BREASTFEEDING EXPERIENCES, CHALLENGES AND COPING MECHANISMS AMONG FIRST TIME NURSING MOTHERS OF ADVANCE MATERNAL AGE IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE

BY

OLABODE ADEREMI TEMITAYO

B. SC. EDUCATION (BIOLOGY) (O.A.U.)

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CERTIFICATION

This is to certify that this study was carried out by Olabode Aderemi Temitayo (Matriculation Number: 204641) in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria, under my supervision.

Supervisor

OYEDUNNI S. ARULOGUN
(B.Ed., M.Ed., MPH, PhD (Ib)., FRSPH (UK), CCST (Nig.), Dip HIV Mgt& care (Israel))
Professor
Department of Health Promotion and Education,
Faculty of Public Health, College of Medicine,
University of Ibadan,
Oyo State, Nigeria.

DEDICATION

I dedicate this work to the almighty God for His guidance, protection, endless provisions and love upon my life, to my late mother, Mrs Adekunbi Olabode, Dr. Mrs Okunoye, Mrs A. B. Lawal, my wife, my daughter and my siblings; for their unending love, provision and support.

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ABSTRACT

Breastfeeding is a universal practice of providing essential nutrients for infants with immunological factors that prevent diseases, promote their optimal growth and development. It was recommended, promoted and supported by WHO, UNICEF and other agencies to be initiated as the first source of nutrient immediately after birth as a tool for achieving the sustainable development goal of optimal improvement in maternal and child health and nutrition. However, this recommendation is being challenged by an evident increase in mean age at first birth in both developed and developing countries in relation to advanced maternal age which has been proven to affect pregnancy outcomes and breastfeeding practices. This study was therefore designed to explore breastfeeding experiences, challenges and coping mechanisms among first time nursing mothers of advance maternal age in Ibadan North Local Government Area, Oyo State, Nigeria.

The study was a hospital-led community-based descriptive cross-sectionalexplorative research. Fourteen consenting community women of advanced maternal age in Ibadan North LGA were selected by a purposive and snowballing sampling technique. In-Depth Interview (IDI) was conducted with all the participants using IDI guide. IDI guide included aspects that elicited information about socio-demographics and cover the area of focus of the research objectives including information on breastfeeding experiences, challenges and coping mechanisms among the respondents. All in-depth interviews were digitally recorded and transcribed verbatim. Data was analyzed using manual qualitative thematic analysis method as well as following Colaizzi's phenomenological method steps to document the experiences, challenges and coping mechanisms of breastfeeding among the study participants. Interview transcriptions generated 64 nodes, 16 sub-themes and five key themes.

Mean age was 38.9±4.3 years and age of the children ranged from 1-7 months. All the respondents are Yoruba, majority (86.0%) of the respondents had completed bachelor degree education, two-third (64.3%) were Christians, about one-fifth (21.4%)were businesswomen; all delivered through caesarean section and were all breastfeeding at the time of the study. The five key themes identified were: (a) becoming a mother (b) challenges and support for breastfeeding in the initial period after birth; (c) breastmilk quantification; (c) Natural phenomenon/medical intervention; (d) emotional and psychological aspects of breastfeeding. The twelve coping strategies used by the

women to manage their concerns were: sharing feelings, redefining normal, caring for self, seeking support/advice, use of recommended substances, seeking medical intervention, advice from BF clinics, seeking significant others' supports, use of pap and other liquid, continuous BF, adjustment and redefining normal, infant formula milk.

This study provided a better understanding of the breastfeeding experiences of first time mothers in the study area as initiating and sustaining breastfeeding is still challenging for them. Overall, age, mode of conception, mode of delivery, their condition of being a first time mothers and ANC attendance influenced their breastfeeding experience, challenges experienced during breastfeeding initiation, exclusive breastfeeding and their general breastfeeding practices. Healthcare policy-makers, healthcare workers should collaboratively put in place, a greater public awareness and laws that support breastfeeding among the respondents, while family members should endeavour to provide support that will help the respondents to have successful breastfeeding experience.

Keywords: Breastfeeding experiences, challenges, coping mechanisms, first time mothers, Nigeria

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GLOSSARY OF ABBREVIATIONS

CNO	Chief Nursing Officer
FTNMAMA	First Time Nursing Mothers of Advance Maternal Age
IDI	In-Depth Interview
LGA	Local Government Area
PG	Page
UNICEF	UnitedNationsInternational Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITION OF TERMS

- **Assisted Reproductive Technology(ART):** These are medical procedures used primarily to address infertility
- **Coping Mechanisms**: The ways in which the first time mothers of advance maternal age deals with those challenges in order to overcome them.
- **First Time Mothers of Advance Maternal Age:** There are group of women between the ages of 36 and above who are yet to reach or attain menopause and that can still give birth.
- **In Vitro Fertilization (IVF):** This a process of fertilization where an egg is combined with sperm outside the mother's body, in vitro.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Breastfeeding is a universal practice by which newly born babies are fed with breast milk by their mother or any other lactating females (Surrogacy). According to UNICEF, "Breastfeeding is much more than food alone for a baby because the mother's breastmilk contains several hundreds of health-enhancing molecules, which contribute to baby's development and survival" (UNICEF Facts File Breastfeeding Challenges and Rights, 2019). A new born baby needs nothing more than breast milk as the sole source of its nutritional need because breastmilk is very rich in all the essential nutrients – carbohydrates, minerals, essential fats, proteins and immunological factors that can help the baby to fight diseases as well as facilitating its optimal growth and development (Adewuyi and Adefemi, 2016).

Breastfeeding as one of the oldest practices in nature among humans as well as in some other mammals is globally recognized and recommended by World Health Organization (WHO) and all leading health organizations like, UNICEF, USAID among others for its benefits which include protection of babies from diarrhoea and acute respiratory infections, as well as stimulating their immune systems and improves response to vaccinations (WHO, 2019).

The WHO in a bid to promote breastfeeding practice as one of the tools for reaching the global goal for optimal maternal and child health and nutrition all over the world through awareness and consensus building with UNICEF and countries government across the world jointly adopted the "Innocenti Declaration" in 1990 (WHO/UNICEF, 2010). The declaration emphasizes the need to initiate breastfeeding within the first hour of delivery by mothers of newly born babies rather than giving water, formula or any other nutrient supplements or supplementary foods. The declaration further recommends exclusive breastfeeding for new-borns up to the first six months of life, and that breastfeeding should continue for at least two years post-delivery. It equally recommends the introduction of safe, appropriate and adequate complementary foods starting from the age of six months (UNICEF/WHO, 2018).

Researches have shown that breastfeeding has numerous benefits for children's health, development and survival (Adewuyi and Adefemi, 2016). Breastfeeding allows for the passive transmission of the mother's immunity to various illnesses, exposes infants to fewer pathogens and delivers higher-quality nutrition than formula. Studies from a wide range of countries have found that breastfed

infants have lower rates of a number of infections than infants who were not breastfed (Bowatte, Tham, Allen, Tan., Lau, Dai and Lodge, 2015). Studies have also shown that six months of exclusive breastfeeding has especially strong effects, including a reduction in the risk of ear infections by 43% per cent within the first two years of life (Bowatte, Tham, Allen, Tan., Lau, Dai and Lodge, 2015). It also prevents upper respiratory infections by 63 per cent, and diarrhoea by 64 per cent, compared with infants who were not breastfed while the children that are breastfed are known to have improved neurocognitive development (Horta, Bernardo, et al. 2015).

In a recent study conducted by Adewuyi and Adefemi, (2016), it was reported that majority of children are breastfed in Nigeria, only that the frequency and the rate of breastfeeding varies. It was further reported that the rate of exclusive breastfeeding is relatively low and that it has dropped from 28% in 1999 to 17% in 2013, while the rate of breastfeeding initiation within the first hour of delivery is equally low (38%). Adewuyi and Adefemi (2016) also linked the low rates of breastfeeding to be possibly contributing to the high level of neonatal and infant mortality in the country, and this claim was supported by the National Demographic Health Survey (NDHS) 2018 report, where it was reported that infant and under-5 mortality rates in the past five years are 6 and 132 deaths per 1,000 live births, respectively (NPC and ICF Macro, 2019).

Based on all these highlighted benefits as the most complete source of nutrients for infants, it is noteworthy to know that the benefits will not get to the baby if the mother that will breastfeed the baby is not in good condition which made maternal role in breastfeeding a crucial element for successful early initiation of breastfeeding, compliance with exclusive breastfeeding and continuation with complementary feeding beyond six months of life (Papp, 2012).

1.2 Statement of Problem

Despite the fact that recommendation and promotion of breastfeeding is one of the most important and most-effective initiatives in ensuring a commendable reduction in global, continental, regional and national burden of neonatal-related mortality and morbidity as well as malnutrition in the late 20th and 21st century by WHO/UNICEF, yet the coverage is not satisfactory especially the initiation of exclusive breastfeeding in both developed and developing countries (Bartick and Reinhold, 2010; WHO, 2013).

It has been established in the literature that breastfeeding problems is a universal experience especially among first-time mothers and mothers of advance maternal age with some of the most common problems also being the most strongly associated with stopping breastfeeding (Wagner,

Chantry, Dewey and Nommsen-Rivers, 2013). In addition to these, there is an evident increase in mean age at first birth in both developing and developed world due to advanced maternal age which has a huge effect on offspring outcome in relation to their growth and development (OECD, 2012; Barclay and Myrskylä, 2016), hence there is a need to carry out researches among this group because they constitutes one of the least researched group in terms of child and maternal health related issue especially among the outliers i.e. the first time mothers of advance maternal age that conceived the use of ART (Assisted Reproductive Technology (IVF))

Despite the fact that breastfeeding has been tagged as the easiest, healthiest, simplest and least expensive means of providing essential nutrition for new-born babies and infants, the challenges facing the breastfeeding mothers due to several intricate socio-cultural, economical, physical and physiological factors (Adewuyi and Adefemi, 2016). These challenges according to literature is more prevalent among the first time mothers of advance maternal age can make it to be a problem for both the mothers and the babies and this necessitate a need for explorative research in order to better knowledge and to provide data that will help policy makers in planning appropriate programs and services (Choo and Ryan, 2016)

In addition to that, there are several literatures pertaining to experiences, challenges and coping strategies of first time and adolescent mothers in recent times, but the following are lacking:

- Studies exploring first time mothers of advance maternal age experiences and challenges from a qualitative methodological perspective and,
- Studies linking challenges to specific coping mechanisms.

Hence there is a need to garner more information on the experiences, challenges and coping mechanisms regarding breastfeeding among first time nursing mothers of advance maternal age.

1.3 Justification

It is hoped that this study will have both theoretical and practical significance since it is geared towards addressing a key issue that is fundamental to child and maternal health and to ensure easy parenting thereby improving mothers' health at large. Theoretically, this study will contribute to scanty or non-existing body of literatures in the area of first-time nursing mothers of advance maternal age's breastfeeding experiences, challenges and coping mechanisms in Nigeria.

Practically, the data generated from the study were used by future researchers to explore other ways of reducing unnecessary stress that follows delivery as per child nutrition, infant mortality and

morbidity as well as other nutritional-related conditions. The knowledge that were obtained from this study is intended to create public awareness on the importance of breastfeeding, help expected mothers to familiarise related breastfeeding challenges and helpful coping mechanisms that can be adopted. A study of this nature may likely generate policy debates aimed at awakening the government and its agencies on the danger of stigmatization facing mothers with difficulties in our healthcare systems. Hence this study that explored the experience, challenges and coping mechanisms among first time nursing mothers of advance maternal age (FTNMAMA) in Ibadan North Local Government (IBNLGA), Ibadan, Oyo State has shown the importance of maternal characteristics and well-being in successful early initiation of breastfeeding, compliance with exclusive breastfeeding and continuation with complementary feeding beyond six months of life.

1.4 Research Questions:

i. What are the breastfeeding experiences among first time mothers of advance maternal age in IBNLGA of Oyo State Nigeria?
ii. What are the breastfeeding challenges facing first time mothers of advance maternal age in IBNLGA of Oyo State Nigeria?
iii. What are the factors that elicit breastfeeding challenges among first time mothers of advance maternal age in IBNLGA of Oyo State Nigeria?
iv. What are the coping mechanisms employed to overcome breastfeeding challenges among first time mothers of advance maternal age in IBNLGA of Oyo State Nigeria?

1.5 Objectives of the study

1.5.1 Broad Objective:

To investigate breastfeeding experiences, challenges and coping mechanisms among first time mothers of advance maternal age in in IBNLGA, Oyo state Nigeria.

1.5.2 Specific Objectives:

i. To explore breastfeeding experiences among first time mothers of advance maternal age in IBNLGA
ii. To document the breastfeeding challenges facing aged Ibadan North Local Government Area
iii. To determine the factors that elicits breastfeeding challenges among first time mothers of advance maternal age in IBNLGA
iv. To document coping mechanisms employed to overcome breastfeeding challenges among first time mothers of advance maternal age in IBNLGA

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview of Breastfeeding

Breastfeeding is universally acknowledged as a means of providing health benefits for mothers and infants (such as decreasing infant mortality and morbidity, prevention of mothers from developing any of the female reproductive cancers) among nursing mothers in both developing and developed world (Adewuyi and Adefemi, 2016). WHO (2010) "strongly recommends exclusive breastfeeding for the first six months of life" which most countries of the world embraced and supported with their own national breastfeeding policies and programmes. The recommendation holistically focused on the feeding of infants and young child; including early initiation, exclusive breastfeeding and continuing in complementary capacity till the second year of their babies' life.

