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Perceptions and Intent to Promote Exclusive Breastfeeding by Significant Others in Umuokanne Community Imo State, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors. Author OID designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors OID and SNOI managed the analyses of the study. Authors SNOI and CRN managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Perception and intent of significant others to promote exclusive breastfeeding is important in understanding their perceived behaviour and their state of mind toward exclusive breastfeeding practice. It also helps to identify what intentions this significant other had toward the promotion of exclusive breastfeeding practice (EBF). This study aimed to determine the perceptions and intentions of significant others to promote exclusive breastfeeding in Umuokanne Community, Imo State, Nigeria. The descriptive study design was employed to elicit information from 245 significant others (mothers of the nursing mother, mothers-in-law and husbands) within the six villages in Umuokanne Community. Instruments for data collection were structured on the questionnaire and focus group discussions (FGDs). And finally, the reliability test was established (r = 0.68) between them. 20 significant others participated in the FGDs. Results of the study revealed that significant others had positive perceptions and indicate readiness towards the promotion of exclusive

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breastfeeding. 120(80%) of grandmothers and 69(73%) of husbands had positive perceptions on the elements of EBF, 100(100%) of grandmothers and 74(78%) of husbands had positive perceptions of the essential roles to play in the promotion EBF, 75(50%) of grandmothers and 57(60%) of husbands had negatively perceived not giving of colostrum to an infant, early introduction of any feed in less than six months of an infant life, early introduction of fluid to an infant, giving off water and water mixed with medicinal herbs/roots, were not believed to be a barriers to EBF promotion. The description could be based on three key concepts namely, perceived insufficiency of breast milk, low income and cultural practices. Age, education, income and parity were also statistically significant (P = 0.05). However, 136(91%) of grandmothers and 78(82%) of husbands showed a positive intention towards the promotion of EBF practice. Hence, this study concluded that a positive perception shows the willingness to take action and a positive intention indicate readiness toward the promotion of EBF. Therefore, there is need to expand the current strategies employed in the promotion of EBF to include significant others and their cultural perspectives.

Keywords: Perceptions; intent; promote; willingness; exclusive breastfeeding; significant others; husband; grandmother.

ABBREVIATIONS

EBF: Exclusive Breastfeeding; FGD: Focus Group Discussion.

1. INTRODUCTION

The practice of exclusive breastfeeding (EBF) in Nigeria and most African countries are low [1]. However, Benin (70%), and Rwanda (85%) had achieved a higher level of exclusive breastfeeding [2]. Exclusive breastfeeding is the practice of feeding an infant with breast milk (including expressed breast milk) only [3], without any food or drink, nor even water except drugs or syrups consisting of vitamins, minerals' supplements or medicines when medically prescribed [4]. Exclusive breastfeeding is regarded as imperative for infants' survival. As recommended by UNICEF [5], Infants are to be exclusively breastfed for the first 6 months of life, after which complementary foods should start but breastfeeding should continue until two years. The report of WHO [5] indicated that most nursing mothers do not adhere to this practice. Over the last couple of decades, there had been an increasing interest in the promotion of exclusive breastfeeding as the best' feeding method for the newborn. This concept had been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. Poor exclusive breastfeeding practices were a major cause of neonatal mortality and a major concern to the health sector [6]. In resource-limited settings, poor and sub-optimal breastfeeding practices frequently resulted in child malnutrition which was a major cause of more than half of all child deaths [6]. Infant mortality was caused by several factors. The factors include non-adherence to exclusive breastfeeding and its associated diseases which could be prevented by adhering to exclusive breastfeeding practices. Several factors had been associated with non-adherence to exclusive breastfeeding by nursing mothers and they include influences of significant others.

According to Ibe, Obasi, Nwoke, Nwufo [7], significant others were those persons who influence opinion or action of the nursing mother and they include her mother, husband and mother-in-law. This reference groups' opinion influences the nursing mother ability and readiness to adopt exclusive breastfeeding [7]. Significant others were found to influence infant feeding practices in the first six months of life at Umuokanne Community, Imo State, resulting in the low level of exclusive breastfeeding practice among nursing mothers [7]. Similarly, another study conducted by Ibe, Obasi, Nwoke, Nwufo [8] found that mothers in the study reported that, they did not practice exclusive breastfeeding reason because their mother/mother-in-law (grandmothers) interfered by given water, water mixed with medicinal herb or roots and also advice over early introduction of feed. Agunbiade and Ogunleye [9], reported that grand-mothers played dual roles in the forms and prevailing breastfeeding practices. Traditional child feeding practices such as feeding infants with herbal concoction are still common among Yoruba people. He stated that some grandmothers felt

that early introduction of complementary feeding and herbal concoction would be better than breast milk only. A study of Bezner et al. [10] reported that majority of the women (75%) had given colostrum to their baby, but the commonest reason for discarding colostrum was the advice given by grandmothers or mothers-in-law. This cultural influence differed from one society to another and some of these practices negatively influence exclusive breastfeeding. There was a need to understand the perceptions of this significant others. The previous efforts to promote exclusive breastfeeding practice has more often than not been tailored to address the pregnant and breastfeeding mother. Engaging significant others in the promotion of exclusive breastfeeding might, therefore, be a valuable option for improving the practice of exclusive breastfeeding [11].

This study was designed to determine perceptions and intent to promote exclusive breastfeeding by significant others in Umuokanne Community. Imo State, Nigeria. This study is a follow-up and response to an earlier study conducted in Umuokanne Community which found out that significant others influenced exclusive breastfeeding decision of nursing-mothers in that community. The findings of this study would portray their readiness for promoting exclusive breastfeeding by determining their perceptions and intent towards promoting exclusive breastfeeding.

2. METHODOLOGY

A cross-sectional survey using mixed methods, integrating quantitative and qualitative data collection and analysis was utilized for the study and the villages were selected through multi-stage sampling techniques. Community entry was facilitated by research the traditional ruler of the community consented to the study and informed verbal consent was sought from respondents. All significant others in this community were targeted and the household was visited for eligible respondent.

