

# Rural Men Attitude Towards Exclusive Breastfeeding in Rural Communities of Rivers State, Nigeria

**Ishikaku, E. A., Elenwa C.O. and Isife, B.I.**

Department of Agricultural Extension and Rural Development, Rivers State University,  
Port Harcourt, Nigeria.

Corresponding Author Email: [evethishikaku@gmail.com](mailto:evethishikaku@gmail.com); 07065791700  
[carobinedo@yahoo.com](mailto:carobinedo@yahoo.com), [evethishikakuz@gmail.com](mailto:evethishikakuz@gmail.com), [evethishikaku@gmail.com](mailto:evethishikaku@gmail.com)

DOI: 10.56201/ijaes.v8.no2.2022.pg37.50

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## **Abstract**

*The study examined rural men attitude towards exclusive breastfeeding in rural communities of Rivers State, Nigeria. Questionnaire and interview schedule were used to elicit data from the respondents. A multi-stage sampling technique was used to select 94 men respondents. Descriptive statistical tools such as frequency majority (87.5% ) of the men knew the right definition of exclusive breastfeeding. Attitude of men towards distribution, percentage, mean, and inferential statistics such as regression were used for analysis. Result of the descriptive statistics showed that the mean age of the respondents was 40 years , 42.5% were civil servants; 76.3% of the men were married, 30.0% of the men had secondary education. The mean household size was 5 persons and the mean monthly income was ₦42,500. The result revealed that men had knowledge of exclusive breastfeeding and they exhibited both positive and negative attitude towards exclusive breastfeeding. The socio-economic characteristics influencing exclusive breastfeeding were occupation, marital status, education and household size. Based on the findings, it was recommended that there is an urgent need for a positive change in attitude towards exclusive breastfeeding through education about the relevance of exclusive breastfeeding so as to clear their negative attitudes.*

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**Keywords:** Rural Men, Attitude, Exclusive Breastfeeding, Rural Communities

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## **Introduction**

Breastfeeding is ranked as the best way to provide appropriate nutrition for a baby's healthy growth and development, the process of breastfeeding a child is critical for life and wellness (World Health Organization, 2014). Breastfeeding is a way of providing milk directly from the mother's breast to a newborn. According to the United States Breastfeeding Committee (USBC) (2013), and the American Academy of Pediatrics (AAP) (2017), breastfeeding is the medically natural mode of newborn and child feeding. Breast milk, on the other hand, is a baby's natural first food, providing all of the energy and essential nutrients for the first month of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the

first year and up to one-third of a child's nutritional needs during the second year (Danso, 2014). A mother can decide to do exclusive breastfeeding for some months or give water, food, drink inline with breastmilk.

Exclusive breastfeeding is the method of exclusively feeding an infant with breast milk (including expressed breast milk) without any other food or drink, including water, except when medically prescribed drops or syrups containing vitamins, minerals, supplements, or medicines (WHO, 2017). In other words, for the first six months of life, exclusive breastfeeding is the most effective method of infant feeding. World Health Organization and United Nations Children's Fund (2001) recommend the following to help mothers establish and maintain exclusive breastfeeding for six months: Begin breastfeeding within the first hour of birth; exclusive breastfeeding - that is, the infant only receives breast milk and no other food or drink, including water; mother and baby should sleep in the same bed and breast feeding on demand-that is, as often as the child wants (Danso, 2014).

Breastfeeding has so many advantages. (AAP, 2017; Ibe et al. 2009). Breastfeeding has both short and long-term health benefits, according to the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) (2014). Breastfeeding lowers the incidence of gastroenteritis, ear infections, and pain after minor procedures, respiratory infections, sudden infant death syndrome and urinary tract infections in the short term. Breastfeeding lowers the risk of asthma, cardiovascular illness pediatric inflammatory bowel disease, obesity, and sleep disorder in the long run. Breastfeeding is also good for the health of the mother as it lower their risk of postpartum infection and anemia and increased weight reduction are other postpartum benefits. Breastfeeding has also been linked to a lower risk of maternal diseases such as breast cancer, hypertension, cardiovascular disease, ovarian cancer, and rheumatoid arthritis later in life (AWHONN, 2014). Breastfeeding improves bonding between a mother and her baby, which improves the connection. Skin-to-skin contact during breastfeeding, for example, has been proven to enhance an infant's vital signs, particularly shortly after birth (Moore and Anderson, 2007). Many of the health benefits of breastfeeding are thought to be due not only to the composition of human milk, but also to the close interaction between the mother and her newborn during feeding (Moore *et al.*, 2012).

