

## **Exclusive Breastfeeding Practices Among Nursing Mothers in Owerri Municipality Council, Imo State**

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### **Abstract**

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The study examined exclusive breastfeeding practices among nursing mothers in Owerri Municipality Council, Imo State, focusing on methods, reasons, and challenges they face. The study surveyed exclusive breastfeeding mothers in the study area, using questionnaires for data collection, frequency and percentage analysis. The study revealed that 70% of nursing mothers breastfeed their babies within an hour after birth, 85% do not breastfeed more than 10 times daily within 24 hours, and 80% breastfeed when the baby cries. 91% of nursing mothers believe exclusive breastfeeding provides a healthy diet, 85% believe it prevents breast cancer, and 84% accept it protects the baby from sickness. 80% of nursing mothers face challenges in exclusive breastfeeding due to low breastmilk production and insufficient milk supply, while 55% experience job-related challenges. The study highlights the challenges faced by mothers exclusively breastfeeding their children, suggesting that nurses and midwives should offer solutions to address these issues.

**Keywords:** *Infant, Breastfeeding, Challenges, Exclusive, Nursing, Mothers*

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### **Background to the Study**

From birth to roughly two months of age, a baby is referred to as an infant. A human kid in the early stages of life, especially before learning to walk and typically before turning one year old, can also be referred to as an infant. Infants grow quickly and have a strong need for nourishment to support proper growth and tissue development (Lessen & Kavanagh, 2015). Infants are characterized by their rapid development and consumption of nutrient-dense diets. The babies' hips and shoulders are smaller. They have a somewhat irritated stomach; many babies have lanugo, or unpigmented hair, on various body areas other than the feet and palms. But this usually goes away a few weeks after birth. Because of their rapid growth, infants often require high-nutrient diets, which are naturally supplied by their mothers' breast milk.

Newborns' primary food source is breast milk. Because it contains fat, protein, carbs, and vitamins and minerals that change over time, it is sufficient. It is the perfect diet for infants. It is clean, safe, and contains antibodies that help protect against a variety of common pediatric illnesses. For kids ages 6 to 23 months, it provides all the nutrients and energy they need (WHO, 2021).

The nutrients in breastmilk are adequately absorbed and utilized by the neurological system for brain development. It can prevent hospitalization, mild to severe infections, and a variety of disorders (WHO, 2021). The key nutritional strategy for avoiding baby deaths and diseases is optimal nursing, namely exclusive breastfeeding (Shingirai, Katsinde, Sunitha, & Srinivas, 2016). Because breast milk (colostrum) offers the newborn several advantages, especially immunity, it is frequently recommended as the infant's first immunization. According to Lessen and Kavanagh (2015), the best source of nutrients for infants is the mother's milk. Breast milk, also known as colostrum, is often referred to as the infant's first vaccination because it provides so many benefits to the newborn, chief among them being immunity. Mothers' milk is thought to be the best source of nutrition for infants (Lessen & Kavanagh, 2015). These clarifies the reasons why mothers are required to breast feed their children exclusively.

Exclusive breastfeeding (EBF) is a process of providing a baby with only breast milk from his or her mother or a wet nurse for the first six months of life (Elyas., Mekasha., Admasie & Assefa., 2017). Exclusive breastfeeding prevents infections and gives children antibodies to most sicknesses (Victoria, Bahl, Barros, França, Horton & Krasevec.,2016) xx. Infections would be abridged and immunity against most diseases would be prevented by exclusive breastfeeding (Victoria, Bahl, Barros, França, Horton & Krasevec.,2016). Although rate of exclusive breastfeeding has remained increasing over the past 20 years, there is still extensive way to go before reaching UNICEF's recommended global target coverage of 100%. The low prevalence of exclusive breastfeeding now observed in poor countries, mostly in West and Central Africa, Nigeria inclusive, where infant undernourishment rates are amongst the highest in the world (Mensah, Acheampong., Anokye., Okyere., Appiah-Brempong., & Adjei., 2017., Cai, Wardlaw & Brown., 2012) 20% of women in Sub-Saharan Africa, 44% of women in North Africa, 44% of women in Asia, and 30% of women in Latin America

exclusively breastfed (Reddy & Abuka, 2016, Hazir, Akram., Nisar., Agho & Abbassi., 2013). It is estimated that refining exclusive breastfeeding rates could prevent an additional 20,000 maternal deaths from breast cancer (Victoria, Bahl, Barros, França, Horton & Krasevec.,2016). An exclusively breastfed neonatal is safe, hypoallergenic, and less expensive for developing nations (Rollins., Bhandari., Hajeebhoy., Horton., Lutter & Martines., 2016). A newborn breastfeeding on a mother's breastmilk causes the pituitary gland to release oxytocin and prolactin into the mother's circulation (Victoria, Bahl., Barros., França., Horton & Krasevec., 2016).

