HEALTH ADVOCACY AND BENEFITS OF EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS IN HEALTH CENTERS IN ILORIN, KWARA STATE, NIGERIA.

BY

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Abstract
This study examined the level of advocacy and benefits on the exclusive breastfeeding among nursing mothers in Ilorin East LGA of Kwara State, Nigeria. The study adopted design used for this research was cross sectional survey research design. The study population consisted professional working mothers, aged 40 or younger, who were in full-time employment and working in Ilorin East, LGA, Kwara State. Purposive and random sampling techniques were used and sample size was 100 respondents. Questionnaire was the research instrument used in this study. Findings from the study revealed that even though the respondents were well-informed about exclusive breastfeeding, 48% of professional working mothers were able to practice exclusive breastfeeding and 52% could not practice exclusive breastfeeding according to World Health Organization recommended practice of exclusive breastfeeding. The study concluded that professional working mothers find it difficult to exclusively breastfeed their babies and full-time employment status and family members' influence undermine the practice of exclusive breastfeeding. It was recommended that government should guarantee that workplace is free of harassment and discrimination against women who prefer to breastfeed their babies through appropriate mechanisms and employers should provide nursing mothers with appropriate condition at work place to breastfeeding their babies as at when due.
Keywords: ***Health Advocacy, Exclusive Breastfeeding, Benefits, Nursing Mothers***

Introduction

Over the last two decades, there has been a growing attention in the endorsement of exclusive breastfeeding as the recommended feeding practice for newborns. This, to a great degree, has been encouraged by increasing scientific substantiation on the significance of exclusive breastfeeding in reducing infant morbidity and mortality. Exclusive breastfeeding is the most efficient type of infant feeding for the first six months of life. The United States Breastfeeding Committee (USBC) and the American Academy of Pediatrics (AAP) declare that breastfeeding is the physiologically normal form of infant and child feeding (Labbok and Taylor, 2008; AAP, 2012). As such, breastfeeding should be fostered and encouraged by health care professionals and public health campaigns in order to normalize it within the accepted culture. Numerous organisations endorse breast milk as the optimal source of nutrition for infants (American Academy of Family Physicians (AAFP), 2008; AAP, 2012; USBC, 2009;

United States Department of Health and Human Services (USDHHS, 2011; World Health Organization (WHO, 2015). These organisations support exclusive breastfeeding for the first six months of an infant's life for multiple reasons as it helps to enhance even infront development and proper functioning of organs as cells.

Breast feeding is an integral part of the reproductive process with important implications for the health of the mother and baby (Essien and Sampson-Akpan, 2013). Exclusive Breast Feeding (EBF) is when an infant is given its entire nutrient from human breast milk and receives no complementary food during the first six months of birth. Thereafter, infants should receive complimentary food with continued breast feeding up to two years of age and beyond. Exclusive Breast Feeding for the first 6 months of life followed by optimal complementary feeding are critical public health measures for reducing and preventing morbidity and mortality in young children because breastfeeding supports infants' immune systems and helps protect them from chronic conditions later in life such as obesity and diabetes(Ojong, Chiotu, and Nlumanze, 2015). According to UNICEF, 10 million deaths in under- 5 children were recorded in 2006, of which 4 million died within the 1st month of life and half within the first 24 hours (Onah, Osuorah, Ebeneche, Ezechuckwu, Ekwochi and Ndukwu, 2014). These mortality rates could have been reduced to the barest minimum through support to mothers to practice EBF.A Nigerian national survey conducted in 2008 showed that EBF rates still remain very low (13%) (Onah, 2014). Exclusive breastfed infants are much less likely to die from diarrhea, acute respiratory infections and other diseases. They are healthier, have fewer hospitalizations, and lower mortality rates than formula fed infants (Ajayi, Hellandendu and Odekunle, 2011).

World Health Organization (WHO, 2015), stresses that breast milk has the complete nutritional requirements that a baby needs for healthy development. World Health Organization (WHO), advocates that breastfeeding, particularly exclusive breastfeeding for the initial six (6) months of life, provides better health for both infants and mothers by preventing diseases and promoting health in the short and long terms. Exclusive breastfeeding implies that a child should be fed only with breast milk; no other liquids or solids including water, except oral rehydration solution or drops/ syrups of vitamins, minerals or medicine during the first six (6) months of infant's life. The World Health Organization recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfed for up to two (2) years or more. The importance of breastfeeding has been documented in numerous scientific studies and advocates. Breastfeeding promotes the sensory and cognitive development and protects the infants against infection and chronic diseases. Exclusive breastfeeding reduces infants mortality due to common childhood illnesses such as diarrhoea and pneumonia and helps for a quick recovery during illness (Kramer, 2001).

