Socio-cultural drivers and barriers to adoption of Exclusive Breast-Feeding among Mothers in Rural Communities of Imo State, Nigeria

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Abstract—Nigeria is one of the highest contributors of child mortality. Malnutrition is identified as one of the major causes. Exclusive breast-feeding is acknowledged to play a crucial role in childhood health and developments. However, literature shows that the rate of adoption of exclusive breast-feeding in Nigeria is still low. This is even found to be lower in rural areas, where large proportion of women lives. Given the benefits of exclusive breast-feeding, it is unclear why some mothers particularly in rural areas do not practice it, even when it is known to be more affordable than supplementary breast-feeding. Specifically, this study examined the adoption rate of exclusive breast-feeding among nursing mothers in rural communities of Imo State Nigeria and identified factors associated with adoption/non-adoption. A total number of 210 mothers with children below one year were studied. Eventually only 186 copies of the questionnaire were found useful. The study revealed that the rate of adoption in the communities was low. The major barriers include: mother's poor nutritional status and the belief that breast milk alone is not sufficient to sustain the baby. We recommended, among others, intensifying exclusive breast- feeding education and counseling, as well as improving mothers' nutritional status.

Index Terms—Child Mortality, Exclusive Breast-feeding, Malnutrition, Nursing Mothers, Socio-cultural drivers, Rural communities, Education

1 Introduction

There is a serious concern over the health condition of infants and children under 5 years of age. Nigeria loses about 2,300 under 5 years olds daily [1] and malnutrition is identified as one of the major causes of morbidity and mortality at this stage [2]. In spite of the widely acknowledged benefits of exclusive breast-feeding in improving child health and by extension reducing the chances of early death, the rate of its adoption among nursing mothers in Nigeria is still low [3], [4], [5], [6], [7]. Although UNICEF [8] reported that the rate of adoption of exclusive breast-feeding has now reached 25% in Nigeria, this is still low when compared with other developing countries such as Ghana, Republic of Benin and Cameroun. The rate is even found to be lower among rural women. Given the widely acknowledged information regarding the importance of exclusive breast-feeding to both children and their families, it is still unclear why some mothers particularly in rural areas do not practice exclusive breast-feeding, even when it is known to be more affordable and available than complementary breast-feeding. This therefore makes it crucial to empirically investigate the rate of adoption of exclusive breast-feeding, EBF practices among mothers and to identify the socio-cultural factors that encourage and or discourage adoption of exclusive breast-feeding among mothers in rural communities.

2 Literature Review

Exclusive breast-feeding implies feeding of an infant or young child for the first six months of his life with only breast milk without adding other liquids or solids except for drops or syrups consisting of vitamins, minerals supplements or medicines [3], [9], [10]. Exclusive breast-feeding is acknowledged across countries and culture to benefit both mother and child. It is associated with a decreased risk for many early-life diseases and conditions and reduces infant mortality rates by up to 13% in low-income countries [3]. Early and exclusive breast-feeding can improve nutrition and reduce susceptibility to diseases [6], [7]. Of the 8 major preventive interventions for child development and survival, analysis showed that exclusive breast-feeding has the most impact [10].

Mothers are therefore expected to exclusively breast-feed their children at least within the first 6 months of life prior to complementary feeding [11], [12]. An infant that is not exclusively breast-fed could be at a substantially greater risk of death from diarrhea, pneumonia and other diseases than one who is [12]. Babies who are exclusively breast-fed for the first 6 months of their lives have lower risk of respiratory infection, urinary tract infections, ear infections (acute otitis media), fewer bouts of diarrhea and sudden infant death syndrome as reported by [10].

Factors associated with adoption of exclusive breast-feeding were found to be vast and varied in existing literature [3],[6] and [13]. Such factors, among others, include the residence of mothers (rural), socio-economic status such as level of education and employment status, adequate knowledge/information about EBF. Factors that are associated with non-adoption of exclusive breastfeeding, as observed by [4],[5], and[7], include, among others, stress involved in exclusive breast feeding, lack of maternal interest or support, the feeling that EBF is not necessary, lack of time, maternal health problem, doubts about surfficeincy of breast milk,market pressures for using formulas, availability and affordability of breast milk substitutes,lack of husband's support. According to Adhama [13] study, practice of EBF can be influenced by cultural beliefs and perceptions, lack of awareness and religious belief.

