



KNOWLEDGE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AS A CONTRACEPTIVE FORM AMONG CHILDBEARING WOMEN IN IBADAN, NIGERIA

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ABSTRACT

In Nigeria, contraceptive use is still low though its knowledge is widespread. This study investigates the knowledge and practice of on Exclusive Breast Feeding (EBF) as a Lactating Amenorrhoea Method (LAM) contraceptive among women currently bearing children. Using two purposively selected post-natal clinics in Ibadan and adopting a qualitative design, data were collected from 2 Focus Group Discussions, 4 Key Informants and 3 In-depth Interviews. Data were content analyzed. Higher knowledge of EBF was found among lactating mothers but its use as contraceptive was generally low. This low rating of EBF as a contraceptive in spite of its documented advantages amongst participants constituted a barrier to family planning goals. Respondents offered various reasons for non utilization of LAM as a contraceptive method, many of which were due to ignorance and lack of adequate motivation. There is therefore a need for intervention programmes not only to improve awareness of LAM but to increase its use in order to fill the unmet needs gap in family planning.

Keywords: *Contraceptive use, Lactating mothers, Intervention programmes, Unmet needs*

Introduction

The concern over high fertility rates in developing countries including Nigeria has brought to fore the use of contraceptive for family planning. However, in the case of Nigeria, contraceptive use is still low even though its knowledge is widespread (NPC and ICF Macro's NDHS, 2008). Within this contraceptive imperative, the use of exclusive breastfeeding, as Lactational Amenorrhoea Method (LAM) has been relatively low (5% LAM usage as reported by NDHS, 2008); in spite of widespread prevalence of the knowledge of exclusive breastfeeding (97%) (NPC and ICF Macro's NDHS, 2008). While the 97% use of exclusive breastfeeding as nutrition for their babies is encouraging, a low percentage usage as LAM is discouraging. The situation is further compounded by the fact that exclusive breastfeeding (EBF¹) reduced from 17% in 2003 to 13% in 2008. The major concern is why are mothers not adopting exclusive breastfeeding as a contraceptive in spite of its numerous medical advantages? Or put in a wider sense, what are the knowledge, attitude, practice, and perception of lactating mothers in the use of exclusive breastfeeding as a contraceptive in Nigeria.

In Africa, approximately 20% of all pregnancies are unintended, significantly impacting on women's physical, social, and economic well-being (Daulaire, Leidle, Mackin, Murphy and Stark, 2002). As at 2011, an estimated 215 million women worldwide want to avoid pregnancy and plan their families but are not using modern contraception (EngenderHealth, 2011). This is in spite of the fact that Family planning does help women and couples to limit their family size, safeguards individual health and rights, preserves natural resources, and can improve the economic outlook of families and communities. The need for quality family planning services is therefore more urgent as more than one billion

¹ EBF is used as exclusive breastfeeding



young people aged 15-24 are entering their reproductive years. This becomes more imperative in developing world eighty percent of these young people live (EngenderHealth, 2011).

Study Objectives:

1. To investigate the knowledge of mothers towards exclusive breastfeeding as a contraceptive method in Ibadan.
2. To examine the attitude of mothers towards exclusive breastfeeding and its use as a contraceptive in Ibadan.
3. To examine the extent to which EBF is used as a contraceptive among women in Ibadan.

Brief Review of Literature

Family Planning

To contextualize the review, the concepts of family planning and exclusive breastfeeding as a contraceptive are examined. Family planning is an organized effort essentially to ensure that couples who want to limit their family size or to space their children have access to contraceptive information and services, and are encouraged to use them as needed (Isiugo-Abanihe, 1996).

Anthropologist, sociologist, and medical doctors have known for many years that couples in various parts of Nigeria have consciously and effectively controlled pregnancy and births; hence nowhere in the country does recorded fertility approach the biological maximum. Taboos on intercourse during lactation with intentional long periods of breastfeeding, intentional physical separation of wives from husbands, permanent and periodic abstinence, herbal medicines and waist bands, incantations, and even abortion, have traditionally been used to regulate family size among Nigerian cultures and to enhance the health of mothers and their children (Isiugo-Abanihe, 1996).

