Role of Significant Others and Practice of Exclusive Breastfeeding by Nursing Mothers in Imo State, Nigeria

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Abstract: This descriptive study determined the role of significant others in the adoption of exclusive-breastfeeding by nursing-mothers in Imo State, Nigeria. Respondents were made up of 340 nursing-mothers from three selected communities in the state. The target population of the study was all the 405 nursing-mothers with children aged twenty-four months and below. Instruments for data collection were structured questionnaire and Focus Group Discussion (FGD) and the reliability of the instrument was established (r = 0.8). Results of the study revealed that exclusive- breastfeeding practice was generally low, 13.5% in the target communities. Only 7(5.6%), 37(26.4%) and zero (0%) of nursing mothers who were assisted by their mother, mother-in-law, and friend respectively during the months of confinement after childbirth traditionally known as omugwo practiced exclusive-breastfeeding (p <0.0001). Similarly, only 36 (10.6%) of husbands, 37(10.9%) of mothers and 33(9.7%) of mothers-in-law were of the opinion that infant should be fed with only breast milk in the first 6 months of life (exclusive-breastfeeding). More nursing-mothers 163(47.7%) had the health facility as their main source of exclusive-breastfeeding information and 39(23.9%) of them practiced exclusive breastfeeding. The study concluded that significant others as represented in this study by mother, mother-in-law, husband, and friends of nursing-mother influenced the adoption of the exclusive-breastfeeding practice of the nursing mother. Also, the health facility as the main source of exclusive-breastfeeding information could not achieve the desired level of adoption. There is need to explore the participation of significant others in the campaign for the promotion of exclusive breastfeeding.

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1. Introduction:

Infant feeding has inherent difficulties and it is best practiced like any other social behavior. A supportive environment such as social support offered by friends and family members, supporting and practicing breastfeeding increase the likelihood of a mother breastfeeding her infant (Meyerink and Marquis, 2002). Family, friends and health workers exert some amount of influence on mothers' choice of infant feeding practice (Sika-Bright, 2010). These groups of people by the influence they command were regarded as significant others in this study.

Significant others refer to those persons who influence one's opinion or action and in the case of this study, they were relatives of the nursing- mother whose opinion influenced the nursing mother's ability and preparedness to adopt EBF. They included mainly her mother, mother-in-law, husband and very close family members. Extended family members could also exert influence on exclusive breastfeeding (EBF) practice. In Nigeria, immediately a woman delivered a baby, her mother would be informed and she would visit to stay with her for twelve weeks or thereabout. The essence of her stay with her daughter was to support and assist her in the care of the infant. In the absence of her mother, the mother-in-law or a family member or close relative could play the role. This period is traditionally referred to as omugwo period and the nursing-mother experiences some level of confinement. These significant others who stayed with the nursing-mother during omugwo influence to a large extent the care of the infant including feeding practices. It was a time to transmit traditional knowledge and practice of infant and nursing-mothers' care (including breastfeeding practice) to the nursing mother. These influential persons even when they were not the ones who lived-in with the nursing-mother during the period of omugwo still exert influence on the care of the infant whenever they visited or through messages.

Considering the role played by these significant others during omugwo and even beyond and the low rate of exclusive breastfeeding practice (EBF) in Nigeria, this study determined the role played by significant others in the adoption of exclusive breastfeeding practice by nursing mothers. The findings of this study would contribute to developing appropriate strategies for improving EBF practice.

According to Uchendu, et al., (2009), 83.2 percent of respondents in a study on factors associated with EBF in Nigeria had extended family member present at the delivery of the child, a period which coincided with initiation or maintenance of breastfeeding. Mothers who had extended family members with them at the time of delivery had higher EBF practice, though not statistically significant and almost half of those with zero percent EBF rate reported family opposition to EBF which came mainly from grandmothers, while inability to give adequate attention to husbands was given by women as a reason for not practicing EBF Uchendu, et al., (2009). Mothers who had nobody assisting them after delivery were not exclusively breastfeeding, likewise those who were assisted by their fiancés (Sika-Bright, 2010). In India, it was reported that majority of the women (75%) had given colostrum to their baby, but the commonest reason for discarding colostrum was advice given by mother or mother-in-law (Sapna et al., 2009). In Dhaka, Bangladesh, it was reported that community-based peer education and counselling on exclusive breastfeeding practice resulted in a significant increase in EBF practice as seventy (70) percent of women in the intervention group were exclusively breastfeeding while only 6 percent were exclusively breastfeeding in the control group (Haider et al., 2000).

