

Review

Effects of exclusive breastfeeding on babies' health in Ife Central Local Government of Osun State

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Accepted 21 November, 2013

The wealth of a nation depends largely on the extent of the health of its citizens and the children are the future generation who are expected to grow up into healthy productive adults, able to make full contribution towards the economic and social development of their countries. A child malnourished cannot grow up to meet this task. Therefore the challenges of the effects of exclusive breastfeeding on the health of babies in Ife Central Local Government of Osun State was examined through 50 nursing mothers that were randomly selected in Ife Central Local Community from four different hospitals both from postnatal and infant welfare clinic records. The paper also highlights the concept of breastfeeding, breast milk and the importance of breastfeeding as well. The result shows that the effect of it on the health of baby's growth cannot be overemphasized in its reduction of malnutrition in early childhood as well as the need to pay an appropriate attention to the health of the children right from the infant age. Suggestions were propounded on how to reduce mortality.

Key words: Exclusive breastfeeding, importance of breastfeeding, structure of the breast, breast-milk and breast-milk constituents.

INTRODUCTION

The act of breastfeeding has been in existence since the creation of the universe. Breastfeeding is no longer considered to be a lifestyle choice but a significant health and medical choice of both the mother and the baby (American Academy, 1998). United Nations International Children Education Fund (UNICEF) and the World Health Organization (1998) recognize the importance of breastfeeding through the age of two and beyond. The innocent declaration sponsored by UNICEF and WHO and adoted by 32 governments' world-wide and 10 United Nations agencies states, "As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to six months of age".

Research in the united state, Canada, Europe and other developed countries among predominately middle class population provides strong evidence that human milk

feeding decreases the incidence and severity of diarrhea, lower respiratory infection, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infection and narcotizing enter colitis. There are a number of studies that shows possible protective effects of human milk feeding against sudden death syndrome, insulin-dependent diabetes mellitus, chronic disease, ulcerative colitis, lymphoma, allergic disease and other chronic digestive disease. Breast feeding has also been related to possible enhancement of cognitive development (UNICEF and WHO, 1998). Thereafter, mothers should continue to breastfeed while giving appropriate and adequate complementary foods for up to two years of age or beyond. Breast milk produced by the breast is the best to the baby in that it contains all the nutrients that the baby's body would need for growth and existence in their natural form. Breastfeeding is well recognized and serve as a means to protect, promote and support the health of infants

and young children. Mother's milk fosters optimal growth and development of a baby's brain, immune system and general physiology and is a vital factor in preventing common illness, especially diarrhea and infection of the respiratory tract (including pneumonia), ear and urinary tract. The act of breastfeeding releases growth hormones, promotes healthy oral development and establishes a trusting relationship between baby and mother (American Academy of Paediatrics, 1998).

Exclusively breastfeeding for the first 6 months reduces the risk of environment borne illness, malnutrition, food sensitization and allergy. Breastfeeding also has definite benefits for mothers. It is a fundamental, physiologic continuation of pregnancy and childbirth. Thus, beginning exclusive breastfeeding shortly after birth lowers the mother's risk for excess post partum bleeding anaemia. Once mother and baby have learned to do it easily, breastfeeding can reduce a mother's stress by keeping her infants or young children healthy and well nourished. Exclusive breastfeeding for the first six months saves the mother's money, energy and time, nothing to buy, prepare or clean up. Exclusive breastfeeding can also boost a mother's own immune system, help delay a new pregnancy and reduce the insulin needs of diabetic mother from breast and brittle bones. Once breastfeeding has been established, mothers continue to need support to maintain their physical and emotional health. Frequent home visits by a health worker or trained volunteer in the early weeks can check on the health of mother and baby and the progress of breastfeeding and provide access to a supportive and informative friend.

Exclusive breastfeeding meets all the nutritional needs of a baby for the first six months. Breastfeeding continues to make a significant contribution to the baby's nutritional and emotional health into the second year and beyond. Breastfed babies have stronger immune systems and are healthier than bottle-fed babies. Special fatty acids in breast milk lead to increased intelligence quotients (IQs) and better visual acuity (Anderson et al., 1999). Research shows that breastfeeding could save the lives of over 1.5 million babies who die every year from diseases such as diarrhea and pneumonia. It is therefore the concern of this investigation to look at the effect of exclusive breastfeeding in Ife Central Local Government of Osun State.