Globally, less than 40% of infants less than six (6) months of age are exclusively breastfed despite the documented benefits of breastfeeding (WHO, 2012). In addition, only 38% of infants aged less than six (6) months in the developing world; African included, are exclusively breastfed. Suboptimal breastfeeding is responsible for the death of 1.4million children and the disability of 44million globally (Black, Morris and Bryce, 2008). Therefore, it has been recommended that all women should breastfeed their infants exclusively in the first six (6) months and subsequently with supplementary feeding for 2 years for optimal growth and development (United Nations Children Funds (UNICEF), 2013). The WHO and UNICEF had launched several programmes like the Baby Friendly Hospital Initiative (BFHI) and the International Code of Marketing of Breast milk substitutes in order to protect, promote and support breastfeeding in response to persistent decline in the rate of breastfeeding globally (Fairbank, O'Meara and Lister-Sharp, 2010 and UNICEF, 2013). In Nigeria and Kwara State in particular, almost all children are breastfed. However, the rate of exclusive breastfeeding is low and declining from 33% in 2013 to 21%

in 2016 (National Population Commission (NPC), 2016). The rate of initiation within the first hour of delivery is equally low (38%) (Ogbo & Agho, 2016).

Concept of Breastfeeding

The determinants of children growth include genetic potentialities, family size, lifestyle, socio-economic environment, infections, nutrition and the availability of medical care (Belkeziz; Amor, Lamdaour, Bouazzaoul and Baali, 2016). However, nutrition is the most prominent factor which can either directly or indirectly influence childrens' future development. For instance, those children who are malnourished and manage to survive do not enjoy a good health and experience impaired development in the long run (World Health Organisations (WHO), 2016). Adequate nutrition during infancy and early childhood is essential to ensure the growth and development of children to their full potentialities (WHO, 2017). Therefore, proper nutrition and nurturing during the early years of life is crucial for an infant to achieve optimal health and well-being. Hence, there is no more precious gift in infancy than breastfeeding.

Breastfeeding also known as nursing is an act that is done by every women and nursing mothers of the society. Breastfeeding according to Oxford dictionary (2017) is "when a woman feeds her baby with milk from her breasts". It is also the process whereby a child received breastmilk directly from the breast or expressed. Expressed milk is simply a way of taking milk from the breast without the baby suckling and this can be achieved either by the hand; manual pump or electric pump (Babycentre, 2016). Human milk also known as breast milk is therefore, the natural and original first food for babies.

According to World Health Organisations, breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life and it continues to provide up to half (1/2) or more of a child's nutritional needs during the second years of life (WHO, 2017). United States Department of Agriculture, Infant Nutrition and Feeding (2016), states that breastfeeding is unique in its physical structure, types and concentrations of protein, fat, carbohydrates, vitamins and minerals, enzymes, hormones, growth factors, host resistance factors, inducers and modulators of the immune system and anti-inflammatory agents. Thus, It has the complete nutritional requirements that a child requires for healthy development. However, there are three phases of breastmilk (Naylor and Wester 2019), namely; the colostrum, the transitional milk and the mature milk which are enunciated as follows:

Colostrum: Colostrum is the first milk that is synthesized by the breast for the baby right after birth. It is thick and yellow-coloured fluid. The yellow colour is owing to the high concentration of beta-carotene, a precursor of vitamin A; which is required for the protection against infection and for early retinal development (Naylor and Wester, 2019). The colostrum protects the infant's immune system by identifying and destroying foreign objects such as bacteria and viruses. Also, another advantage of colostrum is that the mother will have less blood loss because the uterine contracts as the baby suckle.

Transitional milk: According to the Institute of Medicine (2016), "Transitional milk is used to describe the post colostral period (7-21days post partum), when the composition of the milk changes more slowly than in the first few days following parturition". The content of transitional milk includes high levels of fat, lactose, water soluble vitamins and contains more calories than colostrum but lower levels of immunoglobulins (Pons; Bargallo, Folgoso and Sabater, 2016).

Mature milk: Mature milk (21days post partum) also varies but to a lesser extent than in early lactation (Institute of Medicine, 2016). Mature milk looks thinner, paler and is more watery than colostrum (Pons, 2016). Additionally, it consists of 90% water which is required to maintain hydration of the infant and the remaining 10% consists of carbohydrates, proteins and fats; which are important for both growth and to meet energy needs of the baby. There are two (2) types of mature milk: foremilk and hind-milk.

(i). Foremilk: It is the first milk available in large amount at the beginning of a feeding which is watery thus, providing all the water the baby needs from it.

(ii). Hind-milk: According to United Nations Children's Fund (2016), It is the richer milk, containing more fat which occurs after the initial release of milk and is more opaque and creamy white in colour.

