COMMUNICATION AND EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS: A CASE STUDY OF 445 NIGERIAN AIR FORCE BASE HOSPITAL IKEJA, LAGOS STATE, NIGERIA

BY

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DECLARATION

I hereby declare that this dissertation entitled "Communication and Exclusive Breastfeeding Among Nursing Mothers: A Case Study of 445 Nigerian Air force Base Hospital, Ikeja, Lagos State, Nigeria" was written by me and is a record of my own research. No part of this dissertation has been previously presented for a higher degree. All quotations are indicated and all sources of information are duly acknowledged by means of references.

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CERTIFICATION

This dissertation entitled **"Communication and Exclusive Breastfeeding Among Nursing Mothers: A Case Study of 445 Nigerian Air force Base Hospital, Ikeja, Lagos State, Nigeria"** by INIOBONG NSIKAK WILLIAM meets the regulations governing the award of the degree of Master of Arts in Development Communication of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This work is dedicated to God Almighty for the grace, blessings, mercies and the inspiration which led to its completion.

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ABSTRACT

In Nigeria, there has been an increasing level of awareness campaign on exclusive breastfeeding (EBF), but knowledge about EBF is relatively low even in cosmopolitan cities like Lagos perhaps because of ineffective communication of the message of EBF, which in turn affects its practice. Therefore, this study sought to examine the communication strategies deployed by NAF Hospital in sustaining breastfeeding practice among nursing mothers at 445 Nigerian Air Force Base Ikeja, Lagos State, Nigeria with the following objectives: (i) ascertain the role of communication to nursing mothers on infant and maternal health within the study location, (ii) to identify the constraints of communicating exclusive breastfeeding among nursing mothers and (iii) to examine effective ways of communicating and sustaining exclusive breastfeeding practice amongst nursing mothers in the study location. It deployed Health Belief Model as the Theoretical Framework. The study further deployed the use of quantitative and qualitative methods. The findings of the research showed that although 445 NAF Hospital deployed communication strategies such as visual aids, IEC materials, Power Point Presentation, Health Talks and Counseling to encourage nursing mothers to practise and sustain exclusive breastfeeding but the deployment was unable to achieve the desired result in the sense that the level of awareness and practice on nursing mothers was low. The study concluded by stating that deploying a communication strategy is not tantamount to achieving the desired impact rather; it is the approach taken that is required for effectiveness. Therefore, the study recommended that there is need for health workers in 445 NAF Hospital to deploy the communication strategies more effectively considering closely the peculiar challenges of nursing mothers in the Base in order to maximize the benefits of exclusive breastfeeding. In addition, health workers in 445 NAF Base Hospital should make use of new communication advancements such as Social Media, Worship Centres, Door to Door Visitation and Performative Arts to reach more out to nursing mothers.

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

Today, the increasing concerns over maternal and child health have led to much emphasis on the multiple advantages of breastfeeding. Exclusive breastfeeding for the first six months of life can avert up to 13 per cent of under-five deaths in developing countries. Although there has been progress over the past 15 years, only 38 per cent of infants under 6 months of age in the developing world are exclusively breastfed. In Nigeria the figure is even lower, rather than increase the gains previously made in exclusive breastfeeding this feat is being eroded. In 1999, 22% of children were exclusively breastfed. This figure came down to 17% in 2003, and in 2008, 11.7% of children were exclusively breastfed for six months in Nigeria (Unicef, 2008)|. Exclusive breastfeeding for the first six months of life reduces infant mortality linked to common childhood illnesses and under nutrition.

Malnutrition has been responsible directly or indirectly for 60% of the 10.9 million deaths annually among children under-five. Under-five mortality in Nigeria increased from 138 per 1,000 live births in 2007 to 158 per 1,000 live births in 2011 against the Millennium Development Goal target of 71 per 1,000 live births (Jones, 2003). Hence, it has been observed that one of the causes of under-five mortality in Nigeria is traceable to the low practice of Exclusive Breastfeeding (EBF) (Ruel, 2003). Consequently, the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommended that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer.

Breast milk is a natural resource that has a major impact on a child's health, growth and development and it is recommended for at least the first two years of a child's life. Breast milk contains the nutrients that a baby needs and in the right quantity. Breastfeeding provides nutrients that are more easily digested and bio available (Oddy, 2001). Breastfeeding activities are carried out worldwide in order to fulfill the WHO and UNICEF recommendation that infants be breastfed exclusively for six months and thereafter until 24 months. This has been a policy for both developed and developing countries that recommend EBF for six months, followed by the combination of continued breastfeeding and safe, appropriate and adequate feeding with other food (Mary et. al, 2007).

EBF means that the infant receives only breast milk, with no other liquid or solid food given, not even water but with the exception of oral rehydration solution, drop/syrup of vitamins, minerals or medicine. Breastfeeding provides infants with superior nutritional content that is capable of improving infant immunity and possible reduction in future health care spending. At the Innocenti Declaration in 1990, the WHO/UNICEF

> Called for policies that would cultivate a breastfeeding culture that encourages nursing mothers to breastfeed their children exclusively for the first 6 months of life and then up to 2 years of age and beyond. However, a recent estimate by the WHO showed that worldwide, only 35% of children between birth and their 5th month are breastfed exclusively according to WHO (2003:54).

Furthermore, based on the WHO global data on infant and young child feeding in developing countries, 22.3% of children in Nigeria were exclusively breastfed for less than 4 months, while 17.2% were exclusively breastfed for less than 6 months, in the year 2003. According to the

Nigerian Demographic and Health Survey (NDHS), in 2008, 17% of children were exclusively breastfed for less than 4 months, while 13% were exclusively breastfed for less than 6 months.

Breastfeeding is an important public health strategy for reducing infant and child morbidity as well as mortality. Similarly, breastfeeding alleviates maternal morbidity and healthcare costs. Successful knowledge and practice of EBF is crucial to the curbing of infant malnutrition, reducing child mortality as well as improving maternal health (Brien, 2009). Based on available evidence, achievements of both goals are still far from the desired progress. EBF practices, including initiation and duration, are influenced by multiple interwoven factors, which include health, psychosocial, cultural, political, and economic factors. Among these factors, decisions regarding initiation and duration of breastfeeding in developing countries are influenced by education, employment, place of delivery, family pressure, and cultural values (Tajudeen, 2016)
In Nigeria, the major factors influencing EBF practice include; urbanization, mothers working outside the home, women education, attitudes of health workers, policies of health facilities to exclusively breastfeed or choice of other suitable infant feeding patterns and knowledge of mothers on EBF pattern among others. Successful breastfeeding depends on mothers' knowledge and beliefs about breastfeeding. Since breastfeeding behaviour of a mother is an important predictor of infant and child nutrition, health and development, it becomes necessary to assess mother's knowledge, and proposed infants feeding patterns.

While EBF initiation is on the increase, the duration and practice of EBF among women who had their delivery in a health facility, and outside such facility, has remained low (RNAO, 2007). Ajibuah, (2013:23) submits that: The early introduction of complementary feeding, based on erroneous assumptions, affects breastfeeding initiation and sustainability. Among ethno-centric Nigerians, a common belief around infant feeding is that EBF is beneficial to both infants and

mothers, but complementary feeding is essential for babies to adapt to other meals with ease. Besides normative expectations, personal experiences and networks of support have influence on the forms and quality of breastfeeding practices.

Largely, these factors exert pressure on breastfeeding nursing mothers thereby making their experience pleasurable or painful within time and space (Ojo et. al., 2012). In spite of the strong evidence and wide publicity on its benefit, EBF has remained low worldwide (Ajibuah, 2013). This has led to increase in awareness campaign to boost the level of adherence of nursing mothers to EBF. The media have been one of the major tools of sensitization and awareness creation in this regard.

Communicating the importance of EBF is also a key component of health delivery system. WHO/UNICEF supports countries to conduct formative research, which is used to feed into the design of strategies for social and behavior change communication, and UNICEF supports the implementation of the strategies through multiple communication channels. Lagos, as the commercial capital of Nigeria is one of the states that have benefited from intensive programmes supporting EBF by government and nongovernmental organisations because of the large number of women and nursing mothers in it as a cosmopolitan town. Several channels have been used to disseminate information on how nursing mothers should breastfeed, why they should practise breastfeeding; health benefits of breastfeeding and health challenges resulting from non-practice. These channels include the conventional media such as radio, television newspapers and billboards. Perhaps, the use of conventional media in Lagos is because of its cosmopolitan nature and there is an appreciable level of education, especially of women. However, from the study conducted by Akodu, Njokanma, Disu, Anga and Kehinde (2014), the emphasis has shifted to the hospitals and maternities where there is direct contact with nursing mothers with emphasis on

effective communication in small groups. In view of this, the focus of this study is to examine the use of communication to improve the EBF campaign among nursing mothers in 445 NAF Base Hospital, Lagos.

Importantly, 445 NAF Hospital is located in Sam Ethan Air Force Base, Ikeja in Lagos State. It is a well-known hospital and well equipped with the state-of-the-art medical facilities. It covers all areas of medical care and consists of seven (7) Departments which include; General Out-Patient Department (GOPD), Obstetrics and Gynecology, Medical Out-Patient Department (MOPD), Surgical Out-Patient Department (SOPD), Pediatrics, Professional Out-Patient Preventive Dentistry (POPD) and Ophthalmology. Each of these departments has different specialists. The MOPD houses specialties which include: Cardiology, Neurology and family medicine. The SOPD houses Urology, General Surgery, ENT, and Orthopedic wards. It is a secondary hospital which is gradually transcending into a teaching hospital because of the number of officers being trained in various fields.

1.2 Statement of the Research Problem

In most developing countries of the world, malnutrition is a life threatening issue, particularly among the poor and low income earners. The most affected in this situation are babies between one and five years of age. The high mortality rates affect babies who are not well breastfed. Consequently, there has been a global campaign to urge nursing mothers to practise EBF otherwise known as baby-friendly initiative. In Nigeria, there has been an increasing level of awareness campaign on EBF, but compliance rate is relatively low even in cosmopolitan centres such as Lagos. The reason for this is perhaps because of ineffective communication of the message of EBF, which in turn affects its practice. Therefore, this research assessed the

importance of communicating EBF among nursing mothers at 445 Nigerian Air Force Hospital Ikeja, Lagos State, Nigeria.

1.3 Aim and Objectives of the Study

The aim of this study is to advance the importance of communicating EBF among nursing mothers. The specific objectives of this study are to:

1. examine effective ways of communicating and sustaining EBF practice amongst nursing mothers in 445 NAF Hospital Ikeja, Lagos State Nigeria;
2. identify the constraints of communicating EBF among nursing mothers in 445 NAF Hospital Ikeja, Lagos State Nigeria; and
3. ascertain the role of communicating EBF to nursing mothers on infant and maternal health within the study location.

1.4 Research Questions

1. In what ways can communication be effective in sustaining EBF practice amongst nursing mothers in 445 NAF Hospital Ikeja, Lagos State Nigeria?
2. Are there constraints of communicating EBF among nursing mothers in 445 NAF Hospital Ikeja, Lagos State, Nigeria?
3. What are the specific roles of communicating EBF practice to nursing mothers in 445 NAF Hospital Ikeja, Lagos State, Nigeria?

1.5 Significance of the Study

The significance of communicating EBF among nursing mothers is numerous. The outcome of this research would be beneficial to some categories of people such as nursing mothers, health workers, government/nongovernmental organizations and policy makers.

The study highlight s the benefits of EBF to nursing mothers and to the child. It equally underscores the critical role which health workers play in ensuring effective communication. Effective communication becomes important because it affects the level of responsiveness to health messages. Additionally, the study will bring to the fore the relevance of EBF at mitigating infant mortality.

Furthermore, government and nongovernmental organization rely on findings from health related researches. This study would provide such agencies with the facts about the role that communication plays in sustaining EBF which has been a global challenge. It would help health workers in these agencies to plan and develop effective strategies to enhance EBF practice in 445 NAF Hospital Ikeja and beyond. For policy makers in the health sector, the findings would provide them with empirical data that can lead to more effective policy formulation in the area of maternal and child health. The study would add to the body of knowledge on health communication, which is currently experiencing global attention in terms of research and practice.

1.6 Scope of the Study

This study took a look at the communication channels through which EBF is carried out. In other words, it examined communication and EBF among nursing mothers and in doing this, the study limited its scope to women and health officials in the 445 NAF Base Hospital located in Ikeja, Lagos. The 445 NAF Hospital Ikeja is a cosmopolitan area with people from diverse cultures and background. In this hospital, programmes to encourage breastfeeding have been intensified in conjunction with the breastfeeding awareness campaign in Lagos by government and Non-Governmental Organisations (NGOs). Furthermore, the hospital is equipped with modern health

facilities and enlightenment campaigns on various health issues, especially child mortality and breastfeeding practice. Therefore, it is imperative for this study, to examine how communication has been used to advance the role of EBF in order to engender change of attitude among nursing mothers. This study covered 2013 and 2016 and it is imperative to note that these periods experienced some level of improved efforts towards sustaining EBF by the Government and local/international NGOs.

In terms of conceptual issues, the study examined the role of communication to nursing mothers on infant and maternal health within the study location, constraints of communicating EBF among nursing mothers in 445 NAF Hospital Ikeja, Lagos State, Nigeria and effective ways of communicating and sustaining EBF practice amongst nursing mothers in 445 NAF Hospital Ikeja, Lagos State, Nigeria.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 The Concept of Communication

Communication is crucial to health as a discipline; they are inseparable because for health issues to be disseminated worldwide there has to be the use of communication channels as well as a message. And passing across sensitive information requires technicality if not, a wrong message can be passed across and the health of many can be jeopardized. Another dimension to this is that, there could be that the right information is packaged but to the wrong set of people. Communication is simply the act of transferring information from one place to another, a process of transmitting and receiving messages or information between a sender and a receiver(s), which usually involves feedback; this can be verbal or non-verbal. However, the sender(s) must encode the message (the information being conveyed) into a form that is appropriate to the communication channel, and the receiver(s) then decodes the message to understand its meaning and significance (Servaes, 2001).

Furthermore, Srampickal (2006) asserts that communication in its simplest form is the activity of conveying information through the exchange of thoughts, messages or information or information as by speech, visuals, signals, writing, or behaviour. In other words, it is the sharing of feelings, ideas and opinions with others. This can be intellectual, personal, spoken or written in nature (Srampickal, 2006). This is because we live in groups and as such we cannot avoid interacting with one another as humans are invariably social animals. As a matter of fact, communication is a two-way process. In spoken communication, we have speakers and listeners

who send and receive verbal messages from each other. In written communication, we have writers and readers, whereas in visualization and observation, the symbols and signs are included. Communication motivates, informs, suggests, warns, orders, changes behaviour, and establishes better relationships, to make interaction meaningful and make oneself understood.

According to Rogers (2011*),"*communication is the process of sharing information, thoughts, and feelings between people through speaking, writing or body language*".* This extends the concept to require that transmitted content is received and understood by someone in a way it was intended. The goals of this form of communication include, creating a common perception, changing behaviours, and acquiring information. Yahaya (2008) sees communication as "a process of creating and stimulating understanding and not only as a means of transmitting information." This definition brings in a new dimension to communication which is stimulation. Drawing on this, it can be inferred that without stimulation, there cannot be communication. In furtherance of this argument, any information received must not die with the receiver, but must affect the individual positively and the society at large (Yahaya, 2008).

Okunna (2000) submits that communication is indeed the very lubricant that makes the machinery of human relationship function smoothly. In view of this, there are several ways through which communication can take place such as writing in a diary, watching television, talking with friends, and speaking on the telephone.

2.2 Levels of Communication

Human communication takes place on many levels, from the simplest interpersonal and small-group exchanges among friends to mass communication, as experienced in public speeches, magazines, or news broadcasts (Servaes, 2001). Therefore, it is pertinent to discuss one of the

levels of communication which is relevant to this study which is interpersonal communication.

