



Assessment of the Factors Responsible For Postnatal Problems among Lactating Mothers in Owan East Local Government Area. Edo State, Nigeria

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Abstract

Introduction: Lactation describes the secretion of milk from the mammary glands and the period of time that a mother lactates to feed her young.

Objective: The main objective of this research is to assess the factors responsible for postnatal problems among lactating mothers in the study area.

Method: This study used quantitative and descriptive design to gather information about the factors responsible for postnatal problems among lactating mothers in the study area. A multistage sampling technique was used to sample only lactating mothers in the study area and select total sample of 600 respondents.

Results: The results revealed that 406 (68.8%) of the respondents strongly agreed that poverty is one of the major causes of problems after giving birth, 250 (42.4%) of the respondents strongly agreed that after giving birth, exclusive breastfeeding could not be practiced as a result of food insufficiency due to financial constraint. Also, 302 (51.2%) of the respondents strongly agreed that forced labour can occur due to nature of work.

Conclusion: The study concluded that poverty and poor personal hygiene, and forced labour are part of the factors responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state.

Keywords: factors, postnatal, problems, lactating, mothers

INTRODUCTION

Lactation is the process of producing breast milk. For women who are pregnant or recently gave birth, lactation is normal. Hormones signal the mammary glands in the body to start producing milk to feed the baby. In humans the process of feeding milk is also called breastfeeding or nursing (Ballard & Morrow, 2015).

Breastfeeding is perhaps the oldest practice in human history. It is the healthiest, simplest and least expensive means of meeting the nutritional needs of newborns and infants (Ballard & Morrow, 2015). Breast milk contains all essential nutrients – carbohydrates, essential fats, proteins, minerals, and immunological factors – required for the optimal growth and development of infants; hence, it is the ideal meal for them. Given the importance of breastfeeding, the World Health Organization (WHO) (2016) adopted the “Innocenti Declaration” which emphasizes the need to initiate breastfeeding within the first hour of delivery. The declaration further recommends exclusive breastfeeding for newborns up to the first six months of life, and that breastfeeding should continue for at least two years post-delivery (WHO, 2016).

Breastfeeding improves motor and mental development in babies and protects them against conditions like diabetes (type 1 and 2), asthma, necrotising enterocolitis, sudden infant death syndrome (SIDS) and obesity. In mothers, breastfeeding reduces postpartum bleeding, enhances accelerated involution of the uterus and plays a crucial role in child spacing through lactational amenorrhea (Okolo, 2015). Other maternal benefits of breastfeeding include reduced risks of osteoporosis, hip fracture, breast cancer, ovarian cancer, and type 2 diabetes. Evidence from a recent study indicates that breastfeeding is critical to the survival of newborns and infants. An estimated 13% reduction in infant mortality rate can

be achieved through the practice of exclusive breastfeeding (Okolo, 2015). Initiating breastfeeding within the first hour of life could reduce the rate of neonatal mortality by up to 22%. The many benefits of breastfeeding notwithstanding, the rate of exclusive breastfeeding is only 39% in developing countries (Owolabi, 2016).

In Nigeria, almost all children are breastfed. However, the rate of exclusive breastfeeding is low and declining from 28% in 1999 to 17% in 2013. The rate of breastfeeding initiation within the first hour of delivery is equally low (38%). These low rates of breastfeeding practice possibly contribute to the high burden of neonatal and infant mortality in the country. Evidence linking inappropriate breastfeeding practices with child morbidity and mortality lends credence to this position. Although there are many research studies on breastfeeding in Nigeria, there are hardly any systematic reviews on the subject. Studies reviewing the rates of breastfeeding have been carried out in China, Saudi Arabia and Japan (Okeahialam, 2019).