Nevertheless, it is important to note that most of these factors were identified by studies conducted mostly among mothers residing in urban areas. Little is therefore known about exclusive breast-feeding beliefs and practices among mothers in rural areas where cultural and socio-economic backgrounds are clearly different from that of their urban counterparts.

Improving exclusive breast-feeding practices requires an understanding of culture- based beliefs and practices associated with it, as regards to mothers of different socio-economic background in rural communities. Studies that provide such information are still inadequate in Nigeria, particularly in the study area. Research of this nature will be useful for devising appropriate health intervention policies aimed at improving early child feeding practices among mothers and by extension address morbidity and mortality problems in infancy and future child developments, particularly at grassroots level in Nigeria.

3 METHODOLOGY

This study focuses on breast-feeding practices among nursing mothers in rural communities of Imo State, to understand socio-cultural drivers and barriers to adoption of exclusive breast-feeding among them. The study was a cross sectional study that involved both quantitative (use of questionnaire) and qualitative (in-depth interview) methods of data collection. The quantitative method was used to unravel the type and magnitude of beliefs and practices related to exclusive breast-feeding while the qualitative method was to gain a better insight into culture specific and subjective beliefs and practices that are associated with exclusive breast-feeding. A multi-stage sampling technique was adopted in selecting the sample. In the first stage one local government was randomly selected from each of the 3 geopolitical zones that make up Imo State. In the second stage, 2 communities were randomly selected from each local government area sampled, making the sampled communities 6 in number, namely Urualla, Uzzi, Umuoba, Irete, Ubaho and Obowo. In the third stage, 40 young mothers with children less than a year were identified with the help of nurses, mid wives, traditional birth attendants and other health care workers, giving a total of 210 mothers that were administered the questionnaire. At the end only 186 copies of the questionnaire were found valid for the analysis. The major focus on mothers residing in rural areas was the fact that they are more likely to provide in-depth information on culture-based beliefs and practices related to breast feeding, given their greater exposure to rural culture. The in-depth interview involved 10 participants from each of the 6 selected communities, making a total of 60 participants for the in-depth interview. The interviewees comprised of nursing mothers and their mothers, nurses, midwives, husbands, mothers-in-law of nursing mothers, identified with the help of key in-

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formants. The purpose of the study was explained in writing and consent was sought and obtained from the subjects before involving them in the study. The researchers scheduled interview dates and venues individually with the participants for the in-depth interviews. The language of the interview was as determined by the interviewee. The information obtained from the IDI pariticipants was specifically on socio-cultural factors that encouragedadoption/non-adoption of exclusive breast-feeding among nursing mothers. Other data that were obtained through the questionnaire and analysedquantitatively include, socio-demographic characteristics, types of breast-feeding practiced, duration of exclusive breast-feeding, the reasons for adoption/non-adoption of exclusive breastfeeding and socio-demographic factors associated with adoption/non-adoption of exclusive breast-feeding.

3.1 Results of the Study

Socio-demographic characteristics

TABLE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS

Socio-Demographic variables	Frequency	Percent
Age		
Below 25 years	20	10.8
25-35 years	67	36.0
35-45 years	74	39.8
46 years and above	25	13.4
Marital Status		
Married	136	73.1
Single	17	9.1
Divorced	31	16.7
Widowed	2	1.1
Religion		
Catholic	82	44.1
Protestant	31	16.7
Pentecostal	54	29.0
Traditional Religion	17	9.1
Others	2	1.1
Level of Education		
No formal education	3	1.6
Primary education	33	17.7
Secondary education	97	52.2
Tertiary education	53	28.5
Occupational Status		
Student	24	12.9
Self-employed	100	53.8
Civil/Public servant	58	31.2
House wife	4	2.2
Level of Monthly Income		
No income	16	8.6
Below 10,000	91	48.9
10,000-25,000	50	26.9
26,000-35,000	15	8.1
36,000-45,000	6	3.2
Above 45,000	8	4.3
self-employed	9	18.0