Although breastfeeding remains the exclusive sphere of women, evidences have also demonstrated that the perception of others, particularly the men (fathers) is an essential ingredient to successful breastfeeding, as their perception will enhance the mother's confidence and assist her to maintain sufficient milk supply. Gill et al, (2007) also argue that fathers (husbands) perception plays an important role as their strong influence on wife's (mother's) decision to start and continue breastfeeding cannot be over-emphasized. Other studies have further established that apart from the mother, father is the key source of support for the continuance of breastfeeding (Sheriff et al, 2009). However, in spite of the enormous benefits of breastfeeding poor breastfeeding practices have been widely documented in Nigeria. Similarly, little is known about the men's (fathers') perception in breastfeeding in Nigeria.

Mothers may not exclusively breastfeed assuming that the father is having negative perceptions towards breastfeeding. Researchers at Brunel University and the Mother and Infant Research

Unit at the University of York have found that in many of the Western countries, fathers perceive breastfeeding to be 'natural' but problematic. They assumed that breastfeeding involves excessive exposure and attracts unwanted male attention. Thus, bottle feeding is seen to be convenient and safe (Brunel University, 2011). Ekenna (2014) also argue that in western culture, the breast connotes sexuality and thus many men may disapprove of breastfeeding if they believe it will cause women to expose their breasts in public. On the other hand, some men feel jealous by the closeness of mother and baby and thus advise their wives to bottle-feed so that he can also have some form of bonding (Ekenna, 2014). Okoye (2006) said that some mothers and women have refused to practice exclusive breastfeeding because they do not want their breast to flap or sag. They devised this reason because men go after their breast and so long as it still stands but when it sags, they run away. They further stated that when this happens their husbands look for other women outside the matrimonial homes and their marriage suffers due to the prevailing circumstance.

Rural study has shown a significantly lower exclusive breastfeeding rate for infants less than 6 months among mothers who lived in rural regions (14.7%) in Nigeria (Agho *et al.*, 2011). These lower exclusive breastfeeding rates in rural areas are usually due to more deep-seated cultural and traditional beliefs rather than any scientific reasons. For example, it was observed in the case of the use of Ghutti (local herbal concoction) in rural Gujrat that the elders do not oppose the idea of exclusive breastfeeding but justify that Ghutti is beneficial to clear the esophagus of the new born babies (Chowdhury *et al.*, 2014). Also, rural men perception about the ability of breast milk alone to satisfy the nutritional and hydration needs of the infant, makes most rural men not to accept the vital benefits of exclusive breastfeeding, or that the challenges to its practice are deemed insurmountable (Onah *et al.*, 2011). The perceptions of men have rarely been explored in Nigeria. Evidences have shown that in many rural households men make major decisions that affect the entire household. Thus, they are in the best position to decide whether a child should be breastfed or bottle-fed or to breastfeed but must give water and other supplements (pap) and thus in a better position as to whether to provide support to women (wives) who are breastfeeding (Otilie, 2007).

However, previous studies on men's knowledge and attitudes towards breastfeeding have shown their poor knowledge about breastfeeding, especially those who do not attend prenatal classes to receive information on the subject by health personnel. Okoye (2006) said that some men have refused their wives to practice exclusive breastfeeding because they do not want their breast to flap or sag in order for her to remain sexually appealing to him thereby reducing the efforts of medical partitioners on the advocate of exclusive breastfeeding in the state and rural areas inclusive. Therefore this study to ascertain rural men attitude towards exclusive breastfeeding in the state.

### **Objective of the Study**

Specifically, the study was designed to:

- i. describe the socio-economic characteristics of rural men in the study area,
- ii. ascertain the knowledge of rural men on exclusive breastfeeding,
- iv. examine the attitude of rural men towards exclusive breastfeeding in the study area.

