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SIGNIFICANT OTHERS AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN TERTIARY INSTITUTIONS OF OSUN STATE

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Abstract
Exclusive breastfeeding (EBF) for the first six months of life is globally recognized as a critical strategy for improving infant health and reducing child morbidity and mortality. Despite widespread awareness, adherence to EBF remains low in Nigeria, particularly among professional women, who often face work-related and social challenges. This study investigated the influence of significant others - namely husbands, mothers-in-law, and workplace colleagues—on the practice of exclusive breastfeeding among professional women working in tertiary institutions in Osun State, Nigeria. A descriptive cross-sectional survey design was adopted. A total of 360 professional women of reproductive age, who had at least one child within the past five years and were currently working in tertiary institutions, were selected through multistage sampling. Data were collected using a structured questionnaire and analyzed using both descriptive and inferential statistics, including chi-square tests. Findings revealed that only 40.8% of respondents practiced exclusive breastfeeding for the recommended six-month period, while 34.7% discontinued earlier, and 24.5% did not practice EBF at all. The study found a significant association between husband's support and EBF practice ($\chi^2 = 27.84$, $p < 0.05$), while the influence of workplace support was not statistically significant ($p > 0.05$). Furthermore, mothers-in-law were often a source of conflicting advice, frequently encouraging early supplementation based on cultural beliefs. The study concludes that significant others, particularly husbands, play a crucial role in influencing EBF practices among professional women. However, institutional barriers, especially lack of workplace breastfeeding support, remain a major hindrance. The study recommends targeted education for family members, policy reforms in tertiary institutions to support lactating mothers, and stronger postnatal follow-up by healthcare providers.

Keywords: Exclusive breastfeeding, significant others, tertiary institutions, husbands, mothers-in-law, workplace support.

Introduction

Background of the Study

Breastfeeding has been in existence right from creation and is an essential nutrient for human infants. This explains why even from the beginning, it was a significant aspect of child-rearing, except on the ground of ill health. It is the first step in life which ensures that infants and young children get a healthy and nutritious start in life.

Also, it is one of the few consistent sources of energy-dense food, even into the second year of life. For almost all infants, breastfeeding remains the simplest, healthiest, and less expensive feeding method that fulfills the infant's needs (Kramer and Kakuma, 2012).

The World Health Organization (WHO) recommends exclusive breastfeeding (EBF)—defined as feeding infants only breast milk, without any additional food or water—for the first six months of life as the optimal standard for infant nutrition. EBF provides ideal nutrition, bolsters the immune system, and reduces risks of infectious diseases and infant mortality (Victoria et al., 2016). However, global adherence remains suboptimal, particularly in developing countries (UNICEF, 2022).

In Nigeria, national EBF rates have historically ranged between 23% and 33% (National Demographic and Health Survey [NDHS], 2018). Although awareness among educated or professional women is relatively high, actual practice continues to lag (Adebayo et al., 2020). Several barriers—workplace constraints, cultural norms, and social pressures—have been identified, with the role of "significant others" (e.g., husbands, mothers-in-law, peers) emerging as a critical influence on feeding practices (Ezeh et al., 2022).

Tertiary institutions in Nigeria, and especially in Osun State, employ significant numbers of professional women—both academic and non-academic staff alike. These environments present a unique intersection of advanced knowledge, work-related stressors, and familial expectations. Despite this, limited research has specifically examined how significant others influence EBF behaviour within this cohort (Okon and Abiola, 2023). This study bridges that gap by exploring the significant others' variables—their perceived support or opposition—and its association with EBF practices among professional women in government tertiary institutions across Nigeria, especially Osun State.

Statement of the Problem

Some children attending health centres present diarrhea, other food and water borne diseases such as cholera. Research has revealed a higher incidence of cot death (Sudden Infant Death Syndrome) in bottle-fed babies (WHO, 2020).

The cost of purchasing baby formula substitutes is expensive and average mothers cannot afford it, while many of the major causes of childhood preventable diseases in our society is malnutrition.

The above problems are numerous in our society and occur in everyday life. The professional who are nursing mothers in government-owned tertiary institutions in Oweri state are not excluded from facing the problems.

Although professional women's knowledge of EBF is well documented (Nwafor et al., 2021), the translation of this knowledge into uninterrupted six-month exclusive breastfeeding remains inconsistent. Prior studies have largely focused on general population cohorts with limited attention on tertiary institution employees — a subgroup simultaneously navigating high career demands and entrenched social networks (Anekwe & Anyanwu, 2012). The specific role of significant others in shaping breastfeeding decisions in this environment has not been comprehensively investigated.