Despite these strong recommendations, breastfeeding rates, and in particular exclusive breastfeeding rates at six months, remain lower than recommended across the industrialized world and are highly variable across settings (Schmied et al, 2011). U.S. data show that although an increasing number of women are initiating breastfeeding, the majority do not exclusively breastfeed, with the highest drop-off occurring in the first few weeks after birth (Schmeid et al., 2011). Known demographic factors that influence breastfeeding duration rates are race, age, marital status and socioeconomic status (Skafida, 2010).

Owing to the fact that breastfeeding benefits are universally recognised and well-established, global breastfeeding rates remain low. In low-and middle-income countries, only 37% of infants younger than 6 months are exclusively breastfed and about 63% of the children aged 20–23 months continue to be breastfed (Victora et al., 2016). According to WHO (2013), breastfeeding rates are typically low and only slowly improving because of all the interventions, campaigns and promotion programmes. It was reported that less than 40% of infants under six months of age are exclusively breastfed. In Canada, the percentage of mothers who initiate breastfeeding slowly improved between 2001 and 2008, increasing from 81.5% in 2001, to 84.9% in 2003, to 87.9% in 2007-2008. This was followed by a slight dip to 87.3% in 2009-2010 (Health Canada, Online).

There are reports by WHO that poor diet and low micronutrients is common among children in West and Central Africa after first six months of life and inadequate access to health care and poor sanitation, non-exclusive breastfeeding which together compromises the nutritional status of children. As a result, an estimated 40% of under-fives are stunted in Western and central Africa and

more than 60% in some countries more than 90% are anaemic. These children will thus not attain their potential to learn and earn throughout their lives (WHO, 2008).

Breastfeeding in Nigeria is culturally accepted and this makes virtually all the children to be breastfed except in special cases where mothers cannot produce breast-milk, but the percentage of children that are being breastfed exclusive or the rate of exclusive breastfeeding is on the decline compared to what it used to be in time past due to certain socio-economic factors as reported by various studies conducted on Nigerians exclusive breastfeeding. It was reported by Adewuyi and Adefemi in 2016 that the high rate of neonatal morbidity and mortality is as a result of Nigerian declining rate of exclusive breastfeeding which show a sharp decrease of 11% in 2003 compared to that of 1999 (Agunbiade, Ojo and Ogunleye, 2012, Adewuyi and Adefemi, 2016).

The 2018 NDHS shows that 97.0% of last-born children born in the 2 years before the survey were breastfed at some point (NPC and ICF Macro, 2019). Two-fifths (42.0%) of children were breastfed within 1 hour of birth, and 82.0% were breastfed within 1 day of birth. Nearly half of children (49.0%) received a prelacteal feed. It was further reported that the percentage of children who had ever been breastfed was 97% in both 2008 and 2018, with the percentage of children who started breastfeeding within 1 hour of birth has increased by 9 per cent since 2013, from 33.0% to 42%, while the percentage who started breastfeeding within 1 day has increased from 65.0% to 82.0% since 2008. The percentage of children receiving a prelacteal feed has decreased from 56.0% to 49.0% since 2008 (NPC and ICF Macro, 2019).

2.1.1 Benefits of Breastfeeding

Breastfeeding is established as beneficial to both infant and maternal health. Exclusive breastfeeding in the first six months of life and continued breastfeeding from 6-11 months, has shown to be the single most effective preventive intervention for reducing child mortality, with the potential of saving 1.3 million lives worldwide each year (Bai, Wunderlich, and Fly, 2011). Risks of gastroenteritis, respiratory infections, allergies and obesity are all increased among formula-fed infants, while mothers who formula feed have greater levels of reproductive cancers (Kramer and Kakuma 2012).

Breastfeeding has been linked to positive outcomes for both mothers and their children. The American Academy of Paediatrics (AAP, 2012) conducted an extensive review of reliable studies, concluding that benefits for babies from breastfeeding, especially exclusive breastfeeding, included reduced risk for illness in infancy (e.g., otitis media, gastrointestinal infections, respiratory tract

infection), Sudden Infant Death Syndrome, and health problems in later childhood (e.g., childhood Inflammatory Bowel Disease, obesity). Researchers have also demonstrated negative associations between breastfeeding and language disorders (Smith, 2015), and positive associations between breastfeeding and mother–infant attachment (Smith and Ellwood, 2011).

Further benefits to breastfeeding have been associated with duration. The report by AAP (2012) summarized research findings on benefits for babies breastfed exclusively to 3 or 4 months of age or more (including reduced risk for clinical asthma, skin problems, diabetes, and respiratory problems), and breastfeeding exclusively for 6 months or longer (including reduced risk for serious colds, ear and throat infections, respiratory problems, and childhood leukemia and lymphoma). Benefits for the mother as per AAP included more rapid involution of the uterus, healthier weight, and reduced risk for postpartum depression, rheumatoid arthritis, hypertension, and breast and ovarian cancer. These findings led AAP to recommend exclusive breastfeeding for 6 months and the United States Department of Health and Human Service's Healthy People 2020 objectives to include increasing the proportion of infants who are breastfed and who are breastfed at 6 months (Office of Disease Prevention and Health Promotion, 2016). Yet, despite institutional support for breastfeeding at the highest levels, recognized barriers include lack of knowledge, contrary social norms, inadequate family and social support, embarrassment, lactation problems, and conflicts with employment and childcare (Centres for Disease Control and Prevention [CDC], 2013; Teich, Barnett, and Bonuck, 2014; U.S. Department of Health and Human Services, 2011).

2.1.2 Breastfeeding Practices

2.1.2.1 Breastfeeding Initiation

It has been proven by researches that breastfeeding is an important source of nutrient for appropriate care and feeding of new-born infants and has nutritional, immunological, developmental, psychological, social, economic and environmental benefits for infants, mothers, families and society (Anatolitou, 2012). All this importance of breastfeeding can only be as effective as it should if it is introduced to the child as early as possible within the first hour after delivery because the infant receives colostrum which is rich in immunoglobulin (Ig) and other bioactive molecule, including growth factors that are important for nutrition, growth and development of new-born infants and also for passive immunity (Godhia and Patel, 2013).

Globally, rates of early initiation of breastfeeding are tracked using data from household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)

with these large-scale surveys used in assessing initiation rates by asking mothers of children under age 2 whether their youngest child was put to the breast within the first hour of life or later. Many low- and middle-income countries undertake such household surveys every four to five years (UNICEF/WHO, 2018).

The rate and prevalence of early initiation of breastfeeding varied across the world due to breastfeeding supporting policies from various national government, with better rates in developed countries that have baby friendly hospitals especially among WHO European member states compared to WHO African member states and other regions (Bosi, Eriksen, Sobko, Wijnhoven and Breda, 2015). For example, Kyrgyztan reported a high 83.8% for early initiation of breastfeeding from 1998 to2013 while Bulgaria reported 4-6% for the same period on early initiation of breastfeeding as another WHO European member state (Bosi et al., 2015).

Early initiation in Africa countries is improving as a result of increase campaign from health agencies like WHO and UNICEF and collaborative efforts from national, regional and state governments in countries across the world (WHO/UNICEF, 2010). In a study conducted by Ahmed, Page, Arora and Ogbo (2019), on trends and determinants of early initiation of breastfeeding and exclusive breastfeeding in Ethiopia from 2000 to 2016, it was reported that the prevalence of early initiation of breastfeeding has improved with increased from 48.8% in 2000 to 75.7% in 2016 in Ethiopia.

Despite all the aforementioned efforts in improving, some African countries are reporting decline in rate of early initiation due to several reasons. In a study conducted by Ndirangu, Gatimu, Mwinyi and Kibiwott (2018), on Trends and factors associated with early initiation of breastfeeding in Namibia: analysis of the Demographic and Health Surveys 2000–2013, it was reported that the prevalence of early initiation of breastfeeding decreased from 82.5% in 2000 to 74.9% in 2013.

In Nigeria the prevalence of early initiation of breastfeeding has been reported to be fluctuating and is being influenced by the efforts of the healthcare system in promoting early initiation as people that delivered in facilities were reported to be more likely to initiate breastfeeding early than those who delivered at home or in other delivery homes (Beder and Yalcin, 2016). In a cross-sectional study assessing the 1999, 2003 and 2008 NDHS conducted by Akinola, Dairo and Olajide on trends in Breastfeeding Practices among Women of Childbearing Age in Nigeria, it was reported that our rate of early initiation of breastfeeding has been decreasing and increasing over the years; with 40% in 1999 that decreases to 31.7% in 2003 and increases to 39.2% in 2008.

It has been reported that the level of success recorded in programmes related to infant and young child feeding is an important criterion for determining child health and survival in any country or region in the world. It was reported that despite the fact that tremendous progress was in terms of promotion and improvement of exclusive breastfeeding in the 90s according to a review done in 2006 on global and regional trends of exclusive breastfeeding (Muelbert and Giugliani, 2018).

In a study conducted by Cai, Wardlaw and Brown (2012) on global trends in exclusive breastfeeding, it was reported that the prevalence of exclusive breastfeeding among infants younger than six months in developing countries increased from 33% in 1995 to 39% in 2010. The prevalence increased in almost all regions in the developing world, with the biggest improvement seen in West and Central Africa. Looking at the data reported for specific regions of the world, the trends of exclusive breastfeeding varies like that of early initiation with West and Central African having the lowest proportion despite their highest improvement from 12% to 28% from 1995 to 2010, it is still the lowest followed by East Asia and Pacific that decline from 31% in 1995 to 29 in 2010 while Eastern and Southern African occupying the highest spot with 47% (Cai et al., 2012).

In a study conducted by Bosi et al., (2015), the data reported for specific countries among the WHO European member states varies and shows a similar trend with the rate of their early initiation for some countries while it does not follow for some countries.

2.1.2.2 Prevalence of Exclusive Breastfeeding

Exclusive breastfeeding is defined as the act of giving only breast-milk to the infants without any other solid, liquid, semisolid food with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines if prescribed by a physician (Tamiru, et al., 2012). Exclusive breastfeeding is not only beneficial to the infant, but also the mother, the household and the community as a whole because of the numerous advantages of breastfeeding (Dieterich et al., (2013). Exclusively breastfed babies are less likely to develop childhood infections (such as diarrhea, bacterial meningitis, otitis media, pneumonia among several other infections) compared to less-breastfed babies (Ogbo, Page, Idoko et al., 2016). It also prevents upper respiratory infections and diarrhea by 63% and 64% respectively, when compared with those infants that were not breastfed while the children that are breastfed are known to have improved neurocognitive development (Horta, Loret de Mola and Victora 2015).

Alsulaimani (2020), reported that the rates of exclusive breastfeeding are exceedingly low among Arabian women with the low prevalence of exclusive breastfeeding (16.3%) was reported in his

study conducted on exclusive breastfeeding among Saudi mothers which was aimed at exposing the substantial gap between knowledge and practice.

In a study conducted by Ahmed et al., (2019) on trend of exclusive breastfeeding in Ethiopia, it was reported that their rate increased from 54.5% in 2000 to 59.9% in 2016 which signify the influenced of the increase in their early initiation of breastfeeding. Another similar cross-sectional study conducted in Ethiopia corroborate the finding of Ahmed et al., was conducted by Elyas, Mekasha, Admasie and Assefa (2017), on exclusive breastfeeding practice and associated factors among mothers attending private pediatric and child clinics in Addis Ababa, Ethiopia, it was reported that the prevalence of exclusive breastfeeding in that study is 44.2% and its related to their early initiation of breastfeeding which was reported to be 52.6%.

In Nigeria, the trend of exclusive breastfeeding has declined over the years as it has been reported in various studies conducted in Nigeria over the years and with the NDHS periodic reports corroborating the reports from some of these studies. In a recent study conducted by Adewuyi and Adefemi, (2016), it was reported that the rate of exclusive breastfeeding Nigeria is declining from 28% in 1999 to 17% in 2013.

2.2 Breastfeeding Experiences

Breastfeeding experience of mothers usually depends on several factors that may come from the mothers' perception, attitude, body physiology, age, mothers' breastfeeding and child care knowledge which are usually tied to their education level, significant others support, socio-cultural norms and/or age of the child, physiological state of the baby's body and gender (Kanhadilok and McGrath, 2015; Muelbert and Guigliani, 2018; Keloglan, Yilmaz and Gumus, 2018).

In 2012, Agunbiade and Ogunleye conducted a study on constraints to exclusive breastfeeding among women in South-western part of Nigeria, where they reported the perception that babies may be hungry after breastfeeding, mother's health problems, fear of babies' addiction breast milk, mother-in-law's pressure towards mother, pains in the breast and work demand as the major constraints to exclusive breastfeeding. They further pointed to mothers' poor feeding condition, inadequate spousal support and conflicting positions from the significant others as dominant constraints (Agunbiade et. al., 2012).

Breastfeeding experiences was also researched in terms of its value in women's' lives in study conducted by Loof-Johanson et.al in 2013, they reported breastfeeding experiences of the group of

women that was engaged as the study respondents in six ways, categorized under the biologically/Naturally induced experiences, Physically induced experiences and environmentally induced experiences. The "Task" of breastfeeding and the "Job" of breastfeeding were under physically induced experiences, the "Silent impact" of role model mothers and babies' and fathers' "Conflicts" were under environmentally induced experiences while Children's and Mother's "Instinct" towards Breastmilk suckling and secretion respectively plus the "joy" and natural contentment from breastfeeding were under biological/nature induced experiences (Lööf-Johansson, Foldevi and Rudebeck, 2013).