The target population of the study were 288 significant others with children. The target population was made up of Umuobogno 60(24.4%), Umuokpoke 45(18.3%), Umuokpu 41(16.7%), Muezuta 30(12.2%), Orduga 37(15%), Umuollo 33(13%) all in Umuokanne Community. However, a total of 245 significant others responded to the questionnaire, the rest were either not found at home when visited or decline participation. Also, 20 significant others participated in the Focus Group Discussion (FGD), (ten from each of the separate meetings) the team promoting EBF by significant others. The study took place from September 2018 to March 2019. Data were collected with the assistance of 3 trained research assistants. The instrument for data collection was a structured questionnaire and a Focus Group Discussion Guide developed by the researcher. Some of the Focus Group Guide Discussion include; what does EBF mean to you? Why nursing is mothers not exclusively breastfeeding their babies? What do you think you can do to ensure that the nursing mother embraces and practice exclusive breastfeeding? How will you support your daughter/daughter-in-law/wives to practice exclusive breastfeeding? The reliability of the instrument was established using the test-retest method. The questionnaires were initially administered to twenty significant others from Obinze community which is outside the study area but shared similar characteristics with the study area. The retest was repeated a week later and the results were scaled and compared for consistency test using Cronbach's Alpha Coefficient liability test and the value was 0.68. Data were analyzed using statistical package for social sciences (SPSS) version 20 for both descriptive and inferential statistics. The analysis used were frequency count, percentage. Chi-square (X^2) statistics was employed to test the hypothesis for the relationship between significant others socio-demographical characteristics and the elements of EBF which include significant others perceptions, their perceived roles and responsibilities and their perceived obstacles. This was performed at a 5% level of significance. Probability value was used to interpret the results and *p*-value less than 0.05 was considered significant. The FGD was translated and transcribed by the researcher, the major finding from the Focus Group Discussions help to back up the results from the quantitative data.

3. RESULTS

3.1 Distribution of Significant Others Perception and their Socio-demographic Characteristics

The result from Table 1 revealed that the age of grandmothers was between <40 years and 70 years above. Grandmothers between the age group <40years had 14(10 with positive responses and 4 negative responses), 40-49 had

35(32 with positive responses and 3 negative responses), 50-59 had 49(35 with positive responses and 14 negative responses), 60-69 had 30(26 with positive responses and 4 negative responses), 70 & Above had 22(13 with positive responses and 9 negative responses). The result from the analysis showed a significant at (229 *P*-value = 0.00). The educational status of grandmothers revealed that grandmothers who attained non-formal educational level had 39(28 had positive responses and 11 negative responses), Primary educational 55(49 with positive responses and 9 negative responses), secondary had 40(31 had positive responses and 6 negative responses) and tertiary level had 16(14 had positive responses and 2 negative responses). The result was significant at (425 *P* = 0.01). Income of grandmothers revealed that grandmothers with less than < ₦ 18000 per month had 72(5 had positive responses and 67 had negative responses), ₦18000 - ₦27000 (1 ₦ = 0.00128 USD) had 50(6 positive responses and 44 negative responses), ₦28000 - ₦37000 had 14(11 had positive responses and 3 negative responses), ₦38000-₦47000 had 13(5 had positive responses and 8 negative responses) and ₦48000 & Above had 1(1 positive response). The result was significant at (521 *P*-value = 0.001). Parity of grandmothers revealed that parity 1-2 had 6(5 with positive and 1 negative response), parity 3-4 had 77(69 positive responses and 8 negative responses) and parity 5+ had 67(60 had positive responses and 7 negative responses) which is significant at (553 *P* = 000). However, the result indicates that there is a significant relationship between the perceptions of grandmothers and their socio-demographical characteristic of which age was highly significant within age group 50-59 years of age at (*P* = 0.001), educational level was significant among primary level at (*P* = 0.001), income status was highly significant among grandmothers who earn less than < ₦ 18000 per month (*P* = 0.00) and parity was also significant among grandmothers with parity 3-4(*P* = 0.00). the Table 1 also revealed husbands between the age group <20years had 4(3 with positive responses and 1 negative response), 20-29 had 14(11 with positive responses and 3 negative responses), 30-39 had 29(18 with positive responses and 11 negative responses), 40-49 had 21(16 with positive responses and 5 negative responses), 50-59 had 15(12 with positive responses and 3 negative responses) and 60 & Above had 12(9 with positive responses and 3 negative responses). The result from the analysis showed a significant at (423 *P* = 0.02). The educational status of husbands revealed that husbands who attained non-formal educational level had 1(1 had positive responses and 0 negative responses), Primary educational 21(12 with positive responses and 9 negative responses), secondary had 51(35 had positive responses and 16 negative responses) and tertiary level had 22(21 had positive responses and 1 negative response). The result was significant at (387 *P* = 0.001). Income of husbands revealed that husbands with less than < ₦ 18000 per month had 35(26 had positive responses and 9 had negative responses), ₦18000 - ₦27000 had 27(23 positive responses and 4 negative responses), ₦28000 - ₦37000 had 15(12 had positive responses and 3 negative responses), ₦38000 - ₦47000 had 10(8 had positive responses and 2 negative responses), ₦48000 - ₦57000 had 2(0 had positive responses and 2 negative responses) and ₦58000 & Above had 6(6 negative responses). The result was significant at 524 *P* = 0.001). The number of children of husbands revealed that 1-2 had 19(10 with positive and 9 negative responses), 3-4 had 55(42 positive responses and 13 negative responses) and 5+ had 21(17 had positive responses and 4 negative responses). The result showed a sign of (516 *P* = 0.01).

However, the result indicates that there is a significant relationship between the perceptions of husbands and their socio-demographical characteristic of which age was highly significant within age group 30-39 years of age at (*P* = 0.02), educational level was significant among secondary level at (*P* = 0.001), income status was highly significant among husbands who earn less than < ₦ 18000 per month (*P* = 0.001) and number of children was also significant among husbands with children 3-4(*P* = 0.01).