Classifications of postnatal and their associated problems

According to WHO (2016), the postpartum period can be divided into three distinct stages;

1. **The initial or acute phase (8–19 hours after childbirth):** Within about 10 seconds the infant takes its first breath and the caregiver places the baby on the mother's chest. The infant's condition is evaluated using the Apgar scale. The Apgar score is determined by evaluating the newborn baby on five criteria which are summarized using words chosen to form an acronym (Appearance, Pulse, Grimace, Activity, Respiration). Until recently babies were routinely removed from their mothers following birth; however, beginning around 2000, some authorities began to suggest that early skin-to-skin contact (placing the naked baby on the mother's chest) is of benefit to both mother and infant. As of 2014, early skin-to-skin contact, also called kangaroo care, is endorsed by all major organizations that are responsible for the well-being of infants.
2. **Subacute postpartum period:** The subacute postpartum starts after the acute postpartum period concludes and can last for two to six weeks. In the first few days following childbirth, the risk of Deep Vein Thrombosis (DVT) is relatively high as hypercoagulability increases during pregnancy and is maximal in the postpartum period, particularly for women with C-section with reduced mobility. Anti-coagulants or physical methods such as compression may be used in the hospital, particularly if the woman has risk factors, such as obesity, prolonged immobility, recent C-section, or first-degree relative with a history of thrombotic episode. For women with a history of thrombotic event in pregnancy or prior to pregnancy, anticoagulation is generally recommended (WHO, 2016).
3. **The delayed postpartum period, which can last up to eight months:** The delayed postpartum period starts after the subacute postpartum period and lasts up to six months. During this time, muscles and connective tissue returns to a pre-pregnancy state. Recovery from childbirth complications in this period, such as urinary and fecal incontinence, painful intercourse, and pelvic prolapse, are typically very slow and in some cases may not resolve. Symptoms of PTSD often subside in this period, dropping from 2.8% and 5.6% at six weeks postpartum to 1.5% at six months postpartum (Ogbo, Page, Agho, & Claudio, 2017).

Breastfeeding problems

Breastfeeding is a learned skill and sometimes for all kinds of reasons – things do not go as expected. Sometimes it is mechanical; the nipples may not be in the best shape for feeding. Sometimes there are health reasons. However, most breastfeeding problems come about because women do not recognise problems when they start to emerge. Getting help early is the best way to avoid some of the more serious breastfeeding issues (Ojofeitimi & Owolabi, 2017).

The problems of breast feeding during postnatal period are:

- 1) **Breast and nipple thrush:** these can cause strong nipple and breast pain. The pain may be severe enough to lead to early weaning if the condition is not treated. Thrush is a fungal infection caused by the organism *Candida albicans*, which can occur in the nipples or breast tissue (as well as other places in the body). Breast and nipple thrush may be linked to a history of vaginal thrush, recent use of antibiotics or nipple damage. However, sometimes the cause is not known (Bamisaie & Oyediran, 2016).
- 2) **Nipple Vasospasm:** this occurs when blood vessels constrict (or tighten). It can be very painful and is usually worse when the woman is cold. Vasospasm may occur in any blood vessels in the body such as in the heart, brain or eyes. Fingers are most commonly affected, a condition known as Raynaud's phenomenon where the fingers turn white when they are cold. Less commonly, the blood vessels in the nipples are affected, causing pain during, immediately after, or between breastfeeds (Ogbo et al., 2017)
- 3) **Mastitis:** this is an inflammation of the breast that can lead to infection. Mastitis can feel like lactating mothers have flu; they may feel hot and have body aches and pains. This is caused by poor attachment to the breast, nipple damage, a long break between breastfeeds, breasts that are too full, blocked milk ducts, stopping breastfeeding too quickly, overly tight bra and a baby with tongue-tie who is having problems attaching to the breast (Ojofeitimi & Owolabi, 2017).
- 4) **Flat or inverted nipples:** this may make it difficult for baby to attach to the breast. However, it is still possible to breastfeed using nipple shields. Nipple shields are thin silicone covers that can be placed over the nipple to assist with breastfeeding. Nipple shields should not be used: until milk is in and flowing well, when nipples are damaged

from poor attachment to the breast, when breasts are engorged and baby cannot grasp the swollen breast tissue (Ezechukwu, 2015).

Factors responsible for postnatal problems among lactating mothers

Various social and structural factors were said to cause post partum problems among lactating mothers, hence making it impractical to actualise WHO recommendations for breastfeeding. These factors are explained below:

1) Poverty, livelihood and Work

Many mothers resume work shortly after giving birth because of the believe that the baby, the mother and her family must also survive. Women work long hours in non-conducive environments for carrying babies to work or breastfeeding. The child is therefore left behind either under the care of siblings, other relatives, neighbours or at a (sub-standard) day care center. At times it is the challenge of work like they are supposed to breastfeed, yet they are supposed to go to work (Uwaegbute, 2017).