Consequently upon the background, the study sought to investigate into the effects of exclusive breastfeeding on the health of the babies to determine the effect of exclusive breastfeeding on babies' health and to give advice to nursing mothers generally to enhance exclusive breastfeeding so that their babies can remain healthy.

Significance of the study

The study is meant to highlight the importance of exclusive breastfeeding on child survival by protecting against

against infection, reducing the chances of developing allergic disorder and encouraging maternal child bonding. The effect of early bowel motion and provision of nutrients necessary for adequate development can be ensured by the study on the effect of breastfeeding on child growth and development. The study would enlighten mothers on the effect of exclusive breastfeeding on health of the child who are on partial breastfeeding and make recommendation which will assist nursing mother to enhance exclusive breastfeeding so that their babies can remain healthy.

Concept of breastfeeding

Breastfeeding is a method of feeding babies with breast milk by putting the nipple and the areola of the breast into the baby's mouth for suckling. Breastfeeding provides substances that are nutritionally perfect for human babies and protects them from illness. These are needed for growth and development of the infant's rapidly growing brain and central nervous system. Breastfeeding requires no preparation. It encourages contraction of the womb after delivery (thus helping the mother to regain her figure). It carries no risk of inducing cow's milk allergies or obesity and it promotes the vital psychological bonding between the mother and baby; that is so important for the later development. It also provides the loving interaction that forms the basis for establishing the child's personality and learning readiness.

According to Lee et al. (2000), *"breastfeeding is an art of feeding the baby with human breast milk. Traditionally, women were not separated from their babies but stayed at home to look after their babies or carry them on their back especially in places where it is customary for them. Rural women in many countries still maintain this practice. Breast milk is made from what the mother eats-better and qualitative food yields better production of milk"*.

According to MacDonell and Ito (1998) *".....increased breastfeeding rates would save mothers' money and they will be able to spend such money on something better. It is known for years that the death rates in the third world countries are lower among breast-fed babies; they are healthier and have fewer infections than formula-fed babies"*.

According to Bar-Oz et al. (2000), *"a breast fed baby's digestive tract contains large amounts of lactobacillus bifidus; beneficial in that it prevents the growth of harmful organisms. Human milk directly from the breast is always sterile, never contaminate by polluted water or dirty bottles, which can also lead to diarrhea in the infant. Human milk contains at least 100 ingredients not found in formula. No babies are allergic to their mother's milk, although they may have a reaction to something the mother eats. If she eliminates it from her diet, the problem resolves itself"*.

According to Lawrence (1994), *“sucking at the breast promotes good jaw development as well. It is hard work to get milk out of a breast than a bottle, and the exercise strengthens the jaw and encourages the growth of straight, healthy teeth. The baby at the breast also can control the flow of milk by sucking and stopping. With a bottle, they most constantly suck or react to the pressure of the nipple placed in the mouth”*.

Breast milk

Breast milk is the foundation of food security for all the babies of the world and is one of the world's most valuable, renewable natural resources. It is produced by women everywhere and indeed is the only food equally available to rich and poor alike. Breast milk is constantly changing, adapting to the specific immunological and nutritional needs of the rapidly growing baby because breast milk supply is regulated by demand. Fully breastfed babies are seldom “obese”. Doctors and Scientists agree that breast milk is the best nourishment for babies. Human milk provides nutrients essential to building strong human bodies that cow's milk or formula simply cannot supply. Koren (2002) explicates that: *“Breast milk is perfectly suited to nourish infants and protect them from illness. Breast-fed infants have lower rates of hospital admissions, ear-inspections, diarrhea, rashes, allergies and other medical problems than bottle-fed babies do”*. Additionally, Lawrence (2002) explicates human milk as contains just the right amount of fatty acids, lactose, water and amino acids for human digestion, brain development and growth while cow's milk contains a different type of protein than human's breastmilk, this is good for calves, but human infant can have difficulty digesting it. Bottle-fed infants tend to be fatter than breast-fed infants but not necessarily healthier. Breast-fed babies have fewer illnesses because human milk transfers to the infant a mother's antibodies to diseases. About 80% of the cells in breast milk are macrophages cells that kill bacteria, fungi and viruses. Breast-fed babies are protected in varying degrees, from a number of illnesses, including pneumonia, botulism bronchitis, staphylococcal infections, influenza ear infections and German measles. Furthermore, mothers produce antibodies to whatever disease is present in their environment, making their milk custom-designed to fight the diseases their babies are exposed to as well”.