Bhandari (2003); Scott and Collins (2002); and Morrow et al., (1999) in their separate studies that looked at community-based breastfeeding promotion and household level infant feeding practices reported that when breastfeeding mothers were supported, the outcome was more beneficial. Volunteer support from counsellors on breastfeeding in London and South Essex, showed no significant difference in the duration of exclusive breastfeeding between the intervention and the control group as 65 percent of women in the intervention group and 63 percent in the control group were exclusively breastfeeding, although the author attributed this to intention to breastfeed by both groups long before the introduction of the intervention (Graffy, 2003).

Agunbiade and Ogunleye (2012) in their Nigerian study reported that grand-mothers and mothers-in-law played dual roles in the forms and prevailing breastfeeding practices. For instance, some grand-mothers felt that early introduction of complementary feeding and herbal concoction would be better than breast milk only. The authors also stated that grand-mothers who did not practice EBF were likely to exert pressure on younger mothers to discontinue EBF especially in the face of lactation problems or pressing health challenges. Salami (2008), reported that in the Yoruba culture in Nigeria, significant others such as grandmothers, mothers-in-law, and relatives were actively involved in the promotion of child health, including the sustenance of breastfeeding culture. Similarly, husbands also influenced infant feeding practice in various ways, for instance, Hofnie (1996) attributed the inability of mothers to breastfeed exclusively to the perception and attitudes of their husbands which discouraged breastfeeding.

This study determined the influence of the role of significant others in the practice of EBF among nursing-mothers in selected rural communities in Imo State, Nigeria. The research results presented in this report were excerpts from a more extensive study that determined "Factors influencing the adoption of exclusive breastfeeding practice by nursing-mothers in selected rural communities in Imo State, Nigeria". Some other excerpts from that study, that addressed variables other than those reported in this paper had been published in other journals, though methodology reported remained same. The target population was nursing-mothers who had children aged 24 months and below in the selected communities (Umuokanne, Umuowa, and Dikenta-na-Odinma Avutu) in Imo State.

2. Ethical Approval Informed Consent:

Ethical approval was gotten from the Department of Sociology, Imo State University Owerri. Community leaders and the respondents gave informed consent for the study.

3. Methodology:

A descriptive survey design was utilized for this study and the communities were selected through purposive sampling method based on their being rural communities and located in the different geopolitical (senatorial) zones of the state. Community entry was facilitated by the Community Development Officers in the Local Government Areas (LGAs) and Community Leaders consented to the study. All nursing-mothers in these communities were targeted and the households were visited for eligible respondents.

The target population of the study was 405 nursing-mothers with children aged twenty-four months and below in the three selected communities. The target population was made up of 118 nursing-mothers from Dikenta-na-Odinma Avutu community, 125 from Umuowa community and 162 from Umuokanne community. However, a total of 340 nursing mothers (84% of the target population) responded to the questionnaire. The rest were either not found at home when visited or declined participation. The distribution of respondents by their communities was as follows: 107(91%) of the target population in Dikenta-na-Odinma Avutu community, 111(89%) of the target

population in Umuowa community and 122 (75%) of the target population in Umuokanne community. This was representative of the target population. In addition, 30 nursing-mothers participated in the Focus Group Discussion (FGD), (10 from each of the three communities). The theme for FGD was 'Barriers to Exclusive Breastfeeding Practice'.