### **Statement of Hypothesis**

**H<sub>01</sub>:** There is no significant relationship between the socioeconomic characteristics of and their

attitude towards exclusive breastfeeding in the study area.

### Methodology

The research was carried out in Rivers State, one of the 36 States in Nigeria. Rivers state is located in southern Nigeria's Niger Delta region. Rivers State is a state under the Niger Delta region of south-South Geopolitical zone, Nigeria. Rivers State borders Imo, Abia and Anambra States to the North, Akwa Ibom State to the East, and Bayelsa and Delta states to the West. The State is located between latitudes 4°15'N and 5°45'N and longitudes 6°22'E and 7°35'E and covers an area of 11,077 km<sup>2</sup> (4,277 sq mi) making it Nigeria's 26th largest state (Google Earth). The state has thirty three (33) general hospitals and three hundred eighty (380) Primary Health Centers and two (2) teaching hospitals.

Survey research method was used in this study. The population of this study comprised all men in the selected rural communities of Rivers State. Data for this study were generated from primary sources such as questionnaire and interview schedule, The study adopted a multi-stage sampling technique. First, two local government areas were randomly selected from each of the three senatorial zones of the state, making a total of six local government areas. The chosen local government areas were Okirika, Etche, Eleme, Andoni, Ogba/ Egbema / Ndoni and Degema. In the second stage, two communities were chosen using purposive sampling procedure based on the presence of health centers from each of the selected local government areas giving a total of twelve communities. In the third stage, proportionate stratified random sampling procedure was employed in selecting men. A total of ninety four (94) men were selected to form the sample size for the study. Collected data were analyzed using both descriptive and inferential statistics such as frequency distribution, percentage and mean, For the inferential statistics, the statistical tool used was Logistic Regression at 0.05 significant level.

The model that was employed in the analysis is specified as follows:

$$\ln Y = \ln \left( \frac{P_i}{1-P_i} \right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + e \dots\dots\dots 3.4$$

Where;

Y = Practice of exclusive breastfeeding (Yes = 1, No =0)

P<sub>i</sub> = probability of practicing exclusive breastfeeding

1-P<sub>i</sub> = probability of not practicing exclusive breastfeeding

Ln = natural logarithm function

X<sub>i</sub> = independent variables (where i goes from 1 – 7)

Where:

X<sub>1</sub> = Sex (Dummy, Male=1, Female=2)

X<sub>2</sub> = Age (years)

X<sub>3</sub> = Level of Education (no formal education=1, first school leaving certificate (FSLC) =2, status (SSCE/GCE/WASC =3, OND/NCE/HND =4, B.SC/Bed =5, MSc/MBA=6, PhD = 7

X<sub>4</sub> = Marital Single = 1, Married = 2, Widowed = 3, Divorced = 4 separated = 5)

X<sub>5</sub> = Occupation time housewife = 1, Farming = 2, Civil servant /company worker= 3, Trading = 4, Artisan = 5.) (Full

X<sub>6</sub> = Household size (1 – 5 = 1, 6 – 10 = 2, 11 – 15 = 3)

X<sub>7</sub> = Income level (₦9000 – ₦18000 = 1, ₦18000 - ₦27000 = 2, ₦28000 - ₦37000 = 3, ₦38000 - ₦47000 = 4, ₦48000 – ₦57000 = 5).

β<sub>0</sub> = Constant

$\beta$  = Regression coefficient

e = Stochastic error term

The logit regression model expresses the qualitative dependent variable, which is dichotomous in this study, as a function of a number of independent factors (Gujarati, 1998). Because P represents the likelihood of exclusively breastfeeding and 1-P represents the probability of not exclusively breastfeeding, the odds ratio  $P / (1-P)$  represents the odds in favor of exclusively breastfeeding. The logit model is the natural logarithm of the odds ratio, which is computed using the maximum likelihood technique because we have data on individual observations (Gujarati, 1998). The coefficient of multiple determination, R-Squared ( $R^2$ ), is not a trustworthy measure of goodness of fit for this model, and it is not appropriate for the dichotomous dependent variable, so the model instead uses a chi-squared value instead of  $R^2$ .