According to a study carried out by Family Health Service (2016) on mothers' experiences on breastfeeding, 1024 eligible models were recruited with 1856 valid questionnaires being returned, a higher proportion of 52% in the group of women with age 35 and above reported to have breastfed their baby. The study also reported its findings when mother's socio demographic characteristics of respondents were compared with breastfeeding experience. The mothers with higher level of education engage in breastfeeding more than the one with lower level of education with a good proportion of women with level of education at degree course and above, while the ones with lower level of education with diploma certificate and below recording the lowest. This study only surveys the general views and experience of breastfeeding without categorizing the type of experiences to be either good or painful.

But some other studies reported that a potential unintentional consequence arises when describing breastfeeding experience as a natural peaceful phenomenon or as a result of the conspiracy of silence that ensue those conventional breastfeeding difficulties such as latching on, cracked and painful nipples or mastitis (Grassley and Nelms, 2008). This can contribute to a woman's loss of confidence in her ability to breastfeed, early cessation and even the feeling of being a failure as a mother (Harris et al, 2003; Larsen et al, 2008). Kelleher (2006) notes that openly acknowledging that physical pain and vulnerability may be a part of the early breastfeeding experience for some women, would help to validate women's early experiences with breastfeeding rather than causing them to feel abnormal in any way or, worse yet, a failure.

2.3 Breastfeeding Challenges

With benefits of breastfeeding for mothers and babies clearly established, there is still much to learn to fully understand why not all mothers breastfeed and why many mothers who initiate breast-feeding do not breastfeed for long. It has been documented that very few women breastfeed without

difficulty from the first day, but majority encounter problems somewhere along the way (FMOH, 2004; WHO and UNICEF, 2008). These difficulties are due to limited feeding time, lack of sureness or poor attachment of the baby at the breast. Study showed an unsettled, hungry and angry baby, breast engorgement, and maybe obstructed milk ducts and reduced milk production are the most common cause of ineffective breastfeeding (FMOH, 2004; WHO and UNICEF, 2008; Belachew, 2003).

One of the key strategies in promoting breastfeeding to childbearing women is antenatal breastfeeding education (Jennifer, Elaine, Athena, and Virginia, 2013). Studies on breastfeeding concluded that women who failed to receive adequate support from healthcare professionals when faced with breastfeeding challenges were less likely to continue breastfeeding (Cross-Barnet, Augustyn, Gross, Resnik, and Paige, 2012). This project identified challenge affecting EBF and recommended evidence-based practice interventions aimed at overcoming the identified barriers to increase the EBF continuation rate among postpartum women.

According to Family Health Service (2016), The lack of a mother and baby-friendly community environment also poses challenges to breastfeeding mothers, other factors reported were the issue of privacy when women encountering unpleasant experiences when they breastfeed in public, which were reported by the media and local breastfeeding mothers' groups. According to Textor, Tiedje, and Yawn (2013), women who have low incomes and low social support and belong to ethnic minorities are the least likely to breastfeed because of inadequate maternal nutrition, low support for breastfeeding will definitely be the challenge that they will face in initiating, continuing and practice breastfeeding.

Breastfeeding may be particularly advantageous for new mothers and their babies who face risks associated with first time experience of childbearing, (Gibb, Fergusson, Horwood, and Boden, 2014; Martin et al., 2012). Positive effects of breastfeeding on health outcomes for both mothers and children could help ameliorate some challenges to professional and educational attainment, for instance, by reducing illness-related absences. Yet little research has been conducted into breastfeeding practices of new mothers. We do know that, although many new mothers breastfeed, initiation rates are lower and duration is shorter on average compared with adult mothers (CDC, 2012; McDowell, Wang, and Kennedy-Stephenson, 2008). Still, there is little research into reasons that new mothers decide not to initiate breastfeeding and why, when they do initiate, they do not breastfeed for 6 months. Limited research suggests that challenges to initiating breastfeeding for new mothers parallel those of adult mothers (e.g., difficulty with latching, positioning, pain) (Sipsma et

al., 2013). A qualitative study of 35 pregnant or parenting minority teens documented reasons they decided not to breastfeed, which included expectation of pain, self-consciousness, perceptions that breast- feeding is unsuitable, belief that formula is the "normal" form of nutrition for babies, and myths that baby can become "too attached" to mother to be left in the care of others or that maternal emotions can negatively affect breast milk (Hannon, Willis, Bishop-Townsend, Martinez, and Scrimshaw, 2000). A few studies suggest that for new mothers, challenges

with continuing to breastfeed also parallel challenges for adult mothers (e.g., continuing latch issues, insufficient milk supply, maternal and infant health problems) (Sipsma et al., 2013; Wambach and Cohen, 2009). With a sample of 225 primarily Hispanic and African American mothers ages 15–21, Sipsma et al. identified reasons that adolescent mothers who initiated breastfeeding had stopped by the 6th month, finding that the most common reasons were that the "baby did not like/latch on" (41%) and "it hurt" (35%); it is not known whether and how reasons may vary across the early months of the baby's life, as has been investigated for adult mothers. A large quantitative study with predominantly non-Hispanic White mothers > 18 years old evaluated reasons mothers stop breastfeeding earlier compared with later in the first year (Li, Fein, Chen, and Grummer-Strawn, 2008). They found the most common reasons for stopping breastfeeding by 2 months of age were "baby had trouble sucking and latching on," "breast milk alone did not satisfy my baby," and "I did not have enough milk." Li et al. found that for those who weaned between 3–5 months of age and between 6–8 months of age, sucking and latching issues were among the top reasons and baby losing interest or beginning to wean itself was a top reason. Our study extends two lines of evaluation of new mothers' breastfeeding practices. We expand limited research into reasons that new mothers decide not to breastfeed. We also explore reasons that distinguish the decision of new mothers to stop breastfeeding early com- pared to later in the first year, as has been considered with adult mothers (Li et al., 2008), furthering research by Wambach and Cohen (2009) and by Sipsma et al. (2013) suggesting that challenges to duration for new mothers parallel those of adult mothers.

As reported by previous studies, factors affecting BF practices included social and cultural attitudes, marketing policy of formula, supportive environment in public places, accessibility of professional support on BF, returning to work, and mothers' low self-efficacy, e.g. perceived insufficient milk supply (Bai, Fong, and Tarrant, 2015; Cattaneo, 2012; Newby and Davies, 2016; Odom, Li, Scanlon, Perrine, and Grummer-Strawn, 2013; Rollins et al., 2016).

2.4 Coping Mechanism

Most previous studies on breastfeeding focuses on practices, experiences and challenges, only very few focused on coping mechanisms utilized by the mothers facing challenges while none exist on aged mother's challenges and coping mechanisms because previous studies conducted in western countries tend to focus on vulnerable groups such as adolescent mothers or ethnic minorities (Choo, 2016).

As beautiful as breastfeeding experience can be, Kelleher (2006) mentioned that other unanticipated nature of somatic implications leading to breastfeeding challenges may arise during the breastfeeding process such as immobility, sore breast, latching, let-down and leakages which may confer some specific forms of pain and discomfort to the mother. This may also include specific forms of pain and discomfort related to exclusive breastfeeding such as engorgement, nipple pain, raw breasts, cracked and bleeding nipples, blisters and uterine contractions or occasionally termed cramping or after pains (Cadman,1990).

In a study conducted by Choo and Ryan (2016), on their study exploring study exploring first time mothers' experiences of breastfeeding in Singapore, it was reported that these mothers seek help and support from the wider community in other to cope with the challenges they faced. This was also similar to study conducted by De Jager (2013) where the mothers in that study was reported to seek counselling on proper positioning as their coping methods that helped them in continuing breastfeeding.

2.5 Theoretical Framework Literature

Health promotion field has witnessed numerous theoretical models being used in researches and intervention programs ranging from the simple ones (in terms of components) like force field theory to complex ones like health belief model and **PRECEDE/PROCEED**. Each of these models identifies behavioural influences and factors relevant to issue targeted by health promotion programme.

The PRECEDE model was used for this research. The model is a diagnostic tool which is used to analyse certain health behaviours. This model considers three main factors influencing health-related behaviour. These factors include:

- Predisposing factors: include factors which motivate or provide a reason for a behaviour
- Enabling factors: These are factors which enable persons to act on their predispositions

Reinforcing factors: Include factors which come into play after a behaviour has been initiated, they encourage persistence of behaviours by providing continuing rewards or incentives.

2.6 Application of the Model

The constructs of this framework were applied to the current research as follows:

i. Predisposing factor: The various factors that motivate the study targets –FTNMAMA to adequately breastfeed their babies. This includes their socio-demographic characteristics, knowledge about breastfeeding, attitude about breastfeeding, breastfeeding intention, social norms and their readiness to breastfeed.

ii. Enabling factors: These are factors that enable the respondents to act on their predispositions. These will include; availability of maternity leave, breastfeeding skills, breastfeeding support, and breastfeeding supportive policies.

iii. Reinforcing factor: They include factors which encourage their breastfeeding initiation practices and continuity after first six months. These include Health workers and Nurses, significant others, friends, their mothers, breastfeeding related commercials on TVs and Radio, social circle, mother-in-law, peer group, and social network.

iv. Behaviour and lifestyle: These are the behaviour and lifestyle of these FTNMAMA that motivate them to practice breastfeeding, Good health-seeking behaviour. These includes mother's eating habit, dressing, mother's occupation, hygiene practice, ability to seek help in the health facilities and fashion style.

v. Environment: This includes all those factors in their immediate surroundings that positively or negatively influenced their decision to breastfeed. This includes Availability/lack of breastfeeding break time during their work, presence of role model mothers, privacy for breastfeeding, good and adequate respect for nursing mothers.

vi. Health Outcomes: This refers to the outcome that breastfeeding has on them and their babies

vii. Quality of life: This is related to how they and their babies enjoy good health that is free of ill-health as a result of adequate breastfeeding.

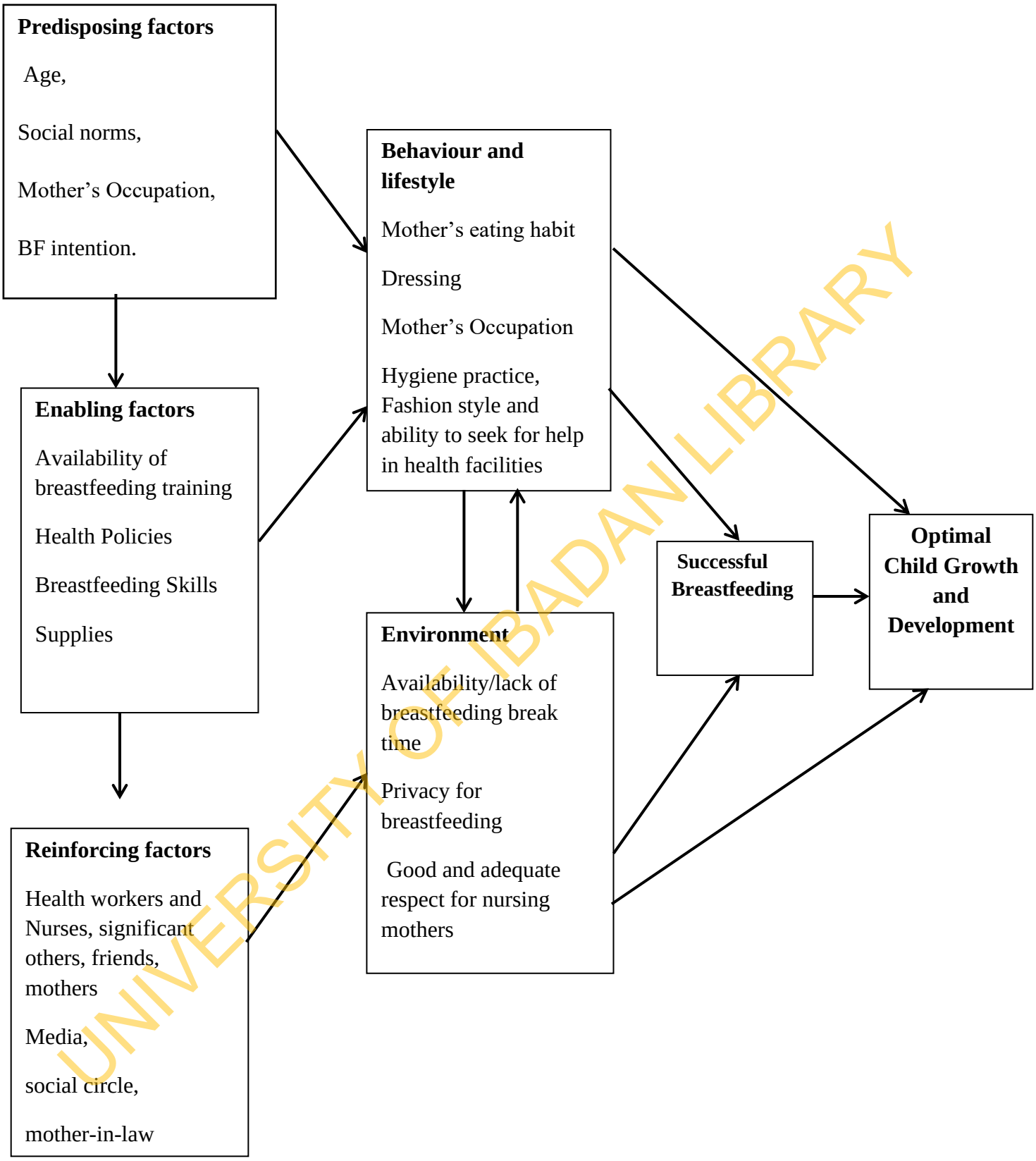

Figure 1: The Conceptual Framework of PRECEDE Model adapted to explain the Breastfeeding experience among the respondents

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The study was a community-based descriptive phenomenological cross-sectional study using In-Depth-Interview guide as a qualitative method of data collection (Husserl, 1913). This method is commonly used in the health sciences and social sciences, it is often regarded as the most appropriate method when exploring the life experiences of people or phenomena that are sensitive or socially complex (Creswell, 2013; Liamputtong, 2013). The interviews will explore the breastfeeding experiences, challenges and coping mechanisms among first time mothers of advance maternal age in Ibadan North Local Government Area, Oyo state Nigeria.