The study took place between December 2012 and June 2013. Data were collected with the assistance of eight trained Research Assistants and the Community Development Officers (CDOs) in the various Local Government Areas (LGAs). They assisted in community entry and also served as principal guides in the communities. The instruments for data collection were structured questionnaire and Focus Group Discussion (FGD) guide developed by the researchers. The FGD guiding question was "what were the constraints to the practice of exclusive-breastfeeding by nursing-mothers in the community?"

Reliability of the instrument was established with Cronbach's Alpha Coefficient Reliability Test and the value was 0.8. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) computer software package (version 16.0). Statistical analytic techniques used were frequency counts and percentages. Chi-square (X2) statistics was employed to test hypotheses for associations. The FGD was translated and transcribed by the researchers. The level of significance was tested at 0.05.

4. Results:

4.1.Who came to help the nursing-mother after delivery (omugwo period):

Results in Table 1 showed the distribution of nursing-mothers by who helped with the care of infant after delivery (traditionally known as omugwo period).

Table 1. *Distribution of nursing-mothers by who helped with care of infant after Delivery (omugwo period)*

Who came to help with care after delivery of the baby (omugwo periods)	Frequency	Percentage (%)	Cumulative (%)
Mother	126	37.1	37.1
Mother-in-law	140	41.2	78.2
Sister	65	19.1	97.4
Friend	4	1.2	98.5
Nobody	3	0.9	99.4
Others	2	0.6	100.0
Total	340	100.0	

Out of the 340 respondents, 140 (41.2%) were assisted by their mothers-in-law to care for baby after delivery (omugwo period), 126 (37.1%) were assisted by their mothers, 16(19.1%) were helped by their sisters, 4(1.2%) by their friends, 3(0.9%) by nobody, while 2(0.6%) were helped by just other people.

4.2. Distribution of nursing-mothers by the opinion of significant others on Infant feeding for the first six months:

Results in Figure 1 revealed that 238(70%) of the nursing-mothers were advised by those who helped them with care of infant to breastfeed and at the same time give baby water, 53(15.6%) of nursing-mothers were advised to give pap and breast milk, 7(2.1%) of the nursing-mothers were advised to give both breast milk and artificial milk, another 7(2.1%) received no advice from helper in that regard, while only 34(10%) of the nursing-mothers were advised to feed baby with only breast milk.

More nursing-mothers 237(69.7%) were advised by their husbands to breastfeed and also give water to the infant, 36(10.6%) were told to feed infant with only breast milk, 55(16.2%) were told to give pap and breast milk, 8(2.4%) were advised to give both breast milk and artificial milk by their husbands, while 2(0.6%) husbands were indifferent.

Out of the 340 respondents, 225 (66.2%) were advised by their mother to breastfeed and at the same time to give water to the infant, 37(10.9%) were advised to give only breast milk, 65 (19.1%) were asked were asked to give pap and breast milk, 6(1.8%) were advised to give both breast milk and artificial milk, while one (0.3%) mother was indifferent to what the nursing-mother should give to the infant in the first six months.

Similarly, 211(62.1%) nursing-mothers were asked by their mothers-in-law to give their infants breast milk and water, 33(9.7%) advised on giving only breast milk, 63(18.5%) advised the nursing-mother to give pap and breast milk, 11(3.2%) advised on breast milk and artificial milk, 13 (3.8%) of mothers-in-law were indifferent.