### Results and Discussion

The result in table 1 revealed that most (47.5%) of the men were within 41-50 year. A good percentage (23.7%) of the men were within 21-30 years with a mean age of 40 years which implies that the respondents are active and vibrant men. The finding of this study confirm that of Ella *et al* (2016) in Cross River State, Nigeria who found that most of the respondents were still in their reproductive ages. The result further corroborates that of Ekenna (2014) in the study on knowledge and attitude of men about exclusive breastfeeding in Egor Local Government Area of Edo State, Nigeria who found that the mean age of the respondents was 40 years. Higher proportions (30.0%) of the men were civil servants. Educationally, 3.8% of the men had no formal education while 30.0% men had secondary education (SSCE/GCE), 13.8% of the men had Ordinary National Diploma/Higher National Diploma (OND/HND), 25% had First degrees (B.Sc/Bed), 21.3% of the men had primary education (FSLC) and 6.3% men had second degrees (M.Sc/MBA). Cumulatively, 96.2% of the men had formal education implying that they were all capable of accessing nutrition and health information regarding exclusive breastfeeding from the common sources available. This finding agrees with that of Alex-Hart and Opara (2015) where majority (97.8%) of the men (fathers) had secondary education. Maritally, the study revealed that 76.3% of the men were married. Having a high proportion of married people could translate to their ability in responding appropriately to questions on exclusive breastfeeding since they are not ignorant and might have had at least a child or more children and might have been taught about exclusive breastfeeding in the hospital during antenatal visits of their wives. The finding of this study is in line with that of Okari *et al.* (2020) who found that 98.0% of the respondents were married in Port Harcourt. Result on household size showed that 38.8% of the respondents had household sizes ranging between 6 and 10 persons with a mean household size of 5 persons. This implies that the men had a fairly large household size, higher than the country tax free size of four (4), while the extra are taxed (Elenwa and Ishikaku, 2018). Also, they had experience in child care of which exclusive breastfeeding is inclusive. The finding of this study is in line with that of Ishola *et al.* (2019) in Ibadan, Oyo State who found a mean family size of 6 persons. Finally the result on income revealed that majority (46.3%) the men earned between ₦39000 and ₦48000. The mean monthly income of the men was ₦42,500. This indicates that the monthly income of the respondents could be said to be medium-high, as it is a little higher than the Nigerian government minimum wage of ₦30,000 monthly (Albert *et al*, 2017 and Elenwa *et al*, 2019).

**Table 1: Socio-Economic Characteristics of the Respondents**

<b>Variables</b>	<b>Freq n=80</b>	<b>%</b>	<b>Mean</b>
<b>Age</b>			
21-30	7	8.8	40 years
31-40	33	41.3	
41-50	38	47.5	
51-60	2	2.5	
<b>Occupation</b>			
Full time			
Housewife			
Farming	20	25.0	
Civil servant/ company worker	24	30.0	
Trading	13	16.3	
Artisan	11	13.8	
Fishing	12	15.0	
<b>Education Certificate</b>			
None	3	3.8	
FSLC	17	21.3	
SSCE/GCE	24	30.0	
OND/HND	11	13.8	
B.Sc/Bed	20	25.0	
M.Sc/MBA	5	6.3	
<b>Marital status</b>			
Single	3	3.8	
Married	61	76.3	
Seperated	4	5.0	
Widowed			
Divorced	12	15.0	
<b>Household size</b>			
1-5	49	61.3	5 persons
6-10	31	38.8	
11-15			
Total	80	100.0	
<b>Income (₦)</b>			
9000 – 18000	7	8.8	
19000 – 28000	7	8.8	

29000 –	1	1.3	42,500
38000			0
39000 –	37	46.3	
48000			
49000 - 58000	28	35.0	
59,000 –			
68,000			