2) Pre-existing health problems

This is considered a key factor responsible for causing problem during postnatal period among lactating mothers. Some women already have diseases they have been battling with for long before they get pregnant, during pregnancy and some when they were giving birth. These possess and in most of the cases create many problems for the mother and the baby. Because of these, some women do not have even the opportunity to breastfeed their children at all or to nurture them with love. For example, when a woman has HIV before or during pregnancy, there is always fear of mother-to-child transmission. HIV, which is prevalent in Nigeria is also considered an important factor causing problem for lactating mothers in postnatal period. Some people who are HIV positive or those who do not know their status fear breastfeeding due to risk of mother-to-child transmission, some people believe that an HIV-positive woman should not breastfeed at all (Onayade, 2019).

3) Unintended pregnancies

Many teenagers keep on getting pregnant without having adequate knowledge of proper motherhood, many of their pregnancies were denied by the person who impregnated them because either one or both of them are not prepared for parenthood. Many married women also end up getting pregnant without intention of getting it and in most of the cases; their husband kept on chastising them and accusing them of being careless. These usually result to puperal psychosis and postpartum depression. Some children are not breastfed optimally due to untimely unintended pregnancies. Women were said to often conceive when the breastfeeding child was still young while many people believe that one should not breastfeed while pregnant as this would affect the breastfeeding baby including causing death to the baby (Kramer, 2015).

4) Food insecurity

Exclusive breastfeeding for 6 months was said to happen only for those who had sufficient food at home. There was a general feeling that mothers do not eat enough food as there is limited food in the household, and therefore are not able to produce enough milk. And many women are of the opinion that how will they breastfeed when they have not eaten. Even as young mothers, their breasts have flattened and are sagging producing little or no milk to give to their children because of food insecurity and unavailability so even if they are asked to breastfeed, the first thing they will say is that there is no food at home and how will they breastfeed without eating, thus , preventing them to perform their full roles as mothers and making them to shift to feeding the baby(ies) local food even at tender age thereby exposing the infants to various diseases and infections and thus leading to various problems for the mother (Kramer, 2015).

RESEARCH METHOD

Introduction

This chapter is usually regarded to as the heart of the research. It deals with study area, study population, study design, inclusion criteria, exclusion criteria, sample and sampling techniques, research instrument, validity of instrument, reliability of instrument, method of data collection, method of data analysis and ethical consideration of this research work. All these ensured appropriate research processes.

Study Area

Owan East is a Local Government Area of Edo State, Nigeria. The headquarters is in the town of Afuze. The Owan East Local Government Area comprises 69 towns/villages made up of eight clans (Emai, Igue, Ihievbe, Ikao, Ivbi-Mion, Ive-Ada-Obi, Otuo and Uokha). Owan-East is bordered in the north by Akoko-Edo LGA, in the east by Etsako-West LGA, at the west is Ekiti State, and at the southwest by Owan-West LGA, while in the South are Esan Central LGA and Uhunmwonde LGA. It has an area of 1,240 km² and a population of 154,385 persons (81,847 males and 72,538 females) at the 2006 census. The postal code of the area is 313. (Emai: 313101, Ihievbe: 313102, Ive-Ada-Obi: 313103, Uokha: 313104, Ivbi-Mion: 313105, Igue: 313106, Otuo: 313107, and Ikao: 313108).

Study Design

This study used quantitative descriptive design to gather information about the factors responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state.

Study Population

According to Burns and Grove (2018), a population is all the elements that meet the criteria for inclusion in a study. Polit (2015) described a population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. In this study, the target population are all lactating mothers in Owan East LGA, Edo state.

Inclusion criteria

The eligible group included in this research are lactating mothers in Owan East LGA, Edo state

Exclusion criteria

The non-eligible group excluded in this research are non-lactating mothers in Owan East LGA, Edo state

Sample and Sampling techniques

Multistage sampling techniques was used to select respondents for this study as follows:

Stage 1: Purposive technique, this was used to select lactating mothers in Owa East LGA, Edo State.