Structure of the breast

The mammary glands consist of the following tissues: (1) Glandular tissue, (2) fibrous tissue and (3) fatty or adipose tissue. The glandular tissue consist of about 20 lobes in each breast, each lobe is made up of number of lobules. The lobules consist of a cluster of alveoli which

open into small ducts, which unite to form large excretory ducts called the lactiferous duct. The lactiferous duct converge towards the centre of the breast where they form dilatations or reservoirs for milk during lactation; leading from these dilatations are narrow ducts which open onto the surface at the nipple. The fibrous tissue supports the glandular tissue and the ducts. Therefore neither the fatty nor adipose tissue covers the surface of the glands and is found between the lobes. The amount of fatty tissue determines the size of the breasts. At the centre there is small conical eminence of the nipple. The base of the nipple is surrounded by a pigmented area, the areola, which varies in colour from a deep pink to a light brown colour, on the surface of the area there are numerous sebaceous glands called areola glands (Montgomery's tubules) which in pregnancy lubricate the nipple.

Blood supply includes lymph drainage and nerve supply, and arterial blood supply. The breasts are supplied with blood from the thoracic branches of the axillary's arteries and from the internal mammary and intercostals arteries. Various drainages describes an anaestomotic circle round the base of the nipple called the circulus venosus. Branches from this area carry various bloods to the circumference and end in the auxiliary and mammary veins; lymph drainage is mainly into the auxiliary lymph vessels and glands.

Nerve supply branches from the fourth, fifth and sixth thoracic nerves which contain sympathetic fibers. There are numerous sensory nerves ending in the breast especially around the nipples, when these are sucked, the impulse pass to the para ventricular, stimulates receptors nucleus of the hypothamus and the flow of the hormone oxytocin is increased thereby promoting the release of milk.

Breast milk constituent

The mother's breasts contain milk naturally rich in fats with an average content of 3.8g per 100 mls lipids supplying about 50% of the calorific contents. Breast milk contains a broad spectrum of fatty acids: c4, c6 to c22, c24. Importance consistent fatty acids are palmtic acid (average 24%, oleic acid, generally limiting for the absorption of fats, is most frequently located (67%) in the most favourable position on the triglycerides). The protein content of breast milk drops as lactation progresses. It is at the highest during the first few days of colostrums dropping to an average of 1.2 g/100 ml, in nature milk. The majority of these proteins are composed of soluble proteins which are easily digestible and do not conjugate in the stomach and these require less hydrochloric acid. The carbohydrate in breast-milk mainly composes of lactose, and the infants system is very well adapted because of its high secretion of lactose and the total mineral salts content is low (0.23 g per 100 ml) and the

ratios of its mineral are such that it has good homostatic balance and optimum mineralization are achieved. The mentioned statistics may vary substantially according to the mother but the same characteristics are retained.

IMPORTANCE OF EXCLUSIVE BREASTFEEDING

To the baby

1. Exclusive breastfeeding meets all the nutritional needs of the baby for the first six months.
2. Breastfeeding continues to make a significant contribution to the baby's nutritional and emotional health into the second year and beyond.
3. Breastfed babies have stronger immune systems and are healthier than bottle-fed babies
4. Special fatty acids in breast milk lead to increased intelligence quotients (IQs) and better visual acuity.
5. Research shows that breastfeeding could save the lives of over 1.5 million babies who die every year from diseases such as diarrhea and pneumonia.
6. Good mother child relationship that promotes interaction and attachment between mother and child (bonding).
7. The breastfed baby has skin and eye contact with the mother.
8. The breastfed baby is less likely to develop a severe infection. It is a scientific truth that human milk contains antibiotics against disease.
9. The activity of sucking at the breast enhances development of baby's oral muscles, facial bones and aids in optimal dental development.
10. The benefits of breastfeeding appear to last even after the baby has been weaned.

