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Challenges to Breastfeeding among Women Attending the Infant Welfare Clinic in a Selected Primary Health Care Center In Lagos, Nigeria

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ABSTRACT

The transport phenomena mean the variation in time and space of generalized forces when they generate flows for which conservation laws apply. After we describes: mass-, impulse-, energy- and electric-charge-transport and their mathematical characteristic equations. In the living organisms, flows are not generated only by the conjugated generalized forces, but also by the simultaneous action of other forces, so frequencies of the crossing-effects in the human organism. The biophysical modeling offer a „language” of quantitative and qualitative process-ing of experimental data, being compatible and adequate to the laws of biology.

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Background of Study

Breastfeeding remains the simplest, healthiest and least expensive feeding method that fulfils the infants' needs. There is strong evidence in support of Exclusive breast feeding (EBF) for the first six months of life but its prevalence has remained low worldwide [20]. Over the last couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the best feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. In resource limited settings where poor and sub-optimal breastfeeding practices frequently result to child malnutrition which is a major cause of more than half of all child deaths, exclusive breastfeeding is regarded as imperative for infants' survival. Indeed, of the 6.9 million under five children who were reported dead globally in 2011 (Seidu, 2011), an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breastfeeding. Consequently, the WHO and UNICEF have recommended exclusive breastfeeding for six months, followed by introduction of complementary foods and continued breastfeeding for 24 months or more [26] Breastfeeding has many health benefits for both mother and infant. Breast milk contains all the necessary nutrients the infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have long term benefits for the mother and child, such as reducing the risk of obesity in childhood and adolescence [31] The advantages include a lower risk of gastrointestinal infections for the baby, more rapid recuperation after birth and delayed return of menstrual periods (a natural method of family planning). Breastfeeding also

provides infants with superior nutritional content that is capable of improving the immunity and possible reduction of future health care spending [1].

Exclusive breastfeeding for six months is important for both infant and maternal health. Infants who are not exclusively breastfeeding are more likely to develop gastrointestinal infections, not only in developing but also in industrialized countries [19]. The World Health Organization and other global authorities recommend that infants should be exclusively breastfed to achieve optimal growth, development, and health. However, the prevalence of exclusive breastfeeding (EBF) still remains low. Studies have shown that non-EBF is an important cause of infant malnutrition and other morbidities, especially in developing countries. Malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes. Worldwide, by 2010, it was found that about 104 million children under 5 years of age were underweight and 171 million stunted. At the same time, it was found that about 43 million children under five were overweight or obese. Nearly 20 million children under five suffer from severe acute malnutrition, and it contributes to one million child deaths every year. The order of magnitude of this estimate suggests that severe malnutrition in children is a life-threatening condition requiring urgent treatment and is an important public health problem. In Nigeria, malnutrition is an underlying factor in >50% of childhood mortalities [21]. The risk of mortality due to diarrhea and other infections can increase many-fold in infants who are either partially breastfed or not breastfed at all [19]. During the first two months of life, infants who are not breastfed are nearly six times more likely

to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants [19].

A number of variables were noted in the literature to predict EBF practice. Among them are maternal age, marital status, formal educational level, and occupation [11]. Over two-thirds of infant mortality are associated with inappropriate feeding practices and occur in the first year of life. Optimal breastfeeding (early and exclusive breastfeeding) has the potential to prevent over 800,000 deaths (13 % of all deaths) in children under five in the developing world. Whereas, complementary feeding interventions alone were estimated to prevent almost one fifth of deaths in children aged years [19]. Rates of EBF are suboptimal in many countries. In Saudi Arabia only by 8.3 % (n=32) of the 384 participants EBF for 6 months, in Congo, 87.5 % of infants were EBF during the maternity stay, but by six months, only 2.8 % (n=12) of infants were exclusively breastfed and in Nigeria, the majority (88.0 %) of the respondents had heard about EBF and hospital was the source of information, and more than 50 % of the women had a positive attitude towards breastfeeding [13], but inspite this above average attitude, a study carried out by Oche, Umar and Ahmed in 2013 showed that only 17% of children younger than six months were exclusively breastfed.