The most serious nutritional intervention for fighting against infant death and illnesses is optimal nursing, particularly exclusive breastfeeding (Shingirai., Katsinde., Sunitha & Srinivas., 2016). Exclusive breastfeeding not only rises a child's chance of living and defenses them from deadly and chronic diseases, but it also inspires healthy development and increases early child growth. Across very income levels, children and adolescents who are exclusively breastfed do better on degree of intelligence tests (Global Breastfeeding Advocacy Initiative., 2018). However, exclusive breastfeeding is not fair good for babies, but good for mothers as healthy. Exclusive breastfeeding has been identified to protect against post-partum haemorrhage, postnatal depression, ovarian and breast cancer, heart disease and type 2 diabetes (Chowdhury., Sinha., Sankar., Taneja., Bhandari.,Rollins., Bahl & Martines., 2016)

It is assessed that improving exclusive breastfeeding rates could stop an additional 20,000 motherly deaths from breast cancer (Victoria, Bahl, Barros, França, Horton & Krasevec., 2016). An exclusively breastfed neonatal is safe, hypoallergenic, and fewer expensive for developing nations (Rollins., Bhandari., Hajeebhoy., Horton., Lutter & Martines., 2016). In spite of WHO and UNICEF recommendations, exclusive breastfeeding rates are persist low because only two out of five babies are exclusively breastfed inside an hour of delivery (WHO., 2018). Only 40% of newborns who are six months or younger are fully breastfed ((WHO fact sheet, 2020). Exclusive breastfeeding rates are small in countries with low mother's income, particularly Nigeria (Setegn, Belachew, Gerbaba, Deribe, Deribew; Biadgilign, 2012; Arage & Gedamu., 2016). 28.7% of Nigerian newborns fewer than six months were exclusively breastfed, according to the 2018 Nigeria Demographic and Health Survey (NDHS) (National Population Commission., 2018). Out of the 56 million infants innate around the world, more than 34 million children were not exclusively breastfed. In spite of having over 100 hospitals that are baby-friendly, only 29% of Nigerian mothers exclusively breastfed their newborns for the first six months after birth (Ogbonna, Daboer, & Green, 2007 in Green, Woruka, & Oranu, 2022, Nigeria Demographic and Health Survey., 2018). Owerri Municipal Council is not excepted.

Owerri Municipal Council is only Local Government Area in the state that has one town and one autonomous community Owerri Nchi Ise under the traditional rulership of the Eze in council. They have seven (7) health centers namely: Area Comprehensive Health center, Health Office Owerri Municipal Council, Umuodu Health Center, Area Health Center, Water side Health Center, Umuihua Health Post and Omata Health post. They normally have Immunization every Tuesdays where exclusive breastfeeding teaching were given to nursing

mothers. Majority of the nursing mothers are civil servants and business women, they don't have time to stay with their children. Often time they find it difficult to breast feed their children despite the health center teaching on exclusive breast feeding. Hence the need to study exclusive breastfeeding practice among nursing mothers' in Owerri Municipal Council.

### **Purpose of the Study**

The main purpose of this study was to explore exclusive breastfeeding practices among nursing mothers in Owerri municipality Council, Imo State. Specifically, the study determined:

1. Ways nursing mothers' practice exclusive breastfeeding in Owerri.
2. Reasons why nursing mothers' practice exclusive breastfeeding in Owerri
3. Challenges the nursing mothers' encounter in their practice of exclusive breastfeeding in Owerri.

### **Research Questions**

1. What are the ways nursing mothers' practice exclusive breastfeeding in Owerri?
2. What are the reasons nursing mothers' practice exclusive breastfeeding in Owerri?
3. What are the challenges nursing mothers 'face in their practice of exclusive breastfeeding in Owerri?

### **Methodology**

**Design of the study:** The study adopted a descriptive survey design.

**Area of study:** The study is conducted in Owerri Municipality Council which is a Local Government Area in Imo State, Nigeria. This is the only Local Government Area in the state that has one town, Owerri Municipal Council and one autonomous community Owerri Nchi Ise under the traditional rulership of the Eze in council; and the hierarchy of village leadership involving the elders and town leaders who are mostly involved in community development. The Local Government Area has five (5) villages namely: Amawom, Umuodu, Umuonyeche, Umuorornjo and Umuoyima. All these villages are urbanized with high percentage of non-indigenes. Owerri Municipal Council is bounded by Mbaitoli LGA to the North, Owerri North LGA to the West, Owerri West LGA to the South and Aboh Mbaise LGA to the East. They have seven (7) health centers namely: Area Comprehensive Health center, Health Office Owerri Municipal Council, Umuodu Health Center, Area Health Center, Water side Health Center, Umuihua Health Post and Omata Health post. Majority of the residents are nursing mothers who are mostly civil servants and few engage themselves in the other productive works such as trading and tailoring etc. They are not full house wives.

**Population of the Study:** The population for the study comprises 200 registered nursing mothers who practice exclusive breastfeeding in Owerri Municipal council. The 200 (two hundred) registered nursing mothers were gotten from the Health Department Centres in Owerri (Health Department Owerri Municipal Council, Imo State, 2022). They have immunization days every Tuesday in each of the health centers. Nurses and midwives give exclusive breastfeeding teaching to nursing mothers on every immunization day.