3.2 Description of Study Area

The study was carried out among first time mothers of advance maternal age in Ibadan North Local Government Area of Oyo state Nigeria. The city of Ibadan is located approximately on longitude 3°5 east of the Greenwich meridian and latitude 7°23 north of the Equator at a distance of about 145 kilometres north east of Lagos. Ibadan North local government has the largest land area among the urban local government areas in Nigeria with 145.58km2 and a population of 306,795 people with an area of 27 km^2 (NPC, 2006). It is bounded in the west by ldo and Ibadan North West local governments, bounded in the East by Lagelu, Egbeda and Ibadan South and South East local governments respectively and it is bounded in the North by Akinyele local government. Majority of the residents of this LGA are Yoruba with other tribes ike Hausa, Edo, Igbo. The economic activities undertaken by people in the local government area include trading and public services (Adelekan, 2016).

Personal observations helped the researcher in identifying the study area as a suitable place for recruitment of the category of respondents assessed in this study because of its diverse social characteristics and being the location of most fertility centres in Ibadan. All these gave the researcher an access to their data base following an ethical consideration and approval from the authorized body. The local Government Area is also the largest local governments in the state with the highest population; therefore, carrying out this study at this location ensured that the results and recommendations from the study can be adopted by the other researchers looking at qualitative perspective of similar research interest in the state and the country as a whole.

3.3 Study Population

The study population consist of group of women between the ages of 36 and above that are residing within Ibadan North Local Government and who consent to participate in the study

3.4 Inclusion criteria

All women between the ages of 35 and above who were still nursing and give consent to participate were included in the study.

3.5 Exclusion criteria

All women who meet the exclusion criteria but that has other gynaecological and obstetrical complications that are not related to breastfeeding were excluded from this study.

3.6 Sample Size

In accordance with the qualitative descriptive approach, the criterion of saturation (whereby no new information emerges with the addition of new cases) was used to determine the sample size. Data saturation criterion was used to determine the sample size. Data saturation was achieved after the tenth (10) interviews and the researcher conducted extra three (3) interview in other to near the priori number set before the commencement of the study which was pegged at fifteen (15) interviews.

3.7 Sampling Techniques

The researcher selected the respondents for In-Depth-Interview from the study area using purposive and snowballing/networking sampling technique. The researcher selected the first set of mothers from hospitals where they give birth and continue with snowballing technique.These techniques were chosen because they are the most suitable for this type of study that involve a special and scarce group of respondents because of their characteristics which include:

- First time mothers
- Nursing mothers
- Mothers of advance maternal age (35 years and above)

3.8 Instrument for Data Collection

In-depth interview guide was used for the data collection process as its structured nature allows the interviewee to share their experience in its purest and unadulterated way with options to fully express their total opinion.

3.9 Revisions of Interview Guide

The initial interview protocol (Appendix B) had a lengthy introduction about the purpose of the study, who would have access to the participant's responses, the participant's risks and rights, and when the interview data would be discarded. The intent was that the researcher would read each participant the introduction verbatim as part of the interview. The researcher orally improvised this introduction many times when talking with respondents in order to get the initial interview protocol started in a timely and comfortable manner. All fourteen respondents received the initial interview protocol ahead of time, so the researcher felt comfortable hitting the major points outlined in the introduction and asking each participant, "Do you have any questions before we begin?" Most interview questions were asked exactly as they were written. However, the researcher often followed up the semi-structured questions by probing with open-ended questions such as, "Why?" and "Can you tell me more?" This was the researcher's way to get at deeper meaning and richer understanding of the participant's experiences. In the middle of the first interview, the researcher decided to add some new questions to the initial interview protocol as they are coming up as part of new themes. The question added was, "What was your preparation during pregnancy for breastfeeding"; "Do you subscribe to the breast sagging theory"; "Do you feel your age made you to have delay lactation"; "Do you try out any other thing apart from what was recommended in the hospital"? Why?" This question was added to get further feedback from respondents about these generalized themes and concepts. All fourteen respondents were asked this question during or near the end of the interviews.

3.10 Recruitment and Training of Research Assistants

Four (4) experienced female research assistants were recruited and trained on the ways and method of conducting the interview during data collection. They were trained for two days using the developed training manual. During the training, participatory approach was adopted allowed everyone to be involved. Demonstration and return demonstration and role play were used to evaluate the training learning outcomes. The training exercise was repeated until a desirable outcome was achieved after series of evaluation.

3.10 Data Collection Procedure

Before the commencement of the In-Depth-Interviews, the researcher and the research assistant explained the details of the research to each respondent and after which the interviews were conducted with the respondents. This was done in order to offer those mothers the opportunity to consent to take part or dissent the interview if they did not wish to proceed. An interview guide was

used with questions that were derived from literature review and researchers' insight on breastfeeding experiences.

All interviews strictly followed the In-Depth-Interview guide within the duration of thirty minutes to one hour during which the respondents were asked prompting question from the guide. Other issues raised by respondents during the interviews were used as cues for additional prompting questions and for probing for deeper meanings to the whole study's research questions. Interviews were conducted in the respondents' preferred venue and time in other to show consideration for their individual busy schedules. Pseudonyms were allotted to all mothers to safeguard their identity in order to assure them of confidentiality in all the in-depth interviews that were conducted. Interviews were recorded with audio tape recorders which were later transcribed into word document text format and compare with the field notes written by the research assistants for the purpose of analysis. The informed consent forms were read to the respondents just before every interview.

3.11 Data Management and Analysis

All recorded data from the interviews were fully transcribed verbatim; after transcription, the researcher typeset and read it so as to get familiar with the data by reading through the entire transcripts many times; to obtain a sense of totality; significant statements were underlined and extracted. Meanings of significant statements and sentences that have similar characteristics were labelled by the researcher. Different parts of the text that contained significant statements were marked with appropriate labels for further analysis. The manual qualitative thematic analysis method was used for analysis of all recorded data in order to summarise the informational contents of the data. (Braun and Clarke, 2006). Themes and categories were formed after the first few numbers of interviews while subsequent information gathered were fitted into the categories and new categories were formed as soon as new theme(s) emerge(s). This procedure was to inform each of the following interviews and to detect if there were new theme(s) or not. To ensure the trustworthiness of the analysis, the researcher and his supervisor as well as other senior staff in the department were consulted to independently read through the transcripts multiple times to analyse the text.

3.12 Study Limitation

The limitation for this study was that the criteria for taking part in this study require that the participant must be a FTNMAMA residing in Ibadan North Local Government Area of Oyo State Nigeria. These criteria bound generalizing the research only to first time mothers of advance

maternal age in this area alone. Meaning the study findings may not be applicable nor generalizable to those women who do not meet the inclusion criteria.

3.13 Ethical Approval

Ethical approval was obtained from Oyo State Ministry of Health Research Ethical Review Board with approval number: (AD 13/479/1291; see appendix vii). Verbal informed consent was obtained from respondents and it was audio-taped recorded after providing them with information and benefits of the research for record and documentation purpose while the issues of confidentiality and respondents volunteerism were dully considered. They were also assured that information provided by them will be kept confidential so as for them to be sincere with responses to be provided and that they are free to withdraw from the research if need arises.

Furthermore, all the respondents were permitted to ask the researcher questions to clarify any grey areas related to the study before and or during the interview, they were also informed that they have the rights and option of requesting erasure of the tape or any portion of the tape any time as part of flexibility of qualitative data collection method and all the audio-taped recordings and transcripts will be handled with utmost care and will be duly discarded and destroyed upon the completion of the study after at least five years. In addition, all the necessary ethical considerations were ensured in the conduct of this study by being courteous, showing respect for their persons and having trust in their responses.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the findings of the study which described first time nursing ageing mother's experiences, challenges and coping mechanisms during the early postpartum period. Fourteen first-timer mothers between the ages of 35 to 44 were interviewed in their homes, public places, shops and offices for approximately one hour. During the interview the women were asked to describe their experiences and challenges they were presently experiencing as first-time nursing ageing mothers. The women were then asked to describe the coping strategies they were using to deal with the experiences and the challenges as well as factors responsible for those experiences and challenges.

The primary purpose of this study was to determine the experience, challenges and coping mechanisms that influence breastfeeding practices of first-time nursing mothers of advance maternal age (study respondents) at a selected local government in Ibadan, Oyo State.

Respondents' experiences and feedback added insight to the research questions posed in this study. By listening to and analysing the experiences of these mothers, valuable information was obtained about the breastfeeding experiences of these mothers. In this chapter, the four research questions are addressed with supporting evidence, including both quotations and feedback from the respondents.

4.2 Socio-demographic Characteristics of the FTNMAMA

The results of this qualitative study are based on Fourteen In-depth interviews conducted among first time nursing mothers of advance maternal age (FTNMAMA), in which nine (9) out these fourteen (14) respondents were recruited from Fertility Centres in Ibadan North Local Government Area among multitude of patients that enrolled for In-Vitro Fertilization (IVF) while the remaining five (5) where recruited from Adeoyo Maternity Centres {Oyo State Tertiary Hospital}). All these FTNMAMA voluntarily participated in the study and their socio-demographic characteristics are presented below in prose and tables (table 4.1.1, 4.1.2 and 4.1.3 respectively)

The first table which is table 4.1.1 includes, their age, the age of their baby at the time of the survey, the mother's highest level of education, their religion and ethnicity. Majority (8) (57.2%) falls within the age range of 35-39 with mean age being 38.93±4.3 while their first child/children fall between age range of 1 month and 7 months. Majority (12) of the respondents reported to have completed tertiary level of education

Majority of the respondents interviewed for this study with tertiary education attended a variety of post-secondary institutions, levels and with various certificate. Five (5) respondents attended have first degree with Bachelor of Science (B.Sc.) certificates; two (2) respondents finished Ordinary National Diploma (OND) certificates; two (2) respondents finished The Higher Elementary Training College (H.E.T.C Grade II) certificates; one (1) participant with PhD; one (1) participant with M.Sc. and HND respectively. Nine (9) (64.3%) respondents are Christians while five (5) (35.7%) are Muslims, and they are all from Yoruba ethnic group.

Table 4.1.2 shows further information of the respondents including the sex of their children, number of parities, mode of delivery, their occupation and their husbands' employment status. Nine out of total sixteen (9) (56.2%) children are female, only two (2) (14.3) mothers out of fourteen have twins while all other twelve (12) (85.7) have one child each. All these FTNMAMA also delivered through Caesarean section, whereas three (3) (21.4) among the respondents are Teachers by profession with two teaching at secondary school level, one at tertiary level; three (3) (21.4) are Businesswomen.

Table 4.1.3 also shows further information of the respondents including facility of delivery and ANC, mode of conception, number of ANC attendance, mothers' number of stay in the hospital after delivery and number of stay at home after they were discharged from the hospital. Among all the fourteen respondents interviewed, nine (9) (64.3%) respondents delivered at private hospital while five (5) (35.7%) delivered in state government hospital. Majority (9) of the respondents were recruited from fertility centres and tried Assisted Reproductive Technology (ART), only five 5 (35.7%) got positive result and conceived through one of ART procedures (In Vitro Fertilization [IVF]), three (3) (21.4%) later conceived naturally while five (5) (35.7%) recruited from State hospital never attempted any ART procedures but conceived naturally. Among all the respondents six (6) (42.9%) attended Ante-Natal Care Clinic (ANC) between <2-≤4 times, five (5) (35.7%) attended between >4-≤6 times while three (3) (21.4%) attended ANC more than 6 times (<6-≤8).

Majority (8) (57.1%) of the respondents spent 5 days in the hospital after delivery while six (6) (42.9%) spent 4 days in the hospital after delivery, half (50%) of the respondents stayed at home for 2 months, while four (4) (28.6%) stayed for 3 months, two (2) (14.3%) stayed for 4 months while only one (1) (7.1%) stayed at home for 6 months.

Table 4.1.1: Socio-demographic Characteristics of Respondents (n=14)

Socio-demographic characteristics	Frequency(n)	Percent(%)
Age (in years)		
35-39	8	57.1
40-44	6	42.9
Age of the child (in months)		
<2-≤4	7	50
>4-≤6	4	28.6
>6-≤8	3	21.4
Mother's highest level of education		
PSLC	1	7.1
SSC	1	7.1
GRADE II	2	14.4
OND	2	14.4
HND	1	7.1
B.Sc.	5	35.7
M.Sc.	1	7.1
PhD	1	7.1
Religion		
Christian	9	64.3
Muslim	5	35.7
Traditional	0	0

Table 4.1.2: Socio-demographic Characteristics of Respondents (n=14)

Socio-demographic characteristics	Frequency(n)	Percent (%)
Sex of the children (n=16)		
Female	9	56.2
Male	7	43.8
Number of Parity for Mothers		
≤1	12	85.7
>1	2	14.3
Mothers Occupation		
Teacher	3	21.4
Businesswomen	3	21.4
Shop Owner	1	7.1
Factory Manager	1	7.1
Insurance Broker	1	7.1
Caterer	1	7.1
Fashion Designer	1	7.1
Auxiliary Nurse	1	7.1
Petty Trader	1	7.1
Research Scientist	1	7.1
Husband Employment Status		
Gainfully Employed/Retired	9/1	64.3/7.1
Self-employed	5	28.6

Table 4.1.3: Socio-demographic Characteristics of Respondents (n=14)

Socio-demographic characteristics	Frequency(n)	Percent (%)
Facility of Delivery/ ANC		
Private	9	64.3
Public	5	35.7
Mode of Conception		
Natural	9	64.3
ART	5	35.7
Number of ANC attendance (times)		
<2-≤4	6	42.9
>4-≤6	5	35.7
>6-≤8	3	21.4
No of stay in the hospital after delivery (days)		
<2-≤4	8	57.1
>4-≤6	6	42.9
No of stay at home after discharge from the hospital (months)		
>0-≤2	7	50.0
>2-≤4	6	42.9
>4-≤6	1	7.1

4.3 Summary of Research Results

Five distinct themes emerged from the research data. The major themes identified from the results of this study included:

i. Breastfeeding experiences of these FTNMAMA was centred on **becoming a mother** after several years of waiting
ii. The major challenge faced by these FTNMAMA was on **support for breastfeeding initiation in the initial period after birth**
iii. **Breast-milk quantification** was another challenge faced by these FTNMAMA
iv. These mothers thought **natural body conditioning and medical intervention** was the causative factors why they face those challenges
v. The most important coping mechanism used by these FTNMAMA was to **explore means of emotional and psychological support** from significant others, friends, relatives and medical personnel.