3.2 Distribution of Significant Other Perceived Roles and Responsibilities and their Socio-Demographic Characteristics

The result from Table 2 revealed that grandmothers between the age group <40years had 13(14 with positive responses) 40-49 had 35(35 with positive responses), 50-59 had 49(49 with positive responses), 60-69 had 30(30 with positive responses), 70 & above had 22(22 with positive responses). The result from the analysis showed a significant at (625 *P* = 0.01). The educational status of grandmothers revealed that grandmothers who attained non-formal

educational level had 39(39 had positive responses), Primary educational 55(55 with positive responses), the secondary had 40(40 had positive responses) and tertiary level had 16(16 had positive responses). The result was significant at (398 *P*-value = 0.02). Income of grandmothers revealed that grandmothers with less than < ₦ 18000 per month had 72(72 had positive responses), ₦18000 - ₦27000 had 50(50 positive responses), ₦28000 - ₦37000 had 14(14 had positive responses), ₦38000 - ₦47000 had 13(13 had positive responses) and ₦48000 & above had 1(1 positive response). The result was significant at 503 *P* = 0.001). Parity of grandmothers revealed that parity 1-2 had 6(5 with positive and 1 negative response), parity 3-4 had 77(68 positive responses and 9 negative responses) and parity 5+ had 67(55 had positive responses and 12 negative responses) with a significant of (442 *P* = 0.01). However, the result indicates that there is a significant relationship between the roles/ responsibilities of grandmothers and their socio-demographical characteristic of which age was highly significant within age group 50-59 years of age at (*P* = 0.01), educational level was significant among primary level at (*P* = 0.02), income status was highly significant among grandmothers who earn less than < ₦ 18000 per month at (*P* = 0.001) and parity was also significant among grandmothers with parity 3-4(*P* = 0.01). The result also revealed that husbands between the age group <20years had 4(4 with positive responses and 0 negative responses), 20-29 had 14(13 with positive responses and 1 negative response), 30-39 had 29(20 with positive responses and 9 negative responses), 40-49 had 21(18 with positive responses and 3 negative responses), 50-59 had 15(10 with positive responses and 5 negative responses) and 60 & above had 12(9 with positive responses and 3 negative responses). The result from the analysis showed a significant at (582 *P* = 0.001). The educational status of husbands revealed that husbands who attained non-formal educational level had 1(1 had positive responses and 0 negative responses), Primary educational 21(19 with positive responses and 2 negative responses), secondary had 51(37 had positive responses and 14 negative responses) and tertiary level had 22(17 had positive responses and 5 negative responses). The result was significant at (212 *P* = 0.05). Income of husbands revealed that husbands with less than < ₦ 18000 per month had 35(29 had positive responses and 6 had negative responses), ₦18000 - ₦27000 had 27(22 positive responses and 5 negative responses), ₦28000 - ₦37000 had 15(13 had positive responses and 2 negative responses), ₦38000 - ₦47000 had 10(10 had positive responses and 0 negative responses), ₦48000-₦57000 had 2(0 had positive responses and 2 negative responses) and ₦58000 & above had 6(0 positive responses and 6 negative responses). The result was significant at (835 *P* = 0.01). The number of children of husbands revealed that 1-2 had 19(16 with positive and 3 negative responses), 3-4 had 55(40 positive responses and 15 negative responses) and 5+ had 21(18 had positive responses and 3 negative responses). The result showed a sign of (516 *P* = 0.01).

However, the result indicates that there is a significant relationship between the roles/ responsibilities of husbands and their socio-demographical characteristic of which age was highly significant within age group 30-39 years of age at (*P* = 0.001), educational level was significant among secondary level at (*P* = 0.05), income status was highly significant among husbands who earn less than < ₦ 18000 per month (*P* = 0.01) and number of children was also significant among husbands with children 3-4(*P* = 0.01).

3.3 Distribution of Significant Others Perceived Obstacles of and their Socio-Demographic Characteristics

The result from Table 3 revealed that grandmothers between the age group <40years had 14(1 with positive responses and 13 negative responses), 40-49 had 35(17 with positive responses and 18 negative responses), 50-59 had 49(24 with positive responses and 25 negative responses), 60-69 had 30(20 with positive responses and 10 negative responses), 70 & Above had 22(13 with positive responses and 9 negative responses). The result from the analysis showed a significant at (229 *P* = 0.01). The educational status of grandmothers revealed that grandmothers who attained non-formal educational level had 39(29 had positive responses and 10 negative responses), Primary educational 55(25 with positive responses and 30 negative responses), secondary had 40(17 had positive responses and 23 negative responses) and tertiary level had 16(4 had positive responses and 12 negative responses). The result was significant at (438 *P* = 0.001). Income of grandmothers revealed that grandmothers with less than < ₦ 18000 per month had 72(32 had positive responses and 40

Table 1. Distribution of significant others perception and their socio-demographic characteristics

S/N	Socio- Demographical Variable	Grandmothers					Husbands				
		Freq.	Pos. Freq.	Neg. Freq.	Chi-Square	Sig. P-value	Freq.	Pos. Freq.	Neg. Freq.	Chi Square	Sig. P value
1.	**Age**				229	0.001				423	0.02
	<30	-	-	-			4	3	1		
	30-39	14	10	4			14	11	3		
	40-49	35	32	3			29	18	11		
	50-59	49	35	14			21	16	5		
	60-69	30	26	4			15	12	3		
	70 & Above	22	13	9			12	9	3		
2	**Educational Status**				425	0.01				387	0.00
	Non-Formal	39	28	11			1	1	0		
	Primary	55	49	9			21	12	9		
	Secondary	40	31	6			51	35	16		
	Tertiary	16	14	2			22	21	1		
3	**Income**				521	0.001				524	0.00
	(₦ naira)	72	5	67			35	26	9		
	<18000	50	6	44			27	23	4		
	18000-27000	14	11	3			15	12	3		
	28000-37000	13	5	8			10	8	2		
	38000-47000	1.0	1				2	0	2		
	48000 -57000						6	0	6		
	58000 & Above										
4	**Parity**				553	0.001				516	0.01
	1	6	5	1			19	10	9		
	2-4	77	69	8			55	42	13		
	5+	67	60	7			21	17	4		

Table 2. Distribution of significant others perceived roles and responsibilities and their socio-demographic characteristics