Significance of the Study

This study addresses a critical gap in breastfeeding literature by focusing on professional women who, despite educational and economical capital, still experience challenges rooted in social and institutional norms. Insights from this research can:

Guide institutional policy development (e.g., implementing lactation facilities in tertiary institutions).

Inform public health programming to include husbands, mothers-in-law, and peer groups in breastfeeding promotion.

Lay groundwork for broader research on workplace and domestic influences on maternal health behaviours.

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Purpose of the Study

This research aims to examine the relationship between perceptions of support from significant others and actual EBF practices among professional women working in Imo State government-owned tertiary institutions.

Additionally, it seeks to assess how workplace-related variables (e.g., availability of lactation rooms, maternity leave policies) moderate this relationship.

Research Questions:

1. What is the prevalence of exclusive breastfeeding (EBF for six months) among the lecturers who are postpartum women in government-owned tertiary institutions in Osun State (N = 360)?
2. How do perceived attitudes of husbands, mothers, mothers-in-law, and colleagues relate to mothers' EBF practices?
3. Does workplace support (e.g., lactation rooms, flexible schedules) moderate the relationship between social support and EBF behaviour?

Hypotheses

H_1: Higher levels of perceived spousal support are associated with increased odds of practicing six-month EBF.

H_2: Positive attitudes from mothers and mothers-in-law are significantly related to higher EBF rates.

H_3: Presence of workplace support systems strengthens the impact of social support on EBF adherence.

Literature Review

Professional women are often assumed to have better health knowledge and access to resources. However, EBF practices among them can be compromised due to conflicting demands from work and family life (Okoh & Abida, 2023). Studies show that employed mothers are less likely to initiate and maintain EBF compared to unemployed or self-employed mothers (Ezeh et al., 2022). This is especially true among academic staff, whose work schedules, administrative roles, and deadlines often limit time for infant feeding (Agunbiade & Ogunleye, 2013).

Several studies have identified factors influencing EBF in Osun State, Nigeria, and globally. For instance, Ezeh et al. (2022) found that supportive husbands increased EBF rates among urban women in Enugu State.

Sadoh and Sadoh (2022) revealed that older mothers-in-law discouraged EBF by promoting traditional feeding practices.

Osaro, Odigie & Umeora (2024) concluded that workplace infrastructure and peer influence significantly affected feeding practices among tertiary institution lecturers.

However, most of these studies focus either on the general population or single categories of significant others. Few have explored the combined impact of multiple influences.

Significant others alongside workplace support in the specific context of tertiary institutions.

The literature reveals that while knowledge and intention to practice EBF are high among educated women, actual practices are influenced by interpersonal and institutional factors. Significant others - especially husbands and mothers-in-law-play a pivotal role in shaping EBF outcomes. In tertiary institutions, additional layers of complexity emerge due to workload, lack of facilities, and cultural expectations.

This study contributes to filling this gap by examining how multiple significant others and workplace variables jointly affect EBF behaviour among professional women in Osun State's tertiary education sector.

Theoretical framework

This study is guided by the Theory of Planned Behaviour (TPB) (Ajzen, 1991), which posits that behavioural intention is influenced by three components: attitude toward the behaviour, Subjective norms and perceived behavioural control. Attitude explains mothers' evaluation of EBF as beneficial or not. Subjective norms are the perceived pressure or support from significant others, such as spouses, mothers-in-law and colleagues, while perceived behavioural control connotes mothers' perception of ease or difficulty in breastfeeding, influenced by workplace support and flexibility.

The theory helps to explain how professional women, despite having positive attitudes toward EBF, may be influenced by social norms and institutional control in their actual practices.

Methodology

This study adopted a descriptive correlational survey method. A descriptive survey is considered the most appropriate design for this study. The choice of this design is based on the need to collect data that describes existing conditions and examines the relationship between perceived support from significant others and the practice of EBF. The target population comprised all professional women (academic staff and the non) in tertiary. Institutions of Osun State who had infants aged 6 to 24 months at the time of data collection. These women were selected from universities, polytechnics, and colleges of education ensuring representation across different institutional types. A sample size of 400 respondents was drawn using multi-stage stratified random sampling. Stage one involved geographic stratification, where Osun State was divided into three separated zones (West, Central, and East). Stage two involved distribution of institutions' selection. Two tertiary institutions were randomly selected from each zone, taking care of type. Stage three involved departmental stratification where departments or units within institutions were arranged, and facilities and female professionals were identified. Stage four involved participant selection where respondents were selected randomly from the identified eligible staff lists. A total of 360 respondents was selected.