Concept of Exclusive Breastfeeding

Suboptimal breastfeeding is responsible for the death of 1.4 million children and the disability of 44 million globally (Black, Morris and Bryce, 2018). It has also been linked to an increased risk for Autism Spectrum Disorders (ASD), depression, pervasive developmental disorders and epilepsy (Brown and Austin, 2019; Al-Farsi; Al-Sharbati, Waly, Al-Farsi, Al-Shafaee, Al-khaduri, Trivedi and Deth, 2017).Therefore, it has been recommended that all women should breastfeed their infants exclusively in the first six (6) months and subsequently with supplementary feeding for two (2) years for optimal growth and development (UNICEF, 2018).

Exclusive breastfeeding, according to Nkala and Msuya (2011), is a practice whereby the infants receive only breast milk without mixing it with water, other liquids, tea, herbal preparations or food in the first six (6) months of life, with the exception of vitamins, mineral supplements or medicines. The World Health Organisations (WHO), recommends that, infants be exclusively breastfeed for the first six (6) months followed by breastfeeding with complementary foods for up to two (2) years of age or beyond (Hanif, 2011).

According to World Health Organisations, exclusive breastfeeding means that the infant receives only breastmilk. No other liquids or solids are given not even water- with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. The WHO (2017) and UNICEF (2017) have offered an even stronger recommendation; that is:

- Initiation of breastfeeding within the first hour after birth
- Exclusive breastfeeding for the first six(6) month
- Continued breastfeeding for two (2) years or more together with safe, nutritionally, adequate, age appropriate, responsive complementary feeding starting in the sixth (6th) month.

These low rates of practice possibly contribute to the high burden of neonatal and infant mortality in the country. Exclusive breastfeeding for the first six (6) months of life is now considered as a global public health goal that is linked to reduction of infant morbidity and mortality especially in developing country. Worldwide, it is estimated that only 34.8% of infants are exclusively breastfed for the first 6months of life, with the majority receiving other food or fluid in the early months (WHO, 2009). Moreover, data collected from 64 countries covering 69% of births in the developing world suggest that there have been improvements in the rate of exclusive breastfeeding (UNICEF, 2007). Between 2006 and 2015, the rate of exclusive breastfeeding for the first 6months of life increased from 33% to 37%. Significant increases were made in sub-saharan African, where rates increased from 22% to 30% and Europe, where rates increased from 10% to 19%.

Benefits of Exclusive Breastfeeding

Feeding an infant with only breast milk is advocated by stakeholders, as one of the most important practices in an infant's life and the best way a mother can invest into the well-being of her child. Among the numerous benefits of breastfeeding, UNICEF, in a breastfeeding campaign in 2013, termed the essence of breastfeeding as a "first immunisation and an inexpensive life saver". Global health departments advocate the practice of exclusive breastfeeding at the initial stage of an infant's life since it helps stimulate and enhance the development of the mouth and jaws cells in babies and ensures the growth of major organs in newborns.

The practice of not giving breast milk has been connected with unexpected infant death syndrome and other neonatal morbidity and mortality. Mortality among newborns account for almost half of child deaths in the world. Breastfeeding, especially exclusive breastfeeding can save premature infants from life intimidating gastro-intestinal diseases such as necrotizing enterocolitis. It lessens the occurrence of otitis media, severe bacterial infections such as meningitis, bacteremia, lower respiratory infections and botulism.

In a study by Vennemann and Colleagues (2013), breastfeeding was found to be protective against sudden infant death syndrome by reducing the risk of 50% at all ages during infancy; these benefits have been reported to exhibit dose-response relationship, that is, health gains increase with increases in duration and exclusivity. Infants when exclusively breastfeed for the optimal duration of six (6) months are considerably protected against the major childhood diseases conditions viz diarrhoea, gastrointestinal tract infection, allergic diseases, diabetes, obesity, childhood leukamia and lymphoma, inflammatory and bowel disease (WHO and American Association of Pediatrics, 2012). According to Fairbrother and Stanger-Ross (2013), breast milk consists of basic nutrients which include proteins, vitamins and carbohydrate. However, presence of minerals fulfils micronutrients needs and maternal antibodies improves the immune system inhibiting infantile infections like gastrointestinal, respiratory and skin infection and increase physical and neurological growth of the baby. There is increased production of hormones that are responsible for uterine contraction, preventing hemorrhage and maternal mortality. Lactational amenorrhea is mentioned as a natural contraceptive benefactor following exclusivity. As well, breast cancer and ovarian cancer risk prospects are reduced among mothers who give exclusive breast milk correlates with weight loss that preventing early cardiac morbidity and mortality. The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN), reported the following benefits of breastfeeding for infants- breastfeeding has a short term and long term health benefits. In the short term, breastfeeding reduces the risk of gastroenteritis, necrotizing enterocolitis, ear infections, pain following minor procedures, hospital re-admission, respiratory infections, sudden infant death syndrome and urinary tract infection.