S/N	Socio Demographical Variables	Grandmother					Husband				
		Freq.	Pos. Freq.	Neg. Freq.	Chi-Square	Sig. P-value	Freq.	Pos. Freq.	Neg. Freq.	Chi Square	Sig. P-value
1.	**Age**				625	0.01				582	0.00
	<30	-	-	-			4	4	0		
	30-39	14	14	0			14	13	1		
	40-49	35	35	0			29	20	9		
	50-59	49	49	0			21	18	3		
	60-69	30	30	0			15	10	5		
	70 & Above	22	22	0			12	9	3		
2.	**Educational Status**				398	0.02				212	0.05
	Non-Formal	39	35	0			1	1	0		
	Primary	55	55	0			21	19	2		
	Secondary	40	40	0			51	37	14		
	Tertiary	16	16	0			22	17	5		
3.	**Income**				503	0.001				835	0.01
	(₦ naira)	72	72	0			35	29	6		
	<18000	50	50	0			27	22	5		
	18000-27000	14	14	0			15	13	2		
	28000-37000	13	13	0			10	10	0		
	38000-47000	1.0	1	0			2	0	2		
	48000 & Above						6	0	6		
4.	**Parity**				442	0.01				521	0.01
	1	6	6	0			19	16	3		
	2-4	77	77	0			55	40	15		
	5+	67	67	0			21	18	3		

Table 3. Distribution of significant others perceived obstacles and their socio-demographic characteristics

S/N	Socio- Demographical Variable	Grandmothers					Husbands				
		Freq.	Pos. Freq.	Neg. Freq.	Chi-Square	Sig. *P*-value	Freq.	Pos. Freq.	Neg. Freq.	Chi-Square	Sig. *P*-value
1.	**Age**				229	0.01				582	0.00
	<30	-	-	-			4	2	2		
	30-39	14	1	13			14	10	4		
	40-49	35	17	18			29	10	20		
	50-59	49	24	25			21	8	12		
	60-69	30	20	10			15	5	10		
	70 & Above	22	13	9			11	3	9		
2	**Educational Status**				438	0.001				167	0.01
	Non-Formal	39	29	10			1	0	1		
	Primary	55	25	30			21	13	8		
	Secondary	40	17	23			51	15	36		
	Tertiary	16	4	12			22	10	12		
3	**Income (₦ naira)**				825	0.01				219	0.01
	<18000	72	32	40			35	14	21		
	18000-27000	50	30	20			27	13	14		
	28000-37000	14	6	8			15	2	13		
	38000-47000	13	6	7			10	3	7		
	48000 -57000	1.0	1	0			2	0	2		
	58000 & Above						6	6	0		
4	**Parity**				365	0.001				265	0.00
	1	6	6	0			19	1	9		
	2-4	77	38	41			55	23	32		
	5+	67	31	34			21	5	16		

had negative responses), ₦18000 - ₦27000 had 50(30 positive responses and 20 negative responses), ₦28000-₦37000 had 14(6 had positive responses and 8 negative responses), ₦38000-₦47000 had 13(6 had positive responses and 7 negative responses) and ₦48000 & Above had 1(1 positive response). The result was significant at 824 *P* = 0.01). Parity of grandmothers revealed that parity 1-2 had 6(6 with positive and 0 negative responses), parity 3-4 had 77(38 positive responses and 41 negative responses) and parity 5+ had 67(31 had positive responses and 34 negative responses) which is significant at (365 *P*-value = 0.001).

However, the result indicates that there is a significant relationship between the perceived obstacles of grandmothers and their socio-demographical characteristic of which age was highly significant within age group 50-59 years of age at (*P* = 0.01), educational level was significant among primary school at (*P* = 0.001), income status was highly significant among grandmothers who earn less than < ₦ 18000 per month (*P* = 0.01) and parity was also significant among grandmothers with parity 3-4(*P* = 0.001).

The result also revealed that husbands between the age group <20years had 4(2 with positive responses and 2 negative responses), 20-29 had 14(10 with positive responses and 4 negative responses), 30-39 had 29(10 with positive responses and 20 negative responses), 40-49 had 21(8 with positive responses and 12 negative responses), 50-59 had 15(5 with positive responses and 10 negative responses) and 60 & Above had 12(3 with positive responses and 9 negative responses). The result from the analysis showed a significant at (582 *P* = 0.00). The educational status of husbands revealed that husbands who attained non-formal educational level had 1(0 had positive responses and 1 negative response), Primary educational 21(13 with positive responses and 8 negative responses), secondary had 51(15 had positive responses and 36 negative responses) and tertiary level had 22(10 had positive responses and 12 negative responses). The result was significant at (167 *P* = 0.01). Income of husbands revealed that husbands with less than < ₦ 18000 per month had 35(14 had positive responses and 21 had negative responses), ₦18000 - ₦27000 had 27(13 positive responses and 14 negative responses), ₦28000 - ₦37000 had 15(2 had positive responses and 13 negative responses), ₦38000 - ₦47000 had 10(3 had positive responses and 7 negative responses), ₦48000 - ₦57000 had 2(0 had positive responses and 2 negative responses) and ₦58000 & Above had 6(6 positive responses). The result was significant at 219 *P* = 0.01). The number of children of husbands revealed that 1-2 had 19(10 with positive and 9 negative responses), 3-4 had 55(23 positive responses and 32 negative responses) and 5+ had 21(5 had positive responses and 16 negative responses). The result showed a sign of (265 *P* = 0.001).

However, the result indicates that there is a significant relationship between the perceived obstacles of husbands and their socio-demographical characteristic of which age was highly significant within age group 30-39 years and 40-49 years of age at (*P* = 0.001), educational level was significant among secondary level at (*P* = 0.01), income status was highly significant among husbands who earn less than < ₦ 18000 per month (*P* = 0.01) and number of children was also significant among husbands with children 3-4(*P* = 0.001).

3.4 Distribution of Significant Others by their Perceptions on EBF Promotion

Table 4 indicate that, 120(80%) of grandmothers had a positive perception which include; EBF should be practice by every mothers 81% (4.70 ± 0.74), breast milk alone is sufficient for the infant 74% (3.37 ± 1.76), colostrum should be given to infants 41.1% (2.54 ± 1.30) breast milk contain everything the child needed 46% (3.45 ± 1.53), new born should be put to breast milk within first 30minutes of birth 82% (4.74 ± 0.72), nursing mothers should sleep with her new born 87% (4.79 ± 0.70), nursing mothers should move about with her infant, in other to breastfeeding the infant on demand 81% (4.63 ± 0.92), infant should be breastfeed on demand 79% (4.55 ± 1.05), EBF is convenient for the nursing mother than mix feeding 73% (4.32 ± 1.26), EBF is economical 81% (4.65 ± 0.91), EBF should be continued even when baby is ill 85% (4.67 ± 0.95), infant will survive only on breast milk in the first six months of life 48% (3.61 ± 1.47), while 30(20%) of grandmothers had a negative perceptions which includes; water should not been given to infant in the first six months 81 % (2.87 ± 1.52), medicinal herb drink should not be given to infant 49 % (2.89 ± 1.52), nursing mothers should not be ashamed of breastfeeding her new born in public place 47 % (3.42 ± 1.57), while Table 4 indicate that, 69(73%) of husbands had a positive perception which include; EBF should be practice by every mothers 65.3% (4.57