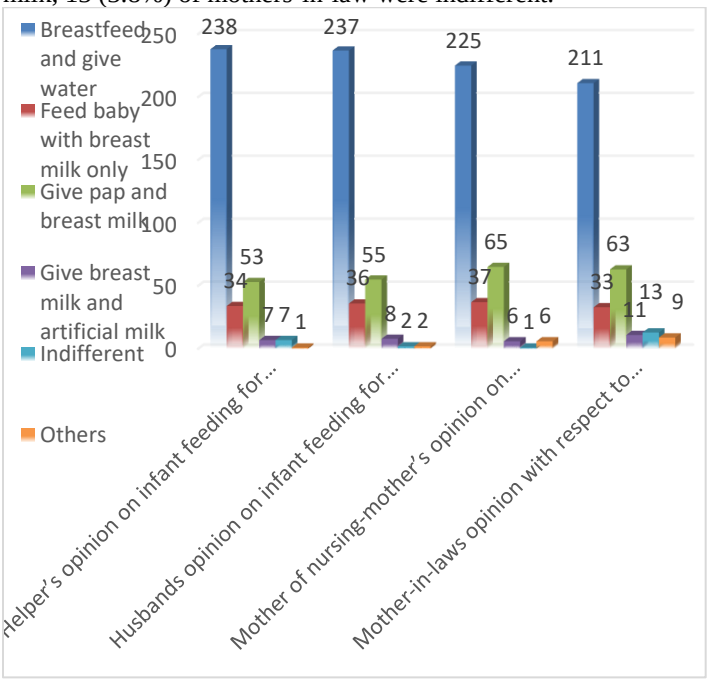

Fig 1. Distribution of nursing-mothers by opinion of significant others on Infant feeding for the first six months

4.3. Nursing-mothers' agreement with helpers' opinion on infant feeding in the first 6 months:

Results in Table 2 showed if nursing-mothers' agreed with helpers' opinion on infant feeding in the first six months.

Table 2. *Distribution of nursing-mothers' by agreement with helpers' opinion on infant feeding in the first 6 months*

Agreement of nursing-mother to opinion of helper	Frequency (%)	Percentage (%)	Cumulative
Did nursing-mother agree with helper's advice?			
Yes	308	90.6	90.6
No	29	8.5	99.1
No response	3	0.9	100.0
Total	340	100.0	
If nursing-mother disagreed with a helper, why?			
Wanted EBF	2	7.1	7.1
Mother-in-law did not accept	6	21.4	28.6
EBF causes sickness for baby	5	17.9	46.4
Not in line with antenatal talk	6	21.4	67.9
Breast milk, not enough	3	10.7	78.6
The child is still tender	2	7.1	85.7
The child is mine	2	7.1	92.9
Water is natural and good	2	7.1	100.0
Total	28	100.0	

Most, 308 nursing-mothers (90.6%) agreed with the advice given them by a helper, while only 29 nursing-mothers (8.5%) said that they did not agree with the advice of the helper.

Of the 29 nursing-mothers who disagreed, 28 responded to reason for not agreeing to the advice. Two nursing-mothers (7.1%) said they disagreed because they wanted EBF while the others disagreed for other various reasons such as mother-in-law disagreed with the opinion 6(21.4%), EBF would cause sickness for the infant 5(17.9%), advice was not in line with talk given during ante-natal care 6(21.4%), breast milk was not enough for infant 3(10.7%), infant was very tender 2(7.1%), child was hers 2(7.1%), water was natural and good 2(7.1%).

4.4. Nursing mothers action when her opinion was different from that of the significant others:

Results of action taken by nursing-mother when her opinion differed from that of significant others were shown in Table 3.

In situations where the nursing-mother had a different opinion with the helper, 10(2.9%) of the respondents rejected the opinion while the rest 330(97.1%) said their action would depend on whom the helper was.

Table 3. *Distribution of nursing-mothers by action that is taken when opinion was different from that of significant others on infant feeding in the first 6 months*

Actions of nursing mother when opinion differed	Frequency (%)	Percentage (%)	Cumulative
When nursing mothers opinion differed from her helper's			
Rejected the opinion	10	2.9	2.9
Depended on whom the helper was	330	97.1	100.0
Total	340	100.0	
When nursing mothers opinion differed from her husband's			
Rejected the opinion	2	20.0	20.0
Angry with him	1	10.0	30.0
Did as directed	7	70	100.0
Total	10	100.0	
When nursing mothers opinion differed from her mother's			
Obeyed/accepted mother's opinion	340	100.0	100.0
When nursing mothers opinion differed from her mother-in-law's			
Refused to do what she said	3	60	60
Obeyed	2	40	100.0
Total	5	100.0	

Two (20%) out of the 10 respondents on husband's opinion said they rejected their husband's opinion, 1(10%) was angry with her husband 7(70%) accepted and obeyed their husbands.

