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Influence of Maternal Occupation and Number of Steady Adults in the Family on Feeding, Cleaning and Sanitation of Children in Nigeria.

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Abstract

This study investigated the influence of maternal occupation and the number of steady adults in the family in the child feeding, cleaning and sanitation (CFCS) practices of parents of children in day care centres in Akwa Ibom State, Nigeria. Two research questions were answered and two hypotheses were tested. The population consisted of 12080 mothers of children (age from birth to 3 years) in the 604 government approved crèche/nursery schools in the State. A sample of 1200 mothers (respondents) was drawn from this population using stratified random sampling technique. The instrument used for data collection was a 46-item Feeding, Cleaning and Sanitation Practices Scale (FCSPS) adopted to evaluate CFCS practices of p mothers related to infancy. Means and standard deviations were used to answer the research questions while one-way Analysis of Variance was used to test the null hypotheses at 0.05 significant level. The findings revealed that maternal occupation and the number of steady adults in the family significantly influenced the CFCS practices of such parents. Civil servants performed significantly better than teachers in CFCS practices while teachers performed significantly better than traders and traders better than artisans and farmers. Further findings showed that CFCS practices of mothers is best when there are two or three steady adults in the family compared to when there is one or more than three steady adults. Among others, it was recommended that government and social welfare centres should assist nursing mothers who are artisans and traders in terms of knowledge and material support on CFCS practices. Parents should also limit the number of steady adults in the family to two or three to avoid the law of diminishing returns on the contributions of such adults to CFCS practices of mothers.

Key Words: Child Feeding, Cleaning and Sanitation, Maternal Occupation, Number of Steady Adults

Introduction

Child rearing refers to bringing up children by parents or parent substitutes (Sharamma & Thomas, 2010). That is, child rearing describes the way parents bring up their children. It consists of practices derived from cultural patterns and beliefs. According to Iliya (2000), it includes the type of control, degree of care and emotional tone of the home. It is probably the most challenging responsibility for a mother during her child's infancy. Evans and Myers (1994) remarked that successful child rearing is essential for the child's overall development and realization of self-esteem. In line with this view, Darling and Steinberg (1993) said that how a child is raised or the parenting style influences his behaviour and psychological development and affects how successful he can be later in life. Saramma and Thomas (2010) identified the major domains or constructs of child rearing during infancy as feeding, meeting the needs of cleaning/sanitation and protection including prevention of accidents and injuries, providing appropriate infant stimulation, and monitoring growth and development.

The following recommendations on the feeding, cleaning and sanitation components of child rearing practices are summarily captured in the reports of various international development agencies on promotion of children's health and development at the family and community levels (WHO,2001, 2018; Jana & Shu 2009; AAP, 2012, 2019; & UNICEF 2019a, 2019b):

1. Early initiation of breastfeeding within 1 hour of birth;
2. Breastfeed exclusively for 6 months (taking into account WHO/UNICEF/UNAIDS policy and recommendation on HIV and infant feeding);
3. Starting about six months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing breastfeeding up to 2 years or longer; at 6 months start with small amounts of food and increase gradually as the child gets older;
4. Provide children with adequate amount of micronutrient (vitamin A and iron, in particular), either in their diet or through supplementation;
5. Continue to feed and offer more fluids to children when they are sick; increase fluid intake including more breastfeeding, and offer soft, favourite foods during illness;

6. Continue frequent, on-demand breastfeeding until 2 years of age or beyond;
7. Practise responsive feeding (for example, feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact);
8. Increase the number of times that the child is fed: 2–3 meals per day for infants 6–8 months of age and 3–4 meals per day for infants 9–23 months of age, with 1–2 additional snacks as required;
9. Practise good hygiene and proper food handling;
10. Dispose of faeces (including children faeces) and wash hand with soap after defecation, and before preparing meals and feeding children;
11. Do routine cleaning with detergent or soap and water to remove dirt and grime from surfaces (e.g., floors, walls, carpets, window);
12. Clean some items and surfaces to remove dirt then sanitize them (e.g bathrooms, counters, toys, dishes, silvery ware);
13. Disinfect some items like changing tables, sinks, counters, toys after cleaning to kill germs on the surface;
14. Because of the sensitive skin of new born babies, wash all baby's cloths prior to using them;
15. Babies' clothes should be washed separately using special babies detergents that are less likely to cause skin irritation since they leave fewer residues;
16. Wipe or rinse off the offending substance of stains made by breast milk, formula, spit-up or poop as much as you can while it is still relatively fresh; and
17. Stock your laundry room with a good stain remover and designate a place for soaking stained or soiled clothing.

