

## **A Qualitative Exploration of the Socio-Cultural Determinants of Exclusive Breastfeeding Practice among Rural Mothers in Bindawa and Baure Local Government Areas, Katsina, North West Nigeria**

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**Abstract :** Background: Nigeria has an under-five mortality rate that is 128 per 1000 live birth which is higher than the rate for the African region. Optimal breastfeeding practice has the potential to reduce under-five mortality by 13% in developing countries. However, documented exclusive breastfeeding rate in Nigeria from birth to six months is just 17%. Aim: To explore perceptions of the sociocultural factors that influence exclusive breastfeeding for six months among rural mothers in Bindawa and Baure Local Government Area (LGA), Katsina state, North West Nigeria, to inform policies, intervention or strategies to improve exclusive breastfeeding practice in Nigeria. Methods: The social constructionism-interpretivist epistemological approach informed the use of an exploratory study to understand mothers' experiences and views. Twenty mothers, all from rural areas between 19-35 years old were conveniently sampled from two LGA in Katsina state, north -west Nigeria for semi-structured interviews. Sample size had representation of both Hausa and Fulani ethnic group. Thematic content analysis was utilized for analysis. Results: Three major themes emerged from the study: (1) Breastfeeding initiation - Immediate traditional newborn care practices, birth attendant, place of delivery, the perception of about colostrum determines how soon a mother initiate breastfeeding. (2) Exclusive breastfeeding and introduction of food-Motivation to sustain exclusive breastfeeding relies on the interplay between the obligation to perform traditional rites; mother's awareness and family support. (3) Decision making about infant feeding - It is not independent of the influence of key social figures like the father, mother-in-law, traditional birth attendant and the health workers. Overall, in spite of awareness of exclusive breastfeeding benefits, mothers expressed concerns that they may not win their family support if they shared contrary views. Conclusions: Health promotion intervention should be tailored, taking cognizant and addressing the sociocultural barriers to the practice of optimal breastfeeding by a focused community and family-based participatory approach. Implementers of interventions should employ culture-sensitive approaches in community-based intervention.

**Keywords :** exclusive breastfeeding, perception, qualitative, sociocultural determinants

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