*Source: Field Survey, 2021*

Result in Table 2 revealed that majority (98.8%) of the men indicated that they have heard of exclusive breastfeeding, while 11.3% of the men indicated no, meaning that they have not heard about exclusive breastfeeding and only 1.0% indicated that they do not know. This implies that almost all the respondents (men) have heard about exclusive breastfeeding. The respondents were further asked what they understand about exclusive breastfeeding. Table 2 further revealed that majority (87.5%) of the men indicated breast milk without water or any other food followed by 6.3% of the men who mentioned feeding the baby with breast milk and water for the first six months, while 3.8% of the men mentioned feeding the baby with breast milk and vitamins, 2.5 % of the men mentioned feeding the baby with breast milk and any other liquid. The finding revealed that a good percentage (87.5%) of the men were knowledgeable about exclusive breastfeeding and were able to define exclusive breastfeeding according to the World Health Organization definition. This high level of knowledge agrees with 90.6% rate reported by Maduforo *et al.* (2013) in Owerri. This finding was also in agreement with that of Odu *et al.* (2016) in their study in Osogbe, Osun State on knowledge, attitude and practice of exclusive breastfeeding among mothers attending an infant welfare clinic. Their findings revealed high level of awareness and adequate knowledge of exclusive breastfeeding practice.

In order to further support the high level of knowledge of exclusive breastfeeding in this present study, 88.8% of the men knew that breast milk is better than infant formula. Reasons given for this, ranged from breast milk was safer as 62.5% of the men affirmed to it, exclusive breast feeding had more nutrients (45%), it was more convenient 42.5% men affirmed to it and it was cheaper 87.5% men affirmed to it.

On commencement of breastfeeding, 76.3% of men indicated that breast feeding should commence anytime on the day of delivery. Exclusive breastfeeding is a pattern of feeding which comprises feeding an infant with breast milk alone without adding any other complementary feed or water for the first six months, but allows the infant to receive oral rehydration solution (ORS), vitamin syrups and medicine and continued breastfeeding with appropriate complementary foods for the period of two years. This study further corroborates that of Bolanle (2013) who reported that majority of mothers initiated breastfeeding within one hour of delivery, and most of the women and men knew that colostrum was good for the baby.

**Table 2: Rural Men Knowledge of Exclusive Breastfeeding**

Items	Men	
	Freq.	%
Have you heard of exclusive breastfeeding		
Yes	79	98.8
No	1	1.3

Don't know	-	-
What do you understand by exclusive breastfeeding		
Breast milk with water	5	6.3
Breast milk with vitamins	3	3.8
Breast milk with any liquid	2	2.5
Breast milk without water or any other food	70	87.5
Right time to initiate breastfeeding		
Within the first one hour	16	20.0
Anytime on the day of delivery	61	76.3
When the baby has passed stool	1	1.3
After 24hours	2	2.5
Is breast milk better than infant formula		
Yes	71	88.8
No	1	1.3
Don't know	8	10.0
Reasons why breast milk is better than infant formula		
It is safer	50	62.5
It is more convenient	34	42.5
It contains more nutrients	36	45.0
It is cheaper	70	87.5
Is colostrum good for the baby		
Yes	29	36.3
No	13	16.3
Don't know	38	47.5

*Source: Field Survey, 2021*

The result on Table 3 revealed that the respondents (men) agreed to the following positive statements; allowing nursing mother to sleep with her newborn to be able to breastfeed at night in the first six months ( $\bar{x}$ =4.18), encourage wife to breastfeed because it protects the baby against diarrheal disease ( $\bar{x}$ =4.05), exclusive breastfeeding should be practiced by every nursing mother  $\bar{x}$ =3.43, allowed exclusive breastfeeding is a good way of decreasing family expenses ( $\bar{x}$ =3.86), the infant should be breastfed on demand and feeding not timed in the first six months ( $\bar{x}$ =3.86), a nursing mother should move about with her newborn in order to breastfeed the infant on demand for the first six months ( $\bar{x}$ =3.73), believe that breast milk contains everything the child needs as food and water in the first six months ( $\bar{x}$ =4.15), mothers can breastfeed exclusively when they resume work  $\bar{x}$ =3.15 and encouraged nursing mothers not to be ashamed of breastfeeding her newborn in public ( $\bar{x}$ =3.45).