Stage 2: proportional sampling technique was used to select 20% of 3000 lactating mothers, which is 600 in Owa East LGA, Edo State.

Stage 3: Systematic sampling technique, was used to select the houses with odd numbers and every lactating mothers in the households with odd numbers were selected for the study.

Research Instruments

The tool that was used for data collection is a self-structured questionnaire by the researcher. The instrument is divided into two sections, section A and B. The self-structured questionnaire was distributed to the respondents to elicit information from respondents on background characteristics in section A and other variables relevant to the research questions in section B.

Validity of the instrument

The instrument was validated by three experts in the department of Public Health (Community Health Unit) science including the researcher's supervisor their suggestion and modification was effected before the final instrument was produced.

Reliability of instrument

Reliability of the instrument is the degree or extent to which it yields consistent result when it is administered over a number of times. For this method, split half method was adopted. To establish the reliability, coefficient spearman brown method was used to obtain the reliability figure of 0.65r this indicated that the instrument is reliable for the study.

Methods of data collection

The researcher with the help of two trained research assistants administered the questionnaire. The researcher ensured that the data collection process is properly carried out. The data collection instrument was also carefully administered, discussed and explained to the respondents for ease of understanding. After which on spot collection was made so as to have high retrieval rate of the instrument. The analysis was objective based using Statistical Package for Social Science (SPSS) version 20.0 in a clear and understandable way.

Method of data Analysis

The completed copies of questionnaire were sorted, coded and analysed using both descriptive and inferential chi-square at 0.05 alpha level. Statistics of frequency count and percentage, bar charts.

Ethical Considerations

Ethical consideration is important in ensuring professional research and are non-intrusive in accomplishing research objectives. For this study, the researcher sought for permission to carry out the study from relevant administrative authorities and confirm that the study is to accomplish academic goals only. The researcher also acknowledged additional sources of information from other scholars.

The respondent's consent informed consent was sought, and the research procedure was explained and confidentially assured. The questionnaires were collected from the respondents after they were filled.

DATA ANALYSIS AND INTERPRETATION

Out of the 600 questionnaires distributed for the purpose of this study, 590 were retrieved. This put the response rate at 98.3%.

Table 4.1: Respondents' Socio Demographic Characteristics (n = 295)

Variable	Number	Percentage (%)
Age		
15-19 years	56	9.5%

20-29 years	146	24.7%
30-39 years	304	51.5%
40-49 years	84	14.2%
TOTAL	590	100.0%
Marital Status		
Married	524	88.8%
Divorced	64	10.8%
Widow	2	0.3%
TOTAL	590	100.0%
Types of marriage		
Monogamy	432	73.2%
Polygamy	158	26.8%
TOTAL	590	100.0%
Religion		
Christianity	350	59.3%
Islam	188	31.9%
Traditional	52	8.8%
TOTAL	590	100.0%
Educational Status		
Formal education	458	77.6%
Non-Formal education	132	22.4%
TOTAL	590	100.0%
Employment Status		
Employed	538	91.2%
Unemployment	52	8.8%
TOTAL	590	100.0%

From Table 1: Analysis revealed that more than half 304 (51.5%) of the respondents were aged between (30-39 years) age bracket, 524 (88.8%) of the respondents were married, 432 (73.2%) of the respondents married into a monogamous family, more than one quarter (59.3%) of the respondents practices Christianity, 458 (77.6%) of the respondents had formal education and 538 (91.2%) of the respondents were employed.

Hypothesis 1: Poverty will not significantly be a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state

Table 2: Chi-Square analysis on poverty as a factor responsible for postnatal problems among lactating mothers

S/ N	VARIABLE	SA	A	D	SD	ROW TOTAL	D F	CALCULATED X ² VALUE	CRITICAL X ² VALUE	DECISION
1	Poverty is one of the major causes of problems after giving birth.	406 (68.8%)	106 (18.0%)	46 (7.8%)	32 (5.4%)	590 (100%)				