In the long term, breastfeeding reduces the risk of asthma, atopic dermatitis, cardiovascular disease, celiac disease, diabetes, childhood inflammatory bowel disease, obesity and sleep disordered breathing. Also, breastfeeding is associated with increased cognition and neuro development. Breastfeeding is also beneficial to the mother's health. Postpartum benefits include decreased blood loss, lower risk of postpartum infection and anemia and greater weight loss. It has also been associated with reduced risk of maternal disease later in the life including breast cancer, diabetes (type II), hypertension ,cardiovascular disease, metabolic syndrome, ovarian cancer, osteoporosis and rheumatoid arthritis (AWHONN, in press). At current breastfeeding rates, WHO, in 2016, had reported that "close to 20,000 breast cancer deaths can be prevented and an additional 20,000 will be saved if breastfeeding conditions are improved". It reduces the risk of post-partum hemorrhage, protects mothers against the risks of ovarian and breast cancer and increases the bond between a mother and child (NHMRC, 2012).

Furthermore, breastfeeding enhances the relationship between a mother and her infant by improving bonding. For example, skin-to-skin contact during breastfeeding has been shown to improve the infants vital signs, especially immediately after birth (Moore and Anderson, 2016). Previous studies have also shown that placing a newborn to the mother's breast shortly after delivery help reduce mortality to a very large extent (UNICEF 2015, and WHO 2016).

Health Advocacy on Exclusive Breastfeeding among Nursing Mothers

Assistance received by lactating mothers during the period of breastfeeding is vital in achieving the recommended period of exclusive breastfeeding (Flacking; Dykes, and Ewald, 2010; Rempel and Rempel

2011, Mithani; Premani, Kurji and Rashid, 2015). This assistance can range from emotional support through encouragement and positive enforcement, support through education or informative programmes on breastfeeding, instrumental support such as creating an environment of comfort to facilitate breastfeeding among busy or working mothers (Ratnasari; Paramashanti, Hadi, Yugistyowati, Astiti and Nurhayati, 2017). Early and substantial awareness about breastfeeding, building confidence to breastfed and the support to breastfeeding immensely contribute to the practice of exclusive breastfeeding (Idris; Sastroasmoro, Hidayati, Sapriani, Suradi, Grobbee and Uiterwaal, 2012). Intervention programmes and campaigns are avenues for providing education, assistance in answering question about challenges faced during breastfeeding. These programmes usually involves the joint effort of a body of health workers, mothers at various community levels and other health advocates performing the key role in awareness creation about the health benefits of exclusive breastfeeding.

There are a lot of health programmes which are on-going in Nigeria geared towards promoting child health and survival. For instance, the Baby-Friendly Hospital Initiative (BFHI) was introduced to Nigeria in 1991 following the Innocenti Declaration of 1990, as an approach to help minimise the rate of infants deaths and promotion of breastfeeding practices among nursing mothers. This initiative supported by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), is a global effort to promote the level of understanding concerning breastfeeding practices and to create awareness about the ten (10) steps to successful breastfeeding (Tampah-Naah and Kyereme 2013, Kakrani; Waghela, Mammulwar and Bhawalkar, 2015; Mogre; Dery and Gaa, 2016). The Ten Steps to successful breastfeeding as outlined by the Baby-Friendly initiative are as follows:

(i). Have a written breastfeeding policy that is routinely communicated to all health care staffs.
(ii). Train all health care staff in skills necessary to implement this policy.
(iii). Inform all pregnant women about the benefits and management of breastfeeding.
(iv). Help mothers initiate breastfeeding within one half-hour of birth.
(v). Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
(vi). Give newborn infants no food or drink other than breastmilk, unless medically indicated.
(vii). Practice rooming-in, that is, allow mother and infants to remain together- 24hours a day.
(viii). Encourage breastfeeding on demand.
(ix). Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
(iix). Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

According to WHO and UNICEF (2017), the initiative has been launched in at least 152 countries worldwide and institutions in several parts of Nigeria. This initiative supports and train health workers equipping them with resources needed for education on breastfeeding. However, studies by Agu and Agu (2011) from different parts of the country have continued to show very low rates of exclusive breastfeeding despite this initiative. The study reported only 63% rate of initiation of EBF at birth among 254 women in south- eastern Nigeria despite 87.0% of the women being aware of exclusive breastfeeding. The rate had declined to 30.5% by four (4) to six (6) months. In addition, a more robust study conducted by Alade, Titiloye, Oshiname and Arulogun (2013), in rural western Nigeria among 410 mothers reported that, 95.1% had heard about exclusive breastfeeding, 65% knew that EBF should be initiated from birth and 21.5% know of the benefits of exclusive breastfeeding yet only 10.2% were practising exclusive breastfeeding at the time of the study.

Objective of the Study

The general objective of this study is to examine the health advocacy and benefits of exclusive breastfeeding among nursing mothers in Ilorin East LGA, Kwara State.