± 0.74), new born should be put to breast milk within first 30 minutes of birth 58.9% (4.44 ± 0.78), nursing mothers should sleep with her new born 87% (4.24 ± 1.02), nursing mothers should move about with her infant, in other to breastfeeding the infant on demand 52.6% (4.41 ± 1.07), infant should be breastfeed on demand 60% (4.28 ± 1.01), EBF is economical 60% (4.65± 0.91), EBF should be continued even when baby is ill 62.1% (4.44 ± 0.86), EBF is convenient for the nursing mother than infant feeding 40% (3.37 ± 1.35), breast milk alone is sufficient for the infant 33.7% (3.20 ± 1.63), infant will survive only on breast milk in the first six months 41.1% (3.65 ± 1.39), nursing mothers should not be ashamed of breastfeeding her new born in public places had, 40.0% (2.02 ± 1.32). While 26(27%) of husbands had a negative perceptions which include; colostrum should be given to infant 33.7% (2.91 ± 1.60) breast milk contains everything the child needed 20.7 % (2.59 ± 1.38), water should not been given to infant in the first six months 41.1 % (2.59 ± 1.30), medicinal herb drink should not be given to infant 42.1 % (2.89 ± 1.46).

3.5 Distribution of Significant Others by their Perceived Roles and Responsibilities of EBF Promotions

Table 4 indicate that, 100(100%) of grandmothers had a positive perceptions of what their roles and responsibilities entail which includes; educating their nursing daughter/ daughter in-laws on the need to give the infant breast milk only for the first six months 54% (4.06 ± 1.30), grandmothers agreed to the opinions that, they should insist their daughters/daughter in-laws give breast milk for the first six months 58% (3.97 ± 1.44), assist with domestic task to give their nursing daughter/ daughter in-laws more time to rest and breastfeed the infant 78% (4.61± 0.94), to encourage their nursing daughter/ daughter in-laws to feed well and take a lot of fluid 91% (4.86 ± 0.54), to talk in favors of EBF 65% (4.25 ± 1.20) and keep reminding their nursing daughters/daughter in laws to continue EBF for the first six months 70% (4.37 ± 1.13), they should discourage their nursing daughters/daughter in-laws form giving infant water 46% (3.61± 1.47), discourage their nursing daughters/daughter in-laws form giving infant formula 46% (3.691 ± 1.47), and discourage their nursing daughters/daughter in-laws form giving infant water and herds drink 44% (3.77 ± 1.28), while Table 5 indicate that, 74(78%) of husbands had a positive perceptions of what their role and responsibilities entails which includes; assisting their nursing wives by ensuring needed provision are available 68.4% (4.68 ± 0.47), persuading their nursing wife practice EBF 31.6% (3.43 ± 1.43), there should be adequate communication between husbands and wives 63.2% (4.63 ± 0.49), appreciating their nursing wives who practice EBF, by words and were possible by gifts 68.4% (4.56 ± 0.75), encouraging their nursing wives by praising her effort to exclusively breastfeed the infant 54.7% (4.41 ± 0.79), motivating their wives to exclusively breastfeed by carrying the baby to her 57.9% (4.32 ± 0.98) and not complaining when their nursing wives breastfeed in public 55.8% (4.45 ± 0.76), while 21(22%) of husbands had a negative perceptions of their roles and responsibilities which includes; keeping their nursing wives company during EBF 45.3% (2.52 ± 1.24) and waking up at night to support their nursing wives breastfeed at night 34.7% (2.93 ± 1.61).

3.6 Distribution of Significant Others by Their Perceived Obstacles to the Promotions of EBF

Table 6 indicate that, five out of the ten responses had a negative response which implies that, 75(50%) of grandmothers had a positive perceptions of some of the obstacles been a barrier to EBF promotion they include; their nursing daughters/daughter in law nature of job or trade could be a barrier for her to exclusively breastfeed the infant 38.7% (2.71 ± 1.46), their nursing daughters/daughter in law not feeding well could be a hindrance for her to exclusively breastfeed the infant 56.0% (4.45 ± 0.81), infant should be given warm water and glucose after birth 32.7% (2.77 ± 1.51), exclusive breastfeeding should not continue when infant is ill (e. g. cold, fever, diarrhea and vomiting) 54.0% (1.79 ± 1.17), their nursing daughters/daughter in law who delivered through cesarean section should not practice exclusive breastfeeding 38.7% (2.18 ± 1.26), and physically and verbally abusing your nursing daughters/daughter in law will make her to exclusive breastfeeding 56.0% (1.59 ± 0.83), while 75(50%) of grandmothers had a negative perceptions of some of the obstacles not been a barrier to EBF promotion they include; their nursing daughters/daughter in law should not give colostrum to her new born 38.7% (3.83 ± 1.27), duration of exclusive breastfeeding of an infant before early introduction of any feed should be less than six months 37.3% (3.71 ± 1.35), nursing

daughters/daughter in law should introduce first fluid to her infant 38.0% (3.53 ± 1.54), herb with water should be given to an infant 36.0% (3.62 ± 1.47), while Table 6 indicate that, six out of the ten responses had a negative response which implies that, 57(60%) of husbands had a negative perceptions of some of the obstacles not been a barrier to EBF promotion they include; their nursing wives should not give colostrum to her new born 31.6% (3.29 ± 1.03), duration of exclusive breastfeeding of an infant before early introduction of any feed should be less than six months 35.8% (3.80 ± 1.10), nursing wives should introduce first fluid to her infant 43.2% (3.79 ± 1.02), herb with water should be given to an infant 35.8% (4.05 ± 0.97), infant should be given warm water and glucose after birth 38.9% (3.03 ± 1.15). While 38(40%) of husbands had a positive perceptions of some of the obstacles been a barrier to EBF promotion they include; their wives nature of job or trade could be a barrier for her to exclusively breastfeed the infant had 49.5% (2.43 ± 1.41), their wives not feeding well could be a hindrance for her to exclusively breastfeed the infant had 65.3% (4.56 ± 0.75), exclusive breastfeeding should not continue when infant is ill 55.8% (2.41 ± 1.09), wives who delivered through cesarean section should not practice exclusive breastfeeding 63.2% (2.12 ± 0.91) and that, physically and verbally abusing their nursing wives will make her to exclusive breastfeeding 53.7% (2.06 ± 1.13).