Non-exclusive breastfeeding (non-EBF) is a risk factor for a number of diseases, including infant mortality from diarrhea, upper respiratory infections and other common infectious diseases. Nigeria – a developing country with 40 million children and the leading beneficiary of developmental assistance for health in Africa, has one of the highest rates of non-EBF among infants aged 0–5 months (84% on average between 1999 and 2013) [21]. This is despite the introduction and implementation of various national and subnational initiatives to reduce non-EBF practice. The Global Burden of Diseases, Injuries, and Risk Factors study 2016 (GBD 2016) ranked non-EBF among the top ten risk factors for under-five deaths and disability-adjusted life years (DALYs) in Nigeria, accounting for 25,300 under-five deaths and 2.1 million DALYs lost in 2016. This study also found that a large proportion of childhood wasting and malnutrition can be attributed to diarrhea and other common infectious diseases, which also reflects the role of non-EBF in childhood morbidity [21].

A study carried out by [22] showed that the practice of EBF is poor but the awareness is remarkably high depicting significant knowledge-practice discordance. The study also showed that factors such as low maternal education, higher socioeconomic status, non-vaginal birth and use of prelacteal feeds were significant predictors of lower EBF practices. In a study done in Nigeria on the knowledge of breastfeeding practice among female doctors in Nigeria, all respondents knew that babies should be exclusively breastfed for the first six months of life but only 60% knew that breastfeeding should continue until two years. The broad objective of this study is to determine the knowledge, practices and challenges of breastfeeding among women attending Oshodi Primary Health Care Centre, Lagos.

Concept of Breastfeeding

For millennia, the word breastfeeding has meant feeding an infant at his/her own mother's breast. With the recent introduction of high efficiency breast pumps, other possibilities are now widely used, including feeding an infant his/her own mother's milk from a cup or bottle this milk may recently be pumped or stored for a short or long time [25]. Breastfeeding can begin within minutes after birth for most babies. Most babies take a few licks or sucks and then

pause at the beginning. Frequent burst of sucking is interrupted by pauses is the usual pattern for the first few hours and sometimes even the first few days [28] Breastfeeding has many health benefits for both mother and infant. Breast milk contains all the nutrients the infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have longer health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence [31]. Breastfeeding has clear short-term benefits for child survival through reduction of morbidity and mortality from infectious diseases. Breastfeeding also has long-term benefits through an increase in intelligence quotient by 3.5 points at childhood and adolescence [7].

Physiology of Breastfeeding

Once the alveolar epithelial cells have developed into lactocytes around mid-pregnancy, they are able to produce small quantities of secretion; colostrum. Although some women may produce as much as 30ml per day in late pregnancy, the production of milk is held in abeyance until 30-40 hours following the birth, when placental hormones have fallen sufficiently to allow the high levels of prolactin to initiate milk production. Continued production of prolactin is caused by touch as the baby feeds at the breast, with concentrations highest during the night feeds [14]. Prolactin is involved in suppression of ovulation and some women may remain anovular until lactation ceases. Prolactin seems to be more important to the initiation of lactation than to its continuation. As lactation progresses, the prolactin response to suckling diminishes and milk removal becomes the driving force behind milk production. This is known to be due to the presence in secreted milk of a whey protein that is able to inhibit the synthesis of milk constituents [14].

Milk is synthesized continuously into the alveolar lumen, where it is stored until milk removal from the breast is initiated. Only when oxytocin is released and the myoepithelial cells contract is milk made available to the suckling baby. Milk release is under neuroendocrine control. Tactile stimulation of the breast also stimulates oxytocin, causing contraction of the myoepithelial cells. This process is known as *let-down* or *milk-ejection* reflex and makes the milk available to the baby. This occurs in discrete pulses throughout the feed and may trigger bursts of active feeding [14]. In the early days of lactation, the reflex is unconditioned. Later, as it becomes a conditioned reflex, the mother may find her breasts responding to the baby's cry or other circumstances associated with the baby or feeding [14] The first stage of milk that develops during pregnancy is known as colostrum. Thick and yellow in color, colostrum lasts a few days after the baby is born. This milk is rich in protein, antibodies, vitamins and minerals [18]. Approximately two to four days after the baby is born, transitional milk replaces colostrum. Transitional milk is thin and white and contains high amount of fat, calories, proteins, lactose and vitamins. Many mothers notice the quantity and consistency of their milk changing about two to three days after their baby's birth [18] Approximately 10-15 days following the baby's birth, the production of mature milk begins. Mature milk primarily consists of water and it often appears bluish in color at the beginning of feeding (foremilk) and turns white at the end of feeding (hind milk) as the milk's fat content increases. The consumption of hind milk is essential to ensure the baby is getting adequate nutrition (Folami, 2015). A newborn's stomach is approximately the size of a marble and the baby's stomach walls cannot stretch. The amount of colostrum produced by the mother's breasts equals the amount the baby's stomach can hold. The baby's stomach increases roughly the size of a golf ball from seven to ten days.