Specifically, the study intends to:

i) examine level of awareness of exclusive breastfeeding among nursing mothers in some selected health centres in Ilorin East local Government Area of Kwara State.
ii) examine the knowledge of benefits of exclusive breastfeeding among nursing mothers in some selected health centres in Ilorin East Local Government Area of Kwara State.
iii) examine how awareness can be promoted to support the advocacy on exclusive breastfeeding among nursing mothers in some selected health centres in Ilorin East Local Government Area of Kwara State.

Research Questions

The following questions were raised and answered:

1. Are nursing mothers in some selected health centres in Ilorin East local Government of Kwara State aware of exclusive breastfeeding?
2. Do nursing mothers in some selected health centres in Ilorin East Local Government Area of Kwara State have the knowledge of the benefits of exclusive breastfeeding?
3. How can awareness be promoted to support advocates on exclusive breastfeeding among nursing mothers in some selected Health Centers in Ilorin East Local Government Area of Kwara State?

Methodology

The research design adopted for this study was the descriptive survey method. Descriptive survey design was considered the most suitable way of addressing the research questions. Johnson (2011), stated that Survey design is the method of collecting information from a sample of individuals through their response to question. It is the most common and popular type of descriptive research due to its efficiency, generalisability and versatility. In lieu of this, the descriptive survey research design was used in this study because, it enabled the researcher to obtain information that describes existing phenomena by asking individuals about their perceptions, attitudes and behaviours. The design also enabled the researcher to reach as many nursing mothers as possible within a short time.

The study investigated the health advocacy and benefits of exclusive breastfeeding among nursing mothers in some selected health centres in Ilorin East local Government Area of Kwara State. Geographically, the study was limited to four randomly selected health centres in Ilorin East Local Government Area of Kwara State. The sample scope comprised nursing mothers whose children were between 0-2years of age in selected health centres in Ilorin East Area. A well structured questionnaire titled "Awareness and Health Benefits of Exclusive Breastfeeding Questionnaire (AHBEBFQ)" with a reliability coefficient of 0.87 and duly validated by expert in Health and Promotional Health Education Department University of Ilorin, Ilorin Nigeria was used elicit relevant data sampled respondent. Twenty-five copies of questionnaire were administered to 25 nursing mothers per health centres in Ilorin East Local Government Area of Kwara State. The total number of nursing mothers in the sample will be 100. The study made use of descriptive statistical tools, frequency and percentage to analysis the data collected through the administered questionnaire.

Results

Demographic Data

This section presents the results of data obtained from the nursing mothers in frequency and percentages.

Table 1: Percentage Distribution of Nursing Mothers Based on Age.

Age	Frequency	Percentage
15-25 years	57	57
25-34 years	38	38
35-44years	3	3.0
45years and above	2	2.0
Total	100	100

Table 1 shows the distribution of nursing mothers by age. The table reveals that 57% (57) of the respondents were between 15-25years old, 38% (38) of the respondents were between 25-34years, 3% (3) of the respondents between 35-44years and 2% (2) of the respondents between 45 and above. This indicates that 15-25years participated more than other age range in the study.

Table 2: **Percentage Distribution of Nursing Mothers Based on Level of Education**

Qualification	Frequency	Percentage
No formal education	5	5.0
Primary education	11	11.0
Secondary education	23	23.0
Tertiary education	61	61.0
Total	100	100

Table 2 shows the respondents based on educational qualification. 5%(5) of the respondents had no formal education, 11% (11) had primary education, 23%(23) had secondary education while 61% (61) had tertiary education. This implies that nursing mothers who had tertiary education participated more in the study.

Table 3: Percentage Distribution of Nursing Mothers Based on Occupation

Occupation	Frequency	Percentage
Trading	15	15
Civil servant	10	10
Self employed	34	34
Others	41	41
Total	100	100

Table 3 shows the distribution of respondents based on their Occupation, 15%(15) of the respondents were traders, 10%(10) civil servant, 34%(34) self employed and 41% (41) were others. This implies that nursing mothers who chose others as their occupation status participated more in this study.

Analysis of Research Questions

Research Question One: Are Nursing Mothers in Some selected health centres in Ilorin East Local Government of Kwara State aware of Exclusive Breastfeeding?

Table 4: Distribution of Nursing Mothers Based on their Awareness of Exclusive Breastfeeding.

Awareness of Exclusive Breastfeeding	Frequency	Percentage
Yes	70	70.0
No	30	30.0
Total	100	100
First Informant & Mode of Awareness	**Frequency**	**Percentage**
Friends, Families, Neigbour & Colleagues	39	39.0
Health workers	35	35.0
Mass media	5	5.0
Government agency	1	1.0
Nil	20	20.0
Total	100	100

Table 4 indicates that majority of the nursing mothers 73% (73) were aware of exclusive breastfeeding while 30% (30) were not aware of exclusive breastfeeding. It also shows that 39% (39) got their first information from families, friends, neighbours and colleagues, 35% (35) from health workers, 5% (5)

from mass media, 1% (1) through government agency and 20% (20) from nobody. This implies that majority of the nursing mothers are aware of exclusive breastfeeding and also that they got their first information from their families, friends, Neigbours and colleagues.