2	After giving birth, exclusive breastfeeding could not be practiced as a result of food insufficiency due to financial constraint	250 (42.4%)	184 (31.2%)	92 (15.6%)	64 (10.8%)	590 (100%)				
3	Many problems do arise during postnatal period due to lack of family support especially spousal decline in financial responsibility	370 (62.7%)	124 (21.0%)	66 (11.2%)	30 (5.1%)	590 (100%)	9	169.62	16.92	Rejected
4	Poor living arrangement is one of the major causes of marital conflict after giving birth	364 (61.7%)	104 (17.6%)	68 (11.5%)	54 (9.2%)	590 (100%)				
5	Lack of access to good professional support from the health workers due to poverty is one of the factors responsible for problems during postnatal period	432 (73.2%)	148 (25.1%)	8 (1.4%)	2 (0.3%)	590 (100%)				

6	Teenage pregnancy is a major cause of postnatal problems due to poverty	384 (65.1%)	166 (28.1%)	26 (4.4%)	14 (2.4%)	590 (100%)				
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Table 2 shows calculated chi-square value of 169.62 and critical value of 16.92 at 9 degree of freedom; this indicated that the calculated chi-square value is greater than the critical value. Thus, the null hypothesis 1 is hereby rejected. This implies that poverty is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA, Edo state.

Also table 2 revealed that 203 (68.8%) of the respondents strongly agreed that poverty is one of the major causes of problems after giving birth, 250 (42.4%) of the respondents strongly agreed that after giving birth, exclusive breastfeeding could not be practiced as a result of food insufficiency due to financial constraint, 370 (62.7%) of the respondents strongly agreed that many problems do arise during postnatal period due to lack of family support especially spousal decline in financial responsibility, 364 (61.7%) of the respondents strongly agreed that poor living arrangement is one of the major causes of marital conflict after giving birth, 432 (73.2%) of the respondents strongly agreed that lack of access to good professional support from the health workers due to poverty is one of the factors responsible for problems during postnatal period, 384 (65.1%) of the respondents strongly agreed that teenage pregnancy is a major cause of postnatal problems due to poverty.

Hypothesis 2: Poor personal hygiene will not significantly be a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state.

Table 3: Chi-Square analysis on poor personal hygiene as a factor responsible for postnatal problems among lactating mothers

S/N	VARIABLE	SA	A	D	SD	ROW TOTAL	D F	CALCULATED X ² VALUE	CRITICAL X ² VALUE	DECISION
1	Poor personal hygiene is one of the leading causes of problems during postnatal period	384 (65.1%)	116 (19.7%)	56 (9.5%)	34 (5.8%)	590 (100%)				
2	Many postnatal problems arise due to pre-existing health problems	224 (38.0%)	196 (33.2%)	98 (16.6%)	72 (12.2%)	590 (100%)				
3	Infection due to poor personal hygiene can lead to postnatal problems	308 (52.2%)	196 (33.2%)	56 (9.5%)	30 (5.1%)	590 (100%)	6	266.67	12.59	Rejected

4	Stigmatization due to poor personal hygiene can lead to postnatal problems	230 (39.0%)	184 (31.2%)	102 (17.3%)	74 (12.5%)	590 (100%)				
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Table 3 shows calculated chi-square value of 266.67 and critical value of 12.59 at 6 degree of freedom. This indicates that the calculated chi-square value is greater than the critical value. Thus, the null hypothesis 2 is hereby rejected. This implies that poor personal hygiene is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA, Edo state. Also table 3 revealed that more than one-quarter 384 (65.1%) of the respondents strongly agreed that poor personal hygiene is one of the leading causes of problems during postnatal period, 224 (38.0%) of the respondents strongly agreed that Many postnatal problems arise due to pre-existing health problems, 308 (52.2%) of the respondents strongly agreed that Infection due to poor personal hygiene can lead to postnatal problems and 230 (39.0%) of the respondents strongly agreed that Stigmatization due to poor personal hygiene can lead to postnatal problems

Hypothesis 3: Forced labour will not significantly be a factor responsible for postnatal problems among lactating mothers in Owan East LGA, Edo state

Table 4: Chi-Square analysis on forced labour as a factor responsible for postnatal problems among lactating mothers