The sample size of 360 is consistent with Cochran's formula (1977) for estimating proportions in large populations and was adjusted for accessibility and non-responses.

The instrument used for the study is researcher's designed questionnaire (SOSEBPQ) and in-depth interview. Items were measured on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). EBF practice was also confirmed with yes/no and duration-based questions (e.g., "Did you exclusively breastfeed for six months?").

For validity, content and face validity were established through expert review by three professionals in public health, maternal–child health, and sociology. Suggestions were incorporated for clarity, cultural relevance, and completeness.

For reliability, the questionnaire was pre-tested on 30 professional mothers from a tertiary institution not included in the main study. The internal consistency was assessed using Cronbach's Alpha, yielding the following reliability coefficients:

- Spousal support Q = 0.84
- Mother/mother-in-law support Q = 0.79

- Peer/workplace influence Q = 0.82
- Institutional support Q = 0.87
- Exclusive breastfeeding practice Q = 0.88

These values confirm that a high level of internal consistency (George & Mallery, 2019)

Data were collected over a period of six weeks. Trained research assistants administered the questionnaire physically and electronically. The in-depth interviews were conducted face-to-face with selected participants, recorded with consent, and later transcribed for analysis.

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) Version 26. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize data.

Inferential statistics included:

- Binary logistic regression to test hypotheses on the influence of significant others' support on exclusive breastfeeding.
- Moderation analysis to examine the influence of institutional support as a moderating variable.

Qualitative data from interviews were analyzed using thematic content analysis, and themes were triangulated with quantitative findings.

Results

Demographic Characteristics of the Respondents.

The study sought to know the frequency distribution of the respondents in terms of the following demographic characteristics: age, marital status, number of children, academic rank, and institution type.

Table 1: Demographic Characteristics of Respondents (N = 360)

Variable	Category	Frequency (f)	Percentage (%)
Age Group	25–34 years	151	41.9
	35–44 years	165	45.8
	45 years and above	44	12.3
Marital Status	Married	317	88.1
	Single	32	8.4
	Divorced/ Widowed	11	3.1
Number of Children	One	115	31.9
	Two	137	38.1
	Three or more	108	30.0
Academic Rank	Lecturer I and above	209	58.1
	Assistant Lecturer/ Below	151	41.9

Source: Field Survey, 2025

As shown in Table 1, nursing mothers between ages 35–44 constituted a greater majority of the respondents (45.8%). The table indicated that in the study area, those around 45 and above constitute less than 15% of the respondents, indicating that they are in the minority.

The distribution of the respondents in respect of their marital status showed that 11 (3.1%) of the respondents were divorced / widowed and 32 (8.9%) were single and never married but have babies, while the majority, 317 (88.1%), were married, indicating that more married women were involved in the study.

On the number of children, 137 (38.1%) were in the majority, having two children; those who had one child constituted 115 (31.9%), while 108 (30.0%) were having three children and above. None of the categories exceeded half, which is 180 (50%). This may be indicating some compliance with the National Population Policy of 1988, which restricted women to four children.

Academic ranking of the respondents indicated as follows: Lecturer I and above were 209 (58.1%), and Assistant Lecturer and below were 151 (41.9%). Lecturer I and above who participated in the study were more than half of the respondents, which is 180 (50%), indicating that women in this category accepted the practice of exclusive breastfeeding.

Table 2: Prevalence of Exclusive Breastfeeding (EBF) for Six Months Among Respondents (N = 360)

Exclusive Breastfeeding Duration	Frequency (f)	Percentage (%)
Practiced EBF for full 6 months	147	40.8%
Practiced EBF for less than 6 months	125	34.7%
Did not practice EBF at all	88	24.5%
Total	360	100%

Source: Field Survey, 2025

Out of 360 respondents, 147 (40.8%) practiced exclusive breastfeeding for the recommended full 6 months, 125 women (34.7%) began EBF but stopped before completing 6 months due to reasons like work resumption, family pressure, or perceived insufficient milk supply, while 88 women (24.5%) did not practice exclusive breastfeeding at all, citing cultural beliefs, medical reasons, or lack of support. This indicates that less than half of female lecturers in Osun State tertiary institutions meet the WHO standard for 6-month EBF. Although some awareness exists, practical barriers-especially workplace constraints and lack of consistent support from significant others - still hinder full adherence.

Table 3: Influence of Husband on Exclusive Breastfeeding (N = 360)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
My husband encouraged exclusive breastfeeding	138 (38.3%)	106 (29.4%)	73 (20.3%)	43 (11.9%)
My husband helped with domestic chores during breastfeeding	122 (33.9%)	76 (21.1%)	94 (26.1%)	68 (18.9%)

Interpretation: The majority of respondents affirmed their husbands encouraged and supported EBF. This confirms strong spousal influence.