Exclusive Breastfeeding as a Contraceptive

Breastfeeding has always been vital in Nigeria. Its natural anti-infective properties and ideal nutritional characteristics have long facilitated infant survival (Dada, Akesode and Olanrewaju et al., 2002). The natural contraceptive effect of breastfeeding has also enabled infant survival by delaying subsequent pregnancy long enough to allow an infant to be nourished and immunologically protected by his/her breastfeeding mother. The period of breastfeeding in communities in Nigeria has been characterized by abstinence from sexual relations, which also had an important child spacing effect (Senaiumhe and Oviawe, 1986). Breastfeeding can be used as quite a reliable contraceptive under certain circumstances known as the lactational amenorrhea method (LAM) and many women opt to use this technique as their form of birth control after giving birth.

Many studies have demonstrated that exclusive breastfeeding, as a contraceptive, which is lactational amenorrhoea method, is about 98% effective in the first six months (Bellagio Consensus Statement, 1988; 1995). A consensus on the conditions under which lactation would be considered a safe method for contraception was reached at two conferences, held at Bellagio in 1988 and 1995 and at Georgetown University in 1989. These led to wide recognition of what is now known as the Lactational Amenorrhoea Method (LAM). The method states that if the following three conditions are met, the risk of pregnancy in the first six months postpartum would be less than 2% (Kennedy, Rivera and McNeilly, 1989):

- Menstrual periods have not resumed (Amenorrhoeic); AND



- The infant is fully or nearly fully breastfed frequently, day and night; AND
- The infant is under six months of age (Less than six months postpartum).

When these three conditions are fulfilled, breastfeeding provides more than 98% protection from pregnancy in the first six months postpartum (Kennedy and Kotelchuck, 1998; Kennedy et. al. 1989; FHI, 1988). The LAM actually provides about four months of “added” protection (six months minus 56 postpartum days, when new pregnancies rarely occur) (Kennedy et. al. 1994). Soon after the Bellagio Consensus, family planning program and policy leaders convened and dubbed the application of the Bellagio guidelines of the Lactational Amenorrhea Method (Kennedy et. al. 1994). It has also been shown that even after resumption of menstruation; the probability of pregnancy is lower among women who continue to breastfeed than among women who have stopped. The data suggest that when used correctly or even if used imperfectly, LAM is a reliable way to avoid pregnancy. The fact that it is effective is an unquestionably positive attribute of LAM (Kennedy and Kotelchuck, 1998).

Exclusive Breastfeeding as Nutrition

In the developing world, less than 40% of infants under 6 months old receive the benefits of exclusive breastfeeding. The rate is particularly low in Africa, where less than one third of infants under 6 months old are exclusively breastfed. Over the past 10-15 years, exclusive breastfeeding rates have increased in many countries of Africa and Asia. In the developing world as a whole, however, progress has been modest, from 33% around 1995 to 37% around 2008 (UNICEF, 2009).

Evidence from a variety of countries indicate that marked improvements on exclusive breastfeeding are possible if supported by effective regulatory frameworks and guidelines (UNICEF, 2009). Exclusive breastfeeding rates are very low and stunting prevalence is high in several countries that have experienced emergencies and longer-term challenges, such as Chad, Cote d'Ivoire, Djibouti and the Niger. In these countries, urgent actions are needed to promote and support exclusive breastfeeding in order to reduce the rate of infectious diseases and ensure optimal infant nutrition.

Knowledge of/use of Exclusive Breastfeeding as a Contraceptive

In developing countries like Nigeria, knowledge of lactational amenorrhoea method is low but the knowledge of modern family planning excluding LAM is high and is often recommended by family planning providers. According to NPC and ICF Macro's Nigeria Demographic Health Survey 2008, 5% of all women age 15-49 had ever used LAM even though the knowledge of any contraceptive method is widespread in Nigeria. Lactational amenorrhoea method in a lot of literature shows that breastfeeding is not often emphasized as a contraceptive but more as an optimal feeding practice of children. Eight percent of women age 35-39 had ever used LAM compared with women age 15-19 (0.5%) (NPC and ICF Macro, 2009).