Research Question Two: Do Nursing Mothers in some selected health centres in Ilorin East Local Government of Kwara State know the benefits of exclusive breastfeeding.

Table 5: Distribution of nursing mothers based on their knowledge on the benefits of exclusive breastfeeding.

No	Items	Yes %	No %	Total
1	Exclusive breastfeeding have advantage over others	90(90%)	10(10%)	100
2	Breast milk is best for baby	99(99%)	1(1%)	100
3	Boost baby immune system	97(97%)	3(3%)	100
4	Enhance physical, mental and social growth of child	96(96%)	4(4%)	100
5	Enhance mother/child bonds	93(93%)	7(7%)	100
6	Protects baby from common childhood diseases	93(93%)	7(7%)	100
7	Protects some infants/mother death	57(57%)	43(43%)	100
8	Prevents breast/ovarian cancer in mothers	71(71%)	29(29%)	100
9	Saves money	77(77%)	23(23%)	100
10	Babies should receive only breast milk for the first six (6) months	82(82%)	18(18%)	100

Table 5 shows the distribution of nursing mothers based on their knowledge of exclusive breastfeeding from the table, 90% of the sampled mother indicate that exclusive breastfeeding have advantage over others and it enhance physical, mental and social growth of child, also 90% agrees that breast feeding boost baby immune system as against 3% who were disagree, 82% agreed that breastfeeding since money and that baby should received breastfeeding early our of birth. It indicates that majority of the nursing mothers have adequate knowledge of the benefits of exclusive breastfeeding for both mother and child.

Research Question Three: How can Awareness be promoted to Support Exclusive Breastfeeding Practice?

Table 6: Distribution of Nursing Mothers Based on how Awareness can be promoted to Support Exclusive Breastfeeding Practice.

Item No	Practice of Exclusive Breastfeeding	Frequency	Percentage
	How awareness be promoted to support exclusive breastfeeding practices		
1	Through Healthcare Centres	54	54
2	Community Education	12	12
3	Mass media	27	27
4	Government programme	7	7
	Total	100	100

Table 6 presents nursing mothers views on how awareness can be promoted to support exclusive breastfeeding practices. 54% supported through healthcare centres, 12% community education, 27% mass media and 7% through government programme. This means that majority supported through healthcare centres and effort should be made to advocate for exclusive breastfeeding at the healthcare centres through antenal and post-natal visits.

Discussion of Findings

Research question one revealed a high level of awareness of breastfeeding exclusively among nursing mothers and their major informant were through friends/families, colleagues and neighbors. This is

against the findings of Amosu (2010), where majority of nursing mothers were equally aware of exclusive breastfeeding and received information from health workers. The reason for this may be the failure of health workers to educate and sensitive the nursing mothers during their ante-natal visit. Research questions two also revealed that majority of the nursing mothers have the knowledge of some benefits of exclusive breastfeeding for both mother and child. For instance, 90% know that exclusively breastfed babies have some advantage over others who are not; 96% knew that exclusive breastfeeding enhances physical, mental and social growth of infants and 62% knew that early initiation of breastfeeding could prevent some infants and mother's death. This may be as a result of respondents level of education as well as adequate information and support from family and friends. These benefits have been established by the some advocates of health organisations such as; World Health Organisation (WHO, 2012) who found that, the practice of not giving exclusive breast milk has been connected with unexpected infant death syndrome and other neonatal morbidity and mortality. Also, the Global Health Observatory report by (WHO, 2014) reported that infants who are exclusively breastfed are usually protected from common childhood diseases such as; malaria, diarrhoea, pneumonia than those who are not. National Health and Medical Research Council (NHMRC, 2017) also posited that, breastfeeding reduce suffering in children and their mothers'by reducing the risk of post-partum hemorrage, the risk of ovarian and breast cancer and increases the bond between a mother and child.

Research question three also showed a high rate of 52% practice of exclusive breastfeeding practice among nursing mothers. This is similar to what was obtained in a study carried out at Jos university teaching hospital, Jos, Nigeria, by Ogbonna & Daboer (2017), where 67% of nursing mother practiced or were practicing exclusive breastfeeding. On the contrary, it is higher than 28-17 percent Nigeria exclusive breastfeeding rate reported by the National Population Commission (NPC, 2018) in 1999 and 2013 respectively.

Conclusion

This study has revealed a high level of awareness, knowledge of benefits, practice of exclusive breastfeeding and how awareness can be promoted to support exclusive breastfeeding practices among the sample population studied. The practice of exclusive breastfeeding can help promote the health of babies and mothers. In conclusion, awareness of the benefits of exclusive breastfeeding would be a motivating factor for its practice.