Theme 1 answered the first research question; what are the breastfeeding experiences among first time mothers of advance maternal age in Ibadan North Local Government Area of Oyo State Nigeria? Theme 2 and 3 addressed the second research question; What are the breastfeeding challenges facing first time mothers of advance maternal age in Ibadan North Local Government Area of Oyo State Nigeria? Theme 3 also addressed the third research question; what are the factors that elicit breastfeeding challenges among first time mothers of advance maternal age in Ibadan North Local Government Area of Oyo State Nigeria? While Theme 4 also addressed the last research question; what are the coping mechanisms employed to overcome breastfeeding challenges among first time mothers of advance maternal age in Ibadan North Local Government Area of Oyo State Nigeria?

It is noteworthy to know that pseudonyms and participant ages are used to identify interview extracts. IDI numbers are used to distinguish the source; all other quotes are derived from interviews.

Table 4.2: Summary of the Research Result Showing Themes and Sub-themes

Objectives	EXPERIENCES, CHALLENGES, CAUSES AND COPING MECHANISMS
Main Theme	**Becoming a new mother**
Sub-themes	- Joyful experiences - Challenging experiences - Relieving experiences
Main Theme	**Challenges and support for breastfeeding in the initial period after birth**
Sub-themes	- Delay Lactation - Dilemma of EBF and infant formula milk - Nipple pull and cleaning challenge
Main Theme	**Breast-milk quantification**
Sub-themes	- Irregular milk quantity - Express Milk challenge
Main Theme	**Natural phenomenon and medical intervention**
Sub-themes	- Ageing effect on body functioning - Medical Intervention
Main Theme	**Physical, Medical, Emotional and Psychological Support for Breastfeeding**
Sub-themes	- Bonding and sense of achievement - Sharing of feelings and caring for self - Seeking medical advice and care - Use of recommended substances - Infant formula milk - Adjustment and redefining norms - Continuous Breastfeeding - Support from significant others

4.4 Breastfeeding Experience among the FTNMAMA

4.4.1 Theme 1: Becoming a New Mother

For all these FTNMAMA who were interviewed, their breastfeeding experiences circled round the theme of **Becoming a new mother** which was overwhelming because it was fraught with numerous hurdles. The new mothers responded to these hurdles with feelings of powerlessness and anxiety. At the same time, they delighted in this new role and the arrival of their babies. Thus, there was a tension created between these positive and negative aspects. Becoming a new mother comes with "" **joyful experiences**", "**challenging experiences**" and "**relieving experiences**". These were experienced expressed by these first-time mothers and were intrinsically linked to the changes that the arrival of the baby introduced to the women's lives.

4.4.1.1 Joyful Experiences

The feeling that an individual gets when he or she finally got what he or she has been longing to have for several years is usually indescribable, so was the way the FTNMAMA interviewed described their BF experience when they discovered that they have successfully delivered their own child or children, carrying them and breastfeeding them.

Some mothers interviewed expressed their profound joy for being able to hold their own baby after several years of waiting, humiliation, shame, failed attempts, miscarriages and fortune spent in the search of these fruit of the womb as it was reported in the quotations below:

> One of the respondents said "*It was a great feeling, very exciting especially when the two babies were looking at each other and I look at them too and I were like, so this is my own children and I am looking at them at last*" **(A 42 years old Factory Manager).**

> Another respondent commented "*I am always happy because of the 22 years of delay especially when I was in the hospital that I was advised to keep feeding her that it is her mouth that will bring out the breast-milk. There is this feeling of joy that I cannot quantify, because of that, I always give her the breast-milk as long as I am available"* **(A 43 years old Shop owner).**

One of the respondents verbalized "*It's a good experience to BF baby as a new mother because it's a thing of joy, especially with my age that I have been expecting the baby...but at first when she didn't get the BM, I felt bad and I pity her*" **(A 35 years old Fashion designer).**

These are some of the experienced shared by these new mothers regarding their feelings on their accomplishment of being a mother after the long wait.

4.4.1.2 Challenging Experiences

Because of their age, long delay, medical interventions and other situation surrounding their childbirth, the mothers interviewed in this study, went through challenging ordeals when initiating BF, trying to practice EBF, expressing the milk for the baby, caring for the baby and rooming with the baby. Despite the fact that these women were anxious to be all they could be as mothers, those challenging experiences had negative effects on their self-esteem and it was hard on them especially when they were striving hard to overcome them.

Some mothers interviewed expressed those challenges as painful and sad experiences as it was represented in the quotations below:

One of the respondents lamented *"It was painful at first, especially when my baby was struggling with the breast-milk, I was pained to the extent that I used to cry...she was even rejecting the formula and even if she took it, she will still feel dissatisfied and I was pained with that"* **(A 36 years Insurance broker).**

Another mother stated that *"It is always difficult at night; she will be crying because she could not get enough quantity of milk"* **(A 36 years old Teacher).**

Another mother verbalized that *"The first challenge is waking up feeding the baby the middle of the night and frequently attending to the baby is also a kind of adjustment"* **(A 39 years old Lecturer).**

One of mother also stated that *"It was not easy at all, because they are two boys and I was not able to lactate, I was very sad, I was not okay…Everybody was running up and down and a friend of mine advised me telling me that one of her friends also experienced that n she said it may be due to the drugs used during pregnancy*" **(A 42 years old Factory Manager).**

4.4.1.3 Relieving Experiences

The mothers interviewed in this study expressed that after a while, they embraced the challenges and all the additional responsibilities that come with breastfeeding their child or children, expressing the breast-milk, prolonging the breastfeeding time and carrying their baby or babies for the larger part of the day by doubling up in order to make up for it. The women described that after a while, they were enjoying their new roles as new mothers and that they experience were relieving according to some of their quotations described below:

One of the respondents said*" I am always eager, because it is always relieving, especially when I eat food, my breast will be heavy and until I feed her, the heavy breast is always a burden until I feed her"* **(A 40 years old Caterer).**

Another respondent reported that *"When I started BF, I used to feel pain.... but I kept on BF her because of the comfort and this feeling of deep happiness that I cannot quantify... I endure the pain for her own sake and for my own happiness"* **(A 35 years old Businesswoman).**

Another mother commented *"though I started pumping for him, through pumps, then on a day of the 6th week, that was when he started sucking from me directly...I was so excited because pumping was a little difficult for me because I had to keep pumping n pumping n keep in the fridge, but on the day he took it from me directly, I was so happy that I had to do a video of him doing that so I can keep it as a reminder"***(A 40 years old Businesswoman).**

The findings from this study on the BF experience of these FTNMAMA reflected that all the aspects of becoming a new mother ushered in varying and arrays of experiences that is a blend of joyful, challenging and relieving experiences in these women's lives like they have never experienced before. To respond to these tensions, they had to develop some coping strategies.

4.5 Breastfeeding Challenges among FTNMAMA

4.5.1 Theme 2: Challenges and Support for Breastfeeding in the Initial Period after Birth

All the FTNMAMA interviewed in this study reported that they struggled with initiation of breastfeeding when they were in the hospital and when they got to their respective houses as a result of some "**challenges**" that are related to their body conditioning and also due to "**lack of support for continuing breastfeeding**". This breastfeeding initiation challenge was in varying degrees and dimensions as some of these mothers expressed, some was due to the fact that their "**lactation was delayed**", some that wanted to practice EBF had a tough time in achieving that because of early introduction of infant formula milk while they were recuperating from their post-operative fatigue which put them in a "**dilemma between Practicing EBF and continuing with Infant formula Milk**" while some experience that initiation challenge simply because their preparedness with the breast cleaning was poor and that made it difficult for the baby to access the breast-milk which was seen as "**Nipple Pulling and Cleaning Challenge**".

4.5.1.1 Delay Lactation

There are several problems that may arise during the breastfeeding period that are related to lactation such as breast engorgement, plugged milk duct and insufficient ilk supply. Incorrect breastfeeding techniques, not breastfeeding frequently, effects of drugs used during IVF procedures and breastfeeding on scheduled times are important risk factors that can predispose a mother to lactation problems.

All mothers assessed in this study reported to have one issue or the other with lactation with most of them lactating late due to their mode of delivery or the drugs given to them during their IVF procedures.

> One of the mothers said ***"****My children did not have anything to take even after I was discharged from the hospital, but I was not bothered because the doctor already told us that we may not be able to feed them with breast-milk yet and me and my husband decided to stick to the formula"* **(A 44 years old Teacher).**

Another mother broker responded when asked if she was able to lactate immediately after birth responded *"No, I was unable to lactate immediately in the hospital and the water was not just dropping when we got home too until I was advised to be taking hot pap"* **(A 36 years old Insurance).**

Another mother said *"The first challenge was that the lactation did not set on time. That was the first challenge, we were like struggling"* **(A 39 years old lecturer).**

Another mother also verbalized *"After delivery, she was sucking immediately, but I did not lactate on time until after 3 days, but the baby was dragging it"* **(A 43 years old shop owner).**

All these statements verify the most common breastfeeding challenge facing these FTNMAMA assessed in this study started with delay lactation.

4.5.1.2 Dilemma of EBF and Infant Formula Milk

In this study, all the mothers interviewed reported that they had problem in discontinuing the bottle or infant formula milk after it was introduced to the baby, some said they give infant formula milk to complement the droplets of breast-milk that they produced as they felt the baby was not getting enough food from them, some had to result to infant formula milk when the baby kept crying because of small quantity of milk they were producing, which all made it a dilemma between establishing EBF and introduction or continuation of Infant formula milk as it was reported in the quotations below:

One of the mothers said "*When I was struggling with giving my baby enough breast-milk, my mother-in-law was very angry at me, telling me that I should not use my nurse stubbornness to kill my own baby and that I should give infant food if I don't want to give him pap and water"* **(A 41 years old Auxiliary Nurse).**

Another mother commented *"When I was still recovering from the CS, the doctor already taught my husband and sister how to give her formula and they have been giving her but when I was strong to feed her, she was already used to the bottle, so it was difficult for me to give her breast-milk alone at that time because she used to cry and I felt the breast-milk was not satisfying her"* **(A 35 years old Fashion Designer).**

One of the mothers responded *"The doctor told me that they always advised people that give birth through CS to get formula ready because of the tiredness that comes after it, so, my own was not different, we started with formula before we switched to breast-milk and combining the two"***(A 44 years old Teacher).**

Another mother said "*The baby does not get enough breast-milk from me, because I could not produce adequate breast-milk, I was referred to the breastfeeding clinic here at Adeoyo, where the baby was time on breastfeeding, and the breast was expressed, they discovered that the milk was not enough, they now recommended baby formula as complementary feeding…immediately after birth"* **(A 36 years old Teacher).**

4.5.1.3 Nipple Pulling and Cleaning Challenge

In this study, some of the mothers interviewed reported that they had problem in BF their babies because the baby was not getting the milk as expected because the nipple was retracted or inverted or blocked. These mothers gave various reasons for this challenge ranging from their own inability to clean it properly as they were instructed to do in the hospitals, some said their spouse did not assist in pulling the nipple while some further reported the way out according to some of the narration quoted below:

One of the mothers stated "The baby rejected it because the nipple was not out the way he expected it.... he was licking it...the breast-milk didn't flow as much; he was unable to suck" **(A *40 years old businesswoman).***

Another mother reported "I don't know the reason but I think the matron mentioned that my nipples were not opened then that maybe I wasn't cleaning or hubby wasn't sucking the boobs then" (**A 36 years old research scientist**).

One mother also said "I think it is due to the fact that some people failed to do the nipple pull during pregnancy and from the explanation that they did to us in the hospital, if one did not pull out the nipple, the baby may not be able to get enough breast-milk" **(A *35 years old Businesswoman*).**

4.5.2 Theme 3: Breast-milk Quantification Challenge

In addition to initiation challenge that FTNMAMA interviewed in this study reported, some of them also had issues providing adequate quantity of milk for their baby either through direct breastfeeding or expressing the breast-milk for bottle feeding. This challenge was themed **"Breast-milk Quantification Challenge**" and it was in two variant forms which are "**irregular milk quantity supply**" and "**express milk challenge**", which was as a result of their diverse work demand, nipple fissure, retracted nipple and some other conditions

4.5.2.1 Irregular Milk Quantity

All the FTNMAMA interviewed in this study reported that they were not satisfied with their inability to provide adequate breast-milk for their babies at one point or the other after the initiation of breastfeeding, and that the inability to produce enough milk as well as overcoming the problem of secreting that small quantity of milk were some of the most difficult breastfeeding challenges that they experienced.