Concept of Exclusive Breastfeeding

The importance of breastfeeding in low-income and middle-income countries is well recognized but fewer consensuses exist about its importance in high-income countries. In low-income countries and middle-income countries, only 37% of children younger than six months of age are exclusively breastfed [7]. The WHO policy of 6 months of EBF has been widely adopted by many countries. Despite this, the majority of infants are not EBF at 6 months, particularly in developed countries. For example, on average 39% of infants in Organization for Economic Cooperation and Development countries are EBF for 4 months and 23% are EBF for 6 months. The rates of EBF in the UK are even lower: in 2010, 12% were EBF for 4 months and 1% were EBF for 6 months [24]. According to World Health Organization (2015), exclusive breastfeeding means the infant only receives breast milk.

Knowledge of Breastfeeding

A study carried out by [16] on exclusive breastfeeding showed that more than half of pregnant women (57.5%) knew that a baby should be breastfed on demand, only 28.8% were aware that breast milk alone is sufficient for the baby for six months while 41.3% though 4-5 months is the appropriate age to start solid foods. About 93.8% of the women were aware that breastfeeding should continue for up to two years. More than half of women (52.5%) believed that it is right to give water to the baby after every breastfeed. Another study carried out by [19] on the knowledge, attitude and practice of exclusive breastfeeding among mothers showed that only about one third of mothers interviewed (34.7%) mentioned up to six months for the duration of EBF. One quarter of mothers knew that EBF for six months protects the child from diarrhea (27.3%), 32% of mothers responded that EBF could be used as contraceptive while 16.7% didn't think it could be used as contraceptive.

Another study carried out in Kwara, Nigeria on knowledge and practice of exclusive breastfeeding [20] showed that sixty percent of the mothers were aware of EBF but only 30% of them had the adequate knowledge of EBF having scored more than 50% or more in the assessment of knowledge of EBF. Another study carried out by [17] showed that 69.8% of the respondents were grouped as having good knowledge and 30.2% were categorized as having poor knowledge. 82% knew about EBF and 18% did not know about EBF. Their major source of information was health institutions (66.4%). 70% had good knowledge about the time to give breast milk to a child after birth.

Practice of Breastfeeding

A study carried out by [19] on the knowledge, attitude and practice of exclusive breastfeeding among mothers showed that majority of the participants (59.9%), while only 4.5% initiated breastfeeding after one day. 66.6% of mothers were breastfeeding on demand and the majority (77.4%) had not given any prelacteal feeds to their newborn baby, about half (47.8%) gave plain water. EBF was reported by only 26.4% of mothers while 50.2% gave additional cow milk to their infant prior to six months of age. Study carried out in Kwara, Nigeria on knowledge and practice of exclusive breastfeeding [20] showed that more than half (53%) of mothers initiated breastfeeding immediately after delivery, while 47% did so long after 30 minutes. Out of the 179 mothers only 31% practiced EBF. Another study carried out in South-Eastern Nigeria on the knowledge and practice of exclusive breastfeeding [2] showed that 76.4% of the 254 women initiated breastfeeding immediately after delivery. 63% of the women were breastfeeding exclusively at birth but the rates dropped to 30.5% at ages four to six months. Only 53.6% of the mothers practiced exclusive breastfeeding.