As the Nigeria Demographic Health Survey, 2008 shows the use of LAM increases with age, from 1.9% among women age 25-29 and 30-34 respectively and then declining to 1.6% for women age 35-39. Women age 20-24 have the lowest use of LAM (1%). The practice of LAM is not widespread among women age 20-24 due to their non exposure to LAM as an effective birth control (NPC and ICF Macro, 2009). The present trends in current use of LAM over the 18-year period, increased from 1.4% in 2003 to 1.6% in 2008 (NPC and ICF Macro, 2009).

Furthermore, current use of exclusive breastfeeding as a contraceptive (LAM) varies with residence, zone and education. Exclusive breastfeeding as a contraceptive use among women in the urban and rural residence in 2003 Nigeria Demographic Health Survey is 1.7 and 1.2. This increased to 2.2 in urban and 1.3 in the rural residence in 2008 (NPC and ICF

Macro, 2009). Similarly, the South West zone has the highest proportion of women (1.7%) using LAM which increases to 3.0% in 2008 followed by South South zone (2.9%) and the lowest proportion of married women using LAM is found in the North West (0.4%) (NPC and ICF Macro, 2009). Also, LAM use decreases with educational attainment. Only 1.2% of women who have above secondary school level education use exclusive breastfeeding as a contraceptive compared to women who have only secondary school level education (2.3%).