One of the mothers said "*At first she did not have enough milk because my nipple peeled and pain usually made me stop...Anytime I try again, the pain will not be much at first but it will build up later and that will keep the breastfeeding time to be short and the baby will start crying because it is obvious she was not getting enough breast-milk"* **(A 35 years old businesswoman).**

Another mother reported *"First challenge...I didn't know how to position the baby, so she was not getting enough milk from me…. any attempt to try again were fruitless until I sensed it and complained about it...I complained to my Aunt who is a senior registered Nurse at Adeoyo here"* **(A 36 years old Teacher).**

Another Mother stated *"The children didn't have breastmilk...When I complained at the hospital, I was given tea, and I was advised to be taking pap, I was advised to drink water too...but the breastmilk was coming in a droplets and whenever I am breastfeeding them, they were crying and I decided to feed them with formula....after delivery, I tried so many things and even doctor even came around to check the breast, it was not coming out...then we were advised to keep to formula"* **(A 42 years old Factory Manager).**

One other mother in particular reported to have issue with quantity because of the irregular sizes of her two breasts in which one produce more milk than the other which always affect the breast-milk quantity that the baby gets.

A mother said "*The quantity is not much but he gets enough quantity... My observation is just that one breast is bigger than the other.... especially the left one is always bigger than the right when the breast-milk is there ....so.... because of that, he gets more milk from it than the other one.... when I complained at the hospital, I was told to keep eating healthy foods such as, fruits, vegetable, milk n adequate meal"* ***(A*** **36 years old Insurance broker**).

4.5.2.2 Express Milk Challenge

Another vital challenge highlighted by the FTNMAMA interviewed in this study was the difficulties encountered when expressing breast-milk for their babies and when giving the expressed breast-milk to their babies.

One of the mothers said *"The challenges were that having to express the breast milk into a feeding bottle immediately I resumed back to work. Introduction of the feeding bottle was*

kinda difficult and my baby never took the expressed breast milk. She always prefers to take it directly from the source" **(A 36 years old Research Scientist).**

Another mother stated *"I was to pump the milk for him to have enough but challenges with express milk is that, it doesn't come out very well as expected compare to when he is sucking it"* **(A 40 years old Businesswoman).**

Another mother reported *"I do express BF whenever there is an emergency need for me to go out for business, I do express and allow people around me to express for me. The challenge with express milk is that, it doesn't come out very well as expected compare to when she is sucking it. There is a huge difference between when the baby is sucking by herself because of the amount of milk that the baby will get, then, express milk can be a challenge where there is light or storage problem... Therefore, natural storage of breastmilk (My breast) is the best"* **(A 43 years' shop-owner).**

One other mother verbalized "*Yes. I do express breast-milk for her if I have to go out or when I have someone around to help me breast feed her at night so that I can sleep all night, but it is not easy because of constant pressing and squeezing of the breast and upon all that, the milk is not always much compare to when she sucks directly by herself*" (A 39 years old Businesswoman).

4.6 Factors that Elicit Breastfeeding Challenges among FTNMAMA

4.6.1 Theme 4: Natural Phenomenon and Medical Intervention

A large number of the FTNMAMA interviewed in this study were of the opinion that all the challenges encountered with breastfeeding were natural as a result of their age and individual body physiology while few ones reported their mode of conception though the use of assisted reproductive technology (IVF) as well as their mode of delivery through caesarean section. Those factors responsible for their breastfeeding challenges were themed **"Natural Phenomenon and Medical**

Intervention" and it was split into two categories which are "**The physiology of ageing**" and "**Medical intervention**".

4.6.1.1 Ageing Effects on Body functioning

Majority of respondents in this study especially those that conceived naturally expressed their views on the factors responsible for their challenges by accepting that it is normal and natural for them to have those challenges because of the changes that have started taking in their body due to their advance age. Some of them further made references to other mothers of advance maternal in their neighbourhood, some mention friends, family members and so on., that encountered difficulties in initiating breastfeeding in the hospital, continuing breastfeeding at home or inability to practice exclusive breastfeeding.

> One of the mothers verbalized in local dialect *"Mo mọ eyan kan ti o se nkankan sugbon ohun na dagba bi mii, omi omu ti e na o tete jade" (Translation = I know of someone that did not do anything (that did not use ART procedure) but was old, she also had delayed lactation)* **(A 38 years old Petty Trader).**

> Another mother stated "Komi ma jade lomu iya lasiko wa lowo ara onikaluku" (Translation = delay lactation depends on the physiological condition of individual body)" **(A 40 years old caterer).**

According to some of the respondents in their attempt to affirm the fact that breastfeeding challenges are natural, one ascribed it to the fact that her challenges was due to her own inability and husband's inability to join her in the natural way of taking preparedness measures

> A mother said *"I don't know the reason medically but I think the matron mentioned that my nipples weren't opened then that maybe I wasn't cleaning or hubby wasn't sucking the boobs then"* **(A 36 years old Research Scientist).**

4.6.1.2 Medical Intervention

Some of the respondents in this study were of the opinion that the drugs and treatment giving to mothers during their IVF procedures were responsible for their challenges encountered as delay lactation when initiating breastfeeding in the hospital or at home as well as their inability to also practice exclusive breastfeeding. The category of respondents that said this were those that conceived through ART and they also referenced other people that they know that had similar condition due to the fact that they employ IVF as their means of conception as its was revealed in the quotations below:

> One of the mothers said**,** *"I don't know why I did not lactate, but the doctors in the hospital where I did my IVF already told me this would happen and that I should prepare for infant milk"* **(A 39 years old businesswoman).**

> Another mother said *"When I did not produce milk, everybody was running up and down and a friend of mine advised me telling me that one of her friends also experienced that and she said it may be due to the drugs used during pregnancy.... So, it is natural or due to effect of some drugs"* **(A 42 years old Factory Manager).**

Few respondents established their mode of delivery through CS thereby citing post-operative fatigue as the major reason why they were unable to initiate breastfeeding few hours after delivery and that it was also responsible for their dilemma between infant formula milk and exclusive breastfeeding.

> Another mother said, *"The doctors already advised us before going in for CS that we were weak after the surgery o, ehn ehn, and that we should buy milk, they eve train my husband and my sister on how to prepare it"* **(A 35 years old Businesswoman).**

Another mother responded, *"I may not know, because I did not do IVF, my own na baba God o, but someone have asked me before that did I use any drug to suppress lactation one time like that I was looking for pregnancy"* **(A 44 years old Teacher).**

Another mother reported that *"…due to lack of eating before operation.... I had to skipped meal for like 2 days because of the CS, I was very weak.... So, breast-milk did not come at first……. After few hours after the surgery, we drank water n then pap....and the flow of BM started increasing"* **(A 35 years old Fashion Designer).**

Another mother also said "*I don't think there is any factor, only because the baby was first introduced to bottle when I was still recovering from the CS, so the bottle mouth was so soft and he doesn't stress before getting liquid food and when he was introduced to breast nipple and the nipple was not out n he was new to it"* **(A 40 years old Businesswoman).**

4.7 Coping Mechanisms Employed to Overcome Breastfeeding Challenges Among FTNMAMA

4.7.1 Theme 5: Physical, Medical, Emotional and Psychological Support for Breastfeeding

The mothers interviewed in this study revealed that they used a various means of dealing with their situation and those were the coping strategies that they employed in dealing with all their experience and challenges that they encountered as FTNMAMA. These strategies include **Physical, Medical, Emotional and Psychological Support for Breastfeeding** that enabled them to manage the positive and negative aspects of their new breastfeeding mothers' role and duties. They all look inward and further relied on support from others in order to cope through **bonding with their babies, sharing feelings/caring for self, seeking support/advice, use of recommended substances, choosing infant formula milk, adjustment and redefining norms, continuous breastfeeding and seeking support from significant others.**

One of the mothers said *"My pastor's wife advised that we get an unripe coconut fruit, and cut it open, I was asked to drink the water and eat the unripe coconut inside using spoon to scrape it…it was like magic...before the next day, my breast was full…the breastmilk was overflowing"* **(A 43 years old Shop Owner).**

Another mother also reported "*I was advised to use hot water to mop the breast, shear butter on the breast, then Marmalade, drinking of Pap. Pap first thing in the morning everyday"* **(A 39 years old lecturer).**

Another mother commented *"then we were advised to keep to formula. For 3 three weeks...we tried it again, nothing, so till date, they are on formula"* **(A 42 years old Factory Manager).**

One other mother said *"I was asked to use cotton wool and vegetable oil/Goya oil to be cleaning the nipple before the baby will suck it...after that...it started gushing out"* **(A 36 years old Teacher).**

One other further reported *"I did not use anything; it was the baby's mouth that heal the nipple wound...I did not use anything"* **(A 35 years old Businesswoman).**

And another mother said *"I was asked to be taking hot pap with plenty milk and to be using lukewarm water to rub the breast"* **(A 36 years old Insurance Broker).**

One other mother said *"I was advised to prolong the breastfeeding time n complement with formula n the breast will be in her mouth till she sleeps off.... every night"* **(A 36 years old Teacher).**

One mother also reported that *"Daddy gan ni won ma n bami gbe lowo to ba n ke, ki n le raye sise ile" (Translation = Daddy (Husband) is the one that used to hold her for me whenever she is crying so that I can do house chores)* **(A 43 years old Shop Owner).**

Another revealed that *"My mother-in-law will not allow me to breastfeed them until I bath and clean the nipple, she will stay with them"* **(A 44 years old Teacher).**

One other mother said *"I was advised to keep giving her until the milk quantity improves and now it's even overflowing"* **(A 35years old mother).**

One other mother said *"I did not use anything; it was the baby's mouth that heal the nipple wound...I did not use anything*" **(A 35 years old Businesswoman).**

One other mother said *"...friend of mine advised me telling me that one of her friends also experienced that n she said it may be due to the drugs used during pregnancy.... Then I relaxed*" **(A 42 years old Factory Manager).**

And another mother said *"When I complained at the hospital, I was asked to take tea, and I was advised to be ta king pap by my friends, I was advised to drink water too"* **(A 35 years old Fashion Designer).**

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

This study was carried out among breastfeeding women aged 35year and above that just gave birth for the first time residing in Ibadan North LGA and are majorly of Yoruba ethnic group. This group of respondents were expected to share the similar experience with respect to pregnancy experience, attempt at varying mode of conception, body condition due to age effect on their sexual and reproductive health, mode of delivery, information on child care and feeding.

5.1.1 The Socio-demographic Characteristics of the Respondents

The age of the respondents ranged from 35 to 44 years old with a mean age was 38.93 years with the highest percentage of the respondents among age group 35-39. This study respondents' age group fits into the categorization of advance maternal age defined by WHO and as it was reported in a WHO sponsored study in 2001 and Decker (2016).

The respondents in this study, were predominantly are educated (tertiary institution graduates) as more than three-quarter (85.7%) of them had completed tertiary level of education compared to about 14.4% of them who had only completed only secondary and primary level of education and none of them had no formal education. Conversely, National Population Commission (NPC) and ICF Macro (2019) documented in the 2018 Nigerian Demographic and Health Survey (NDHS) that the the percentage of women with no education has decreased since 2003, from 42% to 35%. With the percentage of women who have completed secondary education or more in urban area higher and between 57%-68%. This finding also corroborates the findings of Mathews and Hamilton (2017), on Total Fertility Rates by State and Race and Hispanic Origin in United States, where the respondents that are of advance maternal age among them predominantly had tertiary education as their highest level of education attained.

All the respondents are of Yoruba ethnic background and are majorly Christians (64.3%) and with just 35.7% being Muslim; there were no respondents of traditional religious affiliation. All mothers interviewed in this study delivered through Caesarean Section (CS) which is as a result of their advance age because cesarean section has been reported as a means of delivery that can reduce potential post-natal consequences for both the mother and the child as well as reducing further risks in future pregnancies (Jankova, 2011). Delaying pregnancy until advanced maternal age at childbirth

has been suggested as contributing to the increase negative pregnancy outcome. This finding was similar to the study conducted by Rydahl, Declercq, Juhl and Maimburg (2019), where it was discovered that there was a positive association between advanced maternal age and caesarean section. It was further stated that the nulliparous women aged 35-39 years assessed in that study had twice the risk for caesarean section while women of 40 years or above, had triple risk of undergoing caesarean section.

Majority of the respondents delivered one child with only 2 of them giving birth to twins, 64.3% of them tried ART and only 55.5% among all mothers who tried/used ART recorded success by conceiving the technology while others conceived naturally. This finding is corroborating by (Ajayi, 2019), that stated that the live birth rate for each IVF cycle ranges from 40 to 43 percent for women under age 37.

5.1.2 Breastfeeding Experience among the FTNMAMA

Breastfeeding one's child is one of the joys of motherhood for any mother anywhere across the globe, but if there is any impediment that did not allow that to go as smooth as expected it can make the mother have bad feeling as it was a major concern for the FTNMAMA interviewed this study.

Findings from this study showed that these FTNMAMA had mixed-feelings and diverse breastfeeding experience ranging from joyful, challenging and relieving one. This study shows that breastfeeding experiences of FTNMAMA are similar based on their age but vary significantly to their mode of conception while their breastfeeding pattern also have distinct characteristics at different stages.

Their joyful experience was as a result of their anticipation of breastfeeding their own baby after their long delay and years waiting and the feeling of victory from years of longing. This finding is similar to the one reported by Kronborg, Harder and Hall (2014), in their qualitative study on first time mothers' experiences of breastfeeding their newborn, it was reported that new mothers' experience is usually about "***being on a breastfeeding-bonding trajectory***" based on a strong mother-baby bond after a successful latching on and effective communication based on interpretation of cues from both end.