Challenges of Breastfeeding

Mothers do not initiate breastfeeding or discontinue breastfeeding early for a variety of reasons. Some mothers stopped breastfeeding in the first month postpartum because of sore nipples, infant difficulty to latch and perceptions that they were not producing enough milk to satisfy their infants. Societal barriers to breastfeeding, such as working outside the home, length of maternity of maternity leave and embarrassment of breastfeeding in public, have been identified as factors affecting breastfeeding initiation and duration [29].

Across many rural communities in Africa where breastfeeding appears to be the norm, the question of whether to breastfeed or not, seldom arises since women are expected or required by the cultural practices of those societies to do so. Indeed, in both developed and the developing worlds, studies have showed the existence of several influences on EBF. In the developed world, women's breastfeeding decisions have been shown to be influenced by their perception of partner's attitudes and paternal involvement in breastfeeding promotion programs [26]. A study of the societal influences on infant feeding among South African mothers shows the fundamental role of social stigma, economic circumstance, maternal age, and family influences [26]. A study carried out on the barriers to exclusive breastfeeding among mothers in the first four weeks postpartum [28] shows that approximately half of the women (44%) cited inadequate milk supply and sore or painful nipples (42.7%) as barriers to continue EBF. Slightly more than one-third of the sample (34.7%) indicated that breastfeeding was very stressful and time-consuming. The majority of women (78.7%) noted embarrassment was not a barrier to continue EBF. In addition, 66.7% stated that return to work and return to school (73.3%) were not barriers to continue EBF.

Conceptual Framework

The Theory of Planned Behavior is one of the theoretical approaches that has been widely used by health psychologists to help understand health behaviors and to develop appropriate interventions. The principal determinant of behavior in TPB is intentions and that intentions are determined by three main constructs: (a) attitudes, (b) subjective norms, and (c) perceived behavioral control. An infant's feeding decisions are affected by a wide range of psychological, social, clinical, cultural, and individual characteristics: factors such as age, ethnicity, educational status, and personality variables [28]. The intentions of mother to carry out exclusive breastfeeding affect the mother's behavior. This intention is greatly influenced by the perceived outcomes of carrying out EBP to both mother and child.

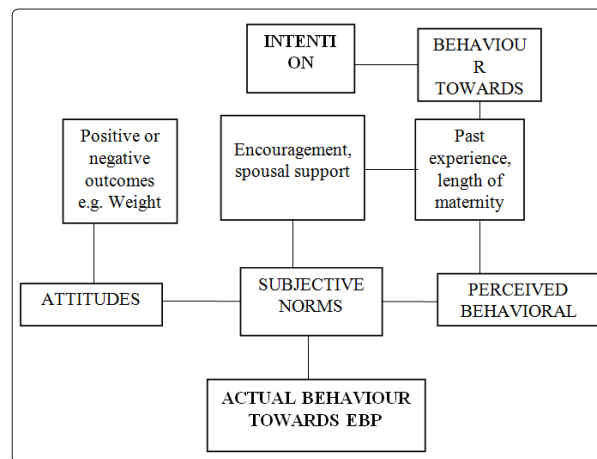


Figure 1: Conceptual Framework for the Knowledge, Practices and Challenges of Breastfeeding

Research Methodology

Cross sectional descriptive quantitative study was used to assess the challenges of breastfeeding among women attending selected Primary Health Care Centre, Lagos. The research was carried out at selected Primary Health Care Centre, Lagos. The primary health care centers were established in order to ensure the adequate provision to the inhabitants of this local government. Services render at this centers include: immunization, health education, family planning, antenatal care and treatment of minor ailments.

Sample and Sampling Techniques

Yamane’s formula was used to calculate the sample size
 $n = N / (1 + N(e)^2)$

Where n is the sample size

N is the average number of women Primary Health Centre weekly = 350

e is the level of precision which is 0.05.

Therefore,

$$n = 350 / (1 + 350(0.05)^2)$$

$$n = 186.67$$

A 10% allowance for unusable data and incomplete questionnaires will be added.

Thus, sample size n= 206.