S/N	VARIABLE	SA	A	D	SD	ROW TOTAL	D F	CALCULATED X ² VALUE	CRITICAL X ² VALUE	DECISION
1	Forced labour can occur due to nature of work and this is a major challenge faced during postnatal period	302 (51.2%)	184 (31.2%)	76 (12.9%)	28 (4.7%)	590 (100%)				
2	Forced labour after giving birth is a major cause of problems during postnatal period	226 (38.3%)	260 (44.1%)	62 (10.5%)	42 (7.1%)	590 (100%)				
3	Any intense work within 6 weeks after birth can cause problems during postnatal period	308 (52.2%)	196 (33.2%)	56 (9.5%)	30 (5.1%)	590 (100%)	9	116.81	16.92	Rejected

4	Compulsory resumption immediately or shortly after giving birth can result to postnatal problems	178 (30.2%)	324 (54.9%)	64 (10.8%)	24 (4.1%)	590 (100%)				
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Table 4: shows the calculated chi-square value of 116.81 and critical value of 16.92 at 9 degree of freedom. This indicates that calculated chi-square value is greater than the critical value and the null hypothesis three is hereby rejected. This implies that forced labour is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state. Also, the table revealed that, 302 (51.2%) of the respondents strongly agreed that forced labour can occur due to nature of work and this is a major challenge faced during postnatal period 260 (44.1%) of the respondents agreed that forced labour after giving birth is a major cause of problems during postnatal period, 308 (52.2%) of the respondents strongly agreed that any intense work within 6 weeks after birth can cause problems during postnatal period and 324 (54.9%) of the respondent agreed that compulsory resumption immediately or shortly after giving birth can result to postnatal problems.

DISCUSSIONS, SUMMARY, CONCLUSION AND RECOMMENDATION

Discussions of Findings

Table 2 shows calculated chi-square value of 169.62 and critical value of 16.92 at 9 degree of freedom; this indicated that the calculated chi-square value is greater than the critical value. Thus, the null hypothesis 1 is hereby rejected. This implies that poverty is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state. In compares, this is in agreement with the findings of Uwaegbute (2017) which revealed that poverty is one of the major factors responsible for postnatal problems among breastfeeding mothers.

Table 3 shows calculated chi-square value of 266.67 and critical value of 12.59 at 6 degree of freedom. This indicates that the calculated chi-square value is greater than the critical value. Thus, the null hypothesis 2 is hereby rejected. This implies that poor personal hygiene is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state. . In compares, this is in agreement with the findings of Bamisaiye and Oyediran (2016). Which revealed that A lot of lactating mothers do not practice proper personal hygiene by maintaining hygienic condition of the body. These include regular bathing, proper change of sanitary pad after giving birth, proper washing of the nipple and regular changing of pant. Many women usually neglect all these because they do not have adequate knowledge on them, negligence and poor mindset. These can cause serious problems like infections and complications during postnatal period to both the mother and the breastfeeding baby.

Table 4 shows the calculated chi-square value of 116.81 and critical value of 16.92 at 9 degree of freedom. This indicates that calculated chi-square value is greater than the critical value and the null hypothesis three is hereby rejected. This implies that forced labour is significantly a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state, in compares, this is in disagreement with the findings of Uwaegbute, (2017) which revealed that many mothers resume work shortly after giving birth because of the believe that the baby, the mother and her family must also survive. Women work long hours in non-conducive environments for carrying babies to work or breastfeeding. The child is therefore left behind either under the care of siblings, other relatives, neighbors or at a (sub-standard) day care center. At times it is the challenge of work like they are supposed to breastfeed, yet they are supposed to go to work.

CONCLUSION

Based on the findings of this study, the following conclusion were made:

1. Poverty is a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state
2. Poor personal hygiene is a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state
3. Forced labour is a factor responsible for postnatal problems among lactating mothers in Owan East LGA. Edo state

Recommendations

Based on the findings of this study, it is recommended that:

1. Government should embark on programmes to equip health workers with knowledge and skills needed to address postnatal conditions at all level of health care.
2. Family members should ensure adequate support to lactating mothers to prevent any possible problem that may arise as a result of lack of support.
3. Mothers should ensure they properly attend ante natal to identify any possible disease condition and abnormality for early management so as to prevent problems which may arise due to such conditions during postnatal period.

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