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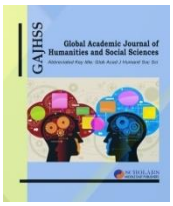

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Original Research Article

# Factors Influencing Mothers Perception of Exclusive Breast Feeding in Akwa Ibom State: A Case on Mothers in Oron LGA

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**Abstract:** This study examined the factors influecing mothers' perception of exclusive breast feeding in Oron Local Government Area of Akwa Ibom State, Nigeria. Health Belief Model was adopted as its theoretical framework in explaining factors influencng mothers' perception on exclusive breast feeding. The study adopted the descriptive survey research design. The study area was Oron Local Government Area of Akwa Ibom State. Purposive and snowball sampling techniques was used for the study. The population of the study was made up of nursing mothers' in Oron LGA who are in their reproductive between fifteen (15) and forty-nine years (49), with children from 0-48 months (day one of birth to aged 2 years). A sample size of 192 was adopted using the Bill Goddens formula for infinite population size. This study adopted the interview method to collect qualitative data from respondents. The findings among others reveals that, the low level of education, low awareness, socio-economic status, cultural belief were some of the factors affecting the perception of exclusive breast feeding among mothers in Oron LGA of Akwa Ibom State.

**Keywords:** Influecing breast feeding Oron Akwa Goddens.



## INTRODUCTION

According to World Health Organization (1990), breastfeeding is the feeding of an infant or young child with breast milk directly from the female human breast (via lactation) rather than from a baby bottle or other container. Gartner (2005) opined that, breast feeding is a unique process and it is a universally accepted means of infant feeding. It is an ideal nutrition for infant from age 0-24 months and it contributes to their healthy growth and development.

Human milk is specie specific, having evolved over time to optimize the growth and development of the baby and the young child. Breastfeeding is an integral part of the reproductive process with important implications for the health of the mother and baby (Ojong, Chiotu and Ferdinal, 2015).

Breastfeeding confers both short term and long term benefits to the child. It reduces infections and mortality among infants, improves mental and motor development and protects against obesity and metabolic diseases later in the life course (Oddy, Kendall, Blair, De Klerk, Stanley, Landau, Silburn and Zubrick, 2003).

According to Ogundipe and Obinna (2011), they opined that in the past, breastfeeding was the only culturally accepted mode of infant feeding in Africa and Nigeria in particular within the first two years of life. It was believed to be a means of promoting closeness of the baby to the mother and was seen as a taboo for a mother not to breastfeed her child. But the revast is the case since western education came in, with the introduction of feeding formula, many women in our society today has abandoned breastfeeding.

Breast milk is full of anti-infective factors and acts as the first vaccination for babies to prevent diseases (Nanthini and Jeganathan, 2012). According to Birch and Birch, (1999); Picciano, (2001), they opined that breast milk contains a rich variety of substances and nutrients in their correct proportion

which are relatively stable and are necessary for the growth and maturation of the neonate. With all these benefits of breast milk, the World Health Organization and United Nations International Children Emergency Fund (UNICEF) recommend exclusive breastfeeding for the first six months of life and continued breastfeeding until two years of age along with adequate complementary food (WHO/UNCEF Report, 1990).

Oladejo (2007), noted that breast milk contains immunoglobulin, the living agents that help to build a childs immunity against chest infection and diarrhoea, which is the greatest killer disease of infants. Early introduction of foods and other liquids reduces breast milk intake, decreases the full absorption of nutrients from breast milk, and increases risk of diarrhea and acute respiratory infections for infants. It also limits the duration of the mothers postpartum amenorrhea and may result in shortened birth intervals (WHO, 2001).