On the other hand, the male respondents agreed to the following negative attitudes; feeling that the breast is not pumping enough, especially when baby continues to cry after breastfeeding ( $\bar{x}$ =3.11), herbs (e. g. utazi leaf, palm fruit extract and grape water) must be given to a newborn baby to help loosen the intestine and reduce stomach ache which exclusive breastfeeding cannot



do ( $\bar{x}$ =3.43), breast milk alone is not sufficient for the baby ( $\bar{x}$ =3.39), exclusive breastfeeding is time consuming ( $\bar{x}$ =3.79), exclusive breastfeeding will make the baby reject other meals ( $\bar{x}$ =3.45), exclusive breastfeeding is more demanding than bottle feeding  $\bar{x}$ =3.58, and many infants need water to sooth stomach pain ( $\bar{x}$ =3.62). However, the men disagreed with the following; exclusive breastfeeding will cause sagging of the Breast ( $\bar{x}$ =2.79), exclusive breastfeeding dehydrates the baby ( $\bar{x}$ =2.26), babies should be given other fluids e.g. water, glucose water etc before putting them to breast ( $\bar{x}$ =2.36), glucose water prevents jaundice in a baby. ( $\bar{x}$ =2.70), it is shameful and indecent to breastfeed a baby in public ( $\bar{x}$ =2.40), and it cannot make the baby to look plump and healthy ( $\bar{x}$ =2.46).

The finding that herbs (e. g. utazi leaf, palm fruit extract and grape water) must be given to a new born baby to help loosen the intestine and reduce stomach ache which exclusive breastfeeding cannot do is in agreement with that Okau et al. (2008), in a study on the constraints to exclusive breast feeding among mothers in Ile-ife, reported respondents' view that infants require additional supplements such as herbal concoction, to guard against infection. The finding that many infants need water to sooth stomach pain is in agreement with the results obtained by Agho *et al.* (2011), who also observed that in Nigeria, 50% of infants less than 3 months of age received breast milk and water. This study disagreed with that of Muaghalu *et al.* (2019) in their study on role of men in promoting breastfeeding in Nigeria ,who found out that majority of the men agreed that exclusive breastfeeding will cause sagging of the breast. The grand mean of 3.32 recorded for men indicates that to a moderate extent all the respondents had positive attitude towards exclusive breastfeeding. This finding corroborates that of Ekenna (2014) who found that most (50.0%) of the respondents had moderately supportive attitude towards exclusive breastfeeding.

**Table 3: Mean Distribution of Gender Attitude Towards Exclusive Breastfeeding**

<b>Attitude</b>	<b>Sum</b>	<b>Mean</b>	<b>SD</b>
Exclusive breastfeeding should be practiced by every nursing mother.	274	3.43	1.42
Breast milk alone is not sufficient for the baby.	271	3.39	1.52
A nursing mother should move about with her newborn in other to breastfeed the infant on demand for the first six months.	298	3.73	1.20
The infant should be breastfed on demand and feeding not timed in the first six months.	309	3.86	1.16
Exclusive breastfeeding will cause sagging of the reast	223	2.79	1.32
Exclusive breastfeeding dehydrates the baby	181	2.26	1.53
Exclusive breastfeeding is time consuming	303	3.79	1.21
Exclusive breastfeeding will make my baby reject other meals	276	3.45	1.17
Exclusive breastfeeding is more demanding than bottle feeding	286	3.58	1.08

Babies should be given other fluids e.g. water, glucose water etc before putting them to breast	189	2.36	0.98
Mothers can breastfeed exclusively even when they resume work	252	3.15	1.29
Breast milk contains everything the child need as food and water in the first six months.	332	4.15	0.98
Exclusive breastfeeding is a good way of decreasing family expenses.	309	3.86	1.27
Nursing mothers should not be ashamed of breastfeeding her newborn in public places.	276	3.45	1.50
Glucose water prevents jaundice in a baby.	216	2.70	0.78
Feeling that the breast is not pumping enough, especially when baby continues to cry after breastfeeding.	249	3.11	1.23
A nursing mother should sleep with her newborn to be able to breastfeed at night in the first six months.	334	4.18	1.04
Many infants need water to sooth stomach pain	290	3.62	1.14
Herbs (e. g. utazi leaf, palm fruit extract and grape water) must be given to a new born baby to help loosen the intestine and reduce stomach ache which Exclusive Breastfeeding cannot do.	274	3.43	1.32
It is shameful and indecent to breastfeed a baby in public	192	2.40	1.31
It cannot make the baby to look plump and healthy	197	2.46	1.29
It protects the baby against diarrheal disease	324	4.05	.654
<b>Grand Mean</b>		<b>3.33</b>	

$\geq 3.0 = \text{Very High Attitude (VHA)}$ ,  $< 3.0 = \text{Not an Attitude (NA)}$

*Source: Field survey, 2021*

**H0<sub>1</sub>:** There is no significant relationship between the socioeconomic characteristics of men and their attitude towards exclusive breastfeeding in the study area.