2.2.1 Mass Communication

Mass communication is one of the levels of communication that has been deployed severally by health care providers to disseminate health information to a large number of people in the world. According to Mackay and O'Sullivan (1999:43),

> Mass communication is the study of how people exchange information through mass media to large segments of the population at the same time. In other words, mass communication refers to the imparting and exchanging of information on a large scale to a wide range of people. It is usually understood to relate newspaper, magazine, and book publishing, as well as radio, television and film, even via internet as these mediums are used for disseminating information, news and advertising.

From the above assertion, it can be deduced that mass communication is required when there is a large number of people that the sender of a message intends to reach. The main emphasis is when there is need for a large audience. It, therefore, means that the message must be important enough to warrant the effort of using the mass media which could be expensive.

Furthermore, Griffin (2009:65) adds that mass communication is "the process by which a person, group of people, or organization creates a message and transmits it through some type of medium to a large, anonymous, heterogeneous audience". This implies that the audience of mass communication are mostly made up of different cultures, behaviour and belief systems. Looking at a situation where one particular message is sent to people of diverse cultures and geographical location, one wonders if they can all apprehend the message. This, perhaps, is one of the challenges that mass communication can inherit. In order to address this challenge, it requires

that the message is sometimes translated to meet the perception of certain people and by so doing, there can be distortion in the message.

In addition, it is evident that mass communication is regularly associated with media influence or media effects, and media studies. Mass communication is a branch of social science/arts and humanities that falls under the larger umbrella of communication studies. Hartley (1997:44) notes that:

> Mass communication is often associated with the practical applications of journalism (print media), television and radio broadcasting, film, public relations, or advertising. With the diversification of media options, the study of communication has extended to include social media and new media, which have stronger feedback models than traditional media sources.

Furthermore, Simpson (1986) conceptualises mass communication as messages transmitted through electronic or print media and directed at great numbers of people. It is important to note that mass media has been instrumental in disseminating information about health issues, especially breastfeeding. It has actively involved radio, television and most recently the Internet. Its effectiveness is a key factor that instigates it usage. With a wide coverage, it has made information available even to the remotest parts of the rural areas. This is very noticeable in the case of radio which is easier and affordable even to rural dwellers.

2.2.2 Verbal and Nonverbal Communication

Verbal communication is the use of voice and language to communicate to people or with people. The sole essence of verbal communication is in the coding and decoding of sounds (Dickson, 2004). Emphasis is placed on sound and language. It means that the receiver must be able to understand the language being spoken or being used for the communication. In the event

that the receivers do not understand the language, then the essence of communication is lost. Verbal communication revolves around speech and oral expression. It is persuasive and is capable of bringing about behaviour change. As such it is deployed in health related issues. On the other hand, Guerrero De Vito and Hecht (1999:85) assert that:

> Nonverbal communication means communication through sending and receiving wordless clues. It includes the use of visual cues such as body language (kinesics), distance (proxemics) and physical environments/appearance, of voice (paralanguage) and of touch (haptics). It can also include chronemics (the use of time) and oculesics (eye contact and the actions of looking while talking and listening, frequency of glances, patterns of fixation, pupil dilation, and blink rate).

In the same vein, Burgoon, Guerrero & Floyd (2011:78) posit that:

> Just as speech contains nonverbal elements known as paralanguage, including voice quality, rate, pitch, volume, and speaking style, as well as prosodic features such as rhythm, intonation, and stress, so written texts have nonverbal elements such as handwriting style, spatial arrangement of words, or the physical layout of a page. However, much of the study of nonverbal communication has focused on interaction between individuals, where it can be classified into three principal areas: environmental conditions where communication takes place, physical characteristics of the communicators, and behaviours of communicators during interaction.

Nonverbal communication involves the conscious and unconscious processes of encoding and decoding. Encoding is the act of generating information such as facial expressions, gestures, and postures. Decoding is the interpretation of information from received sensations from previous experiences (Andersen, 2007).

2.2.3 Interpersonal Communication

While there are many definitions available, interpersonal communication is often defined as the communication that takes place between people who are interdependent and have some knowledge of each other. By Langs (1993:103) definition:

> Interpersonal communication is often extended to include small intimate groups such as the family. Interpersonal communication can take place in face-to-face settings, as well as through media platforms, such as social media. The essence of discussing interpersonal communication is because of the need to reach out to a large number of people with vital information. Interpersonal communication involves one-to-one exchanges between people. It is the most important and frequent context for communication. It is important because it is essential to forming and maintaining significant relationships between individuals.

Interpersonal communication can also encompass group communication which refers to communication between 10 or more people gathered together in a location. It can be further divided into small group and large groups. The difference between small group and large group is predicated on numbers (Thompson and Parrott, 2002). Small group communication involves give-and-take exchanges between a relatively small numbers of people from 5 to 20 while a large group consists of 20 to a hundred people. It is important to also note that groups are classified according to purpose. Such as for learning, socializing, therapy, problem-solving, political action, and worship groups. In relation to this study, small groups are often used to disseminate information on EBF and other health issues. Communication channels used for small group are often different from that deployed for large groups. Small groups can make use of talk shows, counselling sessions and interpersonal interactions. But larger groups have over time deployed the mass media (Thompson and Parrott, 2002).

2.3 Health Communication

Health is an area where effective communication is particularly important; this is because for people to attain a healthy living they need information from professionals and care givers (Shirima, Medhin and Greiner, 2001). The world is constantly experiencing new ideas in various aspects of health as a result of scientific innovations and discoveries and these inventions are intended to improve the health of human beings. Most importantly, these pieces of information need to get to the people and this is where communication comes in as a tool. Effective communication contributes to virtually all aspects of healthcare. The study of EBF fits into health communication because the practice of EBF needs to be encouraged among nursing mothers in view of the benefits. In spite of the benefits, EBF practices over the years have been low, especially in sub-Saharan Africa (Ajibuah, 2013). One of the ways to encourage the practice of EBF is through communication. Therefore, discussing this subject is imperative.

Rogers (1996:15) reveals that health communication is "any type of human communication whose content is concerned with health". This obviously infers a communication where the focus is on health related transactions and other factors that have direct bearing or influence on it. Health communication has become an acceptable tool for promoting public health.

Kreps, G.L. (1988) affirmed that "health communication is the central social process in the provision of healthcare delivery and the promotion of public health and the centrality of the process of communication is based upon the pervasive role communication plays in creating, gathering and sharing health information". Similarly, Berry, (2007:68) explains that health communication is "the study that encompasses the use of communication strategies to inform

and influence individual and community decisions that enhance health". In this instance, emphasis is placed on the use of strategies in informing and influencing individuals and communities. Therefore, the role of health communication is broad based.

According to Northhouse and Northhouse (1998), the advancement in communication technology has made it possible to extend the tools for communicating heath tips. For instance, mobile phones are currently being used to send health tips to customers by service providers. In Nigeria, tips on various health issues can be subscribed by network users. Health tips are available on EBF to nursing mothers or anyone interested in such information. These tips can be daily, weekly and or monthly bases. Health communication in the past decades have contributed immensely to clearing negatives beliefs as regards certain health challenges and has provided more empirical information that has led to several behavioural change (Shirima, Medhin, and Greiner, 2001).

There is a strong relationship between health communication and development. In order to explore this link, there is need to understand the concept of development. Development is a term with a broad and multifaceted meaning that can be broadly defined as the systematic attempt to support the betterment of peoples' conditions, especially those of the poorest, at local, national, and international levels (Mefalopulos, 2008). Quebral (1973/72), argues that development communication, therefore, is an organized effort to use communication processes and media to bring social and economic improvements, generally in developing countries. Solving health challenges through the use of communication is considered as development. Because of the importance of health communication and its relevance to development, various organizations both local and international have deployed it. For instance, non-profit NGOs conduct development projects worldwide, using the United Nations (UN), government, or private

funding. On the other hand, government agencies, such as the United States Agency for International Development (USAID) provide assistance to developing countries. Therefore, communication becomes an important catalyst for change to occur.

Empirically, these agencies adopt local folk media, such as dance, songs, storytelling, music, festivals to complement the conventional media. This is also intended to reduce media's bias toward literacy and provide information in a traditional form which rural people are familiar with. In order for the mass media to communicate more effectively, especially in developing societies, community newspapers and community radios are fast becoming more accessible and useful than television.

It is important to note that development issues all over the world range from poverty, economy, physical or infrastructural developments, improved health, good governance, technological advancement and empowerment (Ogbe, 2008). Improved health is one of the major concerns of development, especially in developing countries such as Nigeria. Poor health issue in developing countries has been a major development issue that has attracted several agencies and government. It has given rise to several interventions as well. Indeed, the millennium development goal is focused on health. In addition, health interventions have focused more on communication and as such the concept of health communication is a recurring concept in development communization.

Effective communication enhances sustainable development. Many researches carried out support that communication and development are so closely related that there cannot be development without communication. In a developing country such as Nigeria, strategies, plans and policies on developmental projects can only be effective and the desired results produced, if

the project is properly communicated. This indicates that it is important to properly articulate the development projects through planning and formulating strategies on how to actually implement the objectives of the development projects to achieve results. On the other hand, and equally important, is the communication regarding the development project. It must be properly communicated in order for people to see the need, the strategies and the desired result in view. This is what is known as development communication. Nwabueze, (2008:18) conceptualises development communication as "a conscious effort by a sender to package messages aimed at persuading, encouraging and convincing the receiver to adopt and participate in actualizing the development plan". Development communication is used to bring about behavioural change towards the desired development in a particular society. These communication processes are often done through mass media campaigns and advocacy advertising. Advocacy advertising champions preventive action against conditions affecting the public welfare Ukonu, (2004:83). He further states that:

> In development process, advocacy is concerned with producing information and knowledge for decision makers within the environment where the development is required to facilitate their ability to make informed decisions regarding the project or innovation. It is not enough to just air these campaigns, it must be properly planned to meet the aim for its production.

This entails properly researching the people who the development communication is targeted at, to ensure that the appropriate channel is used, the appropriate language and the message itself packaged to suit the people. This will in turn encourage their appreciating the development process and their participation in it. According to Okunna, (2000:298), "development should be a participatory process whose success therefore ultimately depends on the involvement of the people in whatever project that is being carried out". There have been many of such campaigns for developmental processes in Nigeria, but whether these campaigns meet the desired objectives

is a question that is yet to be clearly answered. Ekwelie, (1999: 6) opines that we have proof that development and communication can be complementary. We know that communication may fail to generate development, but after making all the allowances for accidents in nature and society, we are still left with a paradigm that links communication with development.

In an attempt to achieve successful breastfeeding globally by the year 2000, WHO and UNICEF launched the Baby Friendly Hospital Initiative (BFHI) in 1991. It is a project through which exclusive breastfeeding is being supported, promoted and protected. EBF means that no other drink or food should be given to the infant except breast milk; the infant should feed frequently and for unrestricted periods.

The BFHI recommends that infants be breast fed for six months and thereafter until twenty-four months alongside other proper food for the child. This recommendation is because of the various research publications on the superiority of breast milk compared to other types of milk for the nourishment of the infant, and the offering of better health benefits to both mother and child. All nutritional needs for children are provided by the breast milk in the right amount and duration. This crucial benefit of breast milk prompted the need for EBF campaign. In spite of all the efforts geared towards achieving the goals of EBF campaign, which include reducing infant malnutrition and mortality, the project still does not have 100 percent success. This is due to a number of factors which include gap in communication, especially in the rural areas. Writing on the effective promotion of breastfeeding in the 21st century, Oruamabo, Uchendu, and Ikefuna, (2004:15) affirm that "women resident in the rural areas pose the greatest problems". EBF campaign is communicated through the various mass media in the country. These media include the radio, television, newspapers and magazines, banners, posters, and flyers. Infant welfare

clinic sessions at several hospitals and antenatal clinics are also avenues where information about EBF is communicated (Oruamabo, Uchendu, and Ikefuna, (2004).

2.4 The Issue of Breastfeeding

Breastfeeding is a natural process of infant feeding involving two main methods; exclusive and partial with the latter being the trendiest. Nevertheless, exclusivity is the absolute and suitable scheme with the finest domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome (Khresheh, 2011). EBF is known to be the most effective preventive intervention to reduce early-childhood mortality. Optimum breastfeeding practice entails EBF for the first six months, which could be continued up to 12 months. Preventive interventions certainly reduce childhood mortality among children less than five years old.

Furthermore, breast milk consists of basic nutrients containing proteins, vitamins and carbohydrate. However, the presence of minerals fulfills micronutrient needs and maternal antibodies improve the immune system inhibiting infantile infections such as gastrointestinal, respiratory and skin infections, which may decrease physical and neurological growth of the baby. There is increased production of hormones that are responsible for uterine contraction, preventing hemorrhage and maternal mortality. On the other hand, breast cancer and ovarian cancer risk prospects are reduced with weight loss preventing early cardiac morbidity and mortality (Fairbrother and Stanger-Ross, 2009).

During 1940s, exclusive breastfeeding was a communal tradition in all corners of the globe; subsequent to the World War II the ritual instigated to diminish and converted to modern trend in the use of fabricated formula milk particularly in the western world in contemporary eras

(Jharna, E., N., *et al.,* 2014). The nutrients become inevitable as it started to become widespread despite the advice and presage from World Health Organization (WHO) which recommends exclusive infant breastfeeding for the first six months of life and continuing up to two years of age and beyond United Nations Children's Fund (UNICEF) and Baby Friendly Organization in order to restore the Primitive Tradition (Coates, 2007, in Jharna, E., N., *et al.,* 2014)).

At present in Nigeria, it has been shown by the Multiple Indicator Cluster Survey (MICS, 2007) data and National Demographic Health Survey (NDHS, 2008) that only 13% of nursing mothers practiced EBF, this is a decline from 17% reported in NDHS (2004). In addition to breast milk, 34% of infants aged 0-5 months are given plain water only, while10% are given non-milk liquids and juice and 6% are given milk other than breast milk. Furthermore, 35% of infants aged 0-5months are given complementary foods.

2.5 Benefits of Exclusive Breastfeeding

EBF has profound benefits for infants that extend beyond childhood, numerous benefits for mothers and benefits for the family. Beyond these well-documented positive aspects for long-term health and well being, breastfeeding has a beneficial impact on the workplace, the health care system and the larger society (McCann, Baydar, and Williams, 2007); Martin, L., and Schubert, J., (2003).There is growing evidence that early initiation of breastfeeding has a significant impact on reducing overall neonatal mortality. Recent studies from Ghana and Nepal show that early initiation within the first hour of life could prevent around 20 per cent of neonatal deaths. Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children (Mitra and Hinton, 2004).

In the first six months of life, breastfed infants are six times less likely to die from diarrhea and 2.5 times less likely to die from acute respiratory infection. EBF protects infants against diarrhea through two mechanisms: (1) reduced risk of bacteria from contaminated formula, other liquids and complementary foods and (2) the transfer of maternal antibodies through breast milk (Laanterä, *et al*. 2010). In emergencies, breastfeeding saves lives among the most vulnerable infants under six months by avoiding illness causing pathogens in artificial milk, boosting their immune systems and providing all required nutrients and sufficient fluid to prevent dehydration.

EBF protects against weight loss due to diarrhea. It often means that babies will breastfeed more, which helps keep up the milk production so they get more nutrition. (The practice of giving water together with breast milk in the first six months means the water displaces breast milk, so babies nurse less and the mother produces less milk). Because of its large impact on reduction of infectious diseases, breastfeeding plays a role in reduction of stunting, a condition in which infectious diseases are important determinants. However, breastfed children will become stunted if they do not receive an adequate quantity and quality of complementary foods from the age of six months onward (Laanterä, et al., 2010).