A larger proportion (39.8%) of the respondents was 36-45 years. Majority (73.1%) of the respondents were married.Greater proportion (90.9%), of the respondents practiced modern religion. However, a larger proportion (44.1%) belongs to Catholic, 29% Pentecostal, 16.7% Protestants, others 1.1%. About 9.1% belongs to traditional religion. More than half (52.2%) of the respondents attained secondary education, 28.5% attained tertiary education, 17.7% had primary education, while about 1.6% had no formal education. More than half of the respondents (53.8%) were self-employed, 31.2% were employed by either public or private organization, and 2.2% were housewives while 12.9% of them were students. A greater proportion (48.8%) earned below ₦10,000; followed by 26.9% that earned ₦10,000-₦25,000; 8.1% earned ₦26,000-₦35,000; 3.2% earned ₦36,000-₦45,000, while 4.3% earned above ₦45,000. About 8.6% of the respondents reported no income at all (see Table 1).

TABLE 2
CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND AGE OF MOTHER

Age	Type of EBF		Total
	Exclusive breastfeeding	No Exclusive breastfeeding	
Below 25yrs	10 (50%)	10 (50%)	20
25-35yrs	17 (25%)	50(74.6%)	67
36-45yrs	15(20.3%)	59(79.7%)	74
46 and above	8(32.0%)	17(68.0%)	25
Total	50(26.9%)	136(73.1%)	186 (100%)

x^2 (3) =7.50, p=.058. Age is not significant with EBF

The association between age and adoption of exclusive breast-feeding shows that mothers aged 25-35 years were more likely to practice EBF, but this is not significant(x^2 (3)=7.50,p=.058).

TABLE 3

CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND MARITAL STATUS

Marital status	Type of EBF		Total
	Exclusive	No Exclusive	
Married	45(33.10)	91 (66.9%)	136
Single	0(0%)	17(100%)	17
Divorced	4(12.9%)	27(87.1%)	31
Widow	1 (50%)	1(50%)	2
Total	50(26.9%)	136(73.1%)	186 (100%)

x^2 (3)=12.54, p=.006. Marital status is significantly associated with EBF

The result in table 3 above shows that marital status was significantly (x^2 (3)=12.54, p=.006) associated with exclusive breastfeeding, most of the women who practiced exclusive were married.

TABLE 4

CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND RELIGION

Religion	Type of EBF		Total
	Exclusive	No Exclusive	
Catholic	25(30.5%)	57 (69.5%)	82
Protestant	5(16.1%)	26(83.9%)	31
Pentecostal	18(33.3%)	36(66.7%)	54
Traditional religion	1 (5.1%)	16(94.1%)	17
Others	1(50%)	1(50%)	2
Total	50 (26.9%)	136(73.1%)	186 (100%)

x^2 (4)=7.87,p=.097. Religion is not significantly associated with EBF

The result in table 4 showed that religion is not significantly (x^2 (4)=7.87, p=.097) associated with exclusive breastfeeding, although most mothers that practiced exclusive breastfeeding are of catholic denomination.

TABLE 5

CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND LEVEL OF EDUCATION

Level of education	Type of EBF		Total
	Exclusive	No Exclusive	
No formal education	0(0%)	3 (100%)	3
Primary education	6(18.2%)	27(81.8%)	33
Secondary education	21(21.6%)	76(78.4%)	97
Tertiary education	23(43.4%)	30(56.6%)	53
Total	50(26.9%)	136(73.1%)	186 (100%)

x^2 (3) =11.08, p=.011. Level of education is significantly associated with exclusive breast-feeding

From the result in table 5 above, education is significantly (x^2 (3)=11.08, p=.011) associated with EBF; most of the mothers who practiced exclusive breastfeeding had tertiary education.

TABLE 6

CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND OCCUPATIONAL STATUS

Occupational status	Type of EBF		Total
	Exclusive	No Exclusive	
Student	12(50%)	12 (50%)	24
Self employed	21(21%)	79(79%)	100
Civil/public servant	14(24.1%)	44(75.9%)	58
House wife	3(75.0%)	1(25%)	4
Total	50(26.9%)	136(73.1%)	186 (100%)

x^2 (3) =13.87, p=.008. Mother's occupational status is also significant

Mother's occupational status is a significant predictor (x^2 (3)=13.87, p=.008) of adoption of exclusive breastfeeding. Mothers who are working are more likely to practice exclusive breastfeeding than their counterparts.