Instrument for Data Collection

Data was collected using structured and self-administered questionnaires with close-ended questions. The questionnaire contained the following sections:

Section A: Socio-demographic data/information of the respondents consisting of questions

Section B: The knowledge of breastfeeding

Section C: The practice of breastfeeding

Section D: The challenges of breastfeeding

Validity and Reliability of Instrument

A pilot study was carried out using a similar study population in Palm Avenue Primary Health Centre, to know the reliability of the instrument. Questionnaires were distributed among 20 nursing mothers in Palm Avenue Primary Health Centre, Lagos, Nigeria so as to know if the questionnaire is appropriate for the study. A total of 20 questionnaires were used to carry out this test. The instrument was validated through a review by the experts in the field of nursing to ascertain face and content validity, and also to check for any unclear and ambiguous question for modification. The participants were expected to partake willingly in the study by signing an informed consent form. They were reassured that they are free to withdraw from the study at any stage of the study. They were also reassured that such withdrawal or non-participation will not cause prejudice.

Method of Data Analysis

The data was derived from the filled questionnaire, was analyzed by the use of descriptive /analytical methods. The data was reviewed, organized and entered into a computer running the statistical package of social science (SPSS version 20.0) to validate and analyze the entries. 189 of the questionnaires were returned and found adequate for analysis giving a response rate is 91.7%.

Table 1: socio-demographic characteristics of the women

Variables	Frequency	Percentage %
Age (years)		
18-22	6	3.2
23-27	23	12.2
28-32	40	21.2
33-37	101	53.4
38-45	11	5.8
43-47	8	4.2
Total	189	100
Marital status		
Single	6	3.2
Married	179	94.7
Divorced		
Total	189	100.0
Religion		
Christianity	130	68.8
Islam	59	31.2
Total	189	100.0
Educational qualification		
None	10	5.3
Primary	23	12.2
Secondary	118	62.4
Tertiary	38	20.1
Total	189	100.0
Occupation		
Civil servant	22	11.6
Self-employed	113	59.8
Unemployed	36	19.0
Students	18	9.5
Total	189	100.0
Ethnicity		
Yoruba	111	58.7
Igbo	44	23.3
others	34	18.0
Total	189	100.0
Number of children		
1	33	17.5
2	62	32.8
3	58	30.7
4	18	9.5
5 and above	18	9.5
Total	189	100.0
Income status		
<40,000/month	73	38.6
41000 - 70000	94	49.7
71000-100000	22	11.6
Total	189	100.0

Table 1 show that more than half of the respondents 53.4% are within the age range 33-37 years and a strong majority of the respondents 94.7% were married. Majority of the respondents 68.8% practice Christianity.

Table 2: Knowledge of Women on Breastfeeding

Variables	Frequency	Percentage %
Yes	189	100.0
No	0	0
Total	189	100.0
Were you at any time educated on exclusive breastfeeding?		
Yes	189	100.0
No	0	0
Total	189	100.0
What is the source of your information?		
Media	10	5.3
Newspaper	4	2.1
Hospital	119	63.0
Friends/relations	56	29.6
Total	189	100.0
How long should your baby be exclusively breastfed for?		
6months	118	62.4
1year	41	21.7
3months	26	13.8
I don't know	4	2.1
Total	189	100.0

Table 2 shows that all the respondents have heard about exclusive breastfeeding and that they have been educated on exclusive breastfeeding. The source of information on breastfeeding was majorly the hospital, 63%. Also, a greater promotion of women, 62.4% expressed that babies should be exclusively breastfed for 6 months.

Table 3: Knowledge of women on breastfeeding

QUESTION	YES (%)	NO (%)	I DON'T KNOW (%)
Breastfeeding should be continued for up to 2 years of life	81(42.9)	87(46.0)	21(11.1)
You are allowed to give your baby vitamins and supplements while breastfeeding your baby	64(33.9)	103(54.5)	22(11.6)
Giving water is encouraged to the baby after every breastfeeding	21(11.1)	157(83.1)	11(5.8)
Supplementing breast milk with formula during the first week of life is good	49(25.9)	108(57.1)	32(16.9)
Exclusive breastfeeding can be used as a family planning method	75(39.7)	90(47.6)	24(12.7)
A woman who is exclusively breastfeeding is less likely to get pregnant	92(48.7)	66(34.9)	31(16.4)
Exclusive breastfeeding helps in weight loss	87(46.0)	62(32.8)	40(21.2)
Complementary feeds can be introduced after 6 months of life	167(88.4)	18(9.5)	4(2.1)

Exclusive breastfeeding helps in protecting the baby from illness and allergies	168(88.9)	10(5.3)	11(5.8)
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Table 3 shows that only 42.9% of the respondents agreed that breastfeeding should be continued for up to 2 years of life. Majority of the respondents (83.1%) said giving water after breastfeeding should not be encouraged. 57.1% of the respondents said supplementing breast milk with formula during the first week of life is not good. Majority of respondents 88.9% said exclusive breastfeeding helps in protecting the baby from illness and allergies.