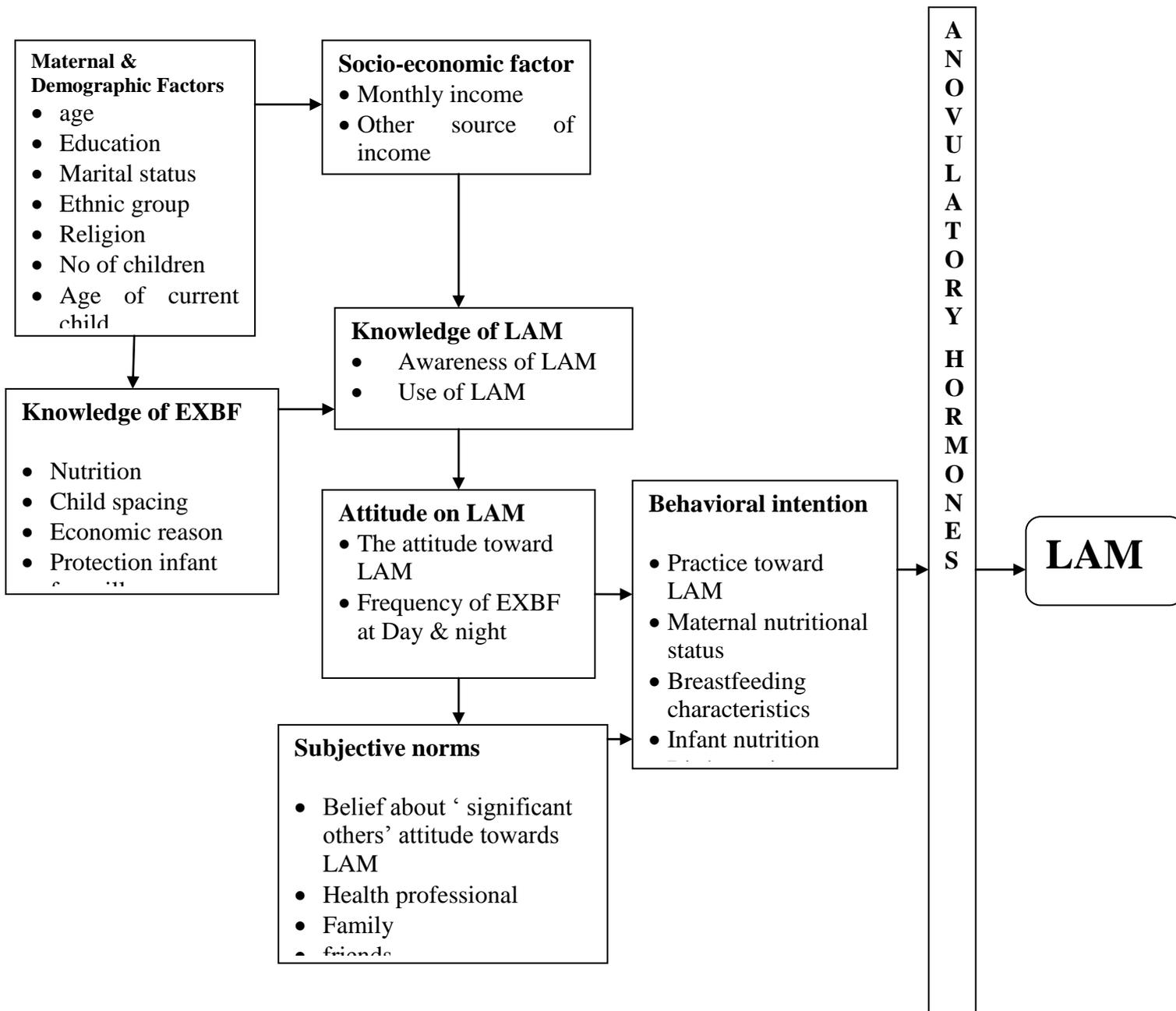
Theoretical Framework

The study was guided by a combination of Social Action and Reasoned Action Theories. As Weber argued an individual action is social to the extent that it takes into consideration the behaviour of others and thereby oriented in its course (Weber, 1922). In carrying out social actions, the individual negotiates between the subjective needs and those that will meet the approval of other actors. For Weber (1922), agents are individuals or institutions that take action toward specific ends in society. The individuals react to social pressures, which limit or constrain their actions, and in some instances goals are partially determined by society's influence upon them. Flowing from Weber's position, this paper assumed that the choice of childbearing women using exclusive breastfeeding as contraceptive, usually involves a linkage of social relationships in which series of actions and reactions take place. These actions can fall within different categories of social action at different stages. For instance, some childbearing women may engage in LAM due to that adherence to the advantages of exclusive breastfeeding which include protection of young child from infection, source of nutrients, fostering mother-to-child bonding and lowering the risks of early childhood deaths and cost effective. All these advantages make exclusive breastfeeding fascinating safe and reliable contraceptive when frequently adhered to its usage as nutrition. As shown in Figure 1, it is obvious that some of the actions that influence individual choice of using exclusive breastfeeding as contraceptive may include age, educational background, marital status, religion, income, age of current child and particular circumstances. The manifestation of these factors is an exhibition of different social actions that can sustain women using exclusive breastfeeding as a contraceptive.

The Theory of Reasoned Action (Ajzen and Fishbein, 1980) provided a complementary explanation to Social Action's position. It argued that a person's behaviour is a factor of intention to perform. The intention is driven by subjective norms and perceived behavioral control. Thus, a person's attitude towards an action consists of a belief that, that particular behaviour will lead to a certain outcome and an assessment of what that behavior will accomplish. Operationally, the use of EBF at all, or its use as LAM will be seen as an outcome of attitude in the context of other actors and positive evaluation of the outcome of that behaviour.

Ultimately, an individual's attitude toward a behavior can lead to an intention to act (or not to act as the case may be). This intention may or may not lead to a particular behavior (Ajzen and Fishbein, 1980). People are rational and will make predictable decisions in specific circumstances and the "intention to act" is the most important determinant of behavior. In summary, Theory of Reasoned Action provides a solid foundation for the understanding of individual behavior which predicts a person will adopt, maintain or change a behavior if they believe the behavior will benefit them; the behavior is socially desirable; there is social pressure to conform to the behavior; and the opinion of others matters to them. The framework is as represented in the figure below:

FIG. 1: CONCEPTUAL FRAMEWORK OF THE STUDY



Adapted From Fishbein M. and Ajzen I. (1975); Montano, D. E. and Kasprzyk, D. (2008)

From the forgoing, mothers have seen as active rational beings with the intention to space their children. This desired goal of child spacing presents several options. The choice of exclusive breastfeeding will be influenced by factors such as attitude, cultural practices on child weaning, environment and socio-economic background of the mothers.

Methodology

Study design



The study design adopted for this study was survey and data collection was qualitative. However, this current paper utilized qualitative data only.

The Study Area

The study was conducted in selected areas in Ibadan, Oyo State. It cut across the urban and rural areas of the Local Government Areas (LGAs) in Ibadan land. Ibadan lies approximately between the geographical coordinate's latitude of 7° 21' North of the Equator and Longitude 3° 55' East. Ibadan is the capital of Oyo State, and play host to many ethnic groups that are found all over Nigeria as well as citizens of other countries. Two local governments were randomly sampled using lucky dip sampling technique (simple random).