3.7 Distribution of Significant Others by their Willingness to the Promotions of EBF

Table 7 shows that one out of eleven item on the willingness to promote EBF by grandmothers indicate that, while 136(91%) had positive intentions towards EBF promotion which include; willing to support your nursing daughters/daughter in-laws to practice exclusive breastfeeding 36.0% (3.50 ± 0.97), willing to positively communicate exclusive breastfeeding to their nursing daughters/daughter in-laws 36.0% (3.24 ± 0.97), prepared to assist their nursing daughters/daughter in-laws with domestic task so she could have enough time to breastfeed the baby and rest 58.7% (4.55 ± 0.56), willing to praise their nursing daughters/daughter in-laws on her effort to exclusive breast feed the infant 50.6% (4.35 ± 0.88), eager to support their nursing daughters/daughter in-laws to seek solutions/advice from a certified care giver on problems she is facing as regard to exclusive breastfeeding 30.% (3.22 ± 0.86), willing to listen to the decisions of their nursing daughters/daughter in-laws on her choice of infant feeding practice and ensure she made the right decision 26.7.% (3.15 ± 0.86), eager to communicate to their nursing daughters/daughter in-laws on the benefit exclusive breastfeeding is to her especially, so she will be motivated to continue exclusive breastfeeding 42.7% (3.48 ± 0.95), eager to communicate to their nursing daughters/daughter in-laws the benefit exclusive breastfeeding is to the child and at the long run / in future she will be glad she practiced it 30.0% (3.22 ± 0.98), prepared to keep your nursing daughter/daughter in-law company when she breastfeed the baby 29.3% (3.02 ± 0.96), willing to promote EBF by suggesting to the leaders in your group both at the church and towns meeting to organize seminar from time to time on the benefits of EBF 45(30%) strongly agreed 35.3% (3.56 ± 1.37), while 14(9%) had negative intention towards EBF promotion by not been willing to be part of a voluntary group that can give talk to other men, grandmothers and women about EBF 30% (2.30 ± 0.98), while Table 7 shows that, two out of eleven item on the willingness to promote EBF by husbands, indicate that, 78(82%) had positive intentions towards EBF promotion which include; willing to support their nursing wives to practice exclusive breastfeeding 55.8% (4.47 ± 0.70), willing to positively communicate exclusive breastfeeding to their nursing wives 21.1% (3.55 ± 0.87), prepared to assist their nursing wives with domestic task so she could have enough time to breastfeed the baby and rest 31.6% (3.22 ± 1.53), willing to praise their nursing wives on her effort to exclusive breast feed the infant 61.1% (4.52 ± 0.76), eager to support their nursing wives to seek solutions/advice from a certified care giver on problems she is facing as regard to exclusive breastfeeding 36.6% (3.46 ± 0.53), willing to listen to the decisions of their nursing wives on her choice of infant feeding practice and ensure she made the right decision 54.7% (4.37 ± 0.55), eager to communicate to their nursing wives on the benefit exclusive breastfeeding is to her especially, so she will be motivated to continue exclusive breastfeeding 50.5% (4.46 ± 0.60), willing to talk to their nursing wives on the benefit exclusive breastfeeding is to the child and at the long run / in future she will be glad she practiced it 58.9% (4.48 ± 0.78), willing to promote EBF by suggesting to the leaders in your group both at the church and towns meeting to organize seminar from time to time on the benefits of EBF 36.8% (3.27 ± 1.24), while 17(18%) had negative intention towards EBF promotion by not been

Table 4. Distribution of significant others by their perceptions of the elements of EBF (n = 245)

S/N	Perceptions of EBF	Grandmothers				Husbands			
		(%)F	Av	SD	Remark	(%)F	Av	SD	Remark
1.	Exclusive breastfeeding should be practised by every nursing mother.	81.3 122	4.70	0.74	Positive	65.2 62	4.57	0.74	Positive
2	Breast milk alone is sufficient for a newborn infant for the first six months.	48.7 73	3.37	1.76	Positive	33.7 32	3.20	1.63	Positive
3	Colostrum should be given to newborn should not be discarded	8.0 12	2.59	1.30	Negative	26.3 25	2.91	1.60	Negative
4	The newborn should be put to the breast within the first 30 minutes of birth.	82.0 123	4.74	0.72	Positive	58.9 56	4.44	0.78	Positive
5	A nursing mother should sleep with her newborn to be able to breastfeed at night in the first six months.	87.3 131	4.79	0.70	Positive	52.6 50	4.24	1.02	Positive
6	A nursing mother should move about with her newborn in other to breastfeed the infant on demand for the first six months.	81.3 122	4.63	0.92	Positive	63.1 60	4.28	1.01	Positive
7	The infant should be breastfed on demand and feeding not timed in the first six months.	78.7 118	4.55	1.05	Positive	60.0 60	4.28	1.01	Positive
8	Water should not be given to an infant in the first six months.	38.0 57	2.87	1.52	Negative	12.6 12	2.59	1.30	Negative
9	Medicine/ herb drinks should not be given to infants in the first six months except if prescribed by the doctor	32.7 49	2.89	1.52	Negative	22.1 21	2.89	1.46	Negative
10	Breast milk contains everything the child need as food and water in the first six months.	46.0 69	3.45	1.53	Positive	11.6 11	2.59	1.38	Positive
11	The infant will survive in the first six months on only breast milk.	48.0 72	3.61	1.47	Positive	41.1 39	3.65	1.39	Positive
12	Exclusive breastfeeding is more convenient for the nursing mother than formula feeding.	72.7 109	4.32	1.26	Positive	40.0 38	3.73	1.35	Positive
13	Exclusive breastfeeding is a good way of decreasing family expenses.	81.3 122	4.65	0.91	Positive	60.0 57	4.44	0.86	Positive
14	Exclusive breastfeeding should be continued even when the baby is ill (e.g. diarrhoea, cold, fever and vomiting).	85.3 128	4.67	0.95	Positive	62.1 59	4.37	1.02	Positive
15	Nursing mothers should not be ashamed of breastfeeding her newborn in public places.	37.3 56	3.42	1.59	Positive	22.1 21	3.72	1.33	Positive