Exclusive breastfeeding means that an infant receives only breast milk with no additional foods or liquids not even water for the first six months of a childs life. It can also be defined as infants consumption of human milk with no supplementation of any milk (no water, no juice, no non-human milk and no foods) except for vitamins, and medications and the child is fed on demands (WHO/UNICEF Report, 1990). Exclusive breastfeeding of children for the first six months of life is globally recognized as the most effective preventive intervention for ensuring a child survival. The intervention alone can reduce childhood mortality by up to 13%, thus contributing significantly to the attainment of sustainable development goal 3 (good health and wellbeing) (WHO, 2015).

In Nigeria, the Federal and State Governments adopted the policy on exclusive breastfeeding, the policy was implemented in all Teaching Hospitals and some state owned Hospitals, and Primary Health Centres (PHC)/Maternities. Globally, every first week of August is marked the World Breastfeeding Week (WBW). This was first celebrated in 1992 but now observed in over 120 countries (Oguntola, 2011). To demonstrate the Nigerian government' s investment in Exclusive breastfeeding, the Federal Ministry of Health in collaboration with United Nations International Children Emergency Fund (UNICEF) called on health professionals to encourage new mothers to breastfeed their babies exclusively for the first six months because the information mothers receive from the health care providers exert a strong influence on their attitudes to breastfeeding (Kramer & Kakuma, 2002).

Exclusive breastfeeding has numerous benefits, and despite all these benefits, only about 13% of Nigerian children are exclusively breastfed. This explains in part why more children die in Nigeria than other African countries (Agho, 2011). Child and infant mortality continue to be major health issues affecting Nigeria. The infant mortality rate for the most recent five year period (2013-2017) is about 128 deaths per 1000 live births and exclusive breastfeeding rate (EBF) in Nigeria continues to fall below the World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF) recommendation of 90 percent exclusive breastfeeding (EBF) in children less than six months in developing countries (WHO, 2016).

Exclusive Breastfeeding rates in Nigeria is among the lowest in the world, more than five million newborns in the country are deprived of essential nutrients and antibodies that protect them from diseases and death because they are not exclusively breastfed (UNICEF REPORT, 2011). Data from 2014 National nutrition and health survey show that less than 25% of the children born in Nigeria are exclusively breastfed from 0-6 months of age. Decline in the practice of exclusive breastfeeding among mothers in the developing world, especially Nigeria, is also shaped by traditional beliefs surrounding infant nutrition. (Oladejo, 2007).

In Akwa Ibom State, Oron Local Government Area which made up our study area, the situation is even more alarming as infants in their numbers continue to die daily due to malnutrition that is attributed to the adoption of non-exclusive breastfeeding (AKSMOH, 2015). Moreover, there is little or no information on how individuals, families and communities can best promote exclusive breastfeeding. Hence, the need to find out the factors influencing mothers' perception of exclusive breastfeeding in Oron LGA is paramount.

## OBJECTIVE OF THE STUDY

The general objective of this study is to examine the factors influencing mothers' perceptions of exclusive breastfeeding among mothers in Oron LGA. The specific objectives are;

i. To examine the knowledge of exclusive breastfeeding among women in Oron LGA of Akwa Ibom State.
ii. To examine the perceptions of exclusive breastfeeding among women in Oron LGA of Akwa Ibom State

## REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

The significance of exclusive breastfeeding as the best feeding means to growing healthy children has led to the recommendation of six months exclusive breastfeeding. As can be observed, the benefits of breastfeeding cannot, in all ramifications, be overemphasised. Yet, across all cultures, total breastfeeding for six months has remained critically insignificant. Sequel to findings, several factors apart from health conditions have been identified; such factors include: the social and cultural beliefs, occupation of mothers in Oron LGA and low level of awareness of the benefits of exclusive breastfeeding mostly among the rural populations and attitude of mothers to exclusive breastfeeding.