It is not all roses in the paradise all the time according to some of these FTNMAMA that were unable to breastfeed the baby within the first half hour or unable to continue breastfeeding. Some of these FTNMAMA who did not have an adequate milk supply took this to be a reflection of her inability to nurture her baby and introduce infant formula milk to their They describe these

experiences as challenging because of the stress they went to during those trying times. These mothers claimed they could not breastfeed within the first hour after caesarean section, or due to the fact that they were instructed not to eat before the caesarean section. This finding is similar to a report from a study conducted by Kealy, Small and Liamputtong (2010), it was reported that maternal post-operative fatigue is one of the factors that usually impede breastfeeding initiation or that delay lactation within first hour after delivery. The reported breastfeeding experiences in this study is similar to the results of previous studies conducted by Choo and Ryan (2015); Ong et al., (2013), as mothers in those study also reported struggling with BF after they delivered their babies and they were discharged from hospital.

Their relieving experiences was based on their ability to successfully navigate the first few shaky periods of distress. This experienced is similar to Kronborg, et al, (2014), where it was reported that the mothers assessed in their study were relieved after they experienced a shaky breastfeeding period.

5.1.3 Breastfeeding Challenges among FTNMAMA

Breastfeeding challenges can come in various forms especially at different stages of breastfeeding (initiation, continuing and exclusive breastfeeding). According UNICEF Facts sheet, some of the common breastfeeding challenges affecting many mothers today are on their quest to practice exclusive breastfeed, reluctance to continue breastfeeding up to the recommended two years or more, replacing breast-milk with commercial or other substitutes, ability to afford the cost of formula feeding, avoiding prospective infections that may result from bottle/formula feeding and managing resultant diseases that a non-breastfeeding child are predisposed.

Findings from this study revealed that some of these FTNMAMA had challenges with breastfeeding initiation while some had challenges with breastmilk quantification. Those participants that had trouble with breastfeeding initiation reported was because they had delayed lactation or some were unable to get the baby to latch on, some reported that they had retracted nipple while some were unable to continue exclusive when they get to their respective houses due to lack of support. All these findings are in line with the one reported by a study conducted by Fischer et al., (2013) and Colombo et al. (2018), it was reported that the mothers assessed in their study had delay lactation and were unable to practice EBF due to the effect that Artificial Assisted Reproductive Technology (ART) (In Vitro Fertilisation (IVF)) on breastfeeding.

Some FTNMAMA in this study that had challenges with breastmilk quantification reported that they were unable producing adequate breastmilk to satisfy their babies and some had trouble expressing enough quantity of breastmilk whenever they attempted it due to various reasons. This finding was similar to a study conducted by Tampah-Naah, Kumi-Kyereme and Amo-Adjei, (2019), where it was reported that mothers face challenges with exclusive breastfeeding and expressing due to work schedule, low breastmilk production, swollen breasts, sore nipples etc.

5.1.4 Factors that Elicit Breastfeeding Challenges among FTNMAMA

The factors that predispose mothers to breastfeeding challenges are specific to mothers' characteristic as a lot of study conducted on adolescents, working class mother, housewives, first time mothers with varying discovery. Findings from this study revealed that the characteristics of these FTNMAMA such as their age, their mode of conception and delivery and the medical intervention employed during the time they were trying to conceive was responsible for the challenges encountered on breastfeeding. The findings from this study was similar to the report from Tampah-Naah et al (2019) as the characteristics of the mothers in that study was the determinants of the challenges faced during their breastfeeding practice.

5.1.4 Coping Mechanisms Employed to Overcome Breastfeeding Challenges Among

FTNMAMA in this study were able to cope while some are still coping with various breastfeeding challenges reported because they were able to identify those occurrences as challenges which is the first step toward coping against any challenges (Pal and Poyen, 2017).

This study revealed that the FTNMAMA interviewed in this study explored different aspect of their condition and breastfeeding to seek help in form of physical, medical, emotional and psychological support for breastfeeding. Majority of them seek support from the hospital, their own mothers, spousal's mothers, spouses, friends and family in order to successfully navigate their breastfeeding challenges experienced. This finding is in agreement with the study conducted by Forster and Offei-Ansah (2012).

Similar findings were also reported in previous studies by Jessri et al. (2013) and Hjalmhult and Lomborg (2012) whereby social support enabled the mothers to cope with breastfeeding challenges.

5.1.5 Implication of the Findings for Health Promotion and Education

The findings from this study have several implications for planning, development and implementation for health promotion and education on experience, challenges and coping

mechanism among FTNMAMA. It has been deduced from this study that these women have mixed experience and some challenges with breastfeeding that are not palatable in which the other women and the entire public can learn from. It is imperative to know that the knowledge obtained from this study can be used to create public awareness on the importance of breastfeeding, help expected mothers to familiarise related breastfeeding challenges and helpful coping mechanisms that can be adopted. Therefore, the study is important in the following areas;

Health Education: The results from the study revealed that majority of the were not aware of and were not expecting those breastfeeding challenges that they encountered and it look strange to most of them, putting them in a sad state, affecting their physical and mental health and if care is not taken could lead to post-partum depression (PPD).

These outcomes call for health educational strategy such as public enlightenment and community organization through group discussion, experience sharing, role play, lectures and counselling in order to ensure that all expectant mothers are enlightened on all the expected and possible breastfeeding in order to prepare them ahead when they encounter those challenges during their own breastfeeding period.

Advocacy for Evidenced-Based Policy Formulation on Breastfeeding Support in Nigeria: Advocacy is one major public health strategy for achieving health public policy and overcoming various public health challenges. According to UNICEF (2019), child development depends solely on adequate breastfeeding and the breastfeeding can only be adequate if the mothers are well equipped with adequate support from significant others. It is based on this premises that International Labour Organization Convention (ILO) 183 calls for 14 weeks of leave for mothers of infants and later review it as parental leave in recommendation 191. UNICEF also advocate for paid parental leave and family friendly policies by national, regional and state governments in order improve support to mothers and invariably support healthy early childhood survival and development.

Findings from this study revealed the importance of breastfeeding support from significant others is important for a successful navigation of breastfeeding. Therefore, the outcome from this study can be used in championing advocacy for formulation and implementation of policy on breastfeeding support in other to corroborate UNICEF and ILO existing stand.

5.2 Conclusion

This study provided a better understanding of the breastfeeding experiences, challenges and coping mechanisms among FTNMAMA in IBNLGA Ibadan. It can be concluded that the breastfeeding experiences of the respondents varies across their breastfeeding journeys and pattern. They had mixed feelings of joyful, challenging and relieving experiences during their breast. The respondents had challenges initiating breastfeeding within the first hour after delivery, they had challenges initiating breastfeeding they were discharged from hospital, some also had challenges practising exclusive breastfeeding after their babies were introduced to infant formula while majority had challenges with providing adequate quantity of breastfeeding for their babies as well reduced quantity for pumping into bottle for express breastmilk. The age, mode of conception, mode of delivery and their condition of being first time mothers were the factors predisposing them to these challenges experienced. They were able to cope by seeking help and support from friends, family and medical personnel.

5.3 Recommendations

Based on the findings from this study, the following recommendations were made:

1. Greater public awareness that will ease initiation and support continuing breastfeeding should be put in place by health policy makers
2. Medical personnel should intensify their efforts in providing adequate information to mothers on their pre- and post-natal conditions
3. Family members need to be aware of their roles and assistance to mothers in promoting successful breastfeeding.
4. Mothers should seek advice, share feelings and care for themselves in other to continue breastfeeding practices.

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APPENDIX I

SOCIO-DEMOGRAPHIC DATA

Mother's Age _____

Child's Date of Birth _____

Sex of the Child _____

Ethnicity _____

Highest Level of Education Attained by the Mother _____

Mother's Occupation before and after Birth _____

Father's occupation _____

Attendance at Antenatal centre _____

Type of Delivery _____

Interview's Time, Date and Venue _____

Mother's Number of Days Stay at Home _____

Name and Date of Hospitalization _____

Identity of other adults helping in Caring for the Baby _____

Thank you for your time

APPENDIX II

INFORM CONSENT FORM

BREASTFEEDING EXPERIENCES, CHALLENGES AND COPING MECHANISMS AMONG FIRST TIME MOTHERS OF ADVANCE MATERNAL AGE IN IBADAN NORTH LOCAL GOVERNMENT AREA

Dear Participant,

I am a post graduate researcher/student at the department of Health Promotion and Education, Faculty of Public Health, University of Ibadan. The purpose of this study is to gather information about the **BREASTFEEDING EXPERIENCES, CHALLENGES AND COPING MECHANISMS AMONG FIRST TIME MOTHERS OF ADVANCE MATERNAL AGE IN IBADAN NORTH LOCAL GOVERNMENT AREA.**

Please note that your participation in this study is entirely voluntary because the main intention behind the study is not to associate any individual's response with their real identity but to explore your experiences. All information that would be collected during this study were treated with utmost confidentiality.

Your participation in this study is very important as it would help the researcher in his study. Please also note that there are no right or wrong answers to the questions asked or the statements made.

The time needed to complete this interview is approximately 30-60 minutes. Your willingness to partake in the interview implies you have given consent to participate. Thank you for cooperating.

APPENDIX III

COPY OF THE IDI GUIDE ON BREASTFEEDING EXPERIENCES, CHALLENGES AND COPING MECHANISMS AMONG FIRST TIME MOTHERS OF ADVANCE MATERNAL AGE IN IBADAN NORTH LOCAL GOVERNMENT AREA.

Greetings, my name is Olabode Aderemi Temitayo and I am from the College of Medicine, University of Ibadan. Thank you for your time for this interview.

In this interview, I would like to know more about your breastfeeding experiences, challenges and coping mechanisms after you have given birth to your child, is that okay?

- Could you please tell me how long have you breastfed your baby?
- Could you please tell me about your breastfeeding experiences since the time you started?
- Could you please tell me how you feel about breastfeeding your baby?
- Is there any forbidding factor that stops you from breastfeeding?
- Is there anything that you think you have given up because of breastfeeding?
- What are the challenges that you faced the first time that you attempted to breastfeed your baby after birth?
- What are the factors causing those challenges?
- What do you think about breast-sagging?
- Do you receive any instruction or education on breastfeeding from hospital?
- Do you face any difficulty in continuing breastfeeding your baby?

  Probe for
  - Societal factors,
  - Emotional factors
  - Cultural factors
  - Religion factors
  - Psychological factors
  - Environmental factors
  - Work-related factors
  - Family and friend influence
- What are the coping mechanisms that you are employing in overcoming those challenges?
- To clarify point: Could you explain that in more detail, please?
- To reflect more: What did that mean to you?
- To reflect more: How did it make you feel?

- Are there any more things that you wanted to share with me?

It is very nice to hear from your experiences. Thank you once again for giving me time for this interview.

ÀFIKÚN I

(Àlàyé lori eto igbesiaye olùkópa)

1. Kini Ọjọ ori iya ọmọ _____
2. Kini Ọjọ ori ọmọ (Ọjọ wo ni pato)? _____
3. Ṣé ọkùnrin tàbí obìnrin ni ọmọ yín? _____
4. Kíni eya tí ẹ tíwa? _____
5. Kíni ipéle tí ẹ ka ìwé de? _____
6. Kini iṣẹ-iṣẹ yin? _____
7. Kini iṣẹ-iṣẹ ọkọ yin? _____
8. Bawo ni e se n wasi ile itọju alaboyun si? _____
9. Ona wo legba bi omo (Boya ebi fun ra yin tabi won ran yin lowo)? _____
10. Akoko wo ni, a se ifọrọwanilenuwo, ni Ọjọ wo ati aaye wo? _____
11. Iye ọjọ melo ni efi wa nile? _____
12. Kini orukọ ile iwosan ti e bimo si, atiwipe ojo wo ni e lọ? _____
13. Awọn agbalagba miiran wo ni won ṣe iranlọwọ lati ṣe abojuto ọmọ naa? _____

ÀFIKÚN II
ÌWÉ IGBÀSẸ LỌ́WỌ́Ọ OLÙKÓPA

IRIRI, IPENIJA ATI SISETO FUN IFARADA LORII FIFUN ỌMỌ ALAKỌ́KỌ LỌ́ỌMU LARIN AWỌ́N IYA ỌMỌ TI ỌJỌ ORI WỌ́N TII KỌ́JA MARUN LE LỌ́GBỌN NI AGBEGBE IJỌBA IBILẸ IBADAN NORTH, IBADAN, IPINLẸ ỌYỌ

Ẹyin Olùkópa wa Owọn,

Mo jẹ akẹ́ẹ́kọ́ làtí ile ìwé giga Yunifàsitì tí Ilẹ Ibádán ni ẹka tí àtí n risi eto nípa idanilẹkọọ ati igbega eto ilera, ti o wan i Kolẹẹji tí ati n se itọju pélu oogun, Ni abala Tí ohun risi eto ilera àwọn ara ilu, Mo nse iwadii lori iriri, ipenija ati siseto fun ifarada lorii fifun ọmọ alakọ́kọ lọọmu larin awọ́n iya ọmọ ti ọjọ ori wọ́n tii kọ́ja marun le lọ́gbọn ni agbegbe ijọba ibilẹ ibadan north, ibadan, ipinlẹ ọyọ, ni orilede Naijiriya. Kikopa nínúu iwadi yìí jẹ tí eyi ti oti okan yin wa, ati fi ohunka idanimọ si ara awọn iwe ibeere kookan lati dabobo idanimọ rẹ. Gbogbo àlàyé tí ẹba si se fún mi ninu iwadi yi ni yìí o wa ni ipamọ larin emi àtí ẹyìín, mi ko sini se afihan rẹ fún ẹnikẹni.