Table 5. Distribution of significant others by their perceived roles and responsibilities of EBF promotions

S/N	Perceived Roles and Responsibilities	Grandmothers				Husbands			
		(%) F	Av	SD	Remark	(%) F	Av	SD	Remark
1.	Significant others should educate their nursing daughter/daughters-in-law/wives who have just put to bed on the need to give the new infant breast milk only without any addition for the first six months.	54.0 81	4.06	1.30	Positive	68.4 65	4.68	0.47	Positive
2	Significant others should insist on their nursing daughter/daughters-in-law/wives give breast milk for the first six months	13.3 20	3.39	1.44	Positive	31.6 30	3.43	1.43	Positive
3	Significant others should assist with the domestic task to give nursing daughter/daughter-in-laws/wives more time to rest and breastfeed their infants.	78.0 117	4.61	0.94	Positive	8.4 8	2.52	1.24	Negative
4	Significant others should encourage their nursing daughter/daughter in- laws/wives to feed well and take a lot of fluid so that she can produce enough breast milk for her infant.	90.7 136	4.86	0.54	Positive	63.2 60	4.63	0.49	Positive
5	Significant others should always talk in favor of EBF practice.	64.7 97	4.25	1.20	Positive	15.7 15	4.26	1.09	Positive
6	Significant others as household adviser should keep reminding their nursing daughter/daughter in- laws/wives to continue EBF for the first six months.	70.0 105	4.37	1.13	Positive	68.4 65	4.56	0.75	Positive
7	Significant others should discourage their nursing daughter/daughter in- laws/wives from giving their infant water in the first six months.	11.3 17	3.61	1.47	Positive	54.7 52	4.41	0.79	Positive
8	Significant others should discourage their nursing daughter/daughter in- laws/wives from giving formula to their infant.	12.7 19	3.91	1.26	Positive	57.9 55	4.32	0.98	Positive
9	Significant others should discourage their nursing daughter/daughter in- laws/wives from giving their infant water with herb (e.g. akiilu, utazi extract, grape water).	10.7 16	3.77	1.28	Positive	55.8 53	4.45	0.76	Positive

Table 6. Distribution of significant others by their perceived obstacles to the promotions of EBF

S/N	Perceived Obstacles	Grandmothers				Husbands			
		(%) F	Av	SD	Remark	(%)F	Av	SD	Remark
1.	Your nursing daughters /daughter-in-law type of job or trade could be a barrier for her to exclusively breastfeed the infant?.	17.326	2.71	1.46	Negative	17.817	2.43	1.41	Negative
2	Your nursing daughter/daughter-in-law not feeding well could be a hindrance for her to exclusively breastfeed the infant?	56.084	4.45	0.81	Positive	65.262	4.56	0.75	Positive
3	Your nursing daughters /daughter-in-law should not give colostrums to her newborn?	38.758	3.83	1.27	Positive	16.816	3.29	1.03	Positive
4	The duration of exclusive breastfeeding of an infant before the early introduction of any feed should be less than six months?	34.752	3.71	1.35	Positive	30.529	3.80	1.10	Positive
5	Your nursing daughter/daughter-in-law should introduce first fluid to her infant?	38.057	3.53	1.54	Positive	26.325	3.79	1.02	Positive
6	Herb with water (e. g. agbeilu, utazi leaf, palm fruit extract and grape water) should be given to an infant?	35.353	3.62	1.47	Positive	35.834	4.05	0.97	Positive
7	An infant should be given warm water and glucose after birth?	13.320	2.77	1.51	Negative	12.612	3.03	1.15	Positive
8	Exclusive breastfeeding should not continue when the infant is ill (e. g. cold, fever, diarrhoea and vomiting)?	6.710	1.79	1.17	Negative	2.12	2.41	1.09	Negative
9	Your nursing daughter /daughter in-laws who delivered through cesarean section should not practice exclusive breastfeeding?	4.77	2.18	1.26	Negative	1.11	2.12	0.91	Negative
10	By physically and verbally abusing your nursing daughter/daughter in-laws will make her to exclusive breastfeeding?	2.74	1.59	0.84	Negative	8.48	2.06	1.13	Negative

Table 7. Distribution of significant others by their willingness to the promotions of EBF

S/N	Willingness to Promotion Exclusive Breastfeeding	Grandmothers				Husbands			
		(%) F	Av	SD	Remark	(%) F	Av	SD	Remark
1.	I will support my nursing daughter/daughter in-law to practice exclusive breastfeeding?	29.344	3.50	1.25	Positive	55.853	4.47	0.70	Positive
2	I will positively communicate exclusive breastfeeding to my nursing daughter/daughter in-law?	16.725	3.24	1.07	Positive	21.120	3.38	1.32	Positive
3	I will assist my nursing daughter/daughter in-law with domestic task (e.g. cooking and cleaning) so she could have enough time to breastfeed the baby and rest?	58.788	4.55	0.56	Positive	6.36	3.22	1.06	Positive
4	I will praise my nursing daughter/daughter in-law on her effort to exclusive breast feed the infant?	50.776	4.35	0.88	Positive	61.158	4.52	0.76	Positive
5	I will be eager to help my nursing daughter / daughter in-law to seek solutions/advice from a certified care giver on problems she is facing as regard to exclusive breastfeeding?	20.731	3.22	1.06	Positive	23.222	3.46	134	Positive
6	I will listen to the decisions of my nursing daughter/daughter in-law on her choice of infant feeding practice and ensure she made the right decision?	23.335	3.15	1.03	Positive	54.752	4.37	0.86	Positive
7	I will be eager to communicate to my nursing daughter/daughter in-law on the benefit exclusive breastfeeding is to her especially, so she will be motivated to continue exclusive breastfeeding?	20.030	3.48	1.32	Positive	50.548	4.46	0.60	Positive
8	I will talk to my nursing daughter/daughter in-law on the benefit exclusive breastfeeding is to the child and at the long run / in future she will be glad she practiced it?	20.731	3.22	1.06	Positive	58.956	4.48	0.78	Positive
9	I will be prepared to keep my nursing daughter/daughter in-law company when she breastfeed the baby?	16.725	3.02	103	Positive	5.35	2.28	1.45	Negative
10	I will be willing to be part of a voluntary group that can give a talk to other men, grandmothers and women about EBF?	10.015	2.30	1.59	Negative	10.510	2.91	1.62	Negative
11	I will be willing to promote EBF by suggesting to the leaders in your group both at the church and towns meeting to organize seminar from time to time on the benefits of EBF	30.045	3.56	1.37	Positive	21.120	3.7	1.05	Positive

prepared to keep their nursing wives company when she breastfeed the baby 47.3% (2.28 ± 1.96), and not been willing to be part of a voluntary group that can give talk to other men, grandmothers and women about 31.6% (2.91± 1.71).