TABLE 7

CHI-SQUARE CROSS TABULATION OF TYPE OF BREAST-FEEDING AND LEVEL OF INCOME

Level of income	Type of EBF		Total
	Exclusive	No Exclusive	
No income	11(68.8%)	5 (31.2%)	16
Below ₦10, 000	18(19.8%)	73(80.2%)	91
₦10, 000-₦10, 000-₦25, 000	14(28%)	36(72%)	50
₦26, 000-₦35, 000	2(13.3%)	13(86.7%)	15
₦36, 000-₦45, 000	1(16.7%)	5(83.3%)	6
Above ₦45, 000	4(50%)	4(50%)	8
Total	50 (26.9%)	136 (73.1%)	186(100%)

x^2 (5) = 20.53, p=.001. Level of income is significantly associated with exclusive breast feeding

From the result in table 7 above, level of income is significantly (x^2 (5)=20.53, p=.001) associated with EBF; most of the mothers who practiced exclusive breastfeeding had lower levels of income.

TABLE 8
SUMMARY OF X² RESULT OF SOCIO-DEMOGRAPHIC FACTORS THAT ARE ASSOCIATED WITH ADOPTION OF EBF

Variables	Df	x2	P	Decision
Age	3	7.495	.058	Not significant
Marital status	**3**	**12.541**	**.006**	**Significant**
Religion	4	7.864	.097	Not significant
Level of education	3	11.079	.011	Significant
Occupational status	3	13.869	.008	Significant
Monthly income	5	20.53	.001	Significant

The summary of the x^2 result, in table 8 above, shows that marital status($\chi 2 = 12.541$, $p < 0.006$, level of education($\chi 2 = 11.079$, $p < 0.11$, occupational status($\chi 2 = 13.869$, $p < 0.008$ and monthly income ($\chi 2 = 20.53$, $p < 0.001$were significantly associated with adoption of EBF, on the other hand age ($\chi 2 = 7.495$, $p < 0.058$ and religion($\chi 2 = 7.864$, $p < 0.097$ were not significantly associated with adoption of EBF in the area.

Types of breastfeeding

A great proportion (73.1%) of the respondents reported that they did not practice exclusive breastfeeding, while only 26.9% admitted practicing exclusive breast feeding (see Fig. 1).

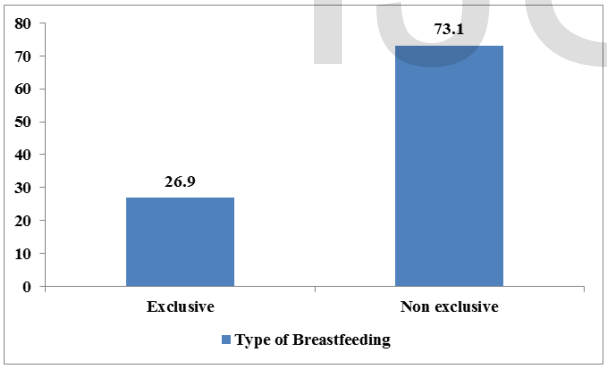

FIG. 1. TYPES OF BREAST FEEDING ADOPTED BY THE RESPONDENTS

Duration of exclusive breast feeding

On the duration of exclusive breast feeding, out of the 26.9% of the total sample that practiced exclusive breast feeding, a greater proportion of the subset (45.46%) stopped exclusive before 6 months/were still in the process during the study, 43.18% stopped at 6 months, while 11.36% either exceeded 6 months or were willing to exceed 6 months of exclusive breast feeding (see Fig. 2).