### Knowledge, Attitude and Perception (KAP) of Exclusive Breastfeeding Practice by Mothers

Okolo and Ogbonna (2002) opined that breastfeeding is the first step in life which ensures that infant and young children get healthy and nutritious start in life. It is one of the few consistent sources of energy-dense food, even into the second year of life. Information on breastfeeding is widely spread in Nigeria, but exclusive rates in various studies have been extremely low (0%) some of the major factors identified which influence exclusive breastfeeding in some communities in the countries included attitudes of health workers and polices of health facilities in breastfeeding. The first response to the lack of support by health professional for breastfeeding come from mothers themselves, however, most health workers are in a situation where they are expected to be knowledgeable without much training in new knowledge and skills.

Philip and Radford (2006) disclosed that breastfeeding offers significant protection against illness for the infant and numerous health benefits for the mother, including a decreased risk of cancer of the breast. In 1992, (UNICEF and WHO launched the Baby- Friendly Hospital Initiative with the aim of increasing rate of breastfeeding. Baby friendly is a designation, a maternity site for compliance of the ten steps to successful breastfeeding. The steps are series of best practice standards describing a pattern of care where commonly found practices harmful to breastfeeding are replaced with evidence-based practice proven to increase breastfeeding outcome.

Jones and Stopped (2011) explained that the UNICEF Baby- Friendly Hospital Initiative (BFHI) has identified steps to promote breast feeding in maternity hospitals worldwide. However, in the U.K. it is customary for women to make informed choice about the practice of infant feeding and surveys have shown that a substantial number choose infant feeding either initially or after a few weeks.

Edwards, Abulal and Komar (2011) disclosed the successful implementation of WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) in a large culturally diverse hospital in the United Arab Emirates (UAE). Breastfeeding rates in the UAE are high, although mixed feeding is considered the norm. Traditional religious practices from birth are common which may inhibit exclusive breastfeeding.

Egbuonu, Ezechwo and Chukwuka (2011) disclosed in their study that the prevalence of exclusive breastfeeding and acceptance of the Baby friendly Hospital Initiative is still very low. They observed that among teachers of Home economics in Nigeria only 34.5 percent of the teachers were able to define BFI as the Baby Friendly Initiative while 60 percent defined exclusive breastfeeding correctly. Although 70.2 percent acknowledged that breastfeeding prevents malnutrition in babies, only 12.5 percent know about the protective effects of colostrum of the study population 29.8 percent knew that breastfeeding should be on demand and not regulated. Over 80 percent advocated that the BFI should be thought at all levels of devotion. In other words, the knowledge level of these teachers needs to be updated before they can be used effectively as resource personnel in training girls (potential mothers) about exclusive breastfeeding.

Field, Siziya, Katepa- Bwalya, Kanasa, Moland, and Tylleskar (2008) argued that most mothers are ignorant of the benefits of breast milk. In their research, they discovered that most urban and rural mothers often express and discard the colostrum. That some urban mothers are of the opinion that colostrums is not good, arguing that it is dirty. The rural mothers also believe that colostrum is dirty and might make the child sick. Given this lack of awareness about the benefit and protective effect of colostrums, mothers prefer giving water to babies to wet the mouth of the newborn. Sometimes the rural mothers add herbs or mixed pounded groundnuts to the water to make the throat wet. The concept of bad milk accounts for poor practice of exclusive breastfeeding.

According to Lambonathan and Steward (1995), formula feeding is associated with fat babies who are more likely to survive. To most of these mothers, breast milk is viewed as an unstable substance, consistency of which depends upon the mother' s health and nutrients intake both of which may be compromised. Among some Indochinese

women the practice of exclusive breast feeding tends to make them lose flesh because it drains energy.

Dhandapany, Arullumaran, Ananthakrishana and Arugnagirinathan (2008) argued that the promotion and support of breastfeeding is a global priority and an important child survival intervention; and the World Health Organization (WHO) advocates exclusive breastfeeding for six months. However, in reality many mothers are to practice exclusive breastfeeding as advocated. Lack of confidence in mothers' ability to breastfeed, problems with the infant catching or sucking, breast pain or soreness, perception of insufficient milk supply and a lack of individualized encouragement from clinicians in the early post discharge period are some of the common reasons for early breastfeeding discontinuation.