Table 4: Practice of Breastfeeding among Women

Variables	Frequency	Percentage %
How often should a baby breastfeed?		
On demand	117	61.9
By routine	48	25.4
Dont know	24	12.7
Total	189	100.0
How often does your baby breastfeed?		
5-6times/day	6	3.2
7-8times/day	83	43.9
8times/day	69	36.5
More than 8 times/day	31	16.4
Total	189	100.0
How soon after delivery did your baby breastfeed?		
Immediately	120	63.5
Before the end of the day	59	31.2
After 24 hours	10	5.3
Total	189	100.0
Do you intend to give your baby formula milk in the first six months of life		
Yes	75	39.7
No	114	60.3
Total	189	100.0
Do you give your baby any artificial food?		
Yes	117	61.9
No	72	38.1
Total	189	100.0
If your answer is yes, which type of artificial food		
Pap	23	19.7
Water	47	40.2
Custard	20	17.1
Goldenmom	14	12.0
fiso gold	13	11.1
Total	117	100.0

Table 4 shows that majority of the respondents (61.9%) reported that they breastfed their baby on demand. Most of the respondents (63.5%) said they breast fed their babies immediately after delivery. Majority of the respondents (60.3%) indicated that they don't intend to give their baby formula milk in the first six months

of life. Majority of the respondents 117(61.9%) indicated that they give their babies artificial food.

Table 5: Practice of breastfeeding among women

Variables	Frequency	Percentage %
Breastfeeding should be continued up to 2 years of life even though the baby has received solid food		
True	142	75.1
False	28	14.8
Dont know	19	10.1
Total	189	100.0
Do you give your baby water after breastfeeding?		
Yes	62	32.8
No	127	67.2
Total	189	100.0
Do you give your baby prelacteal feeds?		
Yes	24	12.7
No	165	87.3
Total	189	100.0
If your answer is yes, state the type of prelacteal feed		
Water	16	66.7
Grape water	8	33.3
Total	24	100.0
Have you tried exclusive breastfeeding as a family planning method before?		
Yes	70	37.0
No	119	63.0
Total	189	100.0
What position do you assume when breastfeeding your baby?		
Side lying	16	8.5
Sitting on a mat	30	15.9
Sitting on the edge of the bed	58	30.7
Sitting on a chair	85	45.0
Total	189	100.0
How does your baby latch?		
Breast to baby	17	9.0
Baby to breast	41	21.7
Both	123	65.1
Don't know	8	4.2
Total	189	100.0

Table 5 shows that majority of the respondents (75.1%) agreed that Breastfeeding should be continued up to 2 years of life even though the baby has received solid food and most of the respondents (67.2%) do not give their babies water after breastfeeding.

Table 6: Challenges of Breastfeeding among Women

Items	Very challenging (%)	Challenging (%)	Not challenging (%)	No sure (%)
Husband does not support breastfeeding	0	38(20.1)	123(65.1)	28(14.8)
Cracked, sore nipples	74(39.2)	70(37.0)	42(22.2)	3(1.6)
Health condition of the mother	111(58.7)	62(32.8)	16(8.5)	0
Health condition of the baby	99(52.4)	64(33.9)	12(6.3)	14(7.4)
Work schedule	57(30.2)	55(29.1)	50(26.5)	27(14.3)
Number of children	10(5.3)	16(8.5)	131(69.3)	32(16.9)
Maternity leave of 3 months is not long enough for successful breastfeeding	20(10.6)	31(16.4)	125(66.1)	13(6.9)
Selected places to breastfeed at the workplace	34(18.0)	57(30.2)	84(44.4)	14(7.4)
Feeling shy of breastfeeding in public	3(1.6)	16(8.5)	150(79.4)	20(10.6)
Sociocultural pressure	8(4.2)	64(33.9)	99(52.4)	18(9.5)
Mother's perception	10(5.3)	60(31.7)	91(48.1)	28(14.8)
Inadequate production of milk	68(36.0)	74(39.2)	41(21.7)	6(3.2)