**Instrument of Data Collection:** A structured questionnaire was used which was in line with the research questions. The questionnaire was developed based on literature and the specific purposes of the study. The instrument for data collection was validated by three experts, two from the Department of Home Economics and Hospitality Management and one from Department of Measurement and Evaluation. This was done to ensure fact and content validity of the instrument in measuring expected outcome. The test retest method was used to test for the reliability of the instrument. The questionnaires were administered to registered nursing mothers in General Hospital Owerri which has the same similar characteristics with the nursing mothers of Owerri Municipal Council. The same questionnaires were administered to them after two weeks. A correlation coefficient of 0.8 alpha levels was obtained which is considered reliable.

**Method of Data Collection:** 200 (two hundred) copies of the questionnaire were distributed by hands to the respondents. This was done with the help of two research assistants and a health assistant to ensure speedy return of the questionnaire as well as to avoid loss of questionnaire. All the questionnaire was retrieved at a spot

**Method of data Analysis:** Data collected was analyzed using frequencies and percentage.

## Results

**Table 1:** Frequencies and Percentage Responses on the ways Mothers' Practice Exclusive Breastfeeding in Owerri.

S/N	Ways mothers' practice exclusive breastfeeding	YES	%	NO	%
1	Breastfeeding initiation				
	I breastfeed my child				
	a. Within one hour after delivery	140	(70%)	60	(30%)
	b. After one hour of delivery	20	(10%)	180	(90%)
	c. After six hours of delivery	30	(15%)	170	(85%)
	d. After 24 hours of delivery	10	(5%)	190	(95%)
2	Frequency of breastfeeding within 24 hours/per day				
	a. 8 times per day	110	(55%)	90	(45%)
	b. 10 times per day	40	(20%)	160	(80%)
	c. More than 10 times per day	30	(15%)	170	(85%)
3	Schedule of Breastfeeding				
	a. I breastfed my baby when the baby wanted	140	(70%)	60	(30%)
	b. I breastfed my baby on schedule	40	(20%)	160	(80%)
	c. I breastfed my baby when the baby cries	160	(80%)	40	(20%)
	d. I breastfed my baby when the breast engorged	140	(70%)	60	(30%)
4	Period of exclusive breastfeeding being practiced				
	a. Give baby breast milk alone for 6 months	70	(35%)	130	(65%)
	b. Give breastmilk alone for more than 6 months	90	(45%)	110	(55%)
	c. Give breastmilk alone for 4 months	120	(60%)	80	(40%)
	d. Give breastmilk alone for less than 4 months	150	(75%)	50	(25%)

Table 1 reveals that (70%) of mothers practice exclusive breastfeeding within one hour after delivery., (90%) of mothers did not practice exclusive breastfeeding after one hour of delivery., (85%) mothers did not practice exclusive breastfeeding after six hours of delivery., (95%) of

mothers did not practice exclusive breastfeeding after 24 hours of delivery., (55%) of mothers practice exclusive breastfeeding 8 times per day., (80%) of mothers did not practice exclusive breastfeeding 10 times per day., (85%) of mothers did not practice exclusive breastfeeding more than 10 times per day., (70%) of mothers breastfed their baby when they baby wanted., (80%) of mothers did not breastfed their baby on schedule., (80%) of mothers breastfed their baby when the baby cries., (80%) of mothers breastfed their baby when the breast engorged., (75%) of mothers gave baby breastmilk alone for 6 months., (35%) of mothers gave breastmilk for more than 6 months., (60%) of mothers gave breast milk for 4 months and (75%) of mothers did not give baby breastmilk up to 4 months.

**Table 2:** Frequencies and Percentage Responses on reasons why Nursing Mothers' Practice Exclusive Breastfeeding in Owerri Municipal Council?

S/N	Reasons nursing mothers' practice exclusive breastfeeding	YES	%	NO	%
1	It provides mother-child bond	170	(85%)	30	(15%)
2	Exclusive breastfeeding prevents breast cancer	170	(85%)	30	(15%)
3	No preparation is needed	160	(80%)	40	(20%)
4	Exclusive breastfeeding prevents ovarian cancer	130	(65%)	70	(35%)
5	Exclusive breastfeeding prevents breast engorgement	146	(73%)	54	(27%)
6	Quick to digest	120	(60%)	80	(40%)
7	Breast feeding helps to maintain mothers' weight loss	120	(60%)	80	(40%)
8	It protects the baby from sickness	168	(84%)	32	(16%)
9	Exclusive breastfeeding helps in birth spacing	150	(75%)	50	(25%)
10	It deceases child mortality rate	146	(73%)	54	(27%)
11	It provides adequate diet for the baby	182	(91%)	18	(9%)
12	It ensures good health to the child	158	(79%)	42	(21%)

Table 2 reveals that (85%) of the nursing mothers practiced exclusive breastfeeding because it brought close relationship between the mother and the child; (85%) of nursing mothers practiced exclusive breastfeeding to prevents breast cancer; (80%) nursing mothers practice exclusive breastfeeding because no preparation was needed; (65%) nursing mothers practice exclusive breastfeeding to prevent ovarian cancer; (73%) nursing mothers practice exclusive breastfeeding to prevent breast engorgement; (84%) nursing mothers practice exclusive breastfeeding because protects the baby from sickness; (73%) of nursing mothers practice exclusive breastfeeding because it decrease child mortality rate; (91%) of nursing mothers practice exclusive breastfeeding because it provides adequate diet for the baby and (79%) of nursing mothers practice exclusive breastfeeding because it ensures good health to the child.