To the mother

1. Breastfeeding her child reduces her chances of losing blood after delivery.
2. Breastfeeding reduces her chances of having cancer of the breast.
3. Breastfeeding makes the mother and child to love each other closely.
4. A breastfeeding mother regains her shape faster.
5. Breastfeeding especially exclusive breastfeeding is easy for the mother because she does not have to worry about boiling, washing or cleaning bottles.
6. It saves time, energy and costs less (very cheap as it does not warrant any special preparation).
7. Apart from its importance in growth, development and protection for the helpless infant, it has economic value especially in low socio-economic society.
8. It aids expulsion of placenta where there is retained placenta.
9. It aids involution of the uterus due to release of oxytocin during breastfeeding.

To the family

1. Breastfeeding saves a lot of money for the family, instead of buying expensive milk formula; the money can be used to do so many other things.
2. Breastfeeding helps the family to space birth so that the family will have children only when they are ready. The mother will be able to gain her strength before having the next baby.
3. Breastfeeding reduces visit to the hospital and saves a lot of money, which would have been spent to buy drugs and cure illness in the child.

To the community

1. Breastfeeding reduces poverty in the community and household by saving money on buying or importing formula, feeding bottles/teats/sterilizing/chemical etc.
2. Breastfeeding promotes development in the community by ensuring survival of healthy children that grow to become healthy and productive leaders of tomorrow.
3. Breastfeeding protects the environment since there are no empty cans and wastes left over for disposal.
4. Breastfeeding encourages and promotes child spacing therefore a healthy population.
5. Breastfeeding communities have lower child death rates.
6. Breastfeeding promotes mother-child bonding which assures the community of emotionally stable and happy population.
7. Breastfeeding the right way promotes better overall health of women and more efficient role in the community.

Breastfeeding as it affects child survival

Child survival is the preservation of a child in a healthy state without any physical, mental, social or emotional handicapped, so that the child can achieve his full potentials. The BHFL recommends that a child should be breastfed exclusively in the first 6 months of life, thereafter partially breastfed well into the second year of life. Exclusive breastfeeding means no other drink (including water) or food should be on demand with any restrictions on duration of feeding. No pacifier or dummies should be given. Breastfeeding affects child survival by:

1. Protection against infections: Human milk contains phagocytic cells and secretes onto bodies, which protect a child fed exclusively on breast milk from gastrointestinal respiratory and middle ear infections.
2. It also contains lactoferrin which binds excess iron in the gut, preventing the growth of organism requiring iron, thus reducing the incidence of gastroenteritis. Bifidus factor

also present in human milk stimulates the growth of pathogenic organisms. By reducing the incidence of infection, human milk improves the physical and mental well being of the child.

3. Reducing the chances of developing allergic disorders, colostrums, and the milk secreted in the first two days after delivery, contain a growth which stimulated the growth of the gastrointestinal tract of the newborn and prepare the gut for digestion and absorption. This leads to decrease in absorption of intact proteins thus avoiding sensitization to foreign proteins and higher tendency of allergic disorders such as asthma and diabetic mellitus. Allergic disorders are associated with decrease physical growth, mental development and emotional disturbance in a child.

4. Encouraging maternal child bonding.

5. The skin to skin contact is an important part of breastfeeding and it encourages emotional attachment between the child and mother and reduces the chances of child abuse, therefore improving child survival.

6. Encouraging early bowel motion: Colostrums promotes early bowel when compared to other milk. Delayed bowel movement is a known cause of neonatal jaundice, which may cause kernicterus affecting child survival.