All the 340(100%) nursing-mothers said they would accept their mothers' opinion. Out of the 5 nursing-mothers who responded to action when their opinion differed from that of their mothers-in-law, 5(60%) said they would refuse to do what she said, while 2(40%) said they would obey their mother-in-law.

4.5 Consequences of the action taken by nursing-mother when there was disagreement with the opinion of the significant others

Results in Table 4 showed the consequences of action taken by nursing-mother when there was disagreement with the opinion of the significant others.

Table 4. *Distribution of nursing-mothers by consequences of the action taken by nursing-mother when there was disagreement with the opinion of the Significant others*

Consequences of disagreeing With opinion of significant Others on infant feeding 1st 6 months	Frequency (%)	Percentage (%)	Cumulative
If you disagreed with helper's opinion			
Complain	10	35.7	35.7
Neglect	9	32.1	67.9
No consequence	9	32.1	100.0
Total	28	100.0	

If nursing-mother disagreed with her husband's opinion			
Quarrel and misunderstanding	4	1.2	1.2
No response	336	98.8	100.0
Total	340	100.0	
If nursing-mother disagreed with her mother's opinion			
Not Applicable	340	100.0	100.0
If nursing-mother disagreed with her mother-in-law opinion			
Complain and fight	6	85.7	85.7
No consequence	1	14.3	100.0
Total	7	100.0	

The consequences of nursing-mother disagreeing with the opinion of the helper on infant feeding in the first six months included complain 10(35.7%), neglect 9(32.1%) and no consequence 9(32.1%). The consequence of the nursing-mothers action in situations of differing opinions with husband included quarrel and misunderstanding 4(1.2%), while for the rest 336(98.8%) there was no response. There was no consequence in the case of the mother of the nursing-mother because all 340(100%) of the nursing-mothers agreed with the opinion of their mothers. In the case of an opinion differing with that of mother-in-law, out of the 7 respondents, 6(85.7%) said the consequences complained and fights, while the other one person (14.3%) said there was no consequence.

4.6. Nursing mothers relationship with the person who assisted her with the care of the baby after delivery (during omugwo) and adoption of EBF practice:

Table 5 showed the influence of the person who stayed with and assisted the nursing-mother with the care of the baby on adoption of exclusive breastfeeding practice.

Table 5. *Distribution of nursing-mothers by relationship with the person who assisted her with care of the baby after delivery (during omugwo) and adoption of EBF practice (n = 340)*

Relationship with person who assisted with care after of baby after delivery (during omugwo)	Frequency (%)	Exclusive breastfeeding practice Yes (%)	NO (%)	Total
Mother	126 37.1%	7 5.6%	119 94.4%	126 100.0%
Mother-in-law	140 41.2%	37 26.4%	103 73.6%	140 100.0%
My sister	65 19.1%	2 3.1%	63 96.9%	65 100.0%
My friend	4 1.2%	0 0.0%	4 100.0%	4 100.0%
Nobody	3 0.9	0 0.0%	3 100.0%	3 100.0%
Others	2 0.6%	0 0.0%	2 100.0%	2 100.0%
Total	340 100.0	46 13.5	294 86.5	340 100.0%
Chi-square value 34.2	Degree of freedom 5		p-value <0.0001	

Out of the 126 nursing-mothers who were taken care of by their mother, only 7(5.6%) practiced exclusive breastfeeding (EBF), 37(26.4%) out of 140 who were cared for by their mother-in-law practiced EBF, 2(3.1%) out of 65 who were cared for by their sister practiced EBF, none of the 4 who were cared for by their friend practiced EBF and also none of the 3 whom no one stayed with to assist with care practiced EBF. There was a significant relationship between the person who stayed with the nursing-mother after delivery to assist with the care of the baby and the adoption of EBF practice, p-value< 0.0001 which was less than 0.05 significance level set.