**Table 3:** Frequencies and Percentages Responses on Challenges Nursing Mothers' encounter in Practice of Exclusive Breastfeeding in Owerri.

S/N	Challenges of exclusive breastfeeding among nursing mothers	YES	%	NO	%
1	Not being fully aware of benefits of breast milk	20	(10%)	180	(90%)
2	It is too stressful to breastfeed the baby	160	(80%)	40	(20%)
3	Nature of job	150	(75%)	50	(25%)
4	Low breastmilk production	160	(80%)	40	(20%)
5	Breastfeeding can cause breast sagging	180	(90%)	20	(10%)
6	Breastfeeding can cause painful breast	170	(85%)	30	(15%)
7	Breastfeeding can cause cracked breast	170	(85%)	30	(15%)
8	Breastfeeding can cause sore nipples	160	(80%)	40	(20%)
9	Husband not supporting their wife to breastfed exclusively	30	(15%)	170	(85%)
10	Husband's refusal to provide adequate diet for the mother	150	(75%)	50	(25%)
11	Medical reason such as HIV	140	(70%)	60	(30%)
12	Not having enough time for maternity leave	130	(65%)	70	(35%)
13	Mothers feeling shy for breastfeeding in public	120	(60%)	80	(40%)
14	Storage/preservation problem	130	(65%)	70	(35%)
15	Lack of time to exclusively breastfeed the baby	140	(70%)	60	(30%)
16	Difficulty in pumping out of milk from the breast	160	(80%)	40	(20%)
17	Husband also demanding breast milk	30	(15%)	170	(85%)
18	Baby not getting enough milk	130	(65%)	70	(35%)
19	Health condition of the baby	140	(70%)	60	(30%)
20	The mother being pregnant	120	(60%)	80	(40%)
21	Babies excessive cry of not getting enough milk	110	(55%)	90	(45%)
22	Baby refuses breastmilk	130	(65%)	70	(35%)

Table 3 reveals that (20%) of the nursing mothers were not fully aware of the benefit of exclusive breastfeeding; (80%) responded that exclusive breastfeeding was stressful; (75%) of the nursing mothers accepted that it was the nature of work was one of the challenges they face., 90% of the nursing mothers said that exclusive breastfeeding cause breast sagging; (85%) of nursing mothers said that exclusive breastfeeding cause painful breast; (85%) of the nursing mothers said that exclusive breastfeeding cause cracked breast; (80%) of the nursing mothers said that exclusive breastfeeding cause sore nipples ; (85%) of the nursing mothers said that husband does not support exclusive breastfeeding; (75%) of the nursing mothers said that husband refuse to provide adequate diet for the mothers; (70%) of the nursing mothers said that it was medical reason such as HIV; (65%) of the nursing mothers said that not having enough time for maternity leave; (60%) of the nursing mothers said that mothers feeling shy for breastfeeding in public; and (65%) of the nursing mothers said that it was storage /preservation problem; (70%) of nursing mothers said that lack of time to exclusively breastfeed the baby; (80%)of nursing mothers said that pumping out of milk from the breast; (15%) of nursing mothers said that husband also demanding breast milk; (65%) of nursing mothers said that baby not getting enough milk; (70% )of nursing mothers said that it was

health condition of the baby., (60%) of nursing mothers said that it was as a result of the mother being pregnant; (55%) of the nursing mothers said that it was babies excessive cry of getting enough milk and (65%) of the nursing mothers said that baby refuses breastmilk.

### **Discussion of Findings**

The result in table 1 showed that (70%) of mothers practice exclusive breastfeeding within one hour after delivery. This finding is similar to the result of Bernard., Musa and Peter, (2021) who reported that (74.2%) respondents presented breastfeed in one hour after birth and also similar with the finding of Jebena and Tenagashaw (2022) who stated that (62%) of mothers practice exclusive breastfeeding within one hour of birth. However, the finding of the study differs with study conducted by (Elyas., Mekasha., Amasie and Assefa., 2017) who reported that (52.6%) of the mothers started breastfeeding their new child within one hour. This could be attributed with lack of understanding about the need to initiate breastfeeding within one hour. (90%) of mothers did not practice exclusive breastfeeding after one hour of delivery, it differs with the study conducted by (Bernard *et al.*, 2021) who reported that (4.8%) of mothers practice exclusive breastfeeding after one hour of delivery.