7. Providing nutrients necessary for adequate development:

(a) Water: Human milk contains a lot of water, which help in quenching thirst and preventing dehydration.

(b) Protein: Human milk when compared with other milk contains easily digestible and absorbable proteins. It also contains the essential amino acids for brain development.

(c) Carbohydrates: Human milk contains a lot of lactose, which supplies energy; glucose is also present in large quantity and aid in brain development, enhancing child survival.

(d) Fat: Human milk contains polyunsaturated fatty acids which help in brain development, enhancing mental well-being of the child.

(e) Minerals: The proportion of calcium and phosphate in human milk ensures adequate bone growth. The sodium content is just sufficient for the need of the child.

(f) Encouraging family planning: Breastfeeding for at least 10 times, during daytime and at night increases prolactin production which inhibit ovulation and thus prevent pregnancy. This encourage child spacing and therefore increases child survival.

How to achieve good and adequate lactation

1. Good nutrition food e.g. meat, fish, milk etc.
2. Adequate fluid intake because much fluid is needed for milk production.
3. Prevention of encouragement during the puerperium.
4. Making sure that mother rest well to promote good blood circulation.
5. Making sure that the mother is free from infection.

Steps to successful breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming in allows mothers and infants to remain together 24 h a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifier to breastfed infants.

Factors that can affect breastfeeding

Infant's condition

- (a) Sick babies for example, asphyxia, preterm, severe jaundice.
- (b) Congenital abnormalities: cleft palate and cleft lips.

Mother's conditions

- (a) Breast condition such as cracked nipple mastitis, engorgement of the breast.
- (b) Medical conditions for example, maternal death, human immune virus (HIV).
- (c) Social condition for example, abandoned child.
- (d) Insanity.
- (e) Tuberculosis.

DISCUSSION

This was written on the basis of information obtained through questionnaires and personal observation. Attempt was also made here to draw the relevance of finding to the issues discussed in the literature review.

A look at Table 1 shows that 30% of the respondents falls between the ages of 21 to 25 years, 30% are within 26 to 30 years, those respondents that fell between 31 to 35 years constituted 22%. This was followed by 10% that were between 36 to 40 years. The smallest percentages of 8% were just between 41 and 45 years (Table 1). With respect to marital status, 88% of the respondents were married, while 10% of the respondents were divorced, this was followed by 2% that is a widow (Table 1). About their religion, 78% of the respondents are Christians while 22% of the respondents are Muslims (Table 1).

Table 1. Acceptability of exclusive breastfeeding (research questions).

No.	Item description	No. of respondents that indicated Yes and their percentage (%)	No. of respondents that indicated No and their percentage (%)
1	Have you ever heard of exclusive breastfeeding?	43 (86)	7 (14)
2	Do you give your baby breast milk within the first 24 h after delivery?	47 (94)	3 (6)
3	Do you breastfeed exclusively for the first six months?	45 (90)	5 (10)
4	Do you believe it is possible to exclusively breastfeed a child?	49 (98)	1 (2)
5	Do you think exclusive breastfeeding is best for the babies?	47 (94)	3 (6)
6	Have you ever practiced exclusive breastfeeding?	38 (76)	12 (24)
7	Do you think that exclusive breastfeeding has positive effect on the health of the babies?	33 (66)	17 (34)
8	Do you think exclusive breastfeeding babies visit hospital always?	37 (74)	13 (26)
9	Do you think that the state of health of the baby or mother can affect exclusive breastfeeding?	38 (76)	12 (24)
10	Do you believe that mothers' nutrition has effect on exclusive breastfeeding?	40 (80)	10 (20)
11	Do you think that exclusive breastfeeding increases babies' immunity?	44 (88)	6 (12)
12	Do exclusive breastfeeding reduce infant mortality and morbidity rate?	32 (64)	18 (36)
13	Does exclusive breastfeeding enhance infant growth?	45 (90)	5 (10)
14	Does exclusive breastfeeding meets the nutritional demand of babies?	41 (82)	9 (18)
15	Do you think ignorance on the part of the mothers has any positive effect on exclusive breastfeeding?	42 (84)	8 (16)
16	Does exclusive breastfeeding help to foster maternal and child love?	46 (92)	4 (8)
17	Can certain environmental factors such as mother hygiene, environmental hygiene have effect on exclusive breastfeeding?	41 (82)	9 (18)
18	Can the socio-economic factor of the family affect exclusive breastfeeding?	32 (64)	18 (36)
19	Can mother's occupation have effect on exclusive breastfeeding?	37 (74)	13 (26)