EBF lowers infants' risk of chronic conditions later in life compared with formula-fed infants, including asthma, overweight and obesity, diabetes, heart disease and cardiac risk factors such as hypertension and high cholesterol levels, and cancers such as childhood leukemia and breast cancer later in life (Laanterä et al., 2010. A recent study adds to the body of literature concluding that children who are breastfed for more than six months have a lower risk of mental health problems as they enter their teenage years (Nkala and Msuya, 2011).

Other aspects of EBF are harder to quantify but profoundly beneficial. These include the additional opportunities for bonding of mother and infant through more time together with skin-to-skin contact and the contribution this prolonged time of secure physical closeness makes to the infant's well-being (Laanterä et al, 2010). Initiation of breastfeeding immediately after delivery helps to contract the uterus, expel the placenta and reduce bleeding. Breastfeeding may lead to a more rapid return to pre-pregnancy weight. EBF in the first six months may delay the return of fertility, thus reducing exposure to the maternal health risks associated with short birth intervals. In the longer term, mothers who breastfeed tend to be at lower risk of pre-menopausal breast cancer and ovarian cancer (Laanterä et al, 2010).

Breastfeeding is the least expensive method of infant feeding (Okolo and Ogbonna, 2002). For many poor households, the high cost of breast milk substitutes, feeding and sterilizing equipment and fuel represents a substantial drain on scarce household resources. Added to these are the costs of health care for the sick infant exposed to contaminants from mixed feeding or water in addition to breast milk. When mothers miss their work to care for sick infants, employers and the economy are also affected. Moreover, as previously stated, breastfeeding is a basic human right, so effective EBF practices should become available to all, including vulnerable and marginalized populations. Breastfeeding can help bridge economic and social gaps (Laanterä *et al*. 2010).

2.6 Challenges to Exclusive Breastfeeding

Despite the many benefits of EBF, sound EBF practices are not the norm in many countries, and large differences exist in the EBF rates between regions and among countries. The promotion, support and protection of optimum breastfeeding take a different type of engagement from the health system, because breastfeeding is asocial behaviour and not a medical practice. It is not a typical intervention, because there is no pharmaceutical product to be purchased or distributed and the practice is not dependent on a facility or health provider. These factors pose particular challenges, which have been addressed with varying degrees of success by breastfeeding programmes (UNICEF, 2011).

In developing countries, the rate of EBF for infants less than six months is only 37 per cent, and there has been very little progress since the early 1990s. It is estimated that global burden of children who are not exclusively breastfed is around 32 million children iii. Challenges to improving breastfeeding practices according to (UNICEF, 2011) include:

(a) Complacency, which may be one of the biggest threats to optimal infant feeding.

Most nursing mothers are complacent to EBF. Complacency means that nursing mothers are content with the normal breastfeeding attitude and might not be ready to go the extra mile to include exclusive. This happens when there is no meaningful information or enlightenment and so there seems to be no need for change of behaviour.

b) Widespread promotion of breast-milk substitutes

Wide spread promotion of breast milk substitutes have also influence the decline in the number of women practicing EBF. There are several substituted to breast milk. Dairy products are

numerous to mention and are available at affordable prices. Because of the availability of these products, nursing mothers do not concentrate on exclusive.

c) Belief that infants need water in addition to breast milk

It has been medically asserted that babies do not need water during EBF. This is because breast milk has enough water to sustain the child. But because of lack of information available to nursing mothers, they practice of giving the child water together with breast milk has thrived. There is the consequence of a child drinking contaminated water and suffering from acute diarrhea and typhoid. With EBF, there is no case of diarrhea or typhoid.

d) The issue of breastfeeding and HIV transmission

For nursing mothers who are living with HIV, there is the apprehension that EBF can lead to mother to child transmission. This to a large extent has affected the practice of EBF. Counseling nursing mothers who are living HIV to practice EBF is rather challenging. Evidence on HIV transmission through breastfeeding, highlights that EBF for up to six months is associated with a three-to-four-fold decreased risk of transmission of HIV when compared with non-EBF (mixed feeding) (UNICEF, 2011). However, despite a slight risk those HIV-positive mothers will transmit the AIDS virus to their infants via their breast milk, the risks of not breastfeeding are far greater, especially in settings with poor water and sanitation, poor health services and widespread poverty. In fact, non-breastfed children of HIV-positive mothers have much higher mortality rates because of malnutrition, diarrhea and other diseases than do breastfed babies. Thus, the focus should be expanded to ensuring HIV-free survival, not just on preventing mother-to-child transmission.

e) Lack of support for breastfeeding at home, in the community, in healthcare facilities and in workplaces affects breastfeeding and most especially exclusive. Starting from the home, a lot of women are discouraged by their husbands to continue EBF because of the belief that it leads to the breast going unrecoverable flat. This to some husbands makes their wives unattractive and perhaps old. The issue of a stipulated time for maternity leave is a contributing factor to why women do not indulge in EBF culture (Uchendu and Ikefuna, 2009). Furthermore, it is customary in many countries for adults to give babies water, tea, porridge or other foods in addition to breast milk, even during the first few weeks of life. Even when mothers want to breastfeed exclusively, they often face pressure from the community and from husbands and other family members to follow these social norms for mixed feeding. When this happens, social norms conflict with human rights by inhibiting the mother's right to breastfeed her infant exclusively and interfering with the baby's right to survive and develop with all health benefits, which breast milk provides in the early months. Several myths about breastfeeding still persist and should be researched and addressed by communication efforts.

f) Poor understanding of the role of breastfeeding in advancing human and health rights is a contributing factor in this regard. Sometimes the challenge is simply giving women accurate information about how to position the baby and how to breastfeed effectively. For example, Ghana identified a problem in "breastfeeding on the run" a common situation in which mothers gave a little bit of milk from both breasts, so children were not suckling enough to get the rich hind milk. Because of this practice, mothers thought their babies were hungry (they were) and were tempted to give other foods (UNICEF, 2011).

A lot of information has been made available and is still being made available to women in the area of EBF. This, to large extent is through the instrumentality of communication. Without effective communication, healthcare delivery can be challenging. It therefore signifies that communication plays a crucial role in health. Thus, the aspect of using communication to bring about the dissemination of vital health information is known as health communication.

2.7 Strategies of Communicating Exclusive Breastfeeding

Communicating EBF requires strategies and several strategies have been deployed: Visual aids are instructional materials such as posters, scale model, or video, which present information visually. They are vital for passing across vital information to people. They use both verbal and non verbal communication models. For instance posters and flyers do not speak verbally, but they have a means of communicating impactfully to people. They use pictures, diagrams and symbols that people can easily relate without audio or voices. Other visual aids incorporate both visual and audio and it makes it more appealing having to hear the verbal messages and also the pictures to aid interpretation. Also, health talk just as the name suggests is a forum where issues of health are discussed or taught. Usually, health talk is organised by caregivers, government and NGOs to bring health information to people. It is carried out mainly in hospital or health facilities, where the target audience can be easily located. Furthermore, counseling is closely related to health talk, but it is based on interpersonal relationship. That is to say, it normally takes the form of face-to-face engagement between doctor and patients, or between health-caregiver/professional and the audience.

However, there are challenges to communicating EBF. Challenges are issues and phenomenon which delays or militate against the achievement of a goal or target. In the case of communicating EBF, there are obvious challenges and they include: lack of effective communication channels and non-proactive attitude of nursing mothers. Lack of effective communication strategies can be seen as a serious challenge to disseminating information on EBF. Most caregivers deploy mass communication that is rather at a broad level. However, the issue with this approach is that the message might not get to the target audience. Once it doesn't get to the target audience, it therefore means that the impact is lost. However, more efforts presently are focused on small groups which constitute target audiences. In the case of breastfeeding, nursing mothers are the object of focus. It is important to mention that the issue of non-proactive attitudes to breastfeeding is also a challenge to communicating breastfeeding. In this instance, there is communication, the message is received but not practiced by nursing mothers. This could be attributed to health challenges, poverty, religious and traditional beliefs as well as ignorance.

However, there are challenges that can impair communication of EBF and one example is wrong uses of communications channels. The important thing to note is that any channel used to provide information must be such that gets to the target audience directly in order to achieve the desired goal. The mass media has been used over the years to talk about the EBF without identifying specific audience which is nursing mothers. Even in the hospitals where an expectant mother puts to birth, the need for regular contact with the hospital especially on breastfeeding session is virtually nonexistent. Additionally, post-natal care for nursing mothers is not centred on EBF, but on immunization.

Furthermore, caregivers lack adequate understanding of the demographic challenges or peculiarities. Thus, the approach to communicating breastfeeding to nursing mothers is the same. Also, understanding the peculiarities of a geographical location or people from a geographical location can post a challenge to communication. Different ethnic groups behave differently when it comes to certain health issues such as breastfeeding. Thus, if the peculiarities of these groups are not taken into consideration, the outcome of such an exercise can be impaired.

2.8 Empirical Review on Exclusive Breastfeeding

Empirically, Nzete, Onyekachi Priscilla, carried out a study on analysis of media campaign on EBF in Abia State in 2010 in order to examine the media campaigns on EBF in Abia State and also to analyze the perceptions of women regarding the campaigns on various media used in the exercise. The study was anchored on the innovation diffusion theory and it also deployed survey research with questionnaire as the major instrument of data collection. The research findings showed that interpersonal communication is the most effective mode of communication in communicating the EBF campaigns. It was further identified that majority of the women reserve their predisposition towards EBF despite the campaigns and also that they have challenges using the media through which they receive information on EBF.

The strength of this research is that it focused on media campaign and that it took into consideration the perception of women as regards the campaign in Abia State. However, the research was silent on the perception and as such the feelings of women were not dully expressed as it would have added more value to the body of knowledge. Another issue that the research made that limited its findings was in the selection of women which this researcher considers as generic. However, the present study does not select women generally but is limited to nursing

mothers. With this scope, a thorough analysis and in-depth study can yield specific results. This is because generalization is a pitfall in research according to the assertion of Osuala (2010).

Furthermore, there was a research carried out in 2016 by Modupe, Akinyinka, Foluke, Olatona, and Esther Oluwole On *Breastfeeding Knowledge and Practices among Mothers of Children under 2 Years of Age Living in a Military Barrack in Southwest Nigeria.* The researchers were concern that human milk is uniquely superior as a source of nutrition for infants, and breastfeeding has many benefits as such the study was to determine the breastfeeding knowledge and practices of women who have children aged 0-2 years living in a Naval Barracks. Methods: This descriptive cross sectional study was carried out among 220 women in a Naval Barracks selected using systematic random sampling method. Pre-tested questionnaires were administered by trained interviewers, and data was analyzed using Epi info 2000 and Statistical Package for Social Sciences version 19.Results: There was generally fair knowledge about breastfeeding among the women. Most of the respondents (97.3%) had ever breastfed their babies, 56.5% of them initiated breastfeeding within an hour of delivery, 24.1% admitted that they gave pre lacteal feeds, 74.1% EBF for a mean period of 4.98 months and 30.7% engaged in bottle-feeding. Several factors were significantly associated with breastfeeding practices. Conclusions: Breastfeeding practices varied among the respondents despite the fair knowledge.

This research is similar to the present study because the geographical scope is was a Military Barrack in Southwest Nigeria and that of this study is a NAF Base Lagos. However, the study was to determine the breastfeeding knowledge and practices of women who have children aged 0-2 years living in a Naval Barracks while this study seeks to examine the communication strategies used in communicating EBF.

Another study was carried out by Ngwu Christopher Ndubisi in 2012 on Knowledge of Infant Nutritional Needs in Enugu State: Implications for Child Health in Nigeria. The study was located in Enugu State of South Eastern Nigeria and the focus of the study was to examine the knowledge of infant nutritional needs. The study population was drawn from five local government areas of the state, namely, Nsukka, Enugu North, Udenu, Isi-Uzo, and Igboeze South. The population of Enugu State in the 2006 census exercise was three million, two hundred and fifty-seven thousand, two hundred and ninety-eight (3,257298) persons (FGN, Official Gazette, 2007). The study population consisted of married women of reproductive age (18-49) and their husbands aged 18 and above. The multi – stage sampling approach was adopted in order to select the local government areas, communities, villages, households as well as respondents for the study.

The five local government areas were clustered into communities and from these clusters; two communities were selected from each of the five LGAS through simple random sampling. Three instruments of data collection were used. These were the questionnaire, focus group discussion guide, and in-depth interview guide. One thousand (1000) questionnaires were distributed to the respondents. However, nine hundred and seventy six (976) were validly completed and returned. The questionnaire sought information on the socio-economic and educational status of parents, child mortality, knowledge of infant nutrition and EBF.

For the qualitative data, a total of ten (10) Focus Group Discussions (FGD) were conducted. The data were processed and analyzed using Statistical Package for Social Sciences (SPSS). The study found that many Nigerian families are not aware that they can mash carrot, potato and cucumber and mix with meat broth and spoon feed their children. It was found, that more of the younger respondents had the knowledge of infant nutrition, support EBF and perceived the

importance of immunization than their older respondents. However, results show that only place of residence had no relationship with any of the dependent variables like “knowledge of infant nutrition”, “views about importance of immunization” and “support of EBF”. These findings have clear implications for social work practice in Nigeria.

The research above differs significantly from this study because while the present study examines the communication strategies, this research under review is on Knowledge of Infant Nutritional Needs in Enugu State: Implications for Child Health in Nigeria. This study is outside the military formation and in specific terms, in regular communities without any special attention to a health facility. Furthermore, the study focuses on married women of reproductive age and their husbands. This to a large extent is the strength of the research as most studies do not consider men in their scope or population.

In all the research mentioned above, this current study was to fill the gap which has been created as no research can cover all gaps. However, it is important to state that the aforementioned gap was predicated on lack of cogent statistical assertion on the effective use of communication strategies in cosmopolitan cities. Also worthy of note in this study was the emphasis on nursing mothers and the focus on communication strategies to encourage and sustain the practice of breastfeeding among nursing mothers in a NAF Hospital in Ikeja. The findings of this study can be generalized in other base across the country.

2.9 Theoretical Framework

The essence of theoretical framework is to explain a phenomenon, concepts and ideology. In respect to this, Health Belief Model (HBM) serves as the underpinning theory for this study. The HBM is one of the commonly used theoretical frameworks to predict and explain health related behaviours (Aalto, A. M., Uutela, A., and Aro, A. R. 1997. It was originally developed by Rosenstock in the 1950s to explain people's lack of participation in health prevention and diseases early dictation programmes and since then, it has been developed and modified to a large extent for application to various types of health behaviours (Janz, and Becker, 1984).

The HBM is based on the understanding that a person will adopt a health-related action if he feels that a negative health condition can be avoided. It means that in the case of EBF, if nursing mothers are aware of the benefits of practicing it, there is the tendency that they would comply accordingly. In this instance, the first issue that attracts attention is creating awareness which is the role of effective communication strategy. Therefore, this aspect of the theory assists this study in analyzing how communication has been strategized to bring about adequate awareness of EBF in 445 NAF Hospital, Ikeja.

Another component of HBM is cues to action which refers to the factors that motivate individuals to perform healthy behaviours when expected benefits are considered (Rosenstock *et al*., 1988). This healthy behaviour is triggered by advice from others such as health professionals, family members and friends, or by personal observation from mass media, newspapers or magazines. In the same vein, this component is capable of directing the search light of the research to see those factors that can motivate nursing mothers to practice EBF as well as factors that discourages them. The health belief model also includes demographic variables, knowledge and interaction between patients and health professionals which are all considered predictors of

health behaviour. The reason for adopting HBM as the underpinning theory for this study was to provide the researcher with the necessary theoretical basis to analyse and discuss the low practice of EBF in Lagos with particular reference to 445 NAF Base, Ikeja.

Since HBM emphasizes the role of communication in bringing people to understand the benefits of embracing or rejecting certain health behaviours. The theory helps the researcher in explaining and analyzing (i) effective ways of communicating the importance of communication to nursing mothers on EBF; (ii) the role of communication to nursing mothers on infant and maternal health within the study location and (iii) The constraints of communicating EBF. The data gathered and presented in the tables in chapter four of this study had items showing importance of communication, role of communication and constraints as stated above and as such HBM was applied in the analysis and interpretation.