Kikopa yin ninu iwadi yii ṣe pataki pupọ nitoriwipe yi o ṣe iranlọwọ fun oluwadi lati mọ iriri, ipenija ati siseto fun ifarada lorii fifun ọmọ alakọ́kọ lọọmu awọ́n iya ọmọ ti ọjọ ori wọ́n tii kọ́ja marun le lọ́gbọn. Ẹ jọwọ ẹni lati ṣe akiyesi wipe ko si idahun ti o tọ tabi eyi ti kotọ ninu gbogbo idahun eyikeyi ti ẹba fi fi esi si awọn ibeere ti a ba bi yin. Didahun si awọn ibeere yi ko ni gbayin ni akoko pupọ, nitoriwipe ko ni gbayin ju ogun tabi ogbọn iseju lọ. Ki a to maa tẹ siwaju, o tunmọ siwipe ẹ ti fi aramọ lati kopa ninu iwadi yi pẹlu gbigba lati kopa ninu ifọrọwanilẹnuwo.

A dupẹ lọwọ yin fun ifowosowọpọ yin.

Ohunka danimọ_____

Ẹ jowo, ẹ se àlàyé tí o ba péye, ti o si je otitọ fún mi lori awọn ibeere wọn yi - eleyi se pataki pupọ.

ÀFIKÚN III

ÌLÀNÀ ÌWÉ-ÌBÉÈRÈ AKANSE IFỌ́RỌWANILẸNUWO PẸLU AWỌ́N ẸNI TI ỌRỌ KAN LORI IRIRII, IPENIJA ATI SISETO FUN IFARADA LORII FIFUN ỌMỌ ALAKỌ́KỌ LỌ́ỌMU LARIN AWỌ́N IYA ỌMỌ TI ỌJỌ ORI WỌ́N TII KỌ́JA MARUN LE LỌ́GBỌN NI AGBEGBE IJỌBA IBILẸ IBADAN NORTH, IBADAN, IPINLẸ ỌYỌ, NI ORILEDE NAIJIRIYA.

Ẹ ku deede iwoyi o, Orukọ mi ni Olabode Aderemi Temitayo, Mo jẹ́ akẹ́kọ́ làtí ile ìwé giga Yunifàsitì tí Ilẹ Ibádán ni ẹka tí àtí n risi eto nípa idanilẹkọọ ati igbega eto ilera, ti o wa ni Kolẹẹji tí ati n se itọju pélu oogun, ni abala tí ohun risi eto ilera àwọn ara ilu, Mo nse iwadii lori iriri, ipenija ati siseto fun ifarada lorii fifun ọmọ alakọ́kọ lọ́ọmu larin awọ́n iya ọ́mọ ti ọ́jọ ori wọ́n tii kọ́ja marun le lọ́gbọn ni agbegbe ijọba ibilẹ ibadan north, ibadan, ipinlẹ ọ́yọ, ni orilede Naijiriya.

ni inu ifọ́rọwanilẹnuwo yii, mo fẹ ki ẹ se alaye fun mi lori awọ́n iririi, ipenija ati bi ẹ se n se ifarada lorii fifun ọ́mọ alakọ́kọ yin lọ́ọmu leyin igba ti e ti biwọ́n tan, gẹgẹ bi obi ti ọ́jọ ori yin tii kọ́ja odun marun le lọ́gbọn, Njẹ ẹ faramọ?

- Njẹ ẹ le sọ fun mi ni pato, igba ti ẹ ti bẹrẹ si ni fun ọmọ yin lomu?
- Njẹ ẹ le sọ fun mi nipa awọn iriri yin lati igba ti ẹ ti bẹrẹ sini fun ọmọ yin lomu?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Njẹ ẹ le sọ fun mi nipa iwoye yin nipa fifun ọmọ yin lomu?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Njẹ ẹri idiwọ eyikeyi ti o dayin duro nipa fifun ọmọ yin lomu?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Njẹ ohunkohun kan wa ti ẹ ti fi sile latari Fifun ọmọ lomu?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Kini awọn ipenija ti ẹ dojukọ ni igba akọkọ ti ẹ gbiyanju lati fun ọmọ yin lọmu lẹhin ti ẹ bi tan?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Kini awọn okunfa ti nfa awọn ipenija wọnyi?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Ṣe ẹ gba idanilẹko tabi itosona lori bi ẹ o se fun ọmọ lọmú ni ile iwosan?
    - **Túnbọ ṣe ìwádií síwájú lórií awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**

- Ṣe ẹ ni awọn idena eyikeyi tabi iṣoro ti ko jẹ ki ẹ le tesiwaju lati maa fun ọmọ yin lọmu?
    - **Túnbọ ṣe ìwádií síwájú lóríí** (boya awon isoro naa niise pelu awujọ, aayun okan, asa, ẹsin, ailera, ayika, iṣẹ, ẹbi, awọn ọrẹ)
- Kini awọn ona ti ẹ n lo lati s ifarada awọn ipenija wọnyi?
    - **Túnbọ ṣe ìwádií síwájú lóríí awọn ohun ti o ba jẹ yọ ninu ọrọ wọn**
- Lati ṣalaye to munadoko: Njẹ ẹ le ṣe alaye lori awọn ona wonyi ni ekunrere?
- Lati ṣe afihan siwaju sii: Kini eleyi tumọ si ọ?
- Lati ṣe afihan diẹ sii: Bawo ni ẹ ṣe woye re si lorii awọn ona wonyii?
- Njẹ ohunkohun miiran wa lati see lalaalaye tabi lati so pẹlu mi?

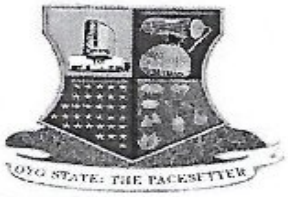
O dara pupọ lati gbọ nipa awọn iriri rẹ. Ẹ ṣeun lẹẹkan si fun fifun mi fun akoko yini.

E ṣeun fun akoko yin ti e fun wa

APPENDIX VII

ETHICAL APPROVAL LETTER

TELEGRAMS..... TELEPHONE.....



MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. .....

All communications should be addressed to the Honorable Commissioner quoting

Our Ref. No. AD 13/479/ 1291

14th May, 2019

The Principal Investigator,
Department of Health Promotion and Education,
Faculty of Public Health,
College of Medicine,
University of Ibadan,
Ibadan.

Attention: Olabode Aderemi

ETHICS APPROVAL FOR THE IMPLEMENTATION
OF YOUR RESEARCH PROPOSAL IN OYO STATE

This is to acknowledge that your Research Proposal titled: "Breastfeeding Experiences, Challenges and Coping Mechanisms among First Time Nursing Mothers of Advance Maternal Age in Ibadan North Local Government Area, Oyo State" has been reviewed by the Oyo State Ethics Review Committee.

2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

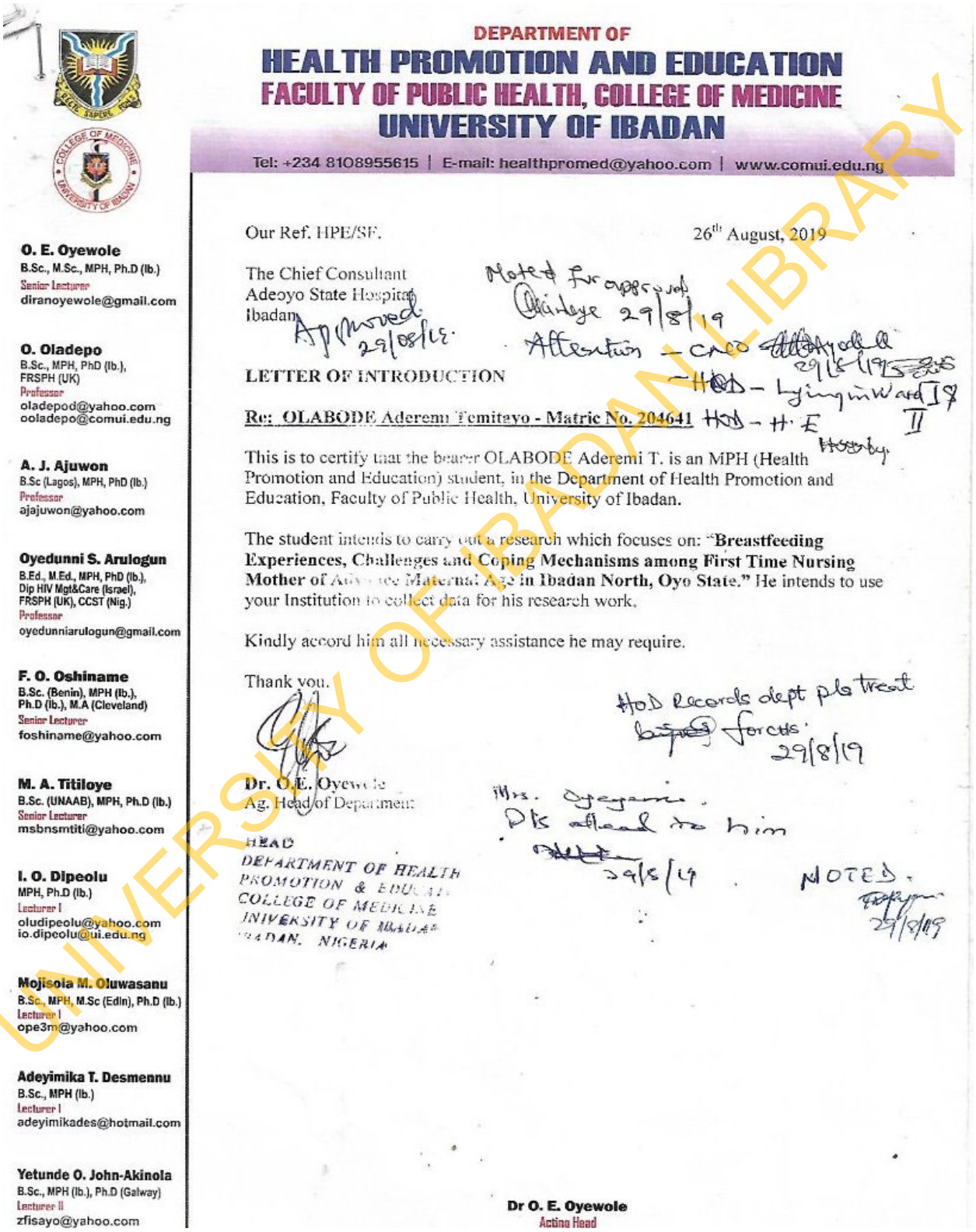
3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.

Dr. Abbas Gbolahan
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethics Review Committee

APPENDIX VIII

INTRODUCTION LETTER



DEPARTMENT OF
HEALTH PROMOTION AND EDUCATION
FACULTY OF PUBLIC HEALTH, COLLEGE OF MEDICINE
UNIVERSITY OF IBADAN

Tel: +234 8108955615 | E-mail: healthpromed@yahoo.com | www.comui.edu.ng

O. E. Oyewole
B.Sc., M.Sc., MPH, Ph.D (Ib.)
Senior Lecturer
diranoyewole@gmail.com

O. Oladepo
B.Sc., MPH, PhD (Ib.), FRSPH (UK)
Professor
oladepod@yahoo.com
ooladepo@comui.edu.ng

A. J. Ajuwon
B.Sc (Lagos), MPH, PhD (Ib.)
Professor
ajajuwon@yahoo.com

Oyedunni S. Arulogun
B.Ed., M.Ed., MPH, PhD (Ib.), Dip HIV Mgt&Care (Israel), FRSPH (UK), CCST (Nig.)
Professor
oyedunniarulogun@gmail.com

F. O. Oshiname
B.Sc. (Benin), MPH (Ib.), Ph.D (Ib.), M.A (Cleveland)
Senior Lecturer
foshiname@yahoo.com

M. A. Titiloye
B.Sc. (UNAAB), MPH, Ph.D (Ib.)
Senior Lecturer
msbnsmtiti@yahoo.com

I. O. Dipeolu
MPH, Ph.D (Ib.)
Lecturer I
oludipeolu@yahoo.com
io.dipeolu@ui.edu.ng

Mojisola M. Oluwasanu
B.Sc., MPH, M.Sc (Edin), Ph.D (Ib.)
Lecturer I
ope3m@yahoo.com

Adeyimika T. Desmennu
B.Sc., MPH (Ib.)
Lecturer I
adeyimikades@hotmail.com

Yetunde O. John-Akinola
B.Sc., MPH (Ib.), Ph.D (Galway)
Lecturer II
zfisayo@yahoo.com

Our Ref. HPE/SF. 26th August, 2019

The Chief Consultant
Adeoyo State Hospital
Ibadan

Noted for approval
Oluwatoye 29/8/19
Attention – CMO
HOD – Lying in Ward
HOD – H. E

Approved
29/08/19

LETTER OF INTRODUCTION

Re: OLABODE Aderemi Femitayo - Matric No. 204641

This is to certify that the bearer OLABODE Aderemi T. is an MPH (Health Promotion and Education) student, in the Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan.

The student intends to carry out a research which focuses on: "**Breastfeeding Experiences, Challenges and Coping Mechanisms among First Time Nursing Mother of Adolescent Maternal Age in Ibadan North, Oyo State.**" He intends to use your Institution to collect data for his research work.

Kindly accord him all necessary assistance he may require.

Thank you.

HOD Records dept pls treat
forces.
29/8/19

Dr. O.E. Oyewole
Ag. Head of Department

HEAD
DEPARTMENT OF HEALTH
PROMOTION & EDUCATION
COLLEGE OF MEDICINE
UNIVERSITY OF IBADAN
IBADAN, NIGERIA

Mrs. Oyegoke.
Pls attend to him
29/8/19

NOTED.
29/8/19

Dr O. E. Oyewole
Acting Head