4.7. Nursing-mothers' main source of exclusive breastfeeding information:

Results of the main source of exclusive breastfeeding information for the nursing-mothers and their adoption of exclusive breastfeeding practice were shown in Table 6.

Table 6. *Distribution of nursing mothers by the main source of EBF information and adoption of EBF practice (n = 340)*

Source from where nursing mother obtained EBF information	Frequency (%)	Exclusive breastfeeding practice Yes (%)	NO (%)	Total
Radio	51 15.0%	0 0.0%	51 100.0%	51 100.0%
Television	50 14.7%	0 0.0%	50 100.0%	50 100.0%
Newspaper	16 4.7%	0 0.0%	16 100.0%	16 100.0%
Friends	21 6.2%	3 14.3%	18 85.7%	21 100.0%
Health facility	163 47.9%	39 23.9%	124 76.1%	163 100.0%
Internet	4 1.2%	0 0.0%	4 100.0%	4 100.0%
Mother	16 4.7%	1 6.3%	15 93.8%	16 100.0%
Mother-in-law	13 3.8%	1 7.7%	12 92.3%	13 100.0%
Husband	1 0.3%	1 100.0%	0 0.0%	1 100.0%
Others	5 1.5%	1 20.0%	4 80.0%	5 100.0%
Total	340 100.0%	46 20.0%	294 80.0%	340 100.0%
Chi-square value 41.677	Degree of freedom 9		p-value <0.0001	

Nursing-mothers' main source of exclusive breastfeeding information varied. Fifty-one (15%) out of the 340 respondents had radio as their main source and none of them practiced EBF. Fifty (14.7%) of the nursing-mothers reported that their main source of information was the television and none of these 50 practiced EBF. Sixteen (4.7%) nursing-mothers said the newspaper was their main

source of EBF information and none of these practiced EBF. Twenty-one (6.2%) of the respondents said friends were their main source of EBF information and only 3(14.3%) of the 21 nursing-mothers practiced EBF.

More, 163(47.9%) nursing-mothers had their main source of the health facility and 39(23.9%) of them practiced EBF. Four (1.2%) respondents said the internet was their main source but none of them practiced EBF. Out of 16 (4.7%) respondents who said that their mother was their main source of EBF information only 1(6.3%) of them practiced EBF. Thirteen (3.8%) respondents said their mother-in-law was their source of information and only 1(7.7%) of them practiced EBF. Only 1(0.3%) respondent out of the 340 had her main source of information as her husband and she practiced EBF. The remaining 5(1.5%) respondents had undefined source and only 1(20%) of them practiced EBF.

Nursing-mothers' main source of EBF information was significantly related to the adoption of EBF practice by the nursing-mothers (p-value < 0.0001).

4.8. The practice of EBF as prescribed by health worker:

Results in Table 7 showed the practice of EBF as prescribed by a health worker.

Table 7. *Distribution of nursing-mothers by practice of EBF as prescribed by health worker*

Variable	Frequency	Percentage (%)	Cumulative (%)
If mother practiced EBF as prescribed by health worker?			
Yes	101	29.7	29.7
No	239	70.3	100.0
Total	340	100.0	
If the mother did not practice EBF as prescribed by a health worker, why?			
Infants need water to survive	62	25.9	25.9
Lack of finance to feed well	24	10.0	36.0
Do not like EBF	55	23.0	59.0
Was restricted by somebody	24	10.0	69.0
Nature of work did not allow	25	10.5	79.5
EBF causes sickness and death of child	28	11.7	91.2
It is stressful for mother	11	4.6	95.8
Delivery was by surgery	1	0.4	96.2
Not our culture	8	3.3	99.6
Not good for mother's health	1	0.4	100.0
Total	239	100	

One hundred and one (101, 29.7%) of the respondents practiced EBF as prescribed by the health workers while the rest 239(70.3%) did not.