Also (55%) of mothers breastfed 8 times per day. This finding is similar with the study conducted by Adebayo et al. (2020) who stated that (36.5%) of mothers breastfed 8 times per day, it differs with the study conducted by Arage and Gedame., (2016) who reported that (61.5%) of mothers breastfed > 8 times per day and also differ with the study conducted by Adebayo et al. (2020) who concluded that (16.4%) of mothers breastfed more than 8 times per day. 80% of mothers did not breastfeed 10 times per day, it differs with the study conducted by Sorato (2017) who reported that (15.5%) of mothers' breast fed more than 8 times. In this present study, (35%) of mothers gave baby breast milk alone for six months. This finding is similar to the result of Chineke, Iwu, Dime, Duru, Uwakwe, Emmauel, Oluoha, Madubueze, Ndukwua and Ohale (2017) who stated that (24.0%) of mothers gave breast milk alone for 6 months and also lower than the study conducted with Steve, Aduke and Olugbenga (2017) who reported that (66.7%) of mothers gave only breast milk only for 1<sup>st</sup> 6 months.

However, the finding of this study Adebayo et al. (2020) stated that (62.4%) of the mothers gave breast milk exclusively for 6 months, it differs with the present study that reported that (35%) of mothers gave breast milk for 6 months. (60%) of mothers gave breast milk alone for 4 months. This finding differs with the study conducted by Yakubu, Odesanya, Abbas and Lawal (2023) who concluded that (60%) of mothers gave breast milk for 6 months., (26.1%) of mothers gave breast milk for less than 6 months. Also the present study showed that (75%) of mothers gave breast milk alone for less than 4 months, it differs with the study conducted by Chineke.,Iwu.,Dime.,Duru.,Uwakwe., Emmauel., Oluoha.,Madubueze., Ndukwu and Ohale, (2017) who reported that (20%) of mothers gave breast milk with infant formula for 6 months, even with the addition of formula they were not able to breastfeed for 6 months. This could be due to the mothers' lack of proper understanding of what exclusive breast feeding means and it may be as a result of exclusive breastfeeding challenges the mothers faced. Furthermore, (70%) of nursing mothers breastfed their baby when the baby wanted it. This finding differs with the study conducted by Yakubu *et al.* (2023) who reported that (83.9%) of



mothers breastfed their baby when the baby demanded it and is similar with the finding conducted by Adeboye *et al.* (2020) who concluded that (61.9%) of nursing mothers reported that they breastfed their baby on demand. (80%) of nursing mothers in this present study breastfed their baby when the baby cries which is higher than the study conducted by (Arage *et al.*, 2016) who noted that (55%) of nursing mothers breastfed their baby when the baby cries.

The result in Table 2 showed that (85%) of nursing mothers knew that exclusive breastfeeding brought closeness between the mother and the child. The findings are similar with Steve, Aduke & Olugbenga., (2017) who reported that (84.2%) of nursing mothers knew that breastfeeding promotes mother and baby bonding thereby reducing child neglect. This agrees with (WHO., 2020) who stated that a baby should stay with the mother immediately after birth no separation for more than one hour both during the day and at night. This encourages good response to feeding cues, bonding and the founding of breastfeeding. Majority of nursing mothers (85%) knew that breastfeeding prevents breast cancer which is higher than the findings of Steve *et al.* (2017) who noted that (62.4%) of nursing mothers knew that breastfeeding reduces the risk of breast cancers. In this present study (65%) of nursing mothers said that they practice exclusive breastfeeding because it prevents ovarian cancer; (73%) of nursing mothers practice exclusive breastfeeding because it prevents breast engorgement ; (60%) knew that exclusive breastfeeding is quick to digest; (60%) nursing mothers knew that exclusive breastfeeding helps to maintain mothers weight loss; (84%) of nursing mothers knew that exclusive breastfeeding prevents the baby from sickness. This finding is similar with the study conducted by Adeboyo *et al.* (2020) who reported that (88.9%) of nursing mothers said that exclusive breastfeeding helps in protecting the baby from illness. (75%) of nursing mothers knew that exclusive breastfeeding prevent birth spacing and (73%) of nursing mothers knew that exclusive breastfeeding decreases child mortality rate.

The result in Table 3 showed that 10% of the nursing mothers lack full awareness of the exclusive breastfeeding. This findings is similar with the study of Agho & Kingsley (2011), Sadoh, Sadoh & Oniyelu (2011); Agunbiad., Ojo., Opeyemi & Ogunleye (2012) who noted that lack of awareness was the major reason most mothers neglect exclusive breastfeeding. Also, in the present study, low breastmilk production; breast sagging, painful breast were barrier to exclusive breast feeding and is similar to findings of Otoo., Anna., and Rafael in Egenti., Adamu., Chineke & Adogu., (2018) who reported that in the absence of breast complication, mothers could continue to practice exclusive breastfeeding and also differ with the study conducted by Dibisa & Sintayehu (2020) who reported that (69.2%) of mothers did not produce enough breast milk which is lower than the present study (80%). This could be due to a biological abnormality which is beyond the women's control or poor nutrition. This is supported by evidences from previous literatures which revealed that breast problem are the major barriers of exclusive breastfeeding (Kent, Ashton, Hadwick, Rowan, Chia., Fairclough.,