Justification of choice of the study area

Ibadan was selected purposively for this study because it is the largest city in Africa South of Sahara and has a heterogeneous population that cut across all ethnic and religious groups that are available in Nigeria. This cultural mix places it at position that will enable us to have an overview of knowledge and practice of EBF as a contraceptive among lactating mothers.

Target population

The study targets women who have a child of less than or equal to 24 months old, in Ibadan, Oyo State. This is with a view to examine the knowledge of mothers in the area of exclusive breastfeeding as a contraceptive method. Women were purposively selected as a major stakeholder. This is within the background that the overall contraceptive prevalence among all women in Nigeria is 15% and the use of breastfeeding as a contraceptive method (Lactational Amenorrhea Method) is 5% (NPC and ICF Macro's NDHS, 2009). Also health practitioners were also included in the study.

Sampling method

Ibadan central area (which makes up the metropolis), was purposively chosen given its cultural mix. The metropolis consists of six Local Government Areas (LGAs) namely Ibadan North, Ibadan South-West, Ibadan South-East, Ibadan North –East, Ibadan North-West and Akinyele local government areas. Further selections were done at two levels:

(a) Local Governments

Lucky dip sampling technique (simple random) was used to select two LGAs out of the six LGAs that made up the Ibadan metropolis. The two LGAs selected were Akinyele and Ibadan-North Local Government Areas.

(b) Health Centres Level

Two health centres were purposively selected in the two LGAs. The choice was based on two criteria:

- i. That such centres have clientele from diverse backgrounds, and
- ii. The number of post-natal clients must be sufficiently large enough to permit some elements of randomization in selection of respondents.

The health centres selected were:

- i. 2Div. Hospital Adekunle Fajuyi Cantonment in Akinyele LGA
- ii. Jaja clinic in the University of Ibadan in Ibadan-North LGA in Oyo State.



Also, women were sampled for the focus group discussions in which two FGDs sessions were held in each of the selected clinics, comprising one group each for mothers with only a child and for mother with more than one child. There were 12 women in each of the FGD sessions. Furthermore, three health officers who are clinical officers/nurses, who are in charge of post-natal clinics, and whose functions include giving of information on exclusive breastfeeding and immunization to the children of the lactating mothers were selected for the IDIs interviews. Also, four health officers, two Medical Doctors, one Matron and one Community Health worker were selected as Key Informants. These categories of respondents were selected on the basis of willingness to participate in the study.

Method of data collection

Data collection was undertaken using qualitative methods. The techniques used were in-depth interview with key Informants (KIs), Focus Group Discussions (FGDs), and In-depth Interviews (IDIs).

Ethical Consideration

Ethical approval was obtained from UI/UCH/IRC Ethical Committee. The process of data collection for the study was guided by the social sciences research ethics: confidentiality, anonymity, non-maleficence to participants, beneficence, voluntariness, and translation of protocol to local language for easy communication.

Procedure for Data Analysis

Data collected through qualitative method was transcribed from the tapes and combined with field notes and content analyzed.

Limitations of Study

They were two major limitations arising from the process of data collection. Firstly, an outsider effect limited the extension to which respondents opened up. Second, emerge from the limitation of the study to lactating mothers in government hospital. Thus, views of other post-natal clinics in private and missionary hospitals were not included.

Results/Discussions

In all, a total of 48 participants took part in 4 FGD sections, 24 respondents each in the two selected post-natal clinics. All the women were currently breastfeeding their babies and most of the respondents were married. Their ages range from 15 to 49 years and the group cuts across various ethnic groups in Nigeria although dominated by Yoruba's. Furthermore, respondents were generally educated with most of the respondents having secondary school level education.