Furthermore, the core value of HBM is based on the understanding that a person will adopt a health-related action if the person feels that a negative health condition can be avoided. This was used to examine if nursing mothers in 445 Base Hospital can adopt EBF if they feel that none compliance could result in a negative health outcome. Another important aspect of HBM is that healthy behaviour is triggered by advice from health professionals, family members and friends. This study made use of this aspect to interrogate the involvements of health professionals such as nurses and health workers in 445 NAF Base Hospital as well as the role of mother-in-laws and husbands in encouraging nursing mothers to practice and sustain EBF. In addition, this theory was applied to discuss the communication strategies deployed in sustaining breastfeeding practices and the motivation that the communication strategies have. On a general note, the HBM

was potentially viable in creating a platform to base the core argument of this study which is that communication is necessary for the sustenance of EBF in Nigeria.

CHAPTER THREE

RESEARCH METHODS

3.1 Introduction

Research methodology is the organized inquiry which includes the planned and the systematic data collection, presentation, analysis and interpretation for solving the identified research problem (Ihemeje, 2006:15). This chapter covers the following areas: Research Design, location of the study, Population of the Study, Sampling size/Technique for the study, Instrument of Data Collection, and Method of Data Analysis

3.2 Research Design

According to Babbie and Mouton (2001:74), research design is a layout of how the researcher intends to carry out the research process in order to answer the research questions. This study deployed descriptive survey design, using both qualitative and quantitative approach to examine the importance of communicating breastfeeding to nursing mothers.

3.3 Study Location

The study was conducted in 445 Nigerian Air Force Base Hospital located in Ikeja in Lagos State, South-west Nigeria. The 445 Nigerian Air Force Hospital is a military facility housing mostly Air force personnel and their families, including some civilian personnel attached to the base. The base serves as referral centre for various individuals (military and civilians) seeking tertiary and secondary level health care services provided in the base military hospital. The air-force hospital admits both pre and post-natal cases. The hospital is believed to serve both military and civilians health need and the capacity of this health facility was considered to know

the estimated population of the study. The departments in the hospital include: obstetrics and gynaecology, medicine, pediatrics, surgery, and general out patient. There is also the preventive health department which deals with vaccination. It is important to note that meeting for nursing mothers and babies as at the time of this survey was every Thursday.

3.4 Population of the Study

In a research, population refers to a group of people or objects that the researcher is interested in obtaining information from for the purpose of finding out identified problems (Osuala, 2006:225). In view of the above, the population of the study was restricted to nursing mothers of Air Force base community having children not more than 2 years old. It also included medical staff of the hospital in the nursing, pediatrics and preventive health departments. Records on attendance of nursing mothers as provided by the hospital secretary as at the time of carrying out this survey shows that 272 nursing mothers attended immunization in one month in 445 NAF Base Hospital. Therefore, it can be estimated that 272 nursing mothers attend immunization and other related antenatal treatment in the NAF Base in one month.

3.5 Sampling Size/Techniques for the Study

Sample is a part of a population and it is a proportion chosen to stand in for the entirety of all the subjects or observations under consideration (Osuala, 2006). To be effectively used to draw inferences about a phenomenon from a population, a sample, according to Babbie, and Mouton (2001) must be representative of that population. A representative sample is one that has all the characteristics of the population from where it has been chosen. According to the attendance register made available by the hospital administration, about 272 nursing mothers attended immunization and other related antenatal treatment in the NAF Base Hospital in one month. In

view of this number, the population of this study was calculated based on 272 using Krejcie and Morgan (2001) formulae as stated below:

S = x^2NP (1− P) ÷ d2 (N −1) + x2 P (1− P).

S = required sample size.

x^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be 050 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

Thus s = x^2NP (1− P) ÷ d^2 (N −1) + x^2 P (1− P).

Thus s = x^2NP (1− P) ÷ d^2 (N −1) + x^2 P (1− P).

= 3.841x272x0.50 (1-0.50) /0.05x0.05 (33794-1) +3.841x.50 (1-0.50)

= 160

Therefore, the sample population for this study stood at 160. In view of this, purposive sampling method was used to select 160 nursing mothers who gave birth to live infants not more than 2 years as respondents for the study.

3.6 Methods and Instruments of Data Collection

The following are the research instruments deployed in generating data. The study made use of both primary and secondary data. The primary data involved in-depth Interview (IDI), and administration of questionnaire.

3.6.1 Questionnaire

Questionnaire was used as an instrument to elicit data from respondents. This is because it is one of the most effective instruments for collecting data in a survey research (Johnson and Christensen, 2008). Questionnaire is a set of printed questions, with a choice of answers, designed for a survey or statistical study. The questions in the questionnaire have answers which allow responses to be graded. Likert Scale was used. A Likert Scale measures people's attitudes by "asking them to respond to a series of statements about a subject under study" (McLeod, 2008). It comprises four to five response ratings of Strongly Agree, undecided, Agree, Disagree, and Strongly Disagree. In this study, 160 copies of the questionnaire were administered to nursing mothers in the Hospital under study.

3.6.2 In-depth Interview

An in–depth interview was conducted with 5 medical personnel of 445 NAF Base Hospital, Ikeja. They included: Alhaja Fatima Mazuma, health worker, Department of Preventive Health, Mrs. Ishola Balogun, Matron, Nursing Department, Dr. Uche Ogundele, Pediatrician, Mrs. Joseph Akpan, Health Worker, Department of Preventive Health and Mrs Bako Idowu, Health Worker, Department of Preventive Health. Also, two nursing mothers Mrs Patricia Agbani and Mrs Talatu Zainab were interviewed, NAF Hospital Ikeja, Lagos. These interviews were carried out in line with an in-depth interview guide designed to reflect the objectives of the study. The

reason for having interview sessions with the medical personnel in the pediatric section was to acquire vital information on children and EBF since that is their area of specialization. The interview method gave room for free exchange of ideas and lent itself to asking more complex questions and getting more detailed responses (Lee and Ormrod, 2005).

3.7 Data Presentation and Analysis

The qualitative and quantitative data were analyzed with descriptive statistics of frequency and percentages in accordance with the objectives of the study. The data gathered from in-depth interview was transcribed and interpreted and presented along with the tables. This method was in agreement with HBM which served as a theoretical framework and a tool of analysis.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Data Presentation

This chapter presents data gathered from respondents through the instruments of data collection namely questionnaire and in-depth interview. The respondents comprise nursing mothers having children under 2 years and medical staff 445 NAF Hospital, Ikeja Lagos.

The study used the mixed method of quantitative and qualitative to generate data for the research. Quantitative method made use of the questionnaire while the qualitative method deployed In-depth Interview (IDI). Data from IDI was used to support or refute the findings from the questionnaire. Data generated was interpreted and analyzed in line with the objectives of the study.

160 copies of Questionnaire were administered and 153 were returned. Inferences and deductions were drawn from the results with regards to the subject of investigation. The inferences and deduction were drawn using the Likert scale with a mean criterion of 2.5 which was used to validate the agreement of respondents to questions. To further explain the mean criterion of 2.5, Alston and Miller (2001) composite index/mark-off points were deployed as shown below.

1	1.00	-	1.49	Strongly Disagree
2	1.50	-	2.49	Disagree

3	2.50	- 3.49	Agree
4	3.50	and above	Strongly Agree

Data generated from the questionnaire was analyzed with the use of SPSS software programme. Furthermore, descriptive analysis was used to provide a summary of the responses and the information presented numerically. The results were presented using tables and the corresponding interpretation was done on each table generated. The findings were discussed according to the six sections of the questionnaire with reference to the objectives of the study. The six sections of the questionnaire provide information about the following:

i. Section A: Personal (biographic) data
ii. Section B: The Role of Communication in encouraging the practice of EBF amongst nursing mothers in 445 NAF Hospital, Ikeja, Lagos.
iii. Section C: Communication strategies through which nursing mothers acquire information on EBF.
iv. Section D: The Understanding which nursing mothers have about EBF
    Section E: Challenges of Communicating EBF among nursing mothers in 445 NAF Hospital, Ikeja, Lagos.
v. Section F: Reasons why nursing mothers do not practise EBF.
vi. Section G: Ways of effectively communicating and sustaining breastfeeding among nursing mothers.

Furthermore, Key Informant Interview (KII) were recorded and transcribed. Data from quantitative and qualitative sources were compared with existing evidence from the literature review in order to assist in establishing a high level of confidence in this research.

Table: 1 Respondent's Socio-Demographic Characteristics

S/N	Variable	Characteristics	Frequency	Percentage (%)
1.	Age	18-25	16	10.0
		22-32	91	56.9
		33-39	42	26.2
		40 and Above	4	2.5
		Total	153	95.6
2.	Educational Q	FSLC	4	2.5
		GCE	32	20.0
		NCE/Diploma	59	36.9
		Degree	54	33.8
		None of the Above	4	2.5
		Total	153	95.6
3.	Occupation	Civil Servant	44	27.5
		Business	49	30.6
		House Wife	32	20.0
		Farming	26	16.2
		Total	153	95.6
4.	Marital Status	Married	151	94.4
		Divorced	2	1.2
		Total	153	95.6
5.	Number of Children	1-4	149	93.1
		5-9	4	2.5
		Total	153	95.6
6.	Awareness of exclusive breastfeeding	Yes	153	100
		No	16	10.0
8.	Do you practice exclusive breastfeeding?	Yes	90	56.2
		No	63	39.4

Source: Researcher's Field Survey, 2016

Table 1: showed the respondent's demographic data. 16 respondents, which constitute 10%, were between the ages of 18-21. 95 of the respondents (56.9%) were between the ages of 22-32; 42 respondents (26.2%) were between the ages of 33-39 and 4 respondents representing 2.5% were between 40 and above. The implication of the ages here in this study is that majority of the women respondents were between the ages of 22-32 where they are young and vibrant and able to understand and make decisions about issues that relate to their lives and health.

Also, on the level of education, 4 of the respondents had FSLC; 32 respondents had GCE; 59 of the respondents had NCDE/Diploma and 54 of the respondents had a Degree while 4 had no certificate or never had formal education. On the aspect of occupation, 44 of the respondents which means 27.5% were civil servants; 49 (30.6%) were into businesses; 32 (20.0%) were housewives and 26 (16.2%) were into farming.

From this data, it could be deduced that majority of the women were civil servants and business women and therefore with the nature of their work may not be able to carry out exclusive breastfeeding because of time which is required in EBF. Furthermore, 151 of the respondents, which constituted 94.4%, were married and 2 (2.5%) of the respondents were divorced. In terms of the number of children, 149 of the respondents, which constituted 93.1%, had between 1-4 numbers of children while 4 of the respondents (2.5%) had between 5-9 numbers of children.

On the issue of awareness of EBF, 100% of the respondents agreed that they were aware of EBF. When asked if they (respondents) practised EBF; 90 of the respondents (56.2%) said yes and 63 of the respondents (39.4%) said no. It therefore implied that more than half of the respondents were aware of EBF and were also into it. With this percentage of women who are civil servants

and who are into various businesses, it was expected that the level of participation or practice of EBF might be low. But with this data, women practised EBF despite the demands and rigours of office work and business.

Table 2: The Role that Communication Plays in Encouraging the Practice of Exclusive Breastfeeding amongst Nursing Mothers in 445 NAF Hospital, Ikeja, Lagos.

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Features	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	To create awareness about EBF and how it should be conducted in the base for the healthy and living of infants.	92 (57.5)	51 (31.9)	2 (1.2)	8 (5.0)	153 95.6	3.4	Agreed
2	To let nursing mothers in the Base know the benefits of practicing EBF and what is involved.	80 (50.0)	63 (39.4)	2 (1.2)	8 (5.0)	153 (95.6)	3.4	Agreed
3.	Is geared towards stopping nursing mothers from experiencing breastfeeding related health challenges	82 (51.2)	63 (39.4)	00 (00.0)	8 (5.0)	153 (95.6)	3.4	Agreed
4.	Change negative attitude of nursing mothers towards EBF	72 (45.0)	56 (35.0)	7 (4.4)	14 (8.8)	153 (95.6)	4.0	Strongly Agreed

Source: Researcher's Field Survey, 2016

Table 2 showed that 92 (57.5%) of the respondents strongly agreed and 51(31.9%) agreed that the role of communication in NAF Base Hospital was to create awareness about EBF. Also, 80 of the respondents which represented (50.0%) strongly agreed and 63 (39.4%) agreed that

communication allows them to know the benefits of EBF. In addition, 82 of the respondents (51.2%) strongly agreed and 63 (39.4%) agreed that communication was geared to stop nursing mothers from experiencing breastfeeding related health challenges Also, 72 respondents (45.0%) and 56 respondents (35.0%) strongly agreed and agreed respectively that one of the reasons for communication of breastfeeding in the base was to change negative attitude of nursing mothers towards EBF.

Also in researcher's interview with the health worker in the Department of Preventive Health, 445 NAF Base Hospital on the role of communication in providing basic information to nursing mothers, the following information emerged:

> Communication has played so many roles, for example most of the patients we see in the hospital don't know much about breastfeeding. When we communicate to them they are able to adopt the information and practise them at home and also it helps us to reduce the spread of false information about infant and how to take care of them. For example when they go home, some older mothers will tell them to do this and that, give water or don't, so I think communication has played a vital role. We tell them what to do and our nurses are very trained and informed. *(In-depth interview with Mrs Joseph Akpan, Health Worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

Buttressing the explanation given by Mrs Joseph Akpan, Mrs Bako Idowu asserted that:

> Communication is a viable tool in information dissemination. As a matter of fact, many nursing mothers are beginning to know basic facts about EBF which they did not know before now and they are capable of practising it without mixed feelings. Initially, women in 445 NAF Hospital were sceptical about practising EBF because they were not certain about issues but through communication, they have come to realize the benefits and by so doing, they have little doubt about it. This is a very important role that communication has played. *(In-depth Interview with Mrs Bako Idowu, Health Worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

The role of communication is crucial to sustaining the practice of EBF. It has assisted nursing mothers in the 445 NAF Hospital to have access to vital information that have shaped their

behaviours about breastfeeding. Nursing mothers who attend post natal health talks in turn pass across information they get on EBF from the hospital to other nursing mothers who do not attend post-natal health talks, which is regularly organised by health workers in the hospital. This implies that more nursing mothers get to learn from the regular attendees.

Table 3: Communication Strategies through which Nursing Mothers in 445 NAF Base Acquire Information on Exclusive Breastfeeding

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Use of visual aids in the hospital and IEC Materials such as Posters, Flyers, Billboards and Handbills	50 (31.2)	62 (38.8)	26 (16.2)	14 (8.8)	153 (95.6)	2.9	Agreed
2	Use of power point presentations, during post natal sessions in the hospital	34 (21.2)	48 (30.0)	49 (30.6)	21 (13.1)	153 (95.6)	2.6	Agreed
3	Door to door visits	22 (13.8)	27 (16.9)	67 (41.9)	25 (15.6)	153 (95.6)	2.2	Agreed
4	Health Talks	43 (26.9)	84 (52.5)	13 (8.1)	12 (7.5)	153 (95.6)	3.0	Agreed
5.	Counseling sessions	66 (41.2)	65 (40.6)	9 (5.6)	12 (7.5)	153 (95.6)	3.2	Agreed
6.	Use of the Mass Media such as Radio, Television and the Internet.	43 (26.9)	84 (52.5)	13 (8.1)	12 (7.5)	153 (95.6)	3.0	Agreed
7.	The use of social media such as Whatsapp, Twitter and Facebook to communicate EBF.	34 (21.2)	53 (33.1)	33 (20.6)	33 (20.6)	153 (95.6)	2.5	Agreed

Source: Researcher's Field Survey, 2016

Table 3 above shows that 50 of the respondents (31.2%) strongly agreed and 62 (38.85) agreed that the use of visual aids in the hospital and IEC materials such as posters, flyers, billboards and handbills are communication strategies used to disseminate information on EBF. In addition, 34 of the respondents (21.2%) strongly agreed and 48 (30.0%) agreed, while 49 of the respondents (30.6%) disagreed and 21 (13.1%) strongly disagreed that nursing mothers get information on EBF from the use of power point presentations, during post natal sessions in the hospital. 22 respondents (13.8%) and 27 respondents (16.9%) strongly agreed and agreed respectively that they get information on EBH from door to door visitations. However, 67 respondents (41.9 %) and 25 respondents (15.6%) respectively disagreed and strongly disagreed that they get information on EBF from door to door visitation. Furthermore, 43 of the respondents (26.9%) strongly agreed and 84 (52.5%) agreed that they get information from Health Talks. Likewise, 66 of the respondents (41.2%) strongly agreed and 65 (40.6%) agreed that they acquire information during counseling sessions in the hospital.