Some of this problem (when they emanate from poor awareness of the benefits of exclusive breastfeeding) can be overcome if the women are informed at antenatal about the benefits of breastfeeding and are prepared mentally for exclusive breastfeeding. A randomized controlled trail in tertiary hospital in Singapore has revealed that antenatal breastfeeding education and postnatal lactation support as single interventions based in hospital, both significantly, improved rates of exclusive breastfeeding up to six months after delivery (Dhandapary et al., 2008).

**Socio- Cultural Belief**

In the west, there is a belief that children need to learn to be independent almost from the time of birth. The reality can be observed in the hospital practice where mothers are separated from their newborn soon after birth for long periods. It has even been observed that this practice has a very negative effect on successful breastfeeding as the infants sucking reflex is strongest within the first thirty minutes after birth. It is instinctively and biologically triggered, and if interrupted during the critical 30minutes period, the whole process of breastfeeding and its associated attachment benefits can be disrupted.

Thus, the culture of independency that encourages child/mother early separation, which allows infants to be weaned early; the early child weaning tradition in the western societies is believed to be a sign of development in the western societies, it is culturally frowned upon for a walking toddler to be breastfed. Early weaning also enables a woman to return to work.

Agho, Dibley, Odiase and Ogbonwan (2011) concluded sequel to their study that the rate of exclusive breastfeeding in Nigeria is very low, that Nigeria needs improvement in order to gain full health benefits of breastfeeding; the levels they say are far below the programme target of 90% of women exclusively breastfeeding their infants in the first six months of life which is associated with a reduction of 10% of under five deaths. The practice of adding liquids and food to young infants accounted for the low level of exclusive breastfeeding. To them, the reality on ground represented a reflection of the belief on the practice of giving water plus breast milk by some communities in Nigeria to quench the child' s thirst. They observe that the practice of breastfeeding plus giving water correlated increase mortality rates in Nigeria.

Patel (2011), disclosed that socio-cultural factors in Kenya can be observed as impediments to exclusive breastfeeding among Kenyan women; she notes that WHO recommendations on exclusive breastfeeding for infants offering no liquids or foods other than their mother' s milk for the first six months. While breastfeeding rates around the world have been on the rise in Kenya, the rate of exclusive breastfeeding has been at about 15% for years. This is low, compared to other developing countries. The exclusive breastfeeding rate (for the first four to six months) is 83.3% in Ethiopia and India.

While almost all Kenyan mothers start out breastfeeding, 85-90% of them will offer them babies' fluid other than breast milk by the time their children are a month old, thus increasing babies' risk of infection, poor nutrition and diarrhoea  a major killer of young children worldwide, especially in developing countries. Women in Kenya, as other countries, encounter many barriers to breastfeeding mostly cultural barriers and availability of formula is hospitable.

Kakute, Ngom, Mitchell, Knoll, Ngwang and Meyer (2005) argued that because of the known nutritional and health benefits to infants, the WHO recommends that women in resource poor countries should exclusively breastfeed until their babies reach six months of age. In the primarily rural region of North-West province of Cameroon, previous studies identified the prevalence of breastfeeding to be 90%. It is common knowledge that women are culturally encouraged to mix feed other infants, but the extent of these feeding practices is not known. In this study, they identified certain cultural/social barriers to exclusive breastfeeding. According to them, all women surveyed introduced water and food supplement prior to six months of age, with more than 35% giving water in the first month of life. Mothers identified cultural factors influencing other decision to mix feed their babies to include pressure from their elderly women and families to supplement because it is a traditional practice; the

belief that breast milk is an incomplete food that does not increase the infants weight, and they believe that all family members should receive the benefits of food grown in the family farm and the taboo of prohibiting sexual contact during breastfeeding.