Those nursing-mothers who said they did not practice EBF as prescribed by health workers gave varying reasons. Sixty-two (25.9%) nursing-mothers said they did not because the infant needed water to survive, 55(23%) said they did not like EBF, 28(11.7%) said that EBF causes sickness and death of the infant, 25(10.5%) said that the nature of their work could not allow them, 24(10.0) said lack of finance to feed well for EBF, 24(10.0) were restricted by someone, 11(4.6%) said EBF was stressful to the mother, 8(3.3%) said it was not our culture, 1(0.4%) said it was not good for the mother's health while 1(0.4%) said she could not practice EBF because she delivered her child through surgery.

4.9. Focus Group Discussion (FGD)

The groups discussed constraints to exclusive breastfeeding practice. The discussion revealed that most nursing-mothers did not practice exclusive breastfeeding. A mother said, "You may want to practice exclusive breastfeeding but your mother or mother-in-law will insist on giving the infant other fluids. You cannot be quarreling with them always, so you allow them to have their way. Our mothers sometimes argued that they had successfully nursed many children and you cannot teach them child rearing, rather they were to teach you". Another mother said, "When your husband tells you that his child will not be given only breast milk, what will you do? You will also obey him. At times, it is the mother-in-law that influences her son not to accept exclusive-breastfeeding" (quotes are researchers' translation from the Igbo language used by the mothers).

5. Discussion:

More 140(41.2%) mothers-in-law stayed with the nursing-mother after delivery during omugwo, followed by mothers 126(37.1%). Usually in the South-Eastern part of Nigeria (Igboland) which Imo State is part of, the mother of the nursing-mother usually stayed with her daughter during omugwo to assist her with care of the infant, except where the mother was either deceased or indisposed as a result of illness to take up that role or that she was supporting another daughter who had earlier put to bed, among others. In such situations, the mother-in-law or any close relative would step into that position. The result of this study showed otherwise, though the gap in frequency between those helped by mother and those helped by mother-in-law was quite narrow to cause any concern. However, the result showed that mother-in-law and mother were majorly the ones who assisted and supported the nursing-mother after childbirth. Only 3 (0.9%) of respondents had no one staying with them for this supportive role while the rest 99.1 percent had. This was an indication that this age-long tradition was still a common and acceptable practice amongst the people.

Only 34(10%) of these helpers advised the nursing-mother to feed the infant with only breast milk (EBF) while

the rest 90 percent advised nursing-mothers otherwise. Three hundred and eight (90.6%) nursing-mothers agreed with the advice given to them by their helper, portraying the helper as a very influential figure in child feeding practice. Helper's non-support for EBF would therefore likely result in non- adoption of EBF by nursing-mother. Similarly, taking significant others by relationship and opinion on exclusive breastfeeding for six months, only 36(10.6%) of husbands, 37(10.9%) of mothers and 33 (9.7%) of mothers-in-law were of the opinion that the infant should be exclusively breastfed for 6 months. The level of positive opinion towards EBF was very low and at par amongst these significant others. The high negative opinion of EBF among these group of people who had a high stake in discouraging the practice of breastfeeding will equally tantamount to low adoption of EBF among nursing-mothers, especially as the level of disagreement in opinion regarding EBF between the nursing-mothers and all the significant others under study was very low.

None of the nursing-mothers ever disagreed with the opinion of her own mother. Occasions when there was disagreement in the infant feeding opinion of nursing-mother and the rest significant others, the nursing-mother gave in sometimes. In very few cases when she refused to oblige them, the consequences included; complaint, quarrels, fight, and annoyance, which would likely make the environment unsupportive and unconducive for the nursing-mother, even to proceed with her opinion.

Mothers of these nursing-mothers enjoyed total loyalty from their daughters with regards to infant feeding practice. The grand-mothers, therefore, exerted a lot of influence on the feeding practice to adopt for their grandchildren in the first six months of their life. This loyalty to mothers might be linked to socialization process which demanded that a well-bred child especially the female would not argue or disobey her mother. This finding corroborated with the finding of Sika-Bright (2010) that family and friends exert some influence on mothers' choice of infant feeding practice. Patil et al., (2009) discovered that the commonest reason for discarding colostrum was advice given by mother or mother-in-law. Agunbiade and Ogunleye (2012) reported that grandmothers and mothers-in-law influenced breastfeeding practices against EBF. Salami (2008) reported that in the Yoruba land, culture and significant others played active breastfeeding culture.