43 of the respondents (26.9%) strongly agreed and 84 (52.5%) agreed that they acquire information from the Mass Media such as Radio, Television and the Internet. In the same vein, 34 of the respondents (21.2%) strongly agreed and 53 (33.1%) agreed that they get information on EBF form social media. Furthermore, also deploying In-depth Interview, on the communication strategies that encourage EBF, Mrs Ishola Balogun in an interview session declared that:

> In our hospital we used our health talk and general antenatal health talk, and posters and these days medical information are no longer obsolete, it is dynamic, anybody with a smart phone can access the information, we encourage them to do that a lot, basically here we use our general health talk. *(In-depth Interview with Mrs Ishola Balogun, Matron, Nursing Department, 445 NAF Hospital, Ikeja, Lagos).*

In the same vein, the interview session with Alhaja Fatima Mazuma also yielded useful data as follows:

> Most of the time, companies come here to give health talk, flyers. And also when they come for immunization, we still talk to them about it. On few occasions, drama was staged in the hospital by a private performing troupe funded by a private NGO interested in promoting baby friendly. It was done during one of the immunization sessions. Health talk was done after the session and room was given to women to ask questions and get clarification from the health workers on EBF. However, more of this is needed to consolidate on the gains already made on ground *(In-depth Interview with Alhaja Fatima Mazuma, health worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

Formulating effective communication strategies is crucial to achieving information dissemination at the level of hospital management as it is in 445 NAF Base Hospital. Whether it is through the use of IEC, Internet, personal interaction, group talk show; the major aim is to pass useful and vital information across to recipient who are expected to make use of the information made available to change attitude towards particular health behaviour, and in the case of EBF, it is overtly seen as a key factor in making nursing mothers accept EBF.

Table 4: The Understanding which Nursing Mothers have about Exclusive Breastfeeding as a result of the Communication strategy deployed by 445 NAF Base, Hospital.

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	EBF means that the infant takes only breast milk and no other liquids or solids except oral rehydration solution, drops/syrups of vitamins, minerals or medicines.	97 (60.6)	27 (16.9)	17 (10.6)	12 (7.5)	153 (95.6)	3.3	Agreed
2	EBF reduces infant and child mortality.	89 (55.6)	38 (23.8)	14 (8.8)	12 (7.5)	153 (95.6)	3.3	Agreed
3	EBF reduces the risk of malnutrition and infectious diseases.	91 (56.9)	25 (15.6)	21 (13.1)	12 (7.5)	153 (95.6)	3.3	Agreed
4	EBF protects infants against diarrhea	92 (57.5)	24 (15.0)	25 (15.6)	12 (7.5)	153 (95.6)	3.2	Agreed

Source: Researcher's Field Survey, 2016

Table 4 above showed that 97 of the respondents (60.6%) strongly agreed and 27(16.9%) agreed that EBF means that the infant receives only breast milk and no other liquids or solids, not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. In the same vein, 89 of the respondents (55.6) strongly agreed and 38 (23.8%) agreed that EBF reduces infant and child mortality.91 of the respondents (56.9%) strongly agreed and 25 (15.6%) agreed that EBF reduces the risk of malnutrition and infectious diseases. Also, 92 of the respondents (57.5%) strongly agreed and 24 (15.0%) agreed that EBF protects children against diarrhea. In an interview session with Patricia Agbani, yielded useful data as follows:

> Before now I didn't know much difference between EBF and normal breastfeeding. But my exposure to the health talk and counselling has opened my eyes to clearly understand the difference between the two and also the benefits of practicing EBF. With the

> knowledge I have now, I am on exclusive and my babe is healthy *(In-depth Interview with Patricia Agbani, Nursing Mother in 445 NAF Hospital Ikeja, Lagos).*

In the same vein, interview session with Talatu Zainab reveals thus:

> My interaction with the health workers in the hospital has helped me to understand that EBF is giving infant only breast milk and no other liquids or solids except oral rehydration solution, drops/syrups of vitamins, minerals or medicines. Attending several health talks in the hospital has made me to know that EBF reduces the risk of malnutrition and infectious diseases. The truth is that most women think they know what exclusive is all about, but I tell you they do not. That is why it is important for nursing mothers and pregnant women to attend antenatal and post natal sessions. I do not have any regrets attending as this is my first baby. *(In-depth Interview with Talatu Zainab, Nursing Mother, 445 NAF Hospital, Ikeja, Lagos).*

Understanding of EBF is important because many women tend to mix up the two concepts. Without having a clear understanding of the difference between breastfeeding and EBF, practising EBF can be difficult. A nursing mother can practice normal breastfeed and think that she is practicing EBF. From data presented above, there is ample knowledge of what EBF is as well as its benefits to nursing mothers in the study location.

Table 5: Challenges of Communicating Exclusive Breastfeeding among Nursing Mothers in 445 NAF Hospital, Ikeja, Lagos.

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Low turnout of women during immunization and health talk sessions.	62 (38.8)	50 (31.2)	14 (8.8)	26 (16.2)	153 (95.6)	2.9	Agreed
2	Shortage of health workers in the hospital to embark upon door to door visitation	34 (21.2)	48 (30.0)	49 (30.6)	21 (13.1)	153 (95.6)	2.6	Agreed
3	Women in the base patronize health facilities outside the Base. This also contributes to the inability of the hospital to reach out to the nursing mothers.	27 (16.9)	22 (13.8)	25 (15.6)	67 (41.9)	153 (95.6)	2.2	Disagreed

Source: Researcher's Field Survey, 2016

Table 5 above shows data on the challenges of communicating EBF among nursing mothers in 445 NAF Base, Ikeja, Lagos. While 62 of the respondents (38.8%) strongly agreed and 50 of the respondents (31.2%) agreed respectively that low turnout of women during immunization and health talk sessions are part of the challenges of communication to nursing mothers in the Base, 34 of the respondents (21.2%) strongly agreed and 48 of the respondents (30.0%) agreed that shortage of health workers in the hospital to embark on door to door visitation was a militating factor against reaching out to more nursing mothers to inform them about EBF. It was also observed that there were nursing mothers in the base who patronized other health facilities apart from 445 NAF Hospital and this was seen as a challenge in terms of getting information across

to nursing mothers on EBF. The challenge in patronizing other health facilities is that they might not give the desired attention to the issue of EBF as much as 445 NAF hospital and as such nursing mothers might not have enough information on EBF. In this regard, 25 respondents (15.6%) disagreed and 67 of the respondents (41.9%) strongly disagreed on the matter.

Despite the disagreement by the respondents that nursing mothers patronize other health facilities can constitute a challenge to communicating EBF in the Base, Alhaja Fatima Mazuma observed that:

> It could be a communication challenge because they are not aware if those health facilities might have time and the resources to focus on promoting EBF. Most of them might be private hospitals who might not have the necessary manpower to carry out extensive counselling and health talks on EBF. If that happens, nursing mothers attending those facilities might still not be well informed about EBF*(In-depth Interview with Alhaja Fatima Mazuma, health worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

In support of the above statement, Mrs Ishola Balogun also stated that:

> In this hospital we take the issue of EBF seriously because we want nursing mothers to experience the benefits. But out there, especially in private health facilities, that might not be the case. So we cannot guarantee that nursing mothers who leave the base for other health facilities have the same quality of information as we provide here *(In-depth Interview with Mrs Ishola Balogun, Matron, Nursing Department, 445 NAF Hospital, Ikeja, Lagos).*

The essence of examining the challenges of communicating EBF among nursing mothers in 445 NAF Hospital, Ikeja, Lagos is meant to fashion the way out. Without having this knowledge, the administrators of 445 NAF Base Hospital might understand the challenges and strengths of their communication strategies as deployed so far. Once in a while, it is pertinent for hospital administrations to carry out evaluation of their communication strategies for further improvement.

Table 6: Reasons why Nursing Mothers in 445 NAF Hospital, Ikeja, Lagos do not Practise Exclusive Breastfeeding

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Health challenges such as HIV and Anemia	43 (26.9)	42 (26.2)	51 (31.9)	16 (10.0)	153 (95.6)	2.7	Agreed
2	Refusal of breast milk by some children, and low flow of breast milk	39 (24.4)	62 (38.8)	35 (21.9)	16 (10.0)	153 (95.6)	2.8	Agreed
3	Some breastfeeding mothers do not breastfeed because they believe it could make their breast flabby and unappealing especially to their husbands.	49 (30.6)	44 (27.5)	43 (26.9)	16 (10.0)	153 (95.6)	2.8	Agreed
4	Lack of support from family members and office/work pressure on nursing mothers.	52 (32.50	38 (23.8)	31 (19.4)	31 (19.4)	153 (95.6)	2.8	Agreed
5.	Availability of alternative sources of milk and semi-solids foods	57 (35.6)	33 (20.6)	39 (24.4)	24 (15.0)	153 (95.6)	2.8	Agreed
6.	Severe nipple pains experienced during breastfeeding	33 (20.6)	51 (31.9)	47 (29.4)	22 (13.8)	153 (95.6)	2.7	Agreed
7.	Ignorance of the benefits of EBF can also contribute to nursing mothers not practicing	34 (21.20	53 (33.1)	33 (20.6)	33 (20.6)	153 (95.6)	2.8	Agreed
8.	Religious beliefs can also contribute to nursing mothers not breastfeeding exclusively	27 (16.9)	30 (18.8)	55 (34.4)	41 (25.6)	153 (95.6)	2.2	Disagreed

Source: Researcher's Field Survey, 2016

Table 5 above showed that 43 of the re4spondents (26.9) strongly agreed and 42 (26.2) agreed that health challenges such as HIV and Anemia contribute to nursing mothers not engaging in EBF.39 of the respondents, which represented (24.4%) strongly agreed and 62(38.8%) agreed that refusal of breast milk by some children as well as low flow of breast milk can be a reason for nursing mothers not practising EBF. 49 of the respondents (30.6%) strongly agreed and 44 (27.5%) agreed that some breastfeeding mothers do not breastfeed because they believe it could make their breasts flabby and unappealing especially to their husbands. 52 of the respondents (32.5%) strongly agreed and 38 (23.8%) strongly agreed that lack of quality support from family members and office/work pressure on nursing mothers. could encourage a discontinuation of EBF.

Furthermore, 57 of the respondents (35.6%) strongly agreed and 33 (20.6%) agreed that availability of alternatives sources of milk and semi-solids foods are reasons why nursing mothers do not practise EBF. Also, 33 of the respondents (20.6%) strongly agreed and 51 (31.9%) agreed that severe nipple pains as a result of undue sucking discourages nursing mothers from EBF. From the mean score of 2.4 which was less than the set means score of 2.5, the statement was rejected.

In addition, 34 of the respondents (21.2%) strongly agreed and 53 (33.1%) agreed that ignorance of the benefits of EBF can contribute to nursing mothers not doing EBF. Also, 55 of the respondents (34.4%) disagreed and 41(25.6%) strongly disagreed that religious beliefs can contribute to nursing mothers not practicing EBF. From the mean score which is below the set mean criterion of 2.5, the statement that religious belief contributed to nursing mothers not practising breastfeeding was rejected.

Mrs Ishola Balogun commented on the challenge facing nursing mothers who work in public and private office:

> There are nursing mothers who work in private and public offices and they need ample time to practise EBF. For instance it is a standing order that nursing mothers resume at a particular time. In some establishments, maternity leave is very short and thus nursing mothers do not have enough time to practise EBF. Some mothers employ the services of nannies to cater for the babies. The ones that are into private business do not care to practise exclusive because they need time to make ends meet. All these contribute to making nursing mothers neglect EBF *(In-depth Interview with Mrs Ishola Balogun, Matron, Nursing Department, 445 NAF Hospital, Ikeja, Lagos).*

The issue of economic challenges was also mentioned as one of the challenges militating against the practice of EBF. Mrs Bako Idowu pointed out that:

> EBF requires that the nursing mothers must eat balanced diet in order to be able to cope. Most mothers have had to discontinue exclusive because of poor feeding. Some families are not finding it easy to have three square meals a day. And some children are intensive in terms of sucking and if they the mother is not well fed, she may experience dizziness. A lot of women lose weight during EBF because a lot of nutrient is passed to the child through breast milk. *(In-depth Interview with Mrs Bako Idowu, Health Worker, Department of Preventive Medicine, 445 NAF Hospital, Ikeja, Lagos).*

In addition, breast pain was considered as another challenge to EBF, Dr. Uche Ogundele stated that:

> Pain in the breast has led to many nursing mothers stopping EBF. In some women, breast pain can be so severe that they cry while breastfeeding. Although it is not common, but a few nursing mothers experience this pain and it is related to health problems like diabetics and hemorrhage. *(In-depth Interview with Dr. Uche Ogundele, Pediatrician, 445 NAF Hospital, Ikeja, Lagos).* Furthermore, Alhaja Fatima Mazuma said that:

> There are some nursing mothers who attend the clinic who have different cultural beliefs. For instance a woman came and said in their culture during the period of breastfeeding that it is forbidden for the nursing woman to go out either to the market or work and then comes back and breastfeeds the child immediately without disposing of the first milk, they call it the head of the milk that is water, before the main milk comes out. I was like

who said so? Because little do they know that d first breast milk is water which the baby needs that is why during EBF you don't give water, it satisfies the baby as water. *(In-depth Interview with Alhaja Fatima Mazuma, health worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

Communicating EBF can be hampered by certain factors that have been discussed above. To a large extent, these constraints have negative effects on the number of women who ought to embrace the practice of EBF. Apart from the negative effects, it makes the work of the health workers tedious. Since, these constraints deter nursing mothers from practising EBF; it leads to other health challenges for both the mother and the child.

Table 7: Ways of Effectively Communicating and Sustaining Breastfeeding amongst Nursing Mothers in 445 NAF Base, Ikeja, Lagos.