There are many practices and obstacles to the practice of exclusive breastfeeding. Some beliefs, practices and rites encourage the use of prolactel feeds, as well as giving extra water, herbs and teas to breastfeeding babies. In rural Yoruba communities, exclusive breastfeeding practice is considered dangerous to babies that need water to not only quench thirst, but promote normal development; in these communities most mothers adopt the idea of mixed feeding, yet this practice often lead to child morbidity. In Oron LGA were this study was carried out, exclusive breastfeeding culturally is considered dangerous to the babies because the mothers' feel it does not make the child to grow fast and be strong, so they rather prefer adopting a mixed feeding practices of pap, blended grain and water. They believe the milk is not appropriate for the baby when kept for a long time.

Ogbonaya (2011) reported in a study carried out in Enugu on the practice of exclusive breastfeeding; it was revealed that the commonest reasons for not breastfeeding exclusively included insufficient breast milk, socio-cultural practice of giving water to babies because of hot climate.

Llewellyn-Jones (2000) stated that when some women breastfeed, their sexual arousal and desire are diminished, while other women find breastfeeding sexually arousing and pleasurable, it makes them feel randy and not guilty. Spock (2000) stated that some mothers shy away from exclusive breastfeeding for fear that it will spoil their figure, it makes their breast fall and they will rather hesitate to breastfeed the baby

**Theoretical Framework**

This study hinged on the Health Belief Model (HBM) on the premise that successful breastfeeding practice is largely dependent on the target audience' s knowledge of the benefits to be derived if adopted and the risk involved. The Health Belief Model (HBM) was developed as a theory to guide design intervention and prevention programs, subsequently, it was extended by Leventhal, Rosenstock, and Becker, 1966 to explain differing reactions to explain variations in adherence to treatment. Mojaye (2008) states that the Health belief Model is based on the understanding that a person will take a health related action if that person feels a negative health condition can be avoided and is convinced that taking the recommended action would yield positive results.

Since health behaviours are influenced by a person' s desire to avoid illness (perceived susceptibility) or to get well, and by their confidence that the recommended action will achieve this, it is assumed that by understanding the benefits of exclusive breastfeeding (perceived benefits) and having a good knowledge of the danger of not completing the six months exclusive breastfeeding (Perceived severity), mothers will have the confidence to overcome the challenges and exclusively breastfeed their babies for six months. According to Ogwezzy-Ndisika (2012), access to information creates awareness which affects perception and in turn leads to acceptance.

Sensitizing and educating mothers on the advantages of exclusive breastfeeding; and providing adequate information on how to deal with the challenges will help mothers adopt the desired behaviour. Certain factors such as cultural beliefs and norms as perceived by the individual may serve as barriers to the desired behaviour (perceived barriers). For instance, mothers might fail to breast-feed their infants for fear of the breast milk not being adequate for the infants' nutrition. External factors also influence the desired behaviour, serving as cues to action. In the case of exclusive breastfeeding, information from health professionals, radio and television as well as support and encouragement from family members and relatives may influence mother to exclusively breastfed their babies.

## METHODOLOGY

The study adopted the descriptive survey research design. The survey interprets synthesizes and integrates useful data for sound conclusions (Nwagbara, 2003). The study area was Oron Local Government Area of Akwa Ibom State. Purposive and snowball sampling techniques was used for the study. The population of the study was made up of nursing mothers' in Oron LGA who are in their reproductive between fifteen (15) and forty-nine years (49), with children from 0-48 months (day one of birth to aged 2 years), irrespective of their marital status and educational status, and were still breastfeeding, and those with children from day one of birth to aged 2 years at the time of the study. A sample size of 192 was adopted using the Bill Goddens formula for infinite population size. This study adopted the interview method to collect qualitative data from respondents.

## FINDINGS AND DISCUSSION

This study examined the factors influencing mothers' perception of exclusive breastfeeding practice in Oron Local Government Area of Akwa Ibom State. The study respondents provided robust and comprehensive information on an emic perspective of exclusive breastfeeding with regards to their knowledge, attitude and perception.