Menon., Scott., MatherMcCaw, Navarro & Geddes., 2018). A study from Thailand also documented that breast problems are the common reasons for non-exclusive breastfeeding practice (Buttham., Sucharat & Kiattisak., 2017). In the present study, 15% of the husband

did not support their wife to practice exclusive breastfeeding. This is consistent with the study done by Ayalew (2020) which emphasized that participants who were not supported by their husband in exclusive breast feeding were sometimes discouraged. The finding is also similar to the studies conducted in Motta, Ethiopia Tewabe., Mandesh., Gualu., Alem., Mekuria and Zelek (2017) Brown & Davies (2014) and Nepali (2018) who reported that husbands not supporting their wives in exclusive breastfeeding is one of the challenges facing exclusive breastfeeding practices. In this present study also (15%) of the husband did not support their wife to practice exclusive breastfeeding which is different to the findings of this study carried out by Sorato, (2017) who opined that (96%) husband support exclusive breastfeeding. This study was similar with the study conducted by Ogunmodi, Adebayo, Omolade, Kehinde, Folashade & Chiemeka (2020) who stated that (20.1%) of husband does not support breastfeeding.

In this present study, (75%) of husband refuse to provide adequate diet for the mothers; (70%) of nursing mothers said is medical reasons such as HIV; (65%) of nursing mothers said not having enough time for maternity leave and is similar to the findings of Ogunmodi *et al.* (2020) who reported that (66.1%) of nursing mothers said that maternity leave of 3 months is not long enough for successful breastfeeding, another study conducted by Yakubu., Odesanya., Abbas and Lawal (2023) who reported that (40%) of mothers said that maternity leave should be increased to 6 months which is lower than the present study and also study conducted by Adamu., Isezuo , Ali ., Abubakar., Jiya ., Ango., Yunusa and Bello (2023) who concluded that (17.7%) of mothers said that maternity leave was short which is also lower than the present study. In this present study, (60%) of nursing mothers feel shy for breastfeeding in public which differs with the findings of Ogunmodi *et al.* (2020) who stated that (79.5%) of nursing mothers didn't feel shy for breastfeeding in public. (70%) of nursing mothers reported that lack of time was one of their challenges to exclusive breastfeeding and is similar to the findings of Danco (2014) who reported that (30.8%) of nursing mothers complained lack time at work to breastfeed. (80%) of nursing mothers acknowledged that pumping out of milk was one of the challenges of exclusive breastfeeding. Also (70%) of nursing mothers reported that health condition of the baby was another challenge of exclusive breastfeeding and is similar to the findings of Ogunmodi *et al.* (2020) who reported that 85.5% of nursing mothers said health condition of the baby.

## **Conclusion**

Although information on exclusive breastfeeding practices among nursing mothers in Owerri Municipality Council has been disseminated through social media, health talk etc., on the relevance of exclusive breastfeeding. Majority of the mothers have it in mind to be practicing exclusive breastfeeding but the challenges they face have stopped them from doing it. Based on the findings of the study, it concludes that some nursing mothers delay unnecessarily before initiating breastfeeding to their newly born baby and the delay can affect exclusive breastfeeding practices. More so, nursing mothers who exclusively breastfed their child face a lot of challenges and most of the challenges are discouraging them from exclusive breastfeeding. As a result, exclusively breastfeeding rate is still low among nursing mothers. The teaching of exclusive breastfeeding practices among nursing mothers' in Owerri

Municipal Council need to be more emphasized and publicized so that nursing mothers will be encouraged to practice exclusive breastfeeding.

### **Recommendations**

Based on the results of the study, the following recommendations were made:

1. Nursing mothers should be advised by the nurses and midwives to initiate exclusive breastfeeding some minutes immediately after birth.
2. Nurses and midwives should encourage the nursing mothers to breastfeed their baby on time to avoid breast engorgement.
3. Nursing mothers should be well-informed by the nurses and midwives about the reasons and advantages of exclusive breastfeeding; they must understand the justifications for why it is ideal; and they must hear from friends and family members who support exclusive breastfeeding.
4. In order to educate mothers on the value of exclusive breastfeeding, health center staff members should also get training in the fundamentals of exclusive breastfeeding.
5. Government should organize workshops for nursing mothers and their husbands so that they can be educated on the need, reasons and benefits of exclusive breastfeeding as this will help to reduce the problem of child mortality and morbidity.
6. Primary, Secondary and Tertiary School Home Economics teachers should start to teach their students exclusive breastfeeding on time before they start having children.