Recommendations

Thus, it however, recommended that:

1. Government and non-governmental organisations involved in the promotion of exclusive breastfeeding should organise more training programme for health workers in the ante-natal and post-natal child welfare unit and staff should be encouraged to participate in such programmes where they can update their knowledge with latest information on exclusive breastfeeding.
2. Health workers should be mandatory to educate Nursing Mothers in the knowledge of benefits of exclusive breastfeeding to aid its practice since they ought to be the right channel of constituting the greatest means of information on exclusive breastfeeding.
3. Younger generations such as adolescent need to have a reasonable knowledge of exclusive breastfeeding and its many benefits even before child bearing age. This could be done in formal education (schools, colleges and institution) and non formal such as adult education.
4. Facilities such as crèche should be provided by various government and private organisation at work place and in higher institution of learning to enable nursing mothers who are working or studying continue breastfeeding without jeopardising their work or study. Employers should be encouraged to give nursing mothers extra break time to be able to perform this very important act of breastfeeding.

References

African population and Health Research Centre (2013). Establishing innovative community engagement approaches in baby friendly initiative: A desk review of existing practices, July 2013- Dec 2014. Aphr.org.wp-content/uploads/2015/03/baby-friendly-community-initiative-desk-review-fun.1.pdf

Agu U. & Agu M. C (2011). Knowledge and practice of exclusive breastfeeding among mothers in south-eastern Nigeria.

Ajayi S., Hellandendu, S.D. Odekunle D. (2011). Child care practice, 12,3, 283

Al- Farsi Y.M, Al-Sharbati M. M, Waly M. I, Al- Farsi O. A, Al-Shafaee M. A, Al-Khaduri M. M, Trivedi M. S and Deth R. C (2012). Effect of suboptimal breastfeeding on occurrence of autism: a case- control study nutrition 28(7), e27e32.

Alade O., Titiloye M. A., Oshiname F. O. & Arulogun O. S (2013). *Exclusive breastfeeding and related antecedent factors among lactating mothers in a rural community in south-west Nigeria. Int. J.N Mid; 5:132-8.*

American Academy of Pediatrics (AAP) (2012). Breastfeeding and the use of human milk. Pediatrics;129:827-841.

American Dietetic Association (2009). *Journal of American Dietetic Association; 109-1926.*

Bartick M. and Reinhold A. (2010). The burden of suboptimal breastfeeding in the United States. A paediatric cost analysis. Paediatrics 125, e1048- e1056. Doi:10-1542/peds.2009-16162

Belkeziz N., Amor H., Lamdaour, Bouazzaoul N. and Baali A. (2016). Sociedad Espanola de Antropologia Biological, 71

Bettinnelli M. E. (2012). *Establishing the Baby-friendly community initiation in Italy. J. Hum.Lact. 2: 297- 303.*

Black R. E, Morris S. S and Bryce (2008). Where and why are you 10 million children dying every year? Lancet 361-2226-2234

Brown A., Austin I,; Raynor P. and Lee M. (2011). Young mothers who choose to breastfeed. The importance of being part of a supportive breastfeeding community midwifery 27 (1): 53:59.

Fairbrother E.A. & Stanger-Ross J. (2013). Health communication campaigns in developing countries. *Journal of creative communication 9(1) 67-84*

Flacking R, Dykes F, & Ewald U. (2010). The influence of father's socio-economic status and paternity leave on breastfeeding duration: *A population based cohort study. Scandinavian journal of public health; 38(4):337-43*

Gartner I. M, Stone C (1994). Two thousand years of medical advice on breastfeeding: Comparison of Chinese and western texts. Semin perinatol 18(6): 532-536

Higgs E. S, Goldberg A. B, Labrique A. B, Cook S. H, Schmid C, Cole C. F and Obregon R. A (2014). Understanding the role of health and other media interventions for behaviour change to enhance child survival and development in low- and middle- income countries : *An evidence review journal of health communication 19(1) 164- 189*

Idris, A.S. Sastroasmoro, Hidayati, Sapriani, Suradi, Grobbee & Uiterwaal, T.M (2012). Influence of prolonged storage process, pasteurisation and heat treatment on biologically-active human milk proteins. Paediatric neonatal; 54:360-366

Johnson K. (2011): Best practices and considerations when conducting survey research. Survey Research Centre, Penn State. Retrieved from http://www.research.psv.edu/training-protections-workshops/orp-video-archive/documents/irb-101-best-practices-in-survey-research.pdf.