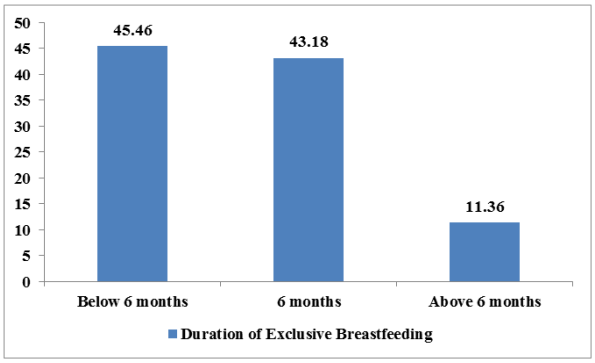

FIG. 2.DURATION OF EXCLUSIVE BREAST FEEDING AMONG ADOPTERS OF EXCLUSIVE BREAST-FEEDING

Factors that encouraged adoption of exclusive breastfeeding

Concerning factors that encouraged adoption of exclusive breastfeeding, out of the 26.9% (Fig. 1) of total respondents that practiced exclusive breast feeding, a larger proportion (70.45%) reported that they adopted it due to the health benefits for the baby, 15.91% reported adopting it due to its economic benefits (affordability), and 13.64% reported that they just wanted to practice it(see Fig. 3).

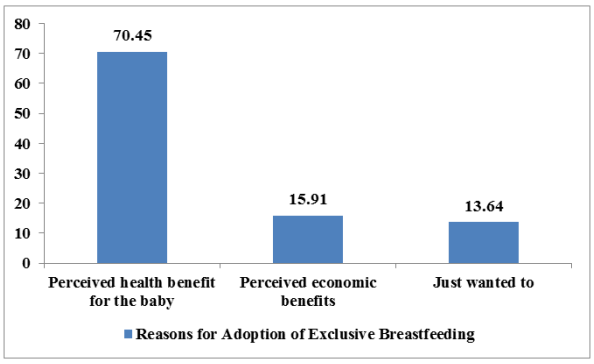

FIG. 3.REASONS GIVEN FOR ADOPTION OF EXCLUSIVE BREAST FEEDING

Factors discouraging adoption of exclusive breastfeeding

Various reasons were given for non adoption of exclusive breastfeeding.Analysis of data from the 73.1% respondents (Fig. 1.) that failed to adopt it, showed that the commonest factor was lack of strength, accounting for 45.38%; others being insufficient breast milk (24.62%), lack of time (10%), not approved by family member (e.g husband, mother or mother-in-law) (7.69%), mother or baby felt sick (6.92%),. About 5.39% accounted for others who did not practice it due to past experience such as sore nipple, breast gorging, feeling dizzy or because they did not want their breast to sag, as well as those that were ignorantly combining breast milk and water, thinking they were practicing exclusive, which indicated lack of knowledge (See Fig. 4).

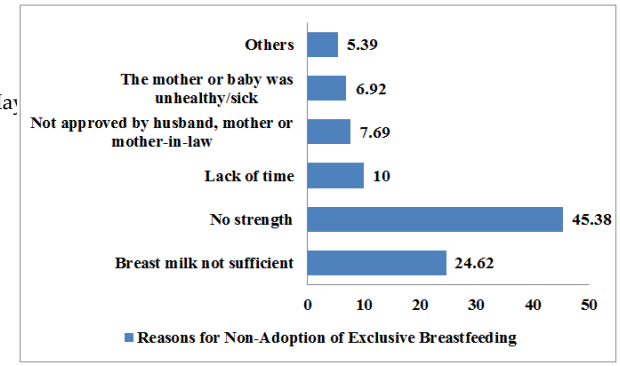

FIG. 4.REASONS GIVEN FOR NON-ADOPTION OF EXCLUSIVE BREAST FEEDING

4 DISCUSSION OF FINDINGS

From our study it was discovered that a larger proportion of the respondents was 36-45 years. Majority of the respondents were married. Majority of the respondents practiced modern religion. However, larger proportions in the order of representation were Catholic, followed by Pentecostal, the next being Protestants. About 9.1% belongs to traditional religion and the least being members of unclassified religion. More than half of the respondents attained secondary education. An insignificant number had no formal education. More than half of the respondents were self-employed, 31.2% were employed by either public or private organization, and 2.2% were housewives while 12.9% of them were students. A greater proportion (48.8%) earned below ₦10,000; followed by 26.9% that earned ₦10,000-₦25,000; 8.1% earned ₦26,000-₦35,000; 3.2% earned ₦36,000-₦45,000, while 4.3% earned above ₦45,000. About 8.6% of the respondents reported no income at all.