Discussion, Conclusion and Recommendation

The result of this study showed that more than half of the respondents are within the age range 33-37years and a strong majority of the respondents were married. Most of the respondents practice Christianity. Majority of the respondents' educational qualification is secondary school. More than half of the respondents are from Yoruba ethnic group. This result is similar to the result of the study conducted by [3] on Breastfeeding Knowledge and Practices among Mothers of Children under 2 Years of Age Living in a Military Barrack in Southwest Nigeria which revealed that majority of the respondents were married but the result differ in terms of tribe in that a larger proportion of them were Hausas.

Assessing the knowledge of breastfeeding among women

The result of this study showed that majority of the respondents have good knowledge on breastfeeding, this agrees with another study carried out by [17] which revealed that 69.8% of the respondents were grouped as having good knowledge and 30.2% were categorized as having poor knowledge on breast feeding. The result from this current study revealed that majority of the respondents said babies should be exclusively breastfed for 6months. This is consistent with another study carried out on exclusive breastfeeding among city-dwelling professional working mothers in Ghana by [12] which showed that majority of the respondents knew that a child should be breastfed for the first six months. The result of this current study is also consistent with a study done in Nigeria on the knowledge of breastfeeding practice among female doctors in Nigeria; all respondents knew

that babies should be exclusively breastfed for the first six months of life but only majority knew that breastfeeding should continue until two years [1].

The finding from study showed that all the respondents had heard about exclusive breastfeeding and that they have been educated on exclusive breastfeeding. Most of the respondents' source of information is the hospital. This finding is similar to a study in Nigeria by [15] which revealed that majority of the respondents had heard about EBF and hospital was the source of information. Another study carried out by [17] also reported that the major source of information of majority of the women was health institutions.

Assessing the practice of breastfeeding among women

Majority of the respondents have good practice of breastfeeding. This is consistent with a study carried out by [22] which also revealed that the practice of EBF is fair. Meanwhile, the result from this current study disagree with a study carried out by [1] which revealed that the practice of EBF was done by only minority of the women. In another study done in Ethiopia on the breastfeeding practice among nurses and midwives, the exclusive breastfeeding rate was found to be less than and nearly half of the respondents exclusively breastfed for only 3 months or less [10]. The findings from this study revealed that less than of the respondents gave water to their babies after breast feeding. This is dissimilar with a study carried out by [16] where more than half of women believed that it is right to give water to the baby after every breastfeed. The findings from this study revealed that most of the respondents reported that they breast fed their babies immediately after delivery. This is similar to another study carried out in South-Eastern Nigeria on the knowledge and practice of exclusive breastfeeding by [2] which showed that women initiated breastfeeding immediately after delivery

Determining the challenges of breastfeeding among women

This findings from this study showed that most challenging factors of breastfeeding identify in this study were: health condition of the mother, health condition of the baby and cracked or sore nipples. Among others were: inadequate breast milk, Maternity leave of 3 months is not long enough for successful breastfeeding, and work schedule. This findings is similar to a study carried out on the barriers to exclusive breastfeeding among mothers in the first four weeks postpartum by [28] shows that approximately half of the women cited inadequate milk supply and sore or painful nipples as barriers to continue EBF. Slightly more than one-third of the sample indicated that breastfeeding was very stressful and time-consuming. Meanwhile another study carried out by [22] the study identify some other factors such as low maternal education, higher socioeconomic status, non-vaginal birth and use of prelacteal feeds were significant predictors of lower EBF practices.

Recommendations

Based on the findings of this study the following were recommended:

- Intensification of health education on the adequacy of breastmilk to meet the nutritional needs of infants at different stages of their life
- Public education on breastfeeding should be intensified to stimulate societal support for EBF practice.
- Midwives and public health and community health nurses should have targeted education at close relations of the pregnant woman during antenatal and postnatal periods
- Healthcare professionals should continually offer appropriate

perinatal guidance and support to enhance support for EBF.

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