**Table 1: Socio-Demographic Characteristics of Respondents**

| Variables | Frequency | % |
|---|---|---|
| **Age** | | |
| 15- 24 yrs | 79 | 41 |
| 25-34 yrs | 61 | 32 |
| 35-44 yrs | 30 | 15.5 |
| 45 yrs and above | 22 | 11.5 |
| **Total** | **192** | **100%** |
| **Marital Status** | | |
| Married | 140 | 72.9 |
| Divorced | 4 | 2.1 |
| Single | 29 | 15 |
| Widow | 19 | 10 |
| **Total** | **192** | **100%** |
| **Level of Education** | | |
| No formal education | 72 | 38 |
| Primary education | 63 | 32.8 |
| Secondary education | 45 | 23.4 |
| Tertiary education | 12 | 6.3 |
| **Total** | **192** | **100%** |
| **Monthly Income** | | |
| Less than 20,000 | 123 | 64 |
| 21,000-40,000 | 38 | 20 |
| 41,000-60,000 | 21 | 10.9 |
| 60,000 and above | 10 | 5 |
| **Total** | | **100%** |
| **Religion** | | |
| Christian | 171 | 89 |
| Moslem | 4 | 2 |
| Others | 18 | 9 |
| **Total** | **192** | **100%** |
| **Occupation** | | |
| Trader | 36 | 19 |
| Farming | 92 | 48 |
| Civil/public servant | 31 | 16 |
| Craftsman | 29 | 15 |
| Unemployed | 4 | 2 |
| **Total** | **192** | **100%** |

Source: Fieldwork, (2019).

The respondents of this study constitute women of child bearing age who are currently nursing and breastfeeding their babies. The participants demographic attributes shows that 79 (41%) of the total population were women between 15-24 years, 61(32%) of the total population were women between 25-34 years, while 30(15.5%) of the total population were between 35-44 years and 22(11.5%) of the total population were 45 years and above. This shows that the child bearing age of participant were younger. This shows the possibility and nature of observance of exclusive breastfeeding among respondents.

The marital status of respondents shows that 140(72.9%) of the total population of the respondents were married, 4(2.1%) of the total population were divorced, while 29(15%) of the total population shows that there are single and 19(10%) of the total popultion were widow. The level of education of respondents shows that 72(38%) of the total population of the respondents had no formal education, 63(32.8%) of the population had primary education, 45(23.4%) had secondary education and 12(6.3%) of the population had schooled up to tertiary education level. This result shows that education is not a guaranty for the practice of exclusive breastfeeding, rather creating awareness and sensitization will promote the practice of exclusive breastfeeding. The financial disposition of respondents was relatively low.

Generally, the trend of occupation among the respondents with their spouse cuts across a very high farm occupation for the respondents, 92(48%) of the total population were farmers, 36(19%) were petty traders, 31(16%) were civil/public servant, 29(15%) were craftmen and 4(2%) were unemployed.

**Respondents Knowledge of Exclusive Breastfeeding and its Practice (EBP)**

The respondents were interrogated on their knowledge of exclusive breastfeeding practice (EBP) and their responses were juxtaposed with their socio-economic characteristics which indicate some kind of relationship exist between the socio-economic characteristics of respondents and their knowledge of exclusive breastfeeding. Such socio-economic factors include majorly age, level of education and occupation. Some questions that relate to knowledge of exclusive breastfeeding were posed to the respondents to which they responded in the following paragraphs.