This study revealed that there was low level of adoption of exclusive breastfeeding (26.9 %) in the study area. This is in line with the study by [14], [15], [16] and [17] who also found low rate of adoption in their various study locations. However, our finding contradicts [13] and [20] findings, who reported high rates of adoption of exclusive breast feeding in their studies. This variation could be due to a better access and use of information regarding EBF among the mothers in their studies. For instance Adhama's [13] study was conducted at community health and service Centres in Adamawa State, using mothers attending antenatal clinic, who possibly had surfficient knowledge about exclusive breastfeeding through antenatal visits. Similarly Asemahagn [20] reported high level of awareness of exclusive breastfeeding among mothers in both Yola and Fofure where the study was conducted.

The major reason found for the low rate of adoption of exclusive breastfeeding in this study was lack of strength, which probably emanated from inadequate feeding among the breastfeeding mothers, which in turn results from low economic status. Perhaps that is why [13] suggests that adoption of exclusive breast feeding can be improved by improving the economic status of women. It averred that mothers must have adequate diet for their infants to get maximum benefits of breast milk as insufficient diet reduces supply of breast milk. A study conducted by [18] reported a higher adoption rate among mothers from wealthy homes.

On the socio-demographic factors that are associated with EBF, the results show that the mother's level of education is a

significant factor (x^2 (3)=11.08,p=.011). Among those that practiced exclusive breastfeeding, the greatest proportion came from those with tertiary education. This supports the finding by [15] who also observed that a higher maternal educational level favoured exclusive breastfeeding. However, it is important to note that majority of the participants in our study attained at least secondary education and quite a good number of them did not practice exclusive breast feeding. This suggests that adoption of exclusive breastfeeding can be promoted by a higher level of education which by extension can help mothers to improve their economic status. Those with highest level of education are more likely to be engaged in better jobs and thus improve their income status than those with lower level of education. In addition to this, [15] was of the view that improved maternal education enhances mothers' understanding and appreciation of the demands and benefits of exclusive breastfeeding and also empowers them to resist external interferences and pressures.

Occupational status of the respondents was found to be a significant factor too (x^2 (3)=13.87,p=.008). In our study, adoption of exclusive breast feeding was more prevalent among self-employed mothers. Similarly a study by [16] found that employed mothers exclusively breastfed their children compared with others, however, the study failed to specifically identify the type of employment, whether it was self-employed, government employed or private-sector employed mothers. Given that exclusive breastfeeding is more time-demanding, women who are self-employed are more likely to make out time to exclusively breastfeed their children than those working for someone else. Uchendu et al [15] opined that a woman's occupation could be a distraction for exclusive breastfeeding. But the result from our study suggests that not all types of occupation are a distraction.

Level of income, x^2 (5) = 20.53,p=.001, was found to significantly associate with exclusive breastfeeding in our study. Surprisingly, most of the mothers who practiced EBF were found among the lower levelsofincome earners. On the contrary, the result of the study by [20] showed that higher level of income supports higher level of adoption of EBF. However, in the findings of [19]'s study among mothers in urban military barracks in Southwest Nigeria,it was revealed that such factor as income of mothers was not significantly associated with exclusive breastfeeding. From the result of the study,about 78.2% of the respondents were wives of military personnel, an indication of better economic status in comparison with the rural mothers in our study. This suggests that the husband's socio- economic status could be an intervening factor.

Marital status x^2 (3) =12.54, p=.006 was found to be significantly associated with adoption of exclusive breastfeeding, though this factor was scarcely reported in other studies.

Religion x^2 (4) =7.87, p=.097 did not associate with adoption of EBF. However, it is worthy of note that most of the respondents in this study are Christians. At the time of this study there was paucity of information concerning the influence of this factor in previous studies.

Furthermore maternal age x^2 (3)=7.50,p=.058 was not a significant predictor of adoption of exclusive breast-feeding in thisstudy.This study is in line with the study by [14] where age of mothers did not predict practice of EBF but contradicts the studies conducted by [15], [16][17] and [20], where maternal age was reported to influence the practice of breastfeeding among the mothers sampled.