Knowledge of mothers on exclusive breastfeeding (EBF)

Discussants generally demonstrated a high knowledge of EBF. However, three major dimensions emerged- the Child's health, growth rate and brain development. First, is the understanding of exclusive breastfeeding in terms of its health advantages for the child. A typical submission on this:

We have all heard about EBF which means giving the baby breast milk exclusively without water or food until six months and this makes the baby strong and healthy (Female with more than one child FGD, 2Div. Hospital)

In the same vein, a respondent argued:

When you breastfeed a child regularly, the child will be healthy, look strong, look fine, will not fall sick and the brain will develop well (Female with more than one child FGD, 2Div. Hospital)



Thus in terms of knowledge, discussants generally did not show any understanding in the context of EBF's advantages to the mothers. Emphasis was generally on the children and the nutritional advantages of EBF. This level of understanding should not be surprising as it reflected the emphasis of health professionals in the ante-natal activities. A health professional's position on the meaning of EBF is instructive. Emphasis is more on the process.

EBF is when a mother feeds the baby with the breast milk only for the first six months of life... for the first six months of life. About, maybe three years ago, they gave us a lecture on exclusive breastfeeding. What they told us is that the mother should breastfeed the baby for the first six months of life exclusively, no water, no pap or no cow milk. It is breast feeding only and after six months, the mother can start giving the baby semi-solid food with the breast, I think for two years (Female IDI, 2Div Hospital).

Furthermore, the post-natal clinics asserted that they have policy which they domesticated from the National Policy on Exclusive Breastfeeding. A respondent observed that:

Our policy is just like the policy...National Policy on exclusive breastfeeding, we encourage mothers in the barracks to breastfeed their baby exclusively for the first six months of life. Thereafter, they bring in some infant formula, for the first six months, no water, no formula, nothing. That was the policy before the advent of the catastrophe of the HIV/AIDs and you know the National Policy change temporarily, although we are back again (Male KII, 2Div Hospital).

Moreover, one of the respondents commented that they encourage health personnel who are nursing mothers to come to work with their babies to practice exclusive breastfeeding. Another respondent stated that:

We ensure that we follow this policy and we try to enforce it but there is a limit to enforcement. The reason being we don't have a delivery center, so all we do is to impart knowledge and hopefully they carry out these when they deliver in their various hospitals. We do take care of the ante-natal, they go and deliver in their various hospitals, and they do the follow-up there. But we have an opportunity of even getting a feedback when they come for the immunization of these children. So we still give health talk and we still emphasize EBF. (Male KII, Jaja Clinic)

Attitude of mothers towards the use of EBF as contraceptive

Within the backdrop of a high level of awareness of EBF as nutrition, the study probed the attitude of mothers to EBF as a contraceptive. Majority of the discussants generally have a low awareness of its use as a contraceptive. Although, a few said that they had previously considered it use as a contraceptive they had not previously considered using EBF as a contraceptive even though they. However, most of the respondents in the FGDs women with one baby appeared to have very little or no awareness of EBF as a contraceptive. Many of these lactating mothers claimed they were just hearing for the first time that EBF can be used as a contraceptive. A young lactating mother in FGD claimed that:



I am just hearing for the first time because I have not heard about it like that (Female with one child FGD, Jaja Clinic).

Another discussant said:

No...I don't really understand the concept anyway (Female with one child FGD, Jaja Clinic).

Submissions such as this point out that even when some of the lactating mothers have a high knowledge of EBF, but there is a low consideration on its use and advantages as contraceptives. Others appeared to have attempted to use EBF as a contraceptive but the outcome was not favorable. During the course of the KII with some of the respondents, reasons why EBF can fail as a full proof method of contraceptive were offered. For example, according to a female interviewee:

It is effective if the mothers are not menstruating after 8 weeks of delivery when there is Lactational Amenorrhoea Method (LAM) it can work. The mother is not giving other feeds maybe liquid or solid to the child, only breastfeeding maybe it can work. But one cannot really say 100% that EBF as a contraceptive will work because at least we still have some mothers that will get pregnant despite the fact that they are giving only breast milk. It doesn't really work in all cases as a contraceptive (Female KII, Jaja Clinic).

Furthermore, one of the respondents in a KII session was of the opinion that EBF as LAM cannot be relied upon for several factors including (a) mothers might not conform when they get back home (b) mothers cannot resist the crave for other food by their children (c) early introduction of infant formula . One of the lactating mothers affirmed that:

I tried to practice EBF and also wanted to engage in EBF as a contraceptive but I couldn't because when my son was a month old, he would cry and cry after taking breast. He wasn't satisfied with the breast milk so I have to give him food (Female with one child FGD, Jaja Clinic).