### **References**

- Adamu, A., Isezuo, K. O., Ali, M. I., Abubakar, F. I., Jiya, F. B., & Ango, U. M. (2023). *Prevalence and factors influencing exclusive breastfeeding practice among nursing mothers: A prospective study in North-Western Nigeria*, Retrieved on June 7, 2023, from <http://www.njbc.net> on Wednesday, June 7, 2023, IP: 102.88.62.85.
- Adebayo, O. O., Omolade, D. G., Kehinde, A. C., Folashade, S. F., & Chiemeka, N. C. (2020). Knowledge, practice and challenges of exclusive breastfeeding among working mothers attending antenatal clinic in Lagos University Teaching Hospital, Idiaraba, *Scientific Research Journal (SCIRJ)*, 8(2), 46-71.
- Agho, U. & Kingsley, E. (2011). Determinants of exclusive breastfeeding in Nigeria, *BMC Pregnancy and Childbirth*, 11(1), 2-11.
- Agunbiade, O. M., Opeyemi, V. & Ogunleye, C. (2012). Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: Implications for scaling up, *International Breastfeeding Journal*, 7(1), 5-9.
- Arage, G., & Gedamu, H. (2016). Exclusive breastfeeding practice and its associated factors among mothers of infants less than six months of age in Debre Tabor Town, Northwest Ethiopia: a cross-sectional study, *Advance Public Health*, 3426249, 1-7.

- Ayalew, T. (2020). Exclusive breastfeeding practice and associated factors among first-time mothers in Bahir Dar city, North West Ethiopia: A community based cross sectional study, *JHeliyon* 6(9), 04732.
- Bernard, A., Peter, D. E., & Musa, F. M. (2021). Knowledge, practices and factors affecting exclusive breastfeeding among lactating mothers with babies aged 6 months to 1 year attending Magomeni reproductive child health clinic Kinondoni Daes Salaam: Descriptive cross-sectional study, *Research Square*, 1-18.
- Brown, A., & Davies, R. (2014). Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education, *Maternal. Child Nutrition*, 10(2), 510–526.
- Buttham, S., Kiattisak, K., Natiya, J., & Sukree, S. (2017). Rate and factors affecting non-exclusive breastfeeding among Thai women under the breastfeeding promotion program, *International Journal Women*, 9, 689–694.
- Cai, X., Wardlaw, T. & Brown, D. (2012). Global trends in exclusive breastfeeding practices, *International Breastfeeding Journal*, 7(1), 7-12.
- Chowdhury, R., Sinha, B., Sankar, M. J., Taneja, S., Bhandari, N., & Rollins, N. (2015). Breastfeeding and maternal health outcomes: A systematic review and meta-analysis, *Acta Paediatr*, 104(467), 96–113.
- Danso, J. (2014). Examining the practice of exclusive breastfeeding among professional working mothers in Kumasi Metropolis of Ghana. *International Journal of Nursing* 1 (1), 21-22.
- Dibisa, T. M., & Sintayehu, Y. (2020). Exclusive breast feeding and its associated factors among mothers of <12 months old child in Harar Town, Eastern Ethiopia: A Cross-Sectional Study, *Pediatric Health, Medicine and Therapeutics*, 11145-152.
- Egenti, N. B., Adamu, D. B., Chineke, H. N. & Adogu, P. O. U. (2018). Exclusive breastfeeding among women in rural suburbs of federal capital territory, Abuja, Nigeria. *International Journal of Medical Research Health Science*, 7(1), 53-64.
- Elyas, L., Mekasha, A., Admasie, A. & Assefa, E. (2017). Exclusive breastfeeding practice and associated factors among mothers attending private pediatric and child clinics, Addis Ababa, Ethiopia: a cross-sectional study. *Int Journal Pediatrics*. 178546192, 9.
- Global Breastfeeding Advocacy Initiative (2018). *Advocacy brief: Breastfeeding and early childhood development*.