The above guidelines on CFCS practices are essential for the survival and development of children since it is known (UNICEF, 2019a) that malnutrition directly accounts for 45 percent of all deaths of under-5 world's children. Apart from death, malnutrition leads to stunting and wasting which are in turn linked to poor cognitive development, a lowered performance in education and low productivity in adulthood (Mshida, Kassim & Kimanya, 2018; UNICEF, 2019a).

Hence, since 2009, UNICEF has been supporting Nigeria's community-based programme for treatment of severe acute malnutrition (UNICEF, 2019a). Since then, the programme has grown significantly, to become one of the largest UNICEF-supported treatment programmes in the world.

UNICEF's nutrition programme in Nigeria complements the efforts of other nutrition-sensitive interventions of United Nations agencies and other NGOs that address stunting and severe acute malnutrition. The other important nutrition partners include The UK's Department for International Development (DFID), Children's Investment Fund Foundation (CIFF), and the European Union, the governments of Japan, Germany, and Netherlands.

Despite these interventions, Nigeria has been reported to have the second highest burden of stunted children in the world, with a national prevalence rate of 32 percent of children under five(UNICEF, 2019b); a long term nutritional problem in the country which is at similar level to that of Sub-Saharan region (37 percent) with serious and irreversible consequences (NBS, 2018). Two million children in Nigeria are estimated to suffer from severe acute malnutrition UNICEF, 2019b). Exclusive breastfeeding rates have not improved significantly over the past decade, with only 17 percent of babies being exclusively breastfed during their first six months of life and an increasing number of children fed infant formula (UNICEF, 2019b); a situation that deprives many Nigerian children of the life-saving benefits of breast milk which is a baby's first vaccine that offers the best possible nutrition at the start of life (Rollins et al., 2016;Victora et al., 2016; UNICEF, 2019b). Only 18 percent of children aged 6-23 months are fed the minimum acceptable diet. This puts the rest of the children at risk of poor brain development, weak learning, low immunity, and increased infections and, in many cases, death (Mshida, Kassim & Kimanya, 2018; WHO, 2018; UNICEF, 2019b).

With 49 percent of under-5 Nigerian children being either stunted, wasted or overweight (UNICEF 2019B), malnutrition remains a major public health and development concern. This is the second highest proportion after the Democratic Republic of Congo in the West and Central Africa region (UNICEF, 2019b). Similarly, The Nigerian Bureau of Statistics, NBS (2018) reporting on the nutrition and health situation of Nigeria corroborated the above reports by observing that since 2014 acute malnutrition has remained at alert levels of 5-9.9% for children 6-59 months while the prevalence of underweight among children aged 0-59 months has been at the margin of the 20 percent threshold for serious situation, which was higher than the global estimate of 15 percent.

Another major factor leading to high mobility and mortality rates among under-5 children in Nigeria remains lack of access to clean water and sanitation, as use of

contaminated drinking water and poor sanitary conditions increase the children's vulnerability to water-borne diseases and diarrhea accounting for more than 70,000 deaths of under-5 children annually (Voice of America VOA, 2019). Poor access to clean and adequate water/sanitation and hygiene account for 73% of diarrhea and enteric disease problems (NBS/UNICEF, 2019). Fifty-three percent of under-3 Nigeria children still have their feaces disposal through use of toilet, rinsing into latrine/toilet or burying while 23.5% of the population defecate in the open (NBS,2018; NBS/UNICE, 2019).