Use of exclusive breastfeeding among women as a contraceptive

On this objective, discussions revealed that lactating mothers who had ever used EBF as a contraceptive are few compared to those who use EBF because of its nutritional values. According to the health professional:

We always give a talk on EBF as a contraceptive as part of the advantages, part of the benefit of breastfeeding. So it is more or less like added quality, added advantages to the importance and benefit of breastfeeding but not exclusively being taught as a topic as which everybody can now based on as a method or a process or a laid down procedures on child spacing or contraceptive (Female IDI, 2Div. Hospital).

Most of the lactating mothers with more than one child had used of EBF as a contraceptive before. To further measure the extent of the current use of EBF as a contraceptive, most of the lactating mothers in the FGD group women with more than one child are currently engaging in the use of EBF as a contraceptive. A respondent said that:

Yes...it works for me...I am currently using it (Female with more than one child FGD, 2Div. Hospital).



Another respondent with one child in the FGD session responded that:

Hmm...actually when I was breastfeeding I was not having my period and during...ok, I came to Jaja Clinic during one of the sections they told us that if you are breastfeeding your baby very well, it will... as a family planning... as a contraceptive. Even my sisters, the same thing happen to them since they are breastfeeding, they wouldn't have their period (Female with one child FGD, Jaja Clinic).

Although, few respondents in the FGD group women with more than one child asserted that they are currently engaging in the use of EBF as a contraceptive but it is not working for them as a contraceptive. A respondent narrated further that:

No...it is not working for me...my experience... I used it but it didn't work for me...when I was breastfeeding, I got pregnant (Female with more than one child FGD, 2Div Hospital).

However, two respondents mentioned that they are currently engaging in the use of EBF as a contraceptive and one of them confirmed that actually EBF is a contraceptive. They commented that:

Hmm ...actually it is a contraceptive because at least the...first six months after giving birth while I was still breastfeeding, I didn't have my period...it is a way of...as a contraceptive (Female with one child FGD, Jaja Clinic).

Yes...yes, I am currently using it but this is my first baby...but I am breastfeeding my baby and I am not using any family planning method (Female with one child FGD, 2Div. Hospital).

Although, respondents in the FGD women with one child argued that they cannot tell if EBF can be used as a contraceptive. Some argued that this is their first baby so they cannot say that EBF can also be used as a contraceptive. A number of respondents in the FGD commented that:

I have not...I haven't no experience on it because this is my first baby. So I can really say if it will work for me (Female with one child FGD, 2Div. Hospital).

Moreover, lactating mothers argued that although they are currently engaging in EBF but not as a contraceptive due to low awareness of it as a contraceptive especially with younger mothers with their first baby. This shows that advocacy of EBF as nutrition and as a contraceptive is wearing off with the older women neglecting the younger women who are approaching their reproductive age of giving birth the vital emphasis on EBF not only as nutrition but also as a contraceptive that doesn't have side effects on the mother and on the child. This further demonstrates that the use of EBF as a contraceptive is very low. Also, the health professionals emphasized on the efficacy of EBF as a contraceptive when it is strictly exclusive. One of the IDIs commented that:

EBF as a contraceptive is effective. Exclusive breastfeeding is very important but we can have one lactating mother out of ten lactating women that will complain that EBF is not effective for her (Female IDI, 2Div Hospital).



However, one of the KIIs affirmed that the National Policy on EBF sees EBF as a contraceptive and it is given a priority too. A respondent commented that:

Yes...they do give it a priority. The nurses give them talk and we also have audio visuals that they have access to and they also listen to interviews from these audio visuals from other experienced mothers who have practiced this breastfeeding...EBF and how they space their babies. And actually, there is a strong link between breastfeeding and contraception...there is a strong correlation between EBF especially at night and contraception. So we should encourage mothers to breastfeed especially at night because scientifically it is at night that prolactin production gets to its peak...so we should encourage that also (Male KII, Jaja clinic).