- Green, K. I., Woruka, A. P., & Oranu, O. O. (2022). Knowledge of breastfeeding among health workers in the University of Port Harcourt Teaching Hospital scholars, *International Journal of Obstetrics and Gynaecology. United Arab Emirates Journal Homepage*. Doi:10.36348/sijog.2022.v05i04.014.
- Hazir, T., Akram, D. S., Nisar, Y. B., Kazmi, N., Agho, K. E., & Abbassi, S. (2013). Determinants of suboptimal breast-feeding practices in Pakistan, *Public Health Nutrition*, 16(4), 659–72.
- Chineke, H. N., Iwu, A. C., Dime, K. C., Duru, C. B., Uwakwe, K. A., Emmanuel, E. E. (2017). The practice of exclusive breastfeeding and its sociodemographic determinants amongst nursing Mothers at a Tertiary Health Care institution in South East, Nigeria, *Open Journal of Preventive Medicine*, 7(4), 63-73.
- Jebena, D. D., Tenagashaw, M. W. (2022). Breastfeeding practice and factors associated with exclusive breastfeeding among mothers in Horro District, Ethiopia: A community based cross-sectional study, *Journal. Pone* 17(4), 0267269.
- Kent, J. C., Ashton, E. Hardwick, C. M., Rowan, M. K., Chia, E. S., & Fairclough, K. A. (2015). Nipple pain in breastfeeding mothers: Incidence, causes and treatments, *International Journal Environmental Resources Public Health*, 12(10), 12247–12263.
- Lessen, R., & Kavanagh, K. (2014). Position of the academy of nutrition and dietetics: Promoting and supporting breastfeeding, *J. Acad. Nutr. Diet.* 115(3), 444–449.
- Mensah, K. A., Acheampong, E., Anokye, F. O., Okyere, P., Appiah-Brempong, E., & Adjei, R. O. (2017). Factors influencing the practice of exclusive breastfeeding among nursing mothers in a peri-urban district of Ghana, *BMC Res Notes*, 10(1), 466.
- National Population Commission (NPC) [Nigeria] and ICF (2018). *Nigeria demographic and health survey*, NPC and ICF, Rockville.
- Nepali, S. (2018). Husbands' support for breastfeeding and breastfeeding self-efficacy of Nepalese mothers from Bungmati, *Journal Publication Health*, 18(I), 4-5.
- Nigeria Demographic and Health Survey (2018). Accessed: 5th March, 2022: <http://www.dhsprogram.com/pubs/pdf/SR264/SR264.pdf>.
- Ogunmodi, O. A., Daniel, G. O., Ajala, C. K., Shittu, F. F., Nnademere, C. C. (2020). Knowledge, Practice and Challenges of Exclusive Breastfeeding among working mothers attending antenatal clinic in Lagos University Teaching Hospital, Idiaraba, *Scientific Research Journal (SCIRJ)*, 8(2), 45-53.

- Reddy, S., & Abuka, T. (2016). Determinants of exclusive breastfeeding practice among mothers of children under two years old in Dilla Zuria District, Gedeo zone, SNNPR, *Ethiopia, Journal Pregnancy Child Health*, 3(1), 224-226.
- Rollins, N. C., Bhandar, I. N., Hajeebhoy, N., Horton, S., Lutter, C. K., & Martines, J. C. (2016). Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 387,491-504.
- Sadoh, A. E., Sadoh, W. E., & Oniyelu, P. (2011). Breast feeding practice among medical women in Nigeria, *Nigerian Medical Journal: Journal of the Nigeria Medical Association*, 52, (1), 7-8.
- Setegn, T., Belachew, T., Gerbaba, M., Deribe, K., Deribew, A., & Biadgilign, S. (2012). Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study, *International Breastfeed Journal*, 7(17), 2-8.
- Shingirai, M., Katsinde, S. C., & Srinivas, (2016). Breast feeding and the sustainable development agenda, *Indian Journal Pharm Practical*, 9(3), 130-144.
- Sorato, M. M. (2017). Levels and predictors of exclusive breast feeding among rural mothers with children Age 0-12 Months in rural Kebeles of Chencha District, Snnpr, Gamo Gofa Zone, Ethiopia, *International Journal of Pediatrics and Neonatal Health* 1(3), 76-87.
- Steve, M., Aduke, D. C., & Olugbenga, O., J. (2017). Awareness of the benefits and practice of exclusive breastfeeding (EBF) among nursing mothers in Anyigba, North Central Nigeria, *World Journal of Nutrition and Health*, 5(1), 1-5.
- Tewabe, T., Mandesh, A., Gualu, T., Alem, G. Mekuria, G., & Zelek, H. (2017). Exclusive breastfeeding practice and associated factors among mothers in Motta town, East Gojjam zone, Amhara Regional State, Ethiopia, 2015: A cross-sectional study, *International Breastfeed Journal*, 12(12) 1-7.
- Victoria, C. G., Aluisio, J. D., Barrors, A. J. D., Franca, G. V. A., Horten, S., & Kraseses, J. (2016). The lancet Breastfeeding series group. Breastfeeding in the 21<sup>st</sup> Century: Epidemiology, mechanism and lifelong effect, *lancet*, (387), 475-490.
- WHO (2018). *3 in 5 babies not breastfed in the first hour of life*, Accessed: September 6, 2022. <https://www.who.int/news-room/detail/31-07-2018-3-in-5-babies-not-breastfed-in-the-first-hour-of-life>.
- WHO Fact Sheet (2020). *Infant and young child feeding*, Accessed: September 05, 2022. <http://www.who.int/factsheets/detail/infant-and-young-child-feeding>.

World Health Organization (WHO) (2020). United Nations Children's Fund (UNICEF). *Baby-friendly hospital initiative training course for maternity staff: participants manual*. (<https://www.who.int/publications/i/item/9789240008915>, assessed: 5th March, 2022).

WHO (2021). *Infants and young child feeding*, <https://www.who.int>.

Yakubu, M. I., Odesanya, R. U., Abbas, M. Y., Lawal, B. K. (2023). *Exclusive breastfeeding knowledge and practice among nursing mothers in selected health care facilities in Kaduna metropolis, Nigeria*. <https://www.ajol.info/sahas/article/view/687-688>.