It is apparent, through the high infant mortality rates caused by these malnutrition and poor sanitary condition of the Nigerian child, that child neglect and lack of sound child rearing practices by parents is an issue of immense concern in Nigeria and pose a major challenge to the CFCS practices of mothers. The situation if not properly tackled portends a bleak future for Nigeria. It reflects an evident sign that the good of the children is seriously overlooked. In Nigeria, for each of the above recommendations on feeding, cleaning and sanitation, parents particularly the mother and the steady adults in the family are the central figures responsible for attending to all the needs of the infant. The situation therefore suggests that mothers do not adequately meet up with the above guidelines and recommendations on feeding, cleaning and sanitation components of their child rearing practices. The extent to which mothers of children (aged from birth-3years) and the steady adults in the family with varying family characteristics meet up with the challenges of the above important CFCS practices is a subject of interest to this researcher. The family characteristics considered in this research are occupation of mothers and the number of steady adults in the family. The steady adults are significant adults other than parents who live with the child and who can be relied on to take on semi-parental roles for the new child. These could be much older siblings who have the capacity to help watch, mentor and care for the new baby.

Several studies have investigated the relationship between family variables and the child rearing practices of parents (Darling and Steinberg, 1993; Agbo, 1997; Schneider, 2005; Nwaham, 2006; Karen, et al., 2010; Hardeep, 2017; Igbokwe, 2018; Dalikeni, 2019; Mugadza et al, 2019; etc.). The family characteristics in relationship to child rearing practices mostly investigated in literature include educational background of parents (Odebiyi, 1985; Igbedioh, 1994; Igbedioh , Edache & Kaka 1995;Davies-Adetugbo, Ojofeitimi, 1996; Oni, 1996; Von Der Lippe, 1999; Yasan, 2001; Igbokwe, 2018; etc.),

socio-economic status of parents (Scheck & Emerick, 1976; Ricke , Williams & Loigman,1988;Oni,1996; Andersson, 1996; Togunde & Carter, 2006; Kainuwa, Binti & 1994; Whitbeck et al.,1997; Ricke , Von Der Lippe, 1999; Ermisch & Francesconi, 2001; Grillo, 2016; etc.). Some fewer studies have also investigated the influence of older siblings and adults on child rearing practices of parents (Cicirelli 1978; Blake 1981, 1989;Ruffman, 1998; McHale, Updegraff & Whiteman, 2012; SRCD, 2018; etc). The findings from these studies show that educational background, socioeconomic status and occupation of parents including the role of older siblings and adults are all factors that influence maternal child rearing practices like feeding, cleaning and sanitization of infant's enviornment . However, it seems that little or no efforts have been directed at identifying the specific types of occupation of mothers or the optimum number of steady adults in the family that are most favourable to maternal child rearing practices of feeding, cleaning and sanitization . In this study, we therefore postulate that performance in maternal child rearing practices of feeding, cleaning and sanitation varies according to the type of mothers occupation and the number of steady adults in the family; and consequently raise the following questions: Does maternal occupation actually influence the CFCS practices of mothers? Does the performance of mothers in their CFCS practices depend on their occupational disposition? What are those occupations of mothers that are most favourable to their performance in their CFCS practices? Does the presence of steady adults in the family influence the CFCS practices of such parents? What is the optimum number of steady adults in the family for best CFCS performance of mothers?

Yusuf, 2013; Ajayi & Owumi, 2013; Yunus & Dahlan, 2013; etc), and occupation of parents (Williams & Loigman,1988; Igbedioh,

Research Questions

This study specifically sought answers to the following questions:

1. What is the influence of the occupation of mothers with children in daycare centres on their CFCS practices?
2. How does the number of steady adults in the family influence the CFCS practices of mothers with children in daycare centres?

Research Hypotheses

1. Maternal occupation does not significantly influence the CFCS practices of mothers with children in daycare centres.

2. The number of steady adults in the family does not significantly influence the CFCS practices of mothers with children in daycare centres.

Design and Procedure

The design of the study was ex-post facto research design. The population of the study consisted about 12080 mothers of pupils (age from birth-3) in the 604 government approved daycare centres/creches in the three senatorial districts that make up the state, namely: Eket, Ikot Ekpene and Uyo senatorial districts (Ministry of Education, Akwa Ibom State, 2013). Akwa Ibom people are predominantly civil servants, farmers, traders, artisans and teachers (NigeriaGalleria, 2017). Proportional stratified random sampling technique was used in selecting 60 schools from urban and rural settings in the 3 senatorial districts, representing about 10% of the 604 Government approved crèche/nursery schools in the state. 1200 mothers were drawn from the associated 60 schools at about 10% per school by selecting 10% of the pupils (age from birth - 3) from the total population in each of the schools in the sample.