Table 4 showed that the practice of exclusive breastfeeding was significantly influenced by occupation, marital status, education and household size at 0.05 and 0.10 levels of significance.

The coefficient for occupation (0.490) was positively signed and significantly influenced exclusive breastfeeding practice. This might be due to the fact that working as an employee and exclusively breastfeeding an infant were difficult tasks for nursing-mothers. Furthermore, existing workplace policies were not sensitive to breastfeeding status of nursing-mothers, coupled with the cultural practice that frowns at women exposing their breasts in the public. The period of maternity leave in Nigeria was shorter than the period the mother was expected to breastfeed exclusively. Furthermore, there were no facilities such as the crèche provided for baby care while mother was at work, which would have encouraged mothers to take their infants to their work place. The findings of this study corroborated with the findings of Ella (2016) in Cross River State who found a significant relationship between occupation and practice of

exclusive breastfeeding.

The coefficient of marital status (0.609) was positive and statistically significant at 5% level. This is an indication that the presence of a husband can have positive influence on exclusive breastfeeding practice. This is in line with the findings of Essien and Samson-Akpan (2013) in their study on factors influencing the practice of exclusive breastfeeding among mothers in Ikot Omin, Calabar, which revealed a significant relationship between marital status and practice of exclusive breastfeeding. This was an indication of husband's influential role as breadwinners and decision makers in family matters. Husbands probably give the much needed financial support to promote and sustain exclusive breastfeeding till 6 months.

The coefficient of education (0.250) was positively signed and significantly influence the practice of exclusive breastfeeding at 10% level. This implies that men with higher level of educational qualification practiced exclusive breastfeeding compared to those with lower level of education. This assertion was in line with the finding of Ibe et al. (2016) in which educational attainment had significant relationship with exclusive breast practice ( $P < 0.001$ ). However, the finding contradicts that of Ojong, Chiotu and Nlumanze (2019) that revealed a no significant relationship between education and practice of exclusive breastfeeding.

The coefficient of household size (-0.480) was negative and statistically significant at 10% level. This implies that men with less children tend to encourage their wives to exclusively breastfeed more than the ones with many children, this can be because they are not driven away from their babies by the increasing responsibilities of the older ones. Also, a lack of domestic support and having more than one child to take care of increases women's domestic burden and reduces their concentration on exclusive breast-feeding. This is similar to the finding of Ishola et al (2019) that having fewer children predicted more positive attitudes toward exclusive breastfeeding among nursing mothers in Ibadan metropolis.

Table 4: Logit Regression Result of the Influence of Socio-Economic Characteristics on Exclusive Breastfeeding

Variables	B Statistic	Standard Error	P-Value
Age	0.013	0.169	0.939
Occupation	0.490	0.115	0.000**
MaritalStatus	0.609	0.186	0.001**
Education	0.250	0.135	0.064*
Household size	-0.480	0.289	0.096*
Income	-0.015	0.108	0.889
Constant	-4.100	0.937	0.000**
-2 Log likelihood	283.884		
Cox & Snell R Square	0.113		
Pseudo R Square	0.170		
Chi-Square	17.410		

Source: Researcher's computation with SPSS 25.0, detailed in Appendix

\*\*significant at  $p \leq 0.05$ , \* significant at  $p \leq 0.1$

### Conclusion and Recommendation

The findings revealed that the respondents were aware and knowledgeable about exclusive breastfeeding practice. The study showed that the respondents (men) had positive and negative attitude towards exclusive breastfeeding in the study area. The study also revealed that occupation, marital status, education and household size were the socio-economic characteristics that influenced the attitude of men towards exclusive breastfeeding. Based on the findings of this study, the following recommendations were made. There is an urgent need for a positive change in attitude towards exclusive breastfeeding especially on husbands. This is necessary as most men claimed that exclusive breastfeeding will cause sagging of the breast and feeling that the breast is not pumping enough.

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