Socio-cultural factors associated with exclusive breastfeeding

The result from the in-depth interviews conducted in different communities among 10 nursing mothers, 10 nursing mothers, 10 nurses/midwives, 10 grandmothers (mothers of nursing mothers), 10 mothers-in-law also showed that there was low adoption rate of exclusive breast feeding. Among the 10 nursing mothers interviewed only 2 practiced exclusive breast feeding while 8 did not. The commonest reason given among them for not practicing exclusive breast feeding was the belief that breast milk alone is not sufficient to sustain the baby. This was covered in one of the opinions thus:

> *How can a baby live with only breast milk. Although tried to practice exclusive initially but after feeding the baby, he would still be crying and would not sleep till I gave him.*

Another popular reason given was that the mothers were not fit to practice exclusive due to inadequate feeding/hunger among nursing mothers. This opinion emphasized on the nutritional status of the nursing mothers. They described exclu-

sive breastfeeding as a practice only suitable for the wealthy who usually feed well.

This was captured in the opinion of one of the nursing mothers interviewed thus:

I don't have the strength to do exclusive breast feeding. It is only when a mother eats sufficient and good quality food that she will have strength to do exclusive, otherwise that would mean signing her death warrant because the baby will suck the little nutrient that is left in her till she collapses.

Similarly, many of the nursing mothers, grandmothers and mothers-in-law interviewed did not encourage exclusive breast feeding because they also felt it wasn't enough to sustain the baby and that the mothers are not well fed enough to practice exclusive breastfeeding.

Their opinion was reflected thus:

I think giving a baby only breast milk means starving the baby, he needs water too, otherwise he will be tasty and he might fall sick or lose weight. My daughter tried it for some days and the baby cried a lot that we felt for him. She had to start adding water till after 2 months she added ordinary milk.

The nurses interviewed also confirmed the low rate of adoption of exclusive breast feeding among nursing mothers, though they condemned such attitude. In their opinion

Nursing mothers feel that exclusive breast feeding is not adequate for their babies; many prefer adding water to breast milk. After teaching them what to do when they go home they do what they like. Most of them believe that breast milk is inadequate for their baby.

Among the male participants, it was commonly believed that breast milk is good but the decision to practice exclusive or not to practice lies in the hands of their wife who they believe know better about what the baby needs. It was a common believe among them that circumstance determines what the baby will be given.

According to one of the participants:

Breast milk is good but my wife knows what the baby prefers to take. My children eat a lot so if my wife cannot cope with breast milk alone, she is permitted to add infant formula.

Other reasons given for non-adoption were "to avoid breast sagging", past difficult experience such as "sore nipple", "fever", "breast engorgement",

5 Limitations of the Study

A limitation of this study is the use of a sample of nursing mothers in a few selected rural communities. Therefore, the result of the study cannot be generalized for all the mothers in Imo State. We therefore suggest that further studies be conducted with a wider coverage in the study area.

6 Contribution to Knowledge

The Findings of the study provide scientifically based knowledge about socio-cultural drivers and barriers to exclusive breastfeeding and in addition the rate of adoption of exclusive breastfeeding among mothers in selected rural communities of Imo State, Nigeria. The study revealed thatthere was low adoption of exclusive breastfeeding among rural mothers mostly due to poor economic status which by extension affects the quality of food taken by nursing mothers thereby reducing lactation. It therefore demonstrates a need to improve the economic status of women and by extension improve the quality of feeding among nursing mothers in rural areas in order to promote adoption of exclusive breast feeding.

7 Recommendations

Mothers should be encouraged and supported to improve their nutrition especially during pregnancy and period of nursing their baby to enhance lactation. Education about the best types of food to be eating to enhance lactation should be intensified during antenatal and post natal visits, particularly in rural areas.

We also recommend that Health care centres should intensify their education concerning exclusive breastfeeding in rural areas, including what exclusive breast feeding actually in-

volves and its benefits to both mother and child. Outreach services in form of sensitization programmes, workshops and seminars should be embarked upon to increase knowledge of EBF among pregnant and nursing mothers in rural areas; this is to supplement the education given at hospitals and maternities.

Also, incentive packages should be given as a social benefit service by the governments to nursing mothers who practice EBF in rural areas, as a way of encouraging others to adopt same. Welfare services that will enhance the dietary intake of mothers, especially during lactation will also greatly influence adoption of exclusive breast-feeding among nursing mothers in rural areas.

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