Exclusive breastfeeding practice was very low across the board in this study, but none of those 3 (0.9%) nursing-mothers who had no one staying to help them during the omugwo period and 4(1.2%) who had friends as helper practiced EBF. This finding corroborated with Sika-Bright (2010), who noted that mothers who had nobody assisting them were not exclusively breastfeeding. It also aligned partly with Meyerink and Marquis (2002) who stated that supportive environment such as social support as offered by friends and family members increases the likelihood of a mother breastfeeding, although Meyerink and Marquis (2002) worked on breastfeeding and not exclusive breastfeeding which was an innovation and seen as a virtuous change. Furthermore, those that were helped by friends in this study had zero percent EBF. Uchendu et al., (2009) also reported that mothers who had extended family members with them at the time of delivery of baby had higher EBF, but contrary to this study it was not statistically significant. Husband's negative opinion of EBF as reported in this study could be supported by findings of other studies, for instance, Hofnie (1996) attributed the inability of mothers to breastfeed exclusively to the perception and attitudes of their husbands which discourage breastfeeding. Also, inability to give adequate attention to husbands had been given as a reason by women for not practicing EBF in other studies.

Only 13.5percent (46) of the nursing-mothers practiced exclusive breastfeeding while the remaining 86.5 percent (294) did not despite the appreciable percentage of nursing-mothers that were informed of exclusive breastfeeding by health workers. Those nursing-mothers seemed not to have utilized the information received from the health workers as reflected by the low exclusive breastfeeding practice. The low percentage of adoption of exclusive breastfeeding might be as a result of lack of reinforcement of the exclusive breastfeeding information received from health worker by relatives and other significant others who assisted the nursing-mother with the care of the infant. The percentage of nursing-mothers who got EBF information from their mother, mother-in-law, and husband was comparatively low in this study. This has implication for the adoption of EBF as nursing-mothers in recent times spend only a few days in the health facilities after childbirth before being discharged home to be cared for by family members, relatives and friends as the case may be. Level of knowledge and attitudes of these significant others towards EBF would impact greatly on the level of adoption of EBF by the nursing mothers.

None of the nursing-mothers whose main source of EBF information was radio, television, newspaper, internet practiced EBF. These media, therefore, did not impact positively on the practice of EBF which indicated that information alone without adequate support was not adequate for the adoption of EBF. Among the very few nursing-mothers who received EBF information from significant others of interest, only one nursing-mother in each case practiced EBF. If significant others were sensitized, mobilized, educated for positive attitudinal change towards EBF, they would support EBF and this would increase adoption of EBF among nursing-mothers in Imo State, Nigeria.

FGD revealed that mothers, mothers-in-law, and husbands influenced infant feeding practices in the first six months of life and hence played a significant role in the low level of exclusive breastfeeding practice in these communities. This finding corroborated the result from quantitative data in this study.

6. Conclusion:

Significant others as represented in this study by mother, mother-in-law, husband and friend of nursing-mother played an influential role in the low level of exclusive breastfeeding practice by nursing-mothers, particularly those who spent some time assisting the nursing-mother during omugwo. Mothers were regarded highly by their daughters (nursing-mothers) who accepted their opinions on infant feeding without any resistance. Mothers could, therefore, be agents of positive change in promoting exclusive breastfeeding practice if they have accurate information and positive attitude towards exclusive breastfeeding.

7. Recommendation:

Mothers, mothers-in-law, and husbands of nursing-mothers among others should be targeted for exclusive-breastfeeding education. This is to enable them to sustain the efforts of health workers in promoting and supporting exclusive breastfeeding when the nursing-mother is back home from the health facility after childbirth.

8. Limitation:

Nursing-mothers who were absent at home at the time of visit were not re-visited due to time constraint, however, the number of respondents was representative and qualitative data from FGD enriched the findings.

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