**Have you heard of exclusive breastfeeding?**

Almost all the studys respondents were in affirmative to this question. The few who claimed they have not heard of exclusive breastfeeding (EBP) are majorly about 20years with only few of them above age 20 with no formal education as well as no form of occupation. Among the respondents who answered in affirmative to have heard of EBP, most of them had some level of formal education, with a good number of them being either petty traders or civil servants. The implication of this response is

that the level of exposure a mother has, will to a large extent determine her level of knowledge of EBP. Thus, this study corroborates with the study of Pascale (2007), which state that maternal education level, evidence of the association between a mothers level of education and duration of breastfeeding varies. This is reflected in the answer given by one of the respondents who claimed to have not heard of exclusive breastfeeding. She could not communicate in English; so, the question "have you heard of exclusive breastfeeding" was interpreted in Ibibio language to which she answered thus:

> *Breastfeeding is good but breast milk alone cannot sustain the baby, so I haven't heard of giving the baby only breast milk for six months.*

The other respondent who has not heard of EBP was a single mother, with only primary education and no occupation made the following statement thus:

> *My mother only tells me that breast milk is Gods gift to the new baby which the mother is holding in trust; but I have not heard of feeding the baby breast milk only for six months.*

Therefore, it could be said that the study respondents are aware of exclusive breastfeeding practice, however, their attitude and perception towards exclusive breastfeeding have a far reaching implication on the level at which they will practice it.

**How did you know of exclusive breastfeeding?**

The source of information on exclusive breastfeeding practice (EBP) among the urban respondents was discovered to be vast ranging from social groups in the community to groups in the social media (Facebook, WhatsApp and so on), television and radio programmes, google, books, antenatal clinics etc. Contrary to expectation that the antenatal clinics should be the major source of information on EBP, it was discovered that majority of the studys respondents' got more of their information from the social media. A mother of two children, a graduate of age 29years, in her answers said:

> *The first time I heard of exclusive breastfeeding was from my doctor who did not really explain in details but only told me it is good for my baby. So, I decided to try it because my doctor said, but I could not get up to six months because I felt it cumbersome. But for this my second baby, I did the full six months because I now got more information and encouragement from a Facebook social group called "ask the gynecologist.*

Another mother of 33years who is also a graduate narrated as follows:

> *At the antenatal clinics, they teach us of exclusive breastfeeding, but for lack of time to attend to many clients, they couldn't answer more personal questions I had, so I resulted to google where I got all the answers I needed.*

**RespondentsAttitude towards Exclusive Breastfeeding and the Practice**

The respondents attitude towards exclusive breastfeeding practice (EBP) was sought using three items questions including: have you been breastfeeding exclusively? how do you appreciate exclusive breastfeeding? how long do you breastfeed exclusively? These questions are meant to measure the respondents' level of appreciation as well as engagement in EBP.

**Have you been breastfeeding exclusively?**

This question measures the level of adoption and practice of exclusive breastfeeding, which was surprisingly low compared to the high level of awareness reported in the section above. Less than half of the respondents responded positive to be breastfeeding exclusively with much dominance among rural respondents. Among the respondents who agreed to be breastfeeding exclusively, most of them were from the rural areas. It was also observed that most of those who were not breastfeeding exclusively from the urban areas were majorly those with higher level of education with its connection to the nature of their employment. This implies that there is a possible relationship between some socio-demographic factors such as level of education and nature of employment among rural and urban respondents and their decision to breastfeed exclusively.

Probing further on the reason for non-adoption of exclusive breastfeeding among respondents, one of the respondents a banker from the urban areas noted thus:

> *"the nature of my job does not allow me to come to office alongside my baby. That is why I engaged my mother to look after my baby at home during office hours" though I tried*

> *exclusive breastfeeding with my first child, though I was not employed then*

Some other reasons put forward by mothers in the urban areas include: It drains the mothers' energy, it makes the mothers breast to lose shape, it makes them lose flesh, it takes much of the mothers' time, it makes the mothers lose shape, it does not satisfy the babies and therefore make them cry much, the babies does not grow big and so on. For instance, a young mother who had her first baby noted that:

> *Exclusive breast feeding practice will change the shape of my breast when my baby suck my breast for six month what will be left? I will no longer be trending to my husband I will only feed him for two months before introducing another type of food to augment the pressure on me.*

