1)

(3) (1)

DF=3

Having specified the level of significance and degree of freedom given that it is a directional question requiring a one tail test, the researcher therefore read 0.03 at 3 (df) degree of freedom from the chi-square table. Since the X<sup>2</sup>c value calculated 75.10 is less than the critical value X<sup>2</sup>E which is 3.08, the Null hypothesis (H<sub>0</sub>) is accepted and the Alternative hypothesis (H<sub>1</sub>) is rejected. Hence, X<sup>2</sup>c < X<sup>2</sup>E i.e. 75.10 < 3.08 (accept null hypothesis) with this analysis it is obvious that the nursing mothers in Agbado-Ijaiye community. Does not practice exclusive breastfeeding.

### TEST OF HYPOTHESES

**The Nursing Mothers in Ojo Community does not practice exclusive breastfeeding.**

Options	Nursing Mother	Grandmothers	Total
Strongly Agree	85	100	185
Agree	30	20	50
Disagree	34	25	59
Neutral	1	5	6
<b>Total</b>	<b>150</b>	<b>150</b>	<b>300</b>

Source: Field Survey, 2015

- |  |   |
|--|---|
| <p>1. <math>\frac{185 \times 150}{300} = 92.5</math></p> | <p>2. <math>\frac{50 \times 150}{300} = 25</math></p> |
| <p>3. <math>\frac{59 \times 150}{300} = 29.5</math></p>  | <p>4. <math>\frac{6 \times 150}{300} = 3</math></p>   |
| <p>5. <math>\frac{185 \times 150}{300} = 92.5</math></p> | <p>6. <math>\frac{50 \times 150}{300} = 25</math></p> |
| <p>7. <math>\frac{59 \times 150}{300} = 29.5</math></p>  | <p>8. <math>\frac{6 \times 150}{300} = 3</math></p>   |

<b>O</b>	<b>E</b>	<b>O-E</b>	<b>(O- E)<sup>2</sup></b>	<b><math>\frac{(O - E)^2}{E}</math></b>
85	92.5	-7.5	56.25	0.61
30	25.0	5.0	25.00	1.00
34	29.5	4.5	20.25	0.69
1	3.0	-2.0	4.00	1.33
100	92.5	7.5	56.25	0.61
20	2.0	-5.0	25.00	1.00
25	29.5	-4.5	20.25	0.69
5	3.0	2.0	4.00	1.33
				<b>7.26</b>

Degree of freedom = (R-1) (C-1)

Where R = No of rows and C = No of columns

Therefore, (R-1) (C-1)

(4-1) (2-1)

(3) (1)

DF=3

The level of significance to be adopted for the analysis is 5% i.e. 0.05.  $\chi^2 = 7.81$

Since  $1.59 > 7.81$ .

The alternative hypothesis is rejected. This means that nursing mothers in Ojo community does not practice exclusive breastfeeding.

### DISCUSSION OF FINDINGS

In a recent evaluation of the Millennium Development Goals (MDGs), exclusive breastfeeding (EBF) for six months was considered as one of the most effective interventions to achieve MDG-4. In our study, only 54(30%) of the mothers had adequate knowledge of EBF. This is comparable to the study in Gwale, Kano (Nigeria) with similar socio-cultural background as the study area, where 31% of the mothers had good knowledge of EBF. However, the figure obtained in this study is low when compared to the 55% obtained in the study by Freed and his colleagues and 98% observed in a similar study in Accra Ghana.

The Baby friendly hospital Initiative (BFHI) was designed to promote early initiation of breastfeeding, preferably immediately after birth. This study observed that 94 (53%) of the mothers initiated breast feeding immediately after birth. This is higher than 26% and 31% obtained in the studies from Kano and Sokoto (Nigeria) respectively. The study from Western Nepal, India, obtained a higher rate (72.2%) of breastfeeding initiations Findings from recent studies have stressed the risk of delayed onset of breastfeeding on neonatal mortality in sub-Saharan Africa and showed that neonatal mortality could be significantly reduced by 16% if the mothers started breastfeeding at day one and 22% when breastfeeding was commenced within the first hour. The major reason for late initiation of breastfeeding in most (47%) of the respondents was colostrum not pure thus supporting the general perception in the study area

that in the first three days, the mother's milk is not pure and therefore could harm the infant. This finding is in consonance with that of Onayande and others in Ile-Ife even though the study areas have varying socio-cultural characteristics. While starving the child for the period of not giving colostrum, the child is also denied the benefits of the immunological constituents of colostrum and subsequently delays the proper establishment of lactation later. While awaiting the establishment of the clean milk", the mothers gave prelacteals in form of boiled water, honey and animal milk. This is in consonance with findings from similar studies. The introduction and use of prelacteal feeds have found a common place among African mothers.

In the study community, even though breastfeeding has found universal acceptability with all the mothers' breastfeeding their infants, the exclusive breastfeeding (EBF) rate was found to be only 31%. The EBF rate obtained in this study was however high compared to 17% reported for Nigeria in the Nigerian Demographic and Health survey and equally higher than figures obtained in other studies. In contrast to the EBF rate obtained in this study, Oche, in a separate study in the same zone as the study area, obtained an EBF rate of 79%. The high rate obtained in his study may not be unconnected with the fact that all his subjects were full time house wives and therefore had enough time to carry on breastfeeding for longer periods.