Table 4: Influence of Mothers-in-law on Exclusive Breastfeeding Practice (N = 360)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
My mother-in-law supported EBF practice	95 (26.4%)	50 (13.7%)	110 (30.6%)	105 (29.2%)
My mother-in-law advised introduction of water/herbs before 6 months	122 (33.9%)	76 (21.1%)	85 (23.6%)	77 (21.4%)

Interpretation: Mixed influence from mothers-in-law, with many adhering to traditional beliefs opposing EBF.

Table 5: Influence of Workplace and Peer (N = 360)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Colleagues shared positive experience that motivated EBF	110 (30.6%)	63 (17.5%)	97 (26.9%)	90 (25.0%)
My workplace had EBF support facilities	48 (13.3%)	42 (11.7%)	120 (33.3%)	150 (41.7%)

Interpretation: Peer support is moderate to strong. However, workplace environments were generally unsupportive of EBF.

Hypotheses Testing

Hypothesis 1

Ho: There is no significant relationship between husband's support and EBF.

Table 6: Chi-Square Test – Husband's Support and EBF Practice

Variable	χ^2 (Chi-square)	df	p-value	Decision
Husband's support vs EBF	27.84	3	0.000	Reject Ho

Interpretation: Husband's support significantly influences EBF. The null hypothesis is rejected ($p < 0.05$). Significant positive influence ($\chi^2 = 27.8$, $p < 0.05$).

Ho: There is no significant relationship between mother/mother-in-law's attitude and EBF.

Hypothesis 2

Table 7: Chi-Square Test – Mothers/Mothers-in-law's Attitude

Variable	χ^2 (Chi-square)	df	p-value	Decision
Mother/mother-in-law's attitude vs EBF	89.54	2	0.000	Significant Reject Ho

Interpretation: The test of mothers/mothers-in-law's attitude showed a highly significant relationship with EBF rates ($p < 0.05$).

Hypothesis 3

Ho: There is no significant relationship between workplace support and EBF.

Table 8: Chi-Square Test – Workplace Support and EBF Practice

Variable	χ^2 (Chi-square)	df	p-value	Decision
Workplace support vs EBF	3.14	3	0.370	Fail to Reject Ho

Interpretation: Workplace support is not significantly associated with EBF practice due to general absence of facilities.

Findings

Prevalence of EBF as found indicates 40.8% of the respondents practiced exclusive breastfeeding (EBF) for the recommended six months, 34.7% discontinued earlier, and 24.5% did not practice EBF. Husband's support was statistically significant and associated with EBF ($\chi^2 = 27.84$, $p < 0.05$). This is in line with the study by Ezeh et al., 2022, that found supportive husbands positively increase EBF rates among urban women in Enugu State, Nigeria.

Mother/mother-in-law attitude, especially positive support, showed strong statistically significant association with EBF ($\chi^2 = 89.14$, $p < 0.01$), and otherwise for those who received negative support.

A later part of this finding is in line with Sadoh and Sadoh (2022) study, which concluded that older mothers-in-law discouraged EBF by promoting traditional feeding practices.

Workplace support was not statistically significant ($\chi^2 = 5.38$, $p = 0.068$), though descriptive data suggested better facilities correlated with high EBF rates. However, Osaro et al. (2024) concluded in their study that workplace infrastructure and peer influence significantly affected feeding practices among tertiary institutions' lecturers.

Conclusion

The study demonstrates that social relations and support systems - particularly husbands and mothers/mothers-in-law are central determinants of exclusive breastfeeding among professional teachers who were married women in tertiary institutions in Osun State. While institutional supports (workplace facilities) remain weak and not statistically significant in this sample, they are descriptively important and present actionable policy opportunities. Interventions that are family-inclusive, culturally sensitive, and institutionally enforced are most likely to increase six-month EBF adherence.

Recommendations

1. Implementing family-inclusive antenatal/postnatal education, explicitly inviting husbands and mothers-in-law.
2. Mandating breastfeeding-friendly policies in tertiary institutions: lactation rooms and breastfeeding breaks.
3. Implementing family-inclusive antenatal/postnatal education, explicitly inviting husbands and mothers-in-law.
4. Developing postnatal follow-up mechanisms (lactation consultants, hotlines, scheduled check-ins).
5. Designing of male engagement campaigns to normalize paternal support in infant feeding.
6. Community campaigns targeted at older women to dispel myths and align cultural practices with WHO guidelines.

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