Kramer M. (2001). Promotion of breastfeeding intervention trial (PROBIT) : A randomised trial in the republic of Belarus. *Journal of the American Medical Association 285(4): 413-420. Retrieved from http://www.who.int/child-adolescent- health/nutrition/infant-exclusivehtm-14/11/2006*

Lamontagne C., Hamelin A. and St-Pierre M. (2008). The breastfeeding experience of women with major difficulties who use the services of breastfeeding Clinic: A descriptive study. *International Breastfeeding journal 3(17): 1-13*

Miller S. A and Chopra J. G (2001). Am. Acad. Pediatr. 639-652.

Ministry of Health (MOH, 2016). High Impact Delivery brochure (Accessed on 08.03.2017). http://www.moh.gov.gh/wp-content/uploads/2016/02/HIRD.pdf

Mithani S., Premani, K.,; Kurji & Rashid A. (2015). Factors that positively influence breastfeeding duration to 6- months: a literature review women and birth 23(4):135-145

Moore E. R, Anderson G. C (2007). Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status. *Journal of midwifery and women's health 52(2): 116-125. Doi: 10.1016/i.jmwh.2006.12.002*

Moore E. R, Anderson G. C, Bergman N. and Dowswell T. (2012). Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2012. CD003519, Doi:10.1002/14651858.CD003519.pubs

National Health and Medical Research Council (NHMRC) (2012). Infant feeding guideline, Canberra national health and medical research council

National Population Commission, Nigeria (2013). Demographic and health survey, Abuja: National Population Commission 2014.

Naylor, S.T. and Wester, A.S. (2019). Knowledge practices and concerns regarding Exclusive breastfeeding for six months among mothers in a suburban setting in Sri Lanka. Sri Lanka Child Health2009, 41(1):9-14.

Ogbo F. A, Agbo K. E, Page A (2016). Determinants of suboptimal breastfeeding practices in Nigeria. Evidence from the 2008 demographic and health survey. BMC public Health; 5(1)259

Ojong M. D, Chiotu & Nlumanze A.Z (2015). Safe management of expressed breastmilk: A systematic review; women and birth: *Journal of the Australian College of midwives; 29(6):473-481*

Onah J., Osuarah M., Ebeneche R.M.; Ezechuckwu C. Ekwochi A.S. & Ndukwu T.S. (2014). Factors associated with breastfeeding at discharge and duration of breastfeeding. *Journal of paediatrics and child health 37 (3): 254-261*

Pons S.R., Bargallo I.A., Folgoso, I.E. & Sabater, B.A. (2016). Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus.

Ratnasari D, Paramashanti BA, Hadi H, Yugistyowati A, Astiti D, Nurhayati E (2017). Family support and exclusive breastfeeding among yogyakarta mothers in employment. *Asia Pacific Journal of clinical nutrition; 26(1): 31-35*

Rempel D. and Rempel C. (2011). Fatty acids, breastfeeding and autism spectrum disorder, sensoria. *A journal of mind, brain and culture, 5(1):49-52*

Shaikh U. & Ahmed O. (2006). Islam and infant feeding, breastfeed med 1(3): 164-167

Tampah-Naah, Kyereme, E. M, (2013); Kakrani, Waghela, Mammulwar, S., Bhawalkar, G. J (2015); & Mogre Dery and Gaa L.U (2016). Clinician support and psychosocial risk factors associated with breastfeeding discontinuation - paediatrics; 112(1):108-115

Tella A. Falaye A. Aremu O. & Tella A. (2008). A hospital based assessment of breastfeeding and practice among nursing mothers in Nigeria and Ghana. *Pakistan journal of nutrition 7(1): 165 - 171.*

The Baby-Friendly Hospital Initiative (BFHI, 2010). WABA Research Task Force (RTF) August 2010

UNICEF (2013). State of the world children maternal and newborn health. Page 50-54

United Nation Children's Fund (UNICEF, 2017). Progress for children : a world fit for children statistically review number 6, New York.

United States Breastfeeding Committee (2002). Benefits of breastfeeding, United States (USBC)

United States Breastfeeding Committee (USBC, 2010). Core competencies in the breastfeeding care and services for all health professional (revised), Washington DC, Author

United States Department of Agriculture (2011). Infant Nutrition Feeding 3,51

United States Department of Health and Human Services (USDHHS, 2011). The surgeon general's call to action to support breastfeeding. Retrieved August 11,2014.

WHO (2017). Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held November 2007 in Washington D. C, USA.

World Health Organisation (2016). Infant and Young Child Feeding. (Accessed 22.02.2017). http://www.who.int/mediacentre/factsheets/fs342/en/

World Health Organisation (2017): Exclusive Breastfeeding for six months best for babies everywhere. WHO. Retrieved August 11, 2014. From http://www.who.int/mediacentre/news/statements/2011/breastfeeding.20110115/en/

World Health Organisation (WHO, 2013). Exclusive Breastfeeding (Accessed 31.03.2017). http://www.who.int/nutrition/topics/exclusivebreastfeeding/en/