Maternal education is related to knowledge of good child care practice and to household wealth. Female education has severally been described as one of the strongest determinants of the practice of EBF. In our study, education of the respondents had no influence on the practice of EBF as there was no statistically significant difference between those with formal education and informal education with regards to the practice of EBF ( $p=0.986$ ). Although, 39 housewives compared to 19 civil servants practiced EBF, this was found not to be statistically significant ( $p=0.096$ ). This is in contrast to another study in the same study area where the authors opined that the high rate of EBF by the mothers could be attributed to their being full time housewives and therefore they had enough time to practice EBF.

Only (2%) subject stopped breastfeeding before six months which is in consonance with the study from Kano, Nigeria where 2.4% of the respondents stopped breastfeeding before the age of six months. The only mother that stopped breastfeeding before six months did so because of the onset of a new pregnancy. In the study area, the widely held cultural belief is that the new pregnancy produces milk that is contaminated and thus harmful to the child hence the need to put the child off the breast. This practice has far reaching implications for the growing children as they are exposed to malnutrition and denied all the benefits of breastfeeding. The commonest reason for stoppage of breastfeeding in this study was that the child was old enough and could eat solid foods. This is in consonance with the findings from another study in Sokoto State, Nigeria.

This section discusses the finding as obtained in the analysis of data as questionnaires distributed. Based on the analysis, the researcher found out that the nursing mothers in Ojo community does not practice exclusive breastfeeding; but in a few expression, exclusive breastfeeding were not achieved in this community because all this value mentioned by different health organizations about the benefit of exclusive breastfeeding was not properly informed to nursing mothers.

Having said much on exclusive breastfeeding and its benefit on the new born• babies, nursing mothers should possess all the attributes/characteristics of an exclusive breastfeeding. However, a detailed discussion of what is happening to exclusive breastfeeding in the present

day Nigeria will go a long way to discover some of the problems militating against breastfeeding from an exclusive breastfeeding.

### SUMMARY OF FINDINGS

This research work was carried out by the researcher to study the socio-economic and cultural correlates of exclusive breastfeeding among nursing mothers in Ojo Local Government Area of Lagos state. The aim was to investigate or review the practices of exclusive breastfeeding among the nursing mothers. In the course of this research, the researcher was able to find out:

1. That the nursing mothers in Ojo community do not practice exclusive breastfeeding. 73% of the respondents agreed on that.
2. That the level of education affects the practice of exclusive breastfeeding. 87% of the respondents agreed that level of education of nursing mothers affect the full practice of exclusive breastfeeding.
3. That the job engagement of nursing mothers affects the practice of exclusive breastfeeding. It was found out that 77% of the respondents confirmed that the job engagement of nursing mothers affect the practice of exclusive breastfeeding.
4. That the ages of nursing mothers prevent the exclusive breastfeeding practice. 96% of the returned questionnaires from respondent confirmed that the ages of mothers prevent the practice of exclusive breastfeeding. Also, other findings proved that good number of nursing mothers are under age mothers who denied themselves from mother, by so doing, preventing their babies from feeding on their breast milk.
5. That the spacing in birth rate has an influence on the exclusive breastfeeding practice. 80% of the respondents agreed on that.
6. That the method of child delivery prevent the practice of exclusive breastfeeding. 68% of the questionnaire return from respondents agreed to the above suggestion.
7. That the insufficient breast milk of the mothers affect the practices of the exclusive breastfeeding. 95% of the respondents agreed on the opinion that sometime mothers experience such insufficiency of breast milk.
8. That mothers sometimes lack interest of breastfeeding their babies with breast milk. 93% of the questionnaires from respondents agreed that, mothers' lack of interest affect the practice of exclusive breastfeeding. 57% of the respondents agreed on that.
9. That the feeding habit of nursing mothers affect the practice of exclusive breastfeeding. 87% of the respondents agreed that.

### RECOMMENDATIONS

In light of the findings, the researcher wishes to make the following recommendations:

1. As a global public health recommendation, infants, should be exclusive breastfed. For the first six months of life to achieve optimal growth, development and health.
2. Infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.
3. Initiation of breastfeeding within the first hour of life.
4. Exclusive breastfeeding - that is the infant only receive breast milk without any additional food or drink, not even water.
5. Breastfeeding on demand - that is as often as the child wants, day and night.
6. No use of bottle, test or pacifiers.
7. Under modem health care, human breast milk is considered the healthiest form of milk for babies, therefore, nursing mothers should endeavour administer this breast milk to their babies for a healthy life.

8. The health organizations like WHO should find easier way to give orientation about the benefit of exclusive breastfeeding to this community (Ojo).

### **ADVANCEMENT FOR FUTURE RESEARCH**

Further research on the topic should be conducted so as to find out the needs for practicing exclusive breastfeeding. This will enable the health organizations to be able to meet the dynamic nature of the mind of the nursing mothers and of the grandmothers.

Also the health organizations should review the services rendered to the general public from time to time, this will enable the organizations meet the needs of the nursing mothers on the issue of exclusive breastfeeding. We are made to believe that breastfed are at most thing for babies, hence they should be given fair treatment so as to retain.

Further research work will enable the nursing mothers to give the babies the best attention and the best breastfeeding that they require not minding the uncomfotability they pass through while breastfeeding. Furthermore, lecture on this topic should declare relentlessly in workshop and seminars without restriction on who to attend.

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