From the foregoing response, it can be deduced that urban mothers' in oron quest to maintain shape to keep trending, they allow their baby access to breast milk only for a very limited time ranging from no access at all to at most two months after birth. This finding therefore reveals that exclusive breast feeding practice has a relationship with respondents fashion behavior. Generally, both urban and rural respondents noted the male (their husband) factor in their attitude to exclusive breast feeding practice. Below are excerpts of respondents' response on their husband influence on their attitude towards exclusive breast feeding:

> *My husband will always insist I stop breast feeding so that they can also be beneficiary of the breast [urban respondent].*
> *The problem is with my husband he disturbs a lot [rural respondent].*

Exclusive breast feeding practice is supposed to encourage spacing in birth, the result shows significant adherence attitude to exclusive breast feeding among the respondents. The implication of this finding is necessary for proper family planning actions.

The observation from the respondents was not surprising, following the fact that the study had established a significant level of awareness of exclusive breast feeding from the respondents. The higher percentage of the respondents who were breastfeeding exclusively were from the rural areas. Their reasons for much reliance on breast milk exclusively anchored on kinship ties (family members' interference), lack of occupational engagements, cultural variables, level of income, religion etc.

**Respondents Perception of Exclusive Breastfeeding and the Practice**

Respondents perception was measured with four items/questions that include: respondents rating of the benefits of EBP, their feeling during Exclusive Breastfeeding Practice, readiness to practice EBP and opinion against Exclusive Breastfeeding Practice.

**Perceptions on Exclusive Breastfeeding Practice**

It is important to understand peoples perceptions on Exclusive Breastfeeding Practice. The study found that many of the respondents knew the importance of exclusive breastfeeding, especially those from the urban areas. However, their adoption of the practice is not as expected, making it necessary to explore how they actually see, feel, understand and believe in the issues related to exclusive breastfeeding.

Majority of the studys respondents from the urban centers saw Exclusive Breastfeeding Practice to be very good, while most of those from the rural areas in Oron LGA did not know, and many others said it was not good, which follows with the result on awareness. In agreement with the findings of Tengku, Wan, Zaharah, Rohana and Nik (2012), the study found that mothers perceive exclusive breastfeeding as the act of showing and receiving love between them and their babies. It is also found that Exclusive Breastfeeding Practice is a means by which mothers can bond with their babies and that it gives them a sense of fulfillment, motherhood and responsibility.

Furthermore, the study explored and found the factors that influence mothers' perception on Exclusive Breastfeeding Practice to include knowledge, socio-demographic, level of education, health and physiological factors which confirms previous reports on related studies (Dias de Oliveira et al., 2014; Boeteng, 2018). The urban dwellers in Oron LGA mostly are aware of Exclusive Breastfeeding Practice but believe that more information on nutrition for nursing mothers, expert services and support can help them further. But the rural dwellers on the other hand are in need of knowledge on Exclusive Breastfeeding Practice generally, source of information and training. The rural dwellers are found to lack information majorly due to low level of education, occupational status and place of giving birth.

## CONCLUSION

The perception and awareness of exclusive breastfeeding by nursing mothers is growing rapidly, especially from mothers in urban Oron LGA of Akwa Ibom State.

- Some socio-economic characteristics like education, economic status, place of residence have some part to play in the knowledge and perception of Exclusive Breastfeeding.
- That there is low level of appreciation and consequently, low level of adoption of exclusive breastfeeding in Oron LGA of Akwa Ibom State.
- That mothers who don' t feed their babies exclusively still feed their babies on demand, which calls for further inquiry into the impulse to breastfeed; is it natural or learned? If it is learned, is it culturally or medically learned? The answers to this question is necessary as it will help in a long way to device a veritable medium through which the practice of exclusive breastfeeding can be passed onto the mothers.

**Recommendations (Policy Statement)**

Based on the findings, these recommendations were made:

i. There should be proper awareness program on the benefit of exclusive breastfeeding
ii. The women in the rural areas should be enlighten on the benefits of exclusive breastfeeding.

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