4. FOCUS GROUP DISCUSSION

Responses from significant others revealed that significant others had positive perceptions of EBF, but they did not engage in the practice due to various reasons. As expressed by a grandmother "A nursing mother needs enough food and beverages in other to practice EBF, my son-in-law has no steady job, feeding the family is most time difficult. So EBF practice is hard for nursing mother who in their homes struggle to feed". Another grandmother said, "I always encourage my daughter to give her baby medicinal herb and water when the baby suffers abdominal colic". A husband said, "Here we live from hand to mouth, sometimes no enough money to feeding. A nursing mother will not practice exclusive breastfeeding on an empty stomach. She needs to feed well so she could breastfeed her baby". Another husband also said, "My wife does EBF only for 3 months because the breast milk according to her is no longer enough to fill the baby, so I advise to introduce something to complement it". Significant other indicated readiness toward EBF promotion which also was expressed by a grandmother that, "Is not my decision to make I appreciate EBF practice but If she decides that she will practice EBF, I will support her". Another grandmother also said, "I do not like EBF practice, but I will not interfere in her decision to practice it". A husband said, "I don't have a steady job and I have a low income but I will try my best to do what is required to support my wives practice EBF since it recommended by government and the benefit is for the mother and child. The government, on the other hand, should engage us with work or empower us". Another husband also said, "I will support her by providing all she needs to ensure that she exclusively breastfeed our baby".

5. DISCUSSION

Promotion of EBF by significant others is very crucial towards promoting EBF in the community, hence it has been established in an earlier study following this present study that, significant others are the major cause of low adoption of EBF of the nursing mother [7]. In this study, the perceptions of significant others on the element of EBF was 120 (81-3%) for grandmothers and 69 (73%) for husbands this indicates that the significant others have a positive perception of EBF but these positive perceptions do not reflect their practice. In this situation, there was an indication of the gap between knowledge and practice. This positive perception of this significant others could be based on the information gotten from radio, church or towns meeting as prescribed by some of the respondents. This is similar to the study by Swanson & Power [12] who reported that significant others with higher educational level and with pro-breastfeeding views can influence the nursing mother to exclusively breastfeed more than their counterparts.

The roles and responsibilities of grandmothers were 100(100%) and husbands were 74(78%) this indicate that significant others have the positive perception to what their roles and responsibilities entail and yet this positive perception on their roles and responsibilities were not exerted toward helping the nursing mothers to adopt EBF practice. The reasons describe by this significant others for not supporting EBF practice was based on hunger and low-income status, this is in corroboration to the study by Ibe et al. [8] on Socio-Economic Factors Influencing Adoption of Exclusive Breastfeeding by Nursing Mothers in the Selected Communities in Imo State, Nigeria who noted that socioeconomic factors negatively influence EBF practice.

Perceived obstacles to EBF promotion indicate that more of the significant others (grandmothers 75(50%) and husbands 38(40)) has negative perceptions on the obstacles of EBF promotion. These significant others believed that giving infant water, medicinal water containing herbs and roots and early introduction of feeds from 2-3 months were not obstacles to EBF. This could be described as a strong underlying factor which could be traced down to an existing cultural belief [13]. This beliefs is common and more like a custom amongst the people of Umuokanne Community. This is similar to the study by Ibe, et al. [14], on Cultural Practices on Infant Feeding and Nursing Mother's Adoption of Exclusive Breastfeeding Practice in Imo State, Nigeria who noted that exclusive breastfeeding practice was very low among nursing mothers in the selected communities, and most of the mothers gave water or water containing medicinal herbs/ roots as their first fluid and for the treatment of abdominal colic experienced by infants.

However, Significant others had shown a positive will towards EBF promotion, which indicated 136(91%) for grandmothers and 78(82%) for husbands. This result of the findings has, however, portal a positive action toward EBF promotion which in turn indicates a positive intention towards promoting EBF in the community. From the factors observed in this study, significant others age was highly significant among the age group 50-59 years for grandmothers and 30-39 years for husbands at a significant level of $P = 0.05$. of which promotion of EBF should be carried out among age groups 50-59 & 30-39 respectively. Significant others between this age group are within the enlightenment age of which they are exposed to understand the current trends in their environment, community and nation at large. Income is an observed factor to influence EBF promotion, of which 75(50%) of grandmothers and 38(40%) of husbands identified these elements which include; giving infant water and breast milk not sufficient for infant as no obstacles to EBF promotion. This observed trend, however, is attributed to low income of the significant others not be able to support the nursing mother with every necessary provision to ensure she practice EBF this is in corroboration to Ibe et al. [14]. Cultural practices have been describing in the study as an obstacle to EBF. However In other, for significant others to change their behaviours, the first requirement is that the individual must be aware of the benefit that change brings about, once the awareness is achieved, a plan should be developed to change their behavioural pattern to get significant others willingness to promote change.

6. CONCLUSION

Finally, there is a need for appropriate strategies to be drawn towards changing the perception of significant others which was based on their existing cultural values and beliefs. Hence the positive perception of significant others shows a willingness to take positive actions and motivation of significant others through incentives, and job empowerment would lead to positive intentions and readiness to take action toward the promotion of EBF among them.

7. RECOMMENDATIONS

There is a need to review and expand existing strategies employed in the promotion of exclusive-breastfeeding to include cultural perspective and also a follow up activities in the community to sustain the clinic efforts.

CONSENT AND ETHICAL APPROVAL

An ethical approval was gotten from the Traditional Ruler of the Community for the study to be carried out in the community while an informed verbal consent was sought from participants.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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