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Tremendous increase in the use IEC Materials, and visual display in the hospital and within the base	70 (43.8)	58 (36.2)	9 (5.6)	16 (10.0)	153 (95.6)	3.1	Agreed
2	Frequent and periodic Health Talks	41 (25.6)	91 (56.9)	9 (5.6)	12 (7.5)	153 (95.6)	3.0	Agreed
3	The hospital administration can commence text messaging to remind nursing mother about Post natal and Health talk programmes in the Base	37 (23.1)	78 (48.8)	22 (13.8)	16 (10.0)	153 (95.6)	2.8	Agreed
4	Intensification of Door to door visiting by the health workers of the hospital can improve the knowledge of EBF in the Base	51 (31.9)	61 (38.1)	25 (15.6)	14 (8.8)	153 (95.6)	2.9	Agreed
5.	The hospital management should make counseling compulsory for nursing mothers in the Base	59 (36.9)	57 (35.6)	23 (14.4)	14 (8.8)	153 (95.6)	3.0	Agreed
6.	Mother–in-laws should emphasised EBF to their daughters-in-law	33 (20.6)	82 (51.2)	11 (6.9)	27 (16.9)	153 (95.6)	2.7	Agreed
7.	Use of Cultural /Performative Arts such as Theatre and Folklore	22 (13.8)	27 (16.9)	67 (41.9)	25 (15.6)	153 (95.6)	2.2	Agreed
8.	Regular use of worship centre in the Base to talk about breastfeeding practices	49 (30.6)	44 (27.5)	43 (26.9)	16 (10.0)	153 (95.6)	2.8	Agreed

Source: Researcher's Field Survey, 2016

This table showed that 70 of the respondents (43.8%) strongly agreed and 58 (36.2%) agreed that if there should be a tremendous increase in the use of IEC Materials, and visual display in the hospital and within the base, it would strengthen the communication strategy of the hospital and sustain EBF. 41 of the respondents (25.6%) strongly agreed and 91 (56.9%) agreed that doing intensive and frequent health talks is important to boost and sustain EBF practice in the Base. 37 of the respondents (23.1%) strongly agreed and 78 (48.8%) agreed that the hospital administration can commence text messaging to remind nursing mother in the base about post natal and health talk programmes in order to make them attend, which will further provide opportunity for nursing mothers to hear about EBF. 51 of the respondents (31.9%) strongly agreed and 61 (38.1%) agreed that frequent and regular door to door visiting by the health workers of the hospital can improve the knowledge of EBF in the Base.59 of the respondents (36.9%) strongly agreed and 57 (35.6%) agreed that the hospital management should make counseling compulsory for nursing mothers in the Base. 33 of the respondents (20.6%) strongly agreed and 82 (51.2%) agreed that the help of mother-in-laws can be essential in deciding on the need for EBF. 67 of the respondents (41.9%) disagreed and 25 (15.6%) strongly disagreed that they get information on breastfeeding from the use of cultural and performative arts such as Theatre and Folklore. Also, 49 of the respondents (30.6%) strongly agreed and 44 (27.5%) agreed that they get information from worship centre in the Base to talk about breastfeeding practices.

Further suggestion was made in the researcher's interview with Alhaja Fatima Mazuma:

> I think a lot of things have been done but a lot has to be put in place, for example putting policies in place of work that every nursing woman should be entitled to 6 months maternal leave. Though the NGOs do a lot of programs and sensitization, they share flyers to help the nursing mothers. *(In-depth Interview with Alhaja Fatima Mazuma, Health Worker, Department of Preventive Health, 445 NAF Hospital, Ikeja, Lagos).*

As far as communicating intervention is concerned, there is no limit to how far one can go in disseminating information. The essence is to continue creating more opportunities to disseminate health messages especially on EBF. It is especially, in a society where new means of information dissemination are emerging and the need to take advantage of such means is highly encouraged.

4.2 Discussion of Findings

In the course of data presentation, interpretation and analysis, findings were made and it is pertinent that the following findings be discussed in line with the objectives of the study and therefore, the discussion is as presented below. The role of communication is vital to health as agreed by Mefalopulos (2008). Without communication, it will be difficult to pass across health messages to target audience and for this study the target audience is nursing mothers. In 445 Base Hospital, the role of communication as identified by the respondents was to create awareness of EBF in the Base. To this end, 57.5% of the respondents strongly agreed and 31.9% of the respondents agreed that communication creates awareness of EBF. It goes further to show that the role of communication is to create awareness which in line with the assertion of Mefalopulos (2008) which asserts that communication is essential to effective creation of awareness.

In addition, 82 of the respondents (51.2%) strongly agreed and 39.4% agreed that communication helped nursing mothers in the Base to understand the benefits of practising EBF as well as what is involved. Not understanding the benefits of EBF can make nursing mothers not to practice it. It is when one is aware of the benefits of something that practise can follow. But knowing the benefits of EBF alone is not enough as there are requirements such as the ability to eat nutritious food, take enough rest and drink clean water. Communication is crucial in

achieving these. Also, 72 of the respondents, which represented 45.0% strongly agreed and 35.0% agreed that communication in the Base was geared towards stopping nursing mothers from experiencing breastfeeding related health challenges. Also, 45.0% and 35.0% respondents strongly agreed and agreed respectively that one of the reasons for communication breastfeeding in the base was to change negative attitude of nursing mothers towards EBF.

Through communication nursing mothers in 445 NAF Base acknowledged that they EBF means that the infant receives only breast milk and no other liquids or solids, not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. Others assert that EBF is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. In addition, they stated that exclusive breastfed infants have a reduced risk of malnutrition and common childhood infectious diseases. This is in line with the submission of Khresheh, (2011). According to medical facts, EBF protects infants against diarrhea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in nursing mothers after child birth.

Based on the findings, it can be deduced that the role of communication is vital and relevant to nursing mothers on infant and maternal health. This in essence is to educate nursing mothers on the benefits of knowing how to stay healthy as well as keep the child healthy. Imagine the vast information that is available on maternal infant and health all over the world, if there was no communication many nursing mothers wouldn't have been left in the dark and this would have spelt out doom for nursing mothers, infants and the society at large. The saying that information is power, cannot be overemphasized, as far as health is concerned, it is the key to unlocking several doors that have hitherto caused unwholesome death and suffering. It is noteworthy to

state that communication provides basic knowledge on infant and maternal health. It creates awareness about salient issues capable of reducing child mortality rate as well as to increase maternal health. If this is linked to EBF for instance, we can see that without adequate knowledge about EBF, most nursing mothers would not have known that practising EBF has benefits such as increasing the immune system of children, stabilizing the heart rate of mothers and preventing pregnancy few months after birth, which is a natural way of birth control.

Furthermore, communication is a catalyst in motivating women to practice exclusive breastfeeding. From the data analyzed, over 50% of the women who practise EBF are educated, some are civil servants and others are into various businesses, and to say the least, these categories of women are busy but yet they practise EBF. It goes further to show that if people are well informed about an issue, they can adapt to certain circumstances no matter the challenges.

From the analysis, several findings were made on the constraints of communicating EBF among nursing mothers in 445 NAF Hospital, Ikeja Lagos State Nigeria. Respondents submitted that (38.8%) strongly agreed and (31.2%) agreed that low turnout of women during immunization and health talk sessions were seen as a challenge to EBF. This is because it is during such gathering that a reasonable number of women can be reached; and in the event that few women turn up for the exercise, then it becomes a challenge. It further means that the fewer the number of nursing mothers in attendance, the lesser the capacity and opportunity for the caregivers to communicate information.

Furthermore, 21.2% of the respondents strongly agreed and 30.0% agreed that shortage of health workers in the hospital to embark on door to door visitation was a contributing factor to the challenges of reaching out to more nursing mothers to inform them about EBF. It is important to

note that without adequate number of health workers who can embark on door to door visitation; it is quite difficult to achieve the idea of door to door visitation. Door to door visitation is meant to solve the issue of fewer women coming for health talk and counseling. As good as the idea is, the requirement is health workers who are not stationary.

Similarly, it was discovered that health challenges can result in nursing mothers not engaging in breastfeeding. For instance, it has been reported that most nursing mothers with HIV/AIDS are worried of breastfeeding for longer period of time to avoid infection. It was further revealed that refusal of breast milk by some children, inadequate feeding, and lactation problems are factors for discontinuing EBF. This brings to the knowledge of many that some children refused the breast milk of their mothers and some take breast milk for a few months after birth and no matter the pressure from the mother. In this case, constant refusal of a child can only result in a discontinuation of breastfeeding. Lack of quality support from family members and office/work pressure were considered as factors capable of discouraging nursing mothers from sustaining the practice of breastfeeding.

In addition, some breastfeeding mothers do not breastfeed because they believe it could make their breast flabby and unappealing especially to their husbands. With the craze for women to maintain good looks and be attractive, most women do not consider practising EBF. One of the reasons given is that it flattens the breasts and makes women look unattractive and old. This to a large extent has made some women to only breastfeed for few months, but to reject the idea of breastfeeding. This is why they embrace alternative sources such as powdered milk or cereals, which many health experts think are detrimental to the health of the child as well as that of the mother. It is important to note those husbands are oftentimes to be blamed for making their

wives to avoid EBF, by frowning against flat breasts. If women are sure that their husbands will love them and not complain, the issue of avoiding breastfeeding would not become an issue.

In the same vein, pains as a result of babies sucking hard for the milk to flow steadily have discouraged nursing mothers from practising EBF. Many women complain of swollen nipples and the possible infection as a result of wounds. So in such cases, discontinuing prolonged breastfeeding becomes an issue to some women. However, this is not the case in every situation; there are exceptional cases like this which can be attributed to some kind of health challenge. For women who are living with HIV/Aids, breastfeeding at this point is not encouraged as the child can be infected through this means. Most importantly, the issue of ignorance about the benefits of EBF can contribute immensely to nursing mothers not practising EBF. This is why the need for awareness and sensitization of women is very vital.

Finding reveals that communication strategies were deployed by 445 NAF Base Hospital to encourage nursing mothers to practise and sustain breastfeeding. 31.2% of respondents strongly agreed and 38.8% agreed that the use of visual aids in the hospital and IEC materials such as Posters, Flyers, Billboards and Handbills are some of the communication strategies used to disseminate information on EBF. In addition, 21.2% of the respondents strongly agreed and 30.0%, agreed that nursing mothers get information on EBF from the use of power point presentations, during Post Natal sessions in the hospital. Power point belongs to the new media that is currently being used to communicate health messages. The appreciation of this media is where nursing mothers are educated. And from the findings, the least certificate that the respondents had was primary school certificate (FSLC). It therefore means that they were all literate in the various categories as stated in table 1.

Furthermore, 41.9 % and 15.6% of the respondents respectively disagreed and strongly disagreed that they get information on EBF from door to door visitation. However, a few number of nursing mothers agreed that they get information through door to door visitation within the Base. It could be deduced that door to door visitation was carried out but perhaps because of the few health workers in that area, much has not been achieved. On the issue of health talk as a communication strategy, 26.9%of the respondents strongly agreed and 52.5% agreed that they get information from Health Talks. Likewise, 66 of the respondents (41.2%) strongly agreed and 65 (40.6%) agreed that they acquire information through counseling sessions in the hospital. It can be deduced that health talk and counseling were strategies that the hospital deployed to communicate messages of EBF to nursing mothers in the Base.

Suggestions on how nursing mothers can sustain and practise EBF in 445 NAF Base, Ikeja Lagos included the need to increase awareness campaign on the benefits of EBF to nursing mothers and children in the base. With the availability of social media platforms such as Facebook, Whatsapp and Twitter, a lot more can be achieved. Other means can be through Information, Education and Communication materials such as fliers, posters, leaflets and billboards can be effectively deployed within the Base to sensitize women and the general public on the need for exclusive breastfeeding.IEC materials are frequently used in hospitals, counseling centres, NGOs, post offices and religious institutions for so many enlightenment campaigns more than any other means of communication. One of its strength is in the area of easy accessibility. The Mass Media on its own has been outstanding avenues to project several health related programmes and campaign including EBF, but from the findings, more efforts to deploy this means for sensitization especially on EBF has to be done on a general note.

37 respondents (23.1%) strongly agreed and 78 (48.8%) agreed that the hospital administration can commence text messaging to remind nursing mother about Post-natal and health talk programmes in the Base, which could further provide opportunity for nursing mothers to hear about EBF. This suggestion is important because many nursing mothers are busy with house chores and some are into some kind of businesses because of the present socio-economic realities. Nursing mothers who are into private business cannot afford to remain at home to breastfeed for a long period of time and some breastfeed in their places of work.

Also, 51 of the respondents (31.9%) strongly agreed and 61 (38.1%) agreed that door to door visiting by the health workers of the hospital can improve the knowledge of EBF in the Base. Door to door is important for nursing mothers who are not registered with the NAF Base Hospital and who are not opportune to deliver at the health facility. Visiting them at home can further afford them to learn more about breastfeeding. This task is rather enormous as it requires more health workers to undertake the jobs. In the same vein, 36.9% of the respondents strongly agreed and 35.6% agreed that the hospital management should make counseling compulsory for nursing mothers in the Base. Counseling affords nursing mothers to ask questions on matters that they do not understand clearly. Also, on the issue of mother -in-laws responsibility to encourage nursing mothers, 20.6% strongly agreed and 51.2% agreed that the help of mother-in-laws can be essential in helping nursing mothers decide on the need to practise EBF. Furthermore, the use of cultural and performative arts such as Theatre and Folklore became imperative as ways through which nursing mothers can acquire information on EBF was not deployed effectively and in this regard, 67 of the respondents (41.9%) disagreed and 25 (15.6%) strongly disagreed. Also, 49 of the respondents (30.6%) strongly agreed and 44 (27.5%) agreed that they get information from worship centre in the Base to talk about breastfeeding practices. The suggestion in favour of

using worship centre to propagate the message of breastfeeding was dully acknowledge to be potent and capable of sustaining breastfeeding culture among nursing mother both in the Base and Nigeria in general.

HBM was deployed as the theoretical framework of reference for this study in order to explain health related behaviours as regards EBF. As stated earlier, the crux of HBM is to explain people's lack of participation in health prevention and diseases detection (Aalto, A. M., Uutela, A., and Aro, A. R. 1997). Furthermore, HBM is based on the understanding that a person will adopt a health-related action if he/she is convinced that perhaps a negative health condition can be avoided; orby taking a recommended action, a negative health condition can be avoided. That means in the first instance, there is a health message or information disseminated to people by various means of communication and there is that aspect of persuasion which is intended to urge the recipient to adhere in order to enjoy the benefits.

This study discovered benefits that nursing mothers and the child can enjoy the process and there is the aspect of deliberate communication strategies for women to adopt exclusive breastfeeding, as such, the relevance of this HBM is brought to bear in terms of relevance in explaining the interplay of communication and change of attitude or behaviour. This theory has helped to explain the issues that effective communication in a health related issue like breastfeeding can bring about compliance. The acceptance by nursing mothers that there are benefits as a result of practicing EBF and the fact that they got the information from various communication strategies as initiated by 445 NAF Base Hospital validates the main proposition of HBM that communication brings about conscientization and behaviour change.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter presents the summary of the research, findings and conclusion of the research. In the same vein, the research made some recommendations drawn largely from the findings based on the data and information generated from the instruments deployed.

5.2 Summary of the Study

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Successful knowledge and practice of EBF is crucial to the curbing of infant malnutrition and achieving the sustainable millennium development goals four (reducing child mortality) and five (improving maternal health). Based on available evidence, achievements of both goals are still far from the desired progress. The concern about the unsatisfactory practices of EBF was instrumental to the use of communication, which is intended to bring about effective awareness on various issues that nursing mothers must know in order to avoid the pitfalls of non-friendly practices, therefore this research was to advance the importance of communicating exclusive breastfeeding among nursing mothers in 445 NAF Hospital, Ikeja, Lagos. With the following objectives; (i) verifying the importance of communication to nursing mothers on EBF (ii) ascertaining the role of communication to nursing mothers on infant and maternal health (iii) identifying the constraints of communicating EBF among nursing mothers and (iv) identify effective ways nursing mothers can sustain and practice EBF.

The study reviewed literatures on communication, health communication, EBF, benefits and challenges of breastfeeding. Other areas reviewed were strategies of communicating EBF and empirical studies on EBF. in the same vein, the study deployed mixed-method survey research design that quantitatively and qualitatively assembled data from 160 respondents from 445 NAF Base Hospital in Ikeja using a structured questionnaire in Likert format. Key Informant Interview (KII) was conducted among key staff of the hospital.