In relation to occupation, 34% of the respondents were traders. The smallest percentages of 10% were just full-time housewife; 26% of the respondents were civil servants, 16% were students while 14% were self-employed (Table 1). With respect to qualification, 50% of the respondents went to tertiary institution, 36% had secondary school education; 12% of the respondents were primary school leavers and 2% had no formal education (Table 1). About the number of deliveries, 36% of the respondents had one delivery, 18% had two deliveries, 28% of the respondents had three deliveries; 14% of the respondents had four while 4% had more than four deliveries (Table 1). It can be concluded that most of the respondents fell between child-bearing age of 21 to 40 years. Most of the respondents were either civil servants or traders. Majority of the respondents have tertiary education.

From Table 2, 86% of the respondents heard about exclusive breastfeeding while 14% did not. On item 8, 94% of the respondents gave their babies breast milk within the first 24 h after delivery while 6% did not. It means therefore that exclusive breastfeeding has been widely acceptable, item number 9, 90% of the respondents breastfed their child exclusively for the first six months while 10% of them did not. On item number 10, 98% of the respondent believes it is possible to exclusively breastfeed a child while just 2% said it is not possible. On item number 11, 94% of the respondents have the opinion that exclusive breastfeeding is best for the babies while just 6% did not agree with the opinion. On item number 12, 76% of the respondents have ever

practiced exclusive breastfeeding while 24% have never practiced exclusive breastfeeding; from the report therefore survival rate of child-birth is high.

The second research question states that: "Can exclusive Breastfeeding foster maternal and child health"? (Table 1). From the analysis of the data, it could be seen that 66% of the respondents agreed that exclusive breastfeeding has positive effect on the health of the babies while 34% of the respondents disagreed with this assumption. On item number two, 74% of the respondents had the opinion that exclusive breastfed babies do not visit hospital always while 26% of them disagreed with the opinion. The third item in this table wished to know whether the state of health of the baby or mother can affect exclusive breastfeeding. 76% agreed that the state of health of the baby or mother can affect exclusive breastfeeding while the remaining 24% disagreed. From this study, it could be inferred that the exclusive breastfeeding protect children from illness that can lead to high death. Concerning the fourth item on this table, 80% of the respondents believed that mother's nutrition has effect on exclusive breastfeeding while just 20% disagreed with the believe.

The third research question states that: "Can exclusive breastfeeding increase child immunity thereby reducing infant morbidity and mortality rate"? The results were as shown in Table 1 items 11 and 12 on the questionnaire. From the analysis of the data, 88% of the respondents had the opinion that exclusive breastfeeding increases babies' immunity while 12% said "No" in their own case.

On item number two, it reveals that 64% of the respondents

Table 2. Background Information of respondents (nursing mothers).

Parameter	A	B	C	D	E	
Age q1	21-25 years	26-30 years	31-35 years	36-40 years	41-45 years	
Frequency	15	15	11	5	4	
Percentage	30	30	22	10	8	
	A	B	C	D		
Marital status Q2	Married	Divorced	Seperated	Widow		
Frequency	44	5	0	1		
Percentage	88	10	0	2		
	A	B	C	D		
Religion Q3	Christianity	Islamic	Traditionalist	Pagan		
Frequency	39	11	-	-		
Percentage	78	22	-	-		
	A	B	C	D	E	
Occupation Q4	Self-employ	Civil-servant	Student	Trading	Full-time housewife	
Frequency	7	13	8	17	5	
Percentage	14	26	16	34	10	
	A	B	C	D	E	F
Qualification Q5	Pry school	S.75, WASC/GCE	OND/NCE	HND/B.sc	M.sc/Ph.d	No formal Education
Frequency	6	18	15	9	1	1
Percentage	12	36	30	18	2	2
	A	B	C	D	E	
No. of delivery Q6	One	Two	Three	Four	More than four	
Frequency	18	9	14	7	2	
Percentage	36	18	28	14	4	

believe that exclusive breastfeeding reduce infant mortality and morbidity rate while the remaining 36% disagreed with the believe. From this Table 1, it could be seen that exclusive breastfeeding increases babies immunity thereby reducing mortality and morbidity rate among children.