On a similar note but with different disclosure whether lactating mothers use EBF as a contraceptive and how much they consider it effective it as a contraceptive, a respondent said:

No...I won't say yes to that. They realize it a lot even from their traditional belief they know that...they say...from the story of...from their parents especially from their mother, usually, they know that as long as the baby is feeding, those days mothers feed their babies up to six years and for that six years they are not likely to get pregnant. They even ...our clients even appreciate that ...but then we still also know that most times it fails, exclusive breastfeeding as a contraceptive provision actually have failed most times...hmm...we are not perfect yet, we emphasize on it. We let them know that we make provision for contraceptives and at the same time we do not jettison our existing family planning which also has to do with other contraceptive means (Male KII, 2Div Hospital).

Furthermore, some of the lactating mothers are currently complementing EBF as a contraceptive with other family planning contraceptives. One of the FGD lactating mothers asserted that:

I believe that it can be used as a contraceptive, I will use it well for my next baby but I will still use another contraceptive if it fails, it is better to use more than one contraceptive...once you are breastfeeding and you are using it as a contraceptive then you use another thing so that it will complement each other (Female with one child FGD, Jaja Clinic).

From a general analysis of the data, there seems to be some inconsistency. First, the mothers have a positive rating for EBF as a nutritional necessity, but are reluctant and cautious in its use as LAM. This is a form of cognitive dissonance that must be corrected within the background of the need to promote family planning and that of the health of mothers. In other words, there is an urgent need to convert the positive rating to concrete practice. There is a great need to move from positive attitude towards intention to utilize EBF as LAM.

Conclusion

It is obvious that the results showed that women have increased knowledge of exclusive breastfeeding. They learnt EBF as a contraceptive mainly from hospitals where they attend ante-natal and post-natal clinics sessions. Although, most of the lactating mothers



mentioned that they were not aware of it, though those that were aware asserted that it was a good form of contraceptive.

However, few lactating mothers commented that it is not working for them and that they got pregnant when breastfeeding within the first six months. This is further compounded that lactating mothers in the lower age cohort decline in the use of EBF due to the fact that some of those mothers are teenage mothers who are not ready for another baby. Also women in the older age cohort are somewhat reluctant to use EBF as a contraceptive, probably because they do not intend to have more children. The general conclusion would be that women in their prime reproductive ages are generally willing to utilize EBF as a contraceptive.

In the light of the foregoing, it can be concluded within the backdrop of the theoretical framework adopted in this study that the knowledge and attitude of exclusive breastfeeding as LAM doesn't translate to higher use. The implication of this is that there is a need to translate positive knowledge, positive attitude into positive use, in order words, to increase the use of exclusive breastfeeding as a contraceptive among lactating mothers.

Recommendations

In order to improve the use of EBF as LAM in Nigeria, the following are recommended:

- There is a need to make LAM a priority in both ante-natal and post-natal health talks. In addition to its nutritional advantages, there is a need to stress its child spacing advantage.
- There is an apparent need to develop operational manuals for health officials at the clinic level to stress the advantages of EBF as LAM.
- Health Education on exclusive breastfeeding as a contraceptive should be given at the health facilities and should be enhanced in a way to give detailed information on exclusive breastfeeding as LAM. We need to consistently drum it through Information, Education and Communication (IEC) materials and tools.
- Finally, there is a need to develop support programs to assist willing mothers especially working ones in the form of work place crèche.

The above suggestions raise a major issue within the National policy on nutrition and family planning which EBF as a contraceptive is domesticated by the primary health care. In view of this, it is glaring that advocacy of EBF as nutrition and as a contraceptive has not had any meaningful impact on lactating mothers having the awareness of the usefulness of EBF not only as nutrition but also as a form of family planning in the country. The contentious issues include whether the health professionals, on whom the lactating mothers have confidence, or the policy makers should take the lead in serious advocacy of EBF as nutrition and also as a form of contraceptive especially with younger women, as well as the need to increase resource allocation for baby friendly crèches closer to their place of work to enable them to breastfeed their babies when the needs arise.

The whole situation points at the end of finding ways of extending the EBF beyond nutrition into a good form of contraceptive. After all, the lactating mothers will participate in EBF and seeing the usefulness not only as nutrition but also as a contraceptive which is both beneficial to both the health of the mother and the child.

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