5.3 Study Key Findings

From the analysis of the data the following were the

i. It was discovered that the intensity of deploying communication strategies such as visual aids/IEC materials, power point presentation, health talks and counselling by 445 NAF Base Hospital to encourage nursing mothers to practise and sustain exclusive breastfeeding, was inadequate to yield a highly effective result.
ii. It was also discovered that health challenges such as HIV/Aids, painful and bleeding of the mothers' nipples, ignorance of the benefits of EBF discouraged nursing mothers from sustaining the practice of EBF in the Base.
iii. It was discovered that some nursing mothers do not breastfeed because they believe it could make their breasts flabby and unappealing especially to their husbands. Refusal of breast milk by some children, inadequate feeding, and lactation problems are factors for discontinuing EBF.
iv. The study equally found out that lack of quality support from family members and pressure from work/office contributed to discouraging effective EBF.
v. It was further revealed that there were challenges encountered by 445 NAF Base hospital in communicating EBF to nursing mothers such as low turnout of nursing mothers during

health talk, counselling and immunization, and fewer numbers of health workers to engage in door to door visitation

5.4 Recommendations

Based on the findings of this study, the following recommendations were made:

i. there is need for the health workers in 445 NAF Hospital to increase intensity on awareness campaign on the benefits of EBF to nursing mothers and children in the base and beyond through social media, IEC materials, mass media, worship centres, social media and performative arts;

ii. the hospital management should increase the capacity of health professionals and facilities to deal with health challenges such as HIV/Aids, painful and bleeding of mothers' nipples so as to increase the sustainability of EBF in the base;

iii. Nursing mothers and women in NAF Base, Ikeja should not seek to retain their beauty and attraction to please their husbands at the detriment of their children's health by not practising EBF;

iv. nursing mothers should not relent in practising EBF despite lack of support from family members and also employers of labour and governments should either extend maternity leave or be flexible with nursing mothers in order to encourage EBF practice; and

v. The 445 NAF Base Hospital should find more concrete measures to address low turnout of nursing mothers during health talk, counselling and immunization, and also increase the numbers of health workers to engage in door to door visitation.

5.5 Conclusion

This study has been able to examine the use of communication in sensitizing nursing mothers on the fundamental benefits of practising EBF in 445 NAF Hospital, Ikeja, Lagos State. The study was able to identify the benefits of communication strategies; challenges to communicating EBF and the role of communication in bringing about awareness and also encouraging nursing mothers to embrace EBF. It went further to examine the role of communication in sustaining EBF in 445 NAF Base Hospital, Ikeja, Lagos.

5.6 Contribution to Knowledge

This study has contributed to the body of knowledge, especially in the area of using communication strategies to create not only awareness but sustain the healthy practice of EBF in 445 NAF Hospital, Ikeja, Lagos.

1. Through the statistical evidence presented, interpreted and analyzed earlier in this study, the contribution to knowledge is eminent that nursing mothers benefited from information made available to them through the instrumentality of the communication channels deployed by 445 NAF Base Hospital. However, it is pertinent to add that the awareness and benefits accruable to nursing mothers can be further enhanced through increase awareness and enlightenment campaigns.
2. The study further contributed to knowledge by showing that ignorance of the benefits of EBF contributed negatively to its practices among nursing mothers.
3. In the same vein, the study also contributed to knowledge by asserting that in 445 NAF Base, Ikeja, communication created awareness about relevant information capable of sustaining EBF and further reducing child mortality rate as well as increase maternal health.

4. Finally, the study contributes to knowledge by exposing various constraints experienced by nursing mothers in 445 NAF Base, Ikeja, which militated against their active practise of EBF.

These contributions are considered valid in terms of adding vital information necessary for further studies on the sustenance of EBF and the mandatory reduction of maternal and child mortality in Nigeria.

5.7 Suggestions for Further Research

Further studies can be carried out as a result of issues raised which the research was unable to address adequately because they were not covered within the scope of the study. In view of this, further studies can seek to assess the efficacy of using endogenous communication strategies to propagate the message of exclusive breastfeeding in Nigeria. Also, since performative arts has been seen as participatory approach to communication and often deployed by development experts, it would be of immense benefit if further studies can investigate the extent to which performative arts can be deployed to sustain EBF in Nigeria. Furthermore, carrying out further research on the assessment of government policies and interventions towards increasing and sustaining EBF will add value to the existing literatures.

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APPENDIX I

Department of Theatre and Performing Arts

Faculty of Arts

Ahmadu Bello University, Zaria

Postgraduate Dissertation Questionnaire

Dear Respondent**,**

I am a postgraduate student undertaking a research on *Communicating Exclusive Breastfeeding Among Nursing Mothers: A Case Study of 445 Nigerian Air force Hospital, Ikeja, Lagos State, Nigeria* as part of the requirements for the award of Master of Philosophy (MA) in Development Communication.

Your response to the questions forms the basis for primary findings of the research. The researcher therefore attaches a high level of confidentiality to your response and assures that it will be used for research purpose only.

Thank you.

Yours Sincerely,

Iniobong Nsikak William

MA\ARTS\2989\2011-2012

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Section A

Demographic Data of Respondents

1. Gender: a. Male [ ] b. Female [ ]
2. Age: a 18 - 25 [ ] b. 22 - 32 [ ] c. 33 – 39 [ ] d. 40 and above [ ]
3. Educational qualification a. First School Leaving Certificate [ ] b. GCE [ ] c. NCE/Diploma [ ] d. Degree [ ] e. None of the above [ ]
4. Occupation: a. Civil Servant [ ] b. Business [ ] c. House Wife [ ] c. Farming [ ]
5. Marital Status: a. Married [ ] b. Divorced [ ] c. Widow
6. Number of children: a. 1-4 [ ] b. 5-9 [ ] c. 10 and above [ ]

Section B

On the Scale of 1-4, indicate your level of understanding of Exclusive Breastfeeding

Keys to Respondents:

SA: Strongly Agree = 4

A: Agree = 3

D: Disagree = 2

SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
7.	Exclusive breastfeeding means that the infant takes only breast milk and no other liquids or solids except oral rehydration solution, drops/syrups of vitamins, minerals or medicines.				
8.	Exclusive breastfeeding reduces infant and child mortality.				
9.	Exclusive breastfeeding reduces the risk of malnutrition and infectious diseases.				
10.	Exclusive breastfeeding protects infants against diarrhea				

Section C

On the Scale of 1-4, ascertain the role of communication to nursing mothers on infant and maternal health in 445 NAF Hospital, Ikeja Lagos State Nigeria

Keys to Respondents:

SA: Strongly Agree = 4

A: Agree = 3

D: Disagree = 2

SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
11.	To create awareness about EBF in the base				
12.	To let nursing mothers in the Base know the benefits of practicing EBF and what is involved.				
13.	Is geared towards stopping nursing mothers from experiencing breastfeeding related health challenges				
14.	Change negative attitude of nursing mothers towards EBF				

Section D

On the scale of 1-4, identify the constraints of communicating exclusive breastfeeding among nursing mothers in 445 NAF Hospital, Ikeja Lagos State Nigeria

Keys to Respondents:

VH: Very High = 4

H: High = 3

L: Low = 2

VL: Very Low = 1

S/No.	Statement	Level of Awareness			
		VH 4	H 3	L 2	VL 1
15.	Low turnout of women during immunization and health talk sessions.				
16.	Shortage of health workers in the hospital to embark upon door to door visitation				
17.	Women in the base patronize health facilities out the Base. This also contributes to the inability of the hospital to reach out to the nursing mothers.				

Section E

On the Scale of 1-4, indicate your knowledge of the communication strategy that nursing mothers get information on exclusive breastfeeding

Keys to Respondents:

SA: Strongly Agree = 4

A: Agree = 3

D: Disagree = 2

SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
18.	Use of visual aids in the hospital and IEC Materials such as Posters, Flyers, Billboards and Handbills				
19.	Use of power point presentations, during post natal sessions in the hospital				
20.	Door to door visits				
21.	Health Talks				
22.	During counseling sessions				

Section F

On the Scale of 1-4, explore how communication intervention can effective make nursing mothers sustain and practice exclusive breastfeeding in 445 NAF Hospital, Ikeja Lagos State Nigeria.

Keys to Respondents:

SA: Strongly Agree = 4

A: Agree = 3

D: Disagree = 2

SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
23.	Increase the use IEC Materials, and visual display in the hospital and within the base				
24.	Health Talks				
25.	The hospital administration can commence text messaging to remind nursing mother about Post natal and Health talk programmes in the Base				

26.	Door to door visiting by the health workers of the hospital can improve the knowledge of EBF in the Base				
36.	The hospital management should make counseling compulsory for nursing mothers in the Base				
27.	Mother –in-laws should emphasized on EBF				

APPENDIX II

IN-DEPTH INTERVIEW GUIDE

Please **ANSWER** these questions objectively.

Objective One: Verify the importance communication is to nursing mothers on exclusive breastfeeding

- Do you think communicating the importance of exclusive breastfeeding is important to nursing mothers?
- What is the importance of communicating exclusive breastfeeding that you have observed in 445 Air Force Base Hospital?
- Do you think nursing mothers can practice and sustain exclusive breastfeeding without adequate knowledge of exclusive breastfeeding?
- So far, how much knowledge do you think nursing mothers in 445 NAF Base have about breastfeeding?

Objective Two: Ascertain the role of communication to nursing mothers on infant and maternal health in 445 NAF Hospital, Ikeja Lagos State Nigeria

- Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?
- In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?
- What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?
- From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

Objective Three: Identify the constraints of communicating exclusive breastfeeding among nursing mothers in 445 NAF Hospital, Ikeja Lagos State Nigeria

- Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Air Force Base?
- Can you share with us those challenges or constraints?

- How do you think these challenges affect breastfeeding culture in 445 Air Force Base?
- From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organisation?

Objective Four: Explore how communications interventions can effective make nursing mothers sustain and practice exclusive breastfeeding in 445 NAF Hospital, Ikeja Lagos State Nigeria

- Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 NAF Base?
- Can you please give instances of the communication approaches used in 445 NAF Base?
- How effective are these communication approaches in terms of providing information to nursing mothers on exclusive breastfeeding?
- Who is responsible for communicating breastfeeding information to nursing mothers in 445 NAF Base?
- Do you have an idea of other ways or approaches through which nursing mothers can further have access to information to help in sustaining breastfeeding in 445 NAF Base?

APPENDIX III

TRANSCRIPTION OF INTERVIEWS

Name: Mrs. Joseph Akpan

Position: Health Worker, Department of Preventive Health

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

Yes, I think communication has a role to play

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

Communication has played so many roles, for example most of the patient we see in the hospital don't know much about breastfeeding and infant and to take care of them, when we communicate to them they are able to take those information and practice them at home and also it helps us to reduce the spread of false information about infant and how to take care of them. For example when they go home, some older mothers will tell them to do this and that, give water or don't, so I think communication has played a vital role. We tell them what to do and our nurses are very trained and informed.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

I think mostly the informal type, talking to the mother's one on one. Even flyers from companies such as Nestle Cerelac and the Lagos State Government which we share and other programmes like Breastfeeding week, we invited mothers and had a talk with them.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

It is not 100% effective, because all the stuff we do, you don't see all the mothers which we would've loved to see. For example, all those Hausa women who got married early we don't see them around and language barrier, always difficult to communicate with them, is either we call an interpreter or he wouldn't really do justice to it.

Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Air Force Base?

There are challenges

Can you share with us those challenges or constraints?

One is the Lagos state government is the only state in Nigeria that gives mother's maternal leave for 6 months and you know exclusive breastfeeding is 6 months. Then federal government started 4 months while companies give like 6-7 weeks, and you know when exclusive breastfeeding is not properly done the babies tend to get ill and secondly, another outsider telling the mother's what to do and they end up taking their advises other than that of the doctor, the only time they tend to believe you is when they do what others tell them and it doesn't come out well, they start running to the hospital to tell us Doctors please she did not know. They said I should do it, then mothers in laws play another role on their decision making because the woman will tell them something else and you know in Nigeria we are all about families, trying to respect in order to keep the relationship. So what we do here is that when we see a new mother, we tell them to bring their mothers or in laws along.

How do you think these challenges affect breastfeeding culture in 445 Air Force Base?

It has affected us a little bit, though in 445 they give maternal leave for 4 months which is not enough and there is also some mothers who still add water, because when they get home people tell them to add water which has affected the breastfeeding culture in 445, but this is what we are trying to control.

From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organisation?

Oh yes, I think a lot of things have been done but a lot has to be put in place, for example putting policies in all places of work that every nursing woman should be entitled to 6 months maternal leave but the NGO do a lot of programs and sensitization, they share flyers something that will help the nursing mothers.

Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 NAF Base?

Yes there is, one of the approaches during antenatal they are being talked to that is the do's and don'ts. And we also have something called well baby clinic that is a week after the baby is born. Here, the doctor talk to you about breastfeeding appropriate ways of breastfeeding, what your breast milk contains and how to

breastfeed and how important breastfeeding is. I think we have a channel of communication excluding breastfeeding.

How effective are the communication approaches?

They are not 100% effective, because we don't see as much mothers we want to see, some will say they don't come out after child birth, so some of these information's are limited to only the women who are willing to get informed.

Who is responsible for communicating breastfeeding information to nursing mothers in 445 NAF Base?

First and foremost antenatal is responsible, now that we have started well baby clinic in paediatrics we the doctors are also responsible.

Do you have an idea of others?

Yes there are other ways, getting everybody that works in the hospital equipped with information because we will see a cleaner who works in the hospital and the neighbour comes to her, oh please since you work in the hospital, wetin they talk about this and that, so in a situation whereby the cleaner is not well informed, she will misinform the mother and that's where the problem starts. Because it is believed that anybody working with the hospital should know, so they should be well trained. And better still during immunization which health talks are organized. They should come with their mother in laws too.

Name of Participant: Dr. Uche Ogundele

Position: Pediatrician, 445 NAF Base Hospital, Ikeja, Lagos.

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

Yes, communication is very important. It plays a vital role

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

Through media communication, verbal or one on one or direct to mothers.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

It is only direct communication and media.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

It is very effective because maternal infant mortality has reduced to 75%.
Objective2; Identify the constraints of communicating exclusive breastfeeding among nursing mothers in 445 Hospital.

Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Hospital?

No challenges, the nursing mothers are getting it right.

Do you think health issue cannot pose a problem?

Yes it can affect, women that give birth through CS introduce formulas to their babies.

From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organization?

Creating awareness for nursing mothers through media

Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 Hospital?

It is only through health talk

How effective are these communication approaches in terms of providing information to nursing mothers on exclusive breastfeeding?

It is very effective

Who is responsible for communicating breastfeeding information to nursing mothers in 445 Hospital?

It is only antenatal and preventive health care

Do you have an idea of other ways or approaches through which nursing mothers can further have access to information to help in sustaining breastfeeding in 445 Hospital?

Through media, newspapers and radio.

Name of Participant: Alhaja Fatima Mazuma

Position: Health Worker, Department of Preventive Health

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

> It does, actually to create awareness they are now informed better, in those days it was believed that breastfeeding makes the breast flatter but through communication they realize that whether you breastfeed your baby or not as time goes on your breast will become flat, so it's better to feed your baby and she grows healthy than protecting your breast and the baby falls sick cause your giving formula food.

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

> In many ways, at least now they are more informed. Some of them were being taught by their aged mothers otherwise, but through communication now they have been fully informed. Some were not informed but now they know.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

> Mostly due to time, it is only one to one, or health talks audience, though I have witnessed a drama which was equally good.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

> It is very effective, because we are seeing the result on their babies, if they combine breast milk and formulas we will definitely know.

How do you know?

> When you see babies that are being breastfeed, they are always different.

Do you think there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Hospital?

> No challenges, I don't think so.

So everybody does it exclusively?

That's what they say because we don't follow them to their homes.

So nobody comes to tell you about their challenges?

A woman came here and she was pregnant and equally had a six week old baby, she was told to stop breastfeeding the baby because of her pregnancy. I had to tell her that it doesn't matter whether you are pregnant or not that there is need to still breastfeed the baby. Though in those days there was lots of myth about the issue.

I didn't hear you say there are challenges for working mothers.

I tell them to express their breast milk and wash the utensils. Working shouldn't stop breastfeeding.

Is there something government or nongovernmental organization can do?