The fourth question states that “can exclusive breastfeeding have great positive effect on child’s growth and development? The data in the Table 1 showed the responses of the respondents to item one, majority of them said that exclusive breastfeeding enhance infant growth while minority of

them (10%) had no knowledge of it. On item number 2, 82% of the respondents agreed that exclusive breastfeeding meet the nutritional demand of babies, 18% of them disagreed with the opinion. The last item in Table 1, sought to know the views of the respondents on whether the

ignorance on the part of the mother has any positive effect on exclusive breastfeeding, out of the 50 respondents, 84% of them said "No" to the item. From this Table 1, it could be inferred that exclusive breastfeeding can have great effect on child's growth and development.

The fifth research question state that: "Can exclusive breastfeeding encourages mother and baby's friendly? Table 1 shows that 92% of the respondents agreed and observed that exclusive breastfeeding help to fosters maternal and child love while minority of 8% of them said "No" to the item.

The sixth research question states that: "Can socio-economic status or occupation of the mother have effect on exclusive breastfeeding? From the analysis of the data, 82% of the respondents agreed that certain environmental factors such as mother's hygiene, environmental hygiene have effect on exclusive breastfeeding while 18% has no response. On item number two in Table 1, 64% of the respondents are of the opinion that socio-economic factor of the family affect exclusive breastfeeding, out of the 50 respondents, 74% of them said yes while the remaining 26% said "No" to the item. From this Table 1, it could be seen that socio-economic status or occupations of the mother have effect on exclusive breastfeeding.

Conclusion

This study primarily has been carried out to analyze the effect of exclusive breastfeeding on the health of babies in Ife Central Local Government, Osun State. An attempt has been made to study the practice of nursing mothers in four maternity and hospitals in Ife Central Local Government, respectively.

From the report of the study, most nursing mothers (94%) now believe much in breastfeeding their babies exclusively in the first six months of birth. It was also discovered from both the study and research work that exclusive breastfeeding reduces infant mortality and morbidity rate, 64% of the respondents believed that exclusive breastfeeding reduces child morbidity and mortality rate. It also reduces breast and ovarian cancers in mothers and foster child and mother love.

Based on the findings, it was observed that there is drastic reduction in the number of babies suffering from gastroenteritis, which resulted from bottle-feeding. Considering all the findings and results obtained from research work in collaboration with the explanation, it can thus be concluded that babies on exclusive breastfeeding has high immunity rate that can protect them from certain infectious disease. Exclusive breastfeeding also meets the nutritional demand of babies, enhance infant growth and at the same time reduces infant mortality morbidity rate.

RECOMMENDATIONS

From the findings of this study, the following recommendations are given:

1. All pregnant mothers should seek antenatal care as early as possible so that they will be given health education on the benefits and importance of exclusive breastfeeding to babies.
2. Breastfeeding community support group need to be formed and be trained on how to give support to people in their different community regarding exclusive breastfeeding.
3. Government should create more crèches at the different working offices to enable the mothers go there to breastfeed their babies.
4. More health workers should be posted to the rural areas so that the nursing mothers at the grassroots level can be educated about exclusive breastfeeding.
5. There is need to train more health workers in the area of lactation management in order to continue the awareness campaign on exclusive breastfeeding.
6. Government should build more hospitals to enable mothers to enjoy the awareness on exclusive breastfeeding.
7. Healthcare institutions should have a written breastfeeding policy that are routinely communicated to all the staff and also train all the staff in skills necessary to implement these policies.

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