I'm a woman, even if I have my organization I wouldn't say they shouldn't work, work is not an excuse. If we tell the government that women have to breastfeed, it's more or less telling them not to employ women again.

Are there communications approaches that nursing mothers get information on exclusive breastfeeding in 445 Hospital?

Most of the time, companies come here to give health talk, flyers. And also when they come for immunization we still talk to them about it.

How effective are these communication approaches in terms of providing information to nursing mothers on exclusive breastfeeding?

It is very effective, so effective.

Who is responsible for communicating breastfeeding information to nursing mothers in 445 Hospital?

Preventive health department

Do you have an idea of other ways or approaches through which nursing mothers can further have access to information to help in sustaining breastfeeding in 445 Hospital?

Through flyers, radio, television, facebook or internet.

Name of Participant: Mrs Bako Idowu

Position: Health Worker, Department of Preventive Health

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

I will say yes, without communication you can't pass any information across.

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

Communication comes in different forms, through one and one, through posters; we do either poster or home visitation or when the nursing mothers come to the hospital setting like this.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

This hospital is a baby friendly hospital, meaning they encourage exclusive breastfeeding for six months. Mostly what we do is that when these would be mothers come to the hospital for antenatal clinics or to put to birth we encourage them to exclusively breastfeed their babies, when it comes to nursing mothers who find themselves with critical condition or probably sick or trying to prevent mother to child prevention we give them option, now they even have the option of breastfeeding their babies, as far as the babies are exclusively breastfed and placed on antiviral drugs or other critical condition. I equally want to talk about nursing mothers who find themselves working far away from home, realised that after 4 months it is not every mothers that will actually want another person to handle her breast milk and feeding as at when necessary before the baby is six months, they won't want another to handle their breast milk because of risk of contamination, they prefer their babies to be fed with freshly prepared food and served there and there afterwards you wash the utensils. Breastfeeding practice on 445 per say for working class mothers has not been encouraging

So does it mean there is no communication strategy that is being observed in the hospital?

> Yes we have, because as a nursing mother, they are permitted to come to work by 9am instead of 8am and close after 12 or 1pm

How do you communicate to nursing mothers when they come to the hospital and what health communication strategy do you observe in the hospital?

> In our hospital we used our health talk and general antenatal health talk, posters and these days medical knowledge are no longer obsolete, it is dynamic, anybody with a smart phone can be able to access the information, we encourage them to do that a lot basically here we use our general health talk.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

> It has been very effective because when we give them all these information, there are some that comes with different cultural beliefs. For instance a woman came and said in their culture during the period of breastfeeding that it is forbidden for the nursing woman to go out either to the market or work and then comes back and breastfeeds the child immediately without disposing of the first milk, they call it the head of the milk that is water, before the main milk comes out. I was like who said so? Because little do they know that d first breast milk is water which the baby needs that is why during exclusive breastfeeding you don't give water, it satisfies the baby as water. The woman insisted that it is their culture, because the belief is that it has been contaminated by sunlight and dirt. The clinic health talk is very effective and most of them have come to realise that there is nothing wrong about giving their babies breast milk even after some hours. It has been really effective because we see them when coming for their appointments, post natal immunization. We clear out some cultural beliefs, they follow the pattern and it has been very successful.

Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Air Force Base?

> Yes they are.

Can you share with us those challenges or constraints?

> It is a standing order that nursing mothers resume at a particular time and close at a particular time, where sometimes you find yourself for instance antenatal clinic, when it is time to close and you still have patients unattended to, you can't close just because you want to go and attend to your baby. In as much as we put the service first before self, but

sometimes it has been very challenging because of the nature of work, no enough man power.

Let's talk about the nursing mothers; do you think they have challenges?

Actually, yes they do. Some come with issues and challenges, nature of work, health challenges, but I don't really see it as a challenge to them.

How do you think these challenges affect breastfeeding culture in 445 Air Force Base?

Some of these challenges can affect breastfeeding culture, for instance, a woman who has made up her mind that she's doing exclusive breastfeeding and along the line her baby is 3 or 4 months old and you can no longer continue it, it might be nature of job, health problems.

From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organisation?

Nothing has been done, we are just trying to sensitize the women telling them the advantages and the importance of it, if they can use these challenges as a stepping stone and see them not as stumbling blocks, but as stepping stones challenges come and go.

Does it mean Government is not helping in this case?

Lagos state government has approved six months maternity leave, if other nongovernmental, military etc can imbibe these policies, it can go a long way in indicting the mothers, it will be good.

Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 NAF Base?

For now you will not see any approaches, maybe some will come up later.

Don't you have other things like group discussion?

We do have it and it's effective.

Who is responsible for communicating breastfeeding information to nursing mothers in 445 NAF Base?

Nursing department is responsible, all the nurses. We are the ones in the forefront to discuss it.

Please what are your contributions or ideas?

Not really according to terms and condition, more sensitization has to be done. The communication is still very low.

Name of Participant: Mrs Balogun

Position: Matron, Nursing Department

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

I will say yes, without communication you can't pass any information across.

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

Communication comes in different forms, through one and one, through posters; we do either poster or home visitation or when they come to the hospital setting like this.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

This hospital is a baby friendly hospital, meaning they encourage exclusive breastfeeding for six months most especially our mothers who come to the hospital for antenatal clinics and put to birth. We encourage exclusive breastfeeding for their babies, when it comes to nursing mothers who find themselves with critical condition or other probably sick or trying to prevent mother to child prevention we give them option, now they even have the option of breastfeeding their babies, as far as the babies are exclusively breastfeed and placed on antenatal drugs and the other critical condition. I want to talk about nursing mothers who find themselves working far away from home, reached that after 4 months it is not every mothers that will actually want another person to handle her breast milk and feeding as at when necessary before the baby is six months, they won't want another to handle their breast milk because of risk of contamination, they prefer their babies to be fed with freshly prepared food and served there and there afterwards he wash the utensils. Breastfeeding practice on 445 per say for working class mothers has not been encouraging

So does it mean there is no communication strategy that is being observed in the hospital?

> Yes we have, cause as a nursing mother less they are expected or permitted or allowed to come to work by 9am instead of 8 and close after 12 or 1pm

How do you communicate to them nursing mothers as when they come to the hospital and what health communication?

> In our hospital we used our health talk and general antenatal health talk, and posters and these days medical are no longer obsolete, it is dynamic, anybody with a smart phone can be able to access the information, we encourage them to do that a lot basically here we use our general health talk.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

> In terms of asis it has been very effective because when we give them all these information, there are some that comes with cultural beliefs. For instance a woman came and said in their culture when breastfeeding and you are going out to buy something when you come back it is advisable to dispose of the first milk that is coming out away, they call it the head of the milk that is water, before the main milk comes out.

Who said so? Because the baby also needs the water that is why during exclusive breastfeeding you don't give water, it satisfies the baby as water.

> It is our culture, because the belief is that it has been contaminated by sunlight and dirt. The clinic health talk is very effective and most of them have come to realise that there is nothing wrong about giving our babies breast milk even after some hours. It has been really effective because we see them when coming for their appointments, post natal immunization family. We clear but some cultural beliefs, they follow the pattern and it has been very successful.

Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Air Force Base?

> Yes they are.

Can you share with us those challenges or constraints?

> It is a standing order that nursing mothers resume at a particular time and close at a particular time, where sometimes you find yourself for instance antenatal clinic, when its time to close and you still have patients unattended to, you can't close just because you want to go and attend to your baby. In as much as we put the

service first before self, but sometimes it has been very challenging; nature of work, no man power.

Let's talk about the nursing mothers; do you think they have challenges?

Actually, yes they do. Some come with issues and challenges, nature of work, health challenges, but I don't really see it as a challenge to them.

How do you think these challenges affect breastfeeding culture in 445 Air Force Base?

Some of these challenges can affect breastfeeding culture, for instance, a woman who has made up her mind that she's doing exclusive breastfeeding and along the line her baby is 3 or 4 months old and you can no longer continue it, it might be nature of job, health problems.

From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organisation?

Nothing has been done, we are just trying to sensitize the women telling them the advantages and the importance of it, if they can use these challenges as a stepping stone and see them not as stumbling blocks, but as challenges come and so stepping stones.

Does it mean Government is not helping in this case?

Lagos state government said 6 months maternity leave if other nongovernmental, nursery etc can imbibe these policies, it can go a long way in indicting the mothers, it will be good.

Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 NAF Base?

For now you will not see any approaches, maybe some will come up later.

Don't you have other things like group discussion?

We do have it and it's effective.

Who is responsible for communicating breastfeeding information to nursing mothers in 445 NAF Base?

Nursing dept is responsible, all the nurses. We are the ones in the forefront to discuss it.

Please what are your contributions or ideas?

Not really according to terms and condition. More sensitization has to be done. The communication is still very low.

Do you think that communication has a role to play in making nursing mothers know about infant mortality and maternal health?

Yes, effective communication has really helped nursing mothers know about the infant mortality and maternal health, which is done during antenatal and immunization clinic, whereby nursing mothers thought on how to exclusively breastfeed their babies, so as to eliminate the rate of infant mortality and improve maternal health.

In what ways do you think that communication has played a role in sensitizing nursing mothers on infant mortality and maternal health?

Communication has played a role in sensitizing mothers on infant mortality and maternal health through health discussion, nutritional counselling, and health education, by helping nursing mother understand the information they need in order to prevent infant mortality and promote maternal health.

What kinds of health communication strategy on breastfeeding have you observe as being used in 445 Air Force Base Hospital?

Health communication strategy on breastfeeding used in 651 NAF Hospital includes visual aids, television and systematic and behavioural method.

From your observation, how effective are these strategies in terms of assisting women to know more about infant and maternal health issues especially exclusive breastfeeding?

Very effective, that is, it its been done in every clinic days.

Do you think that there are challenges in communicating exclusive breastfeeding to nursing mothers in 445 Air Force Base?

Yes there are lot of challenges in communicating exclusive breastfeeding among nursing mothers in 561 NAF in the form of language barriers among illiterate mothers and medically challenge mothers.

Can you share with us those challenges or constraints?

Challenges or constraints, whereby some nursing mothers understand only her dialect and meanwhile, the communication cannot but only communicates in English language without an interpreter. Challenges or constraint among the nursing mothers and their mother-in-laws, because some of them believes that EBF can predisposes their children to sickness, like front-tunnel complication in children.

Challenges and constraint among nursing mothers who believes that with exclusive breastfeeding, their breast gets to Sag and that they will never be attracted to their husbands physically.

How do you think these challenges affect breastfeeding culture in 445 Air Force Base?

From my observation not all mothers practise exclusive breastfeeding and that really affect their children by low immunity which predisposes them to ill health, stunting, underweight, malnutrition, which they must have prevent through breastfeeding exclusively.

From your observation do you think anything has been done to remedy the challenges either by government or non-governmental organisation?

Yes, government and non-governmental organization always try during world exclusive breastfeeding week, to sensitive nursing mothers on exclusive breastfeeding in different hospitals by organizing programmes and sharing incentives to nursing mothers.

Are there communication approaches that nursing mothers get information on exclusive breastfeeding in 445 NAF Base?

Communication approaches used in 561 NAF include

- Use of visual aids, like I have said before
- Use of presentations, using televisions, power point to communication with the nursing mothers
- Health talk
- Counselling
- Door to door

How effective are the communication approaches?

It's very effective because it helps nursing mothers to easily remember what they have been thought, and also gives them the opportunity to refer back to it if they aren't clear about certain things.

Who is responsible for communicating breastfeeding information to nursing mothers in 445 NAF Base?

It is responsibility of nutritionist, dietician and nurses to communicate on exclusive breastfeeding to nursing mothers in 561 NAF

Do you have an idea of others?

Other approaches include

- Through training
- Through one on one discussion, because some people understand when you take them on outside, to explain or talk to them one on one.
- By the use of simple words, because it is not everybody that understand vocabulary.
- Through the use of body languages which pass message faster and better.

Name of Participant: Mrs Patricia Agbani, Nursing Mother, NAF base Ikeja, Lagos

What have you gained by attending the health talk programmes in the hospital?

> Before now I didn't know much difference between exclusive breastfeeding and normal breastfeeding. But my exposure to the health talk and counselling has opened my eyes to clearly understand the difference between the two and also the benefits of practicing exclusive breastfeeding. With the knowledge I have now, I am on exclusive and my babe is healthy *(In-depth Interview with Patricia Agbani, Nursing Mother in 445*

Name of Participant: Mrs Talatu Zainab, Nursing Mother, NAF base Ikeja, Lagos

What have you gained by attending the health talk programmes in the hospital?

> My interaction with the health workers in the hospital has helped me to understand that exclusive breastfeeding is Exclusive breastfeeding is giving infant only breast milk and no other liquids or solids except oral rehydration solution, drops/syrups of vitamins, minerals or medicines. Attending several health talks in the hospital has made me to know that exclusive breastfeeding reduces the risk of malnutrition and infectious diseases. The truth is that most women think they know what exclusive is all about, but I tell you they do not. That is why it is important for nursing mothers and pregnant women to attend antenatal and post natal sessions. I do not have any regrets attending as this is my first baby.

Appendix IV



In-depth interview session with Dr. Uche Ogundele, Pediatrician, 445 NAF Base Hospital, Ikeja, Lagos



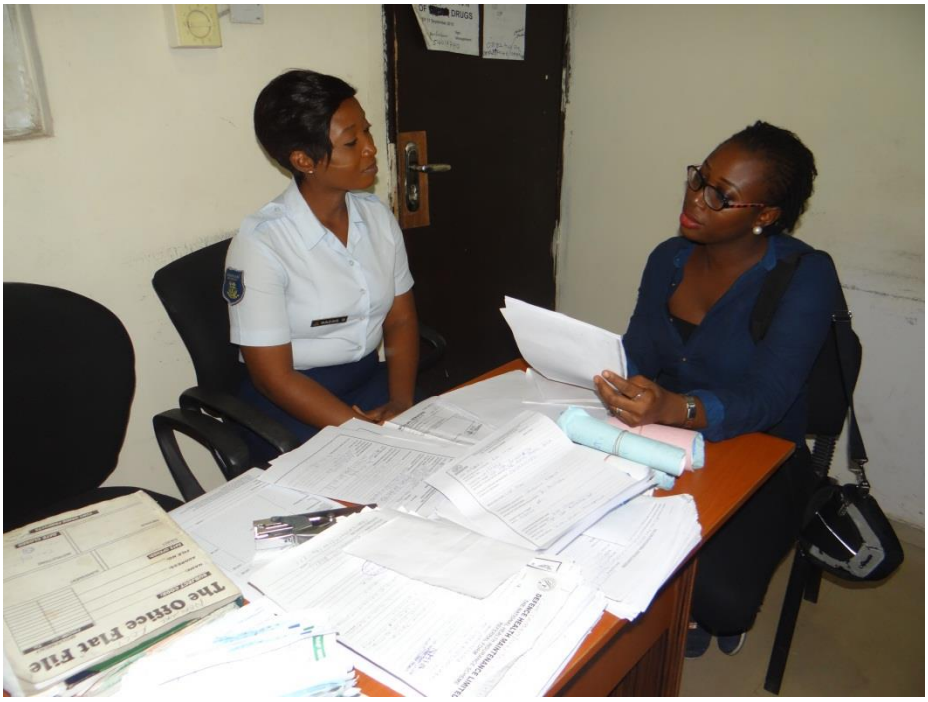
In-depth Interview with Mrs Ishola Balogun, Matron, Nursing Department, 445 NAF Hospital, Ikeja, Lagos



In-depth interview with Fatima Mazuma, health worker 445 NAF Hospital, Ikeja, Lagos



In-depth interview with Mrs Joseph Akpan, health worker Department of Preventive Health445 NAF Base Hospital, Ikeja, Lagos



In-depth interview with Mrs Bako Idowu health worker, Department of Preventive Health 445 NAF Base Hospital, Ikeja, Lagos