The instrument for data collection for this study was a 46-item Feeding and Cleaning/Sanitation Practices Scale (FCSPS) adapted from the Child Rearing Practice Scale developed by Saramma and Thomas (2010) to evaluate child rearing practice under the four domains of child rearing related to infancy, namely: feeding, meeting the needs of cleaning/sanitation, protection including prevention of accidents and injuries, providing appropriate infant stimulation and monitoring growth and development. The instrument FCSPS was divided into three parts A, B and C. Part A sought information on the mothers's/child's family socio-demographic data which included number of steady adults in the family and occupation of the mother. Parts B and C consisted of 46 items that covered the child rearing domains of feeding, cleaning and sanitation. The items were scored based on the behaviour response of the mothers on these two domains. Out of the 46 maternal behaviours in the FCSPS, 16 items were dichotomously scored (Section B: Yes=1, No= 0 questions) while the remaining 30 items were rated on a 5-point scale of Always (A)=4, Often (O)=3, Occasionally (K)=2, Rarely =1 and Not at all (N)=0. Some items were negative items while some others were positively framed. For the negative items, the scoring mode was reversed, i.e. Yes=0, No=1 point, Always (A) =0 point, Often (O)=1 point, Occasionally (K)= 2 points, Rarely (R)= 3 points, Not at all (N)= 4 points. The maximum FCSPS score was calculated as the sum

total of the scores in Sections B and C and ranged from 0 to 136 with maximum of 16 points from Section B and maximum of 120 points from Section C. High scores indicated better CFCS practices. A score below 68 representing 50% performance on the FCSPS was regarded as low while a score above 68 was regarded as high.

The instrument, FCSPS was submitted to one expert in Early Childhood Education and two other experts in Measurement and Evaluation for validation. After the vetting, 3 items, out of the initial 49 were totally excluded and the experts judged FCSPS as having good face validity and content validity and that the remaining 46 items were relevant. The reliability of FCSPS was determined using the test- retest reliability technique by administering the instrument to for significance at the 0.05 level (two- tailed). FCSPS gave a computed average reliability coefficient of 0.84 which is sufficiently high. With the assistance of research assistants and teachers, 1200 copies of FCSPS was administered on mothers with children in the 60 a sample of 50 parents with children in day care centres in Uyo who were not part of the main study. The questionnaire for each of the 50 respondents was coded and the respondents were requested to take note of their code numbers. The instrument was re-administered to the same group of parents after two weeks. The two sets of responses were scored and the Pearson correlation coefficient for each of the items of the FCSPS was computed and tested daycare centres in the state. The researcher was able to retrieve 1082 copies after 24 hours. The data gathered in this study using FCSPS was analyzed by computing the mean, standard deviation and univariate analysis of variance, using Statistical Package for Social Sciences (SPSS).

Results and Discussions

Research Question 1: What is the influence of the occupation of mothers with children in daycare centres on their CFCS practices?

Table 1: Means and Standard Deviations of FCSPS Scores of Mothers Based on Their Occupations.

Occupation	N	Mean ($\overline{X}$)	Std Deviation
Artisan	104	103.27	30.74
Civil Servant	312	130.35	27.09
Farmer	145	107.32	30.07
Teacher	323	125.13	26.68
Trader	198	116.82	30.72
Total	1082	116.58	29.06

Table 1 shows that the CFCS practices of mothers with children in daycare centres in Akwa Ibom State, Nigeria is influenced by the occupational background of such mothers in such a way that civil servants and teachers obtained the highest CFCS practices mean scores followed by traders. Artisans and farmers had the lowest mean scores.

Research Question 2: How does the number of steady adults in the family influence the CFCS practices of mothers with children in daycare centres?

Table 2: Means and Standard Deviations of FCSPS Scores of Mothers Based on Number of Steady Adults in the Families.

No. of Steady Adults	N	Mean ($\overline{X}$)	Std Deviation
One	320	113.29	26.00
Two	390	125.01	31.24
Three	336	124.32	32.33
More than Three	36	118.55	31.74
Total	1082	120.29	32.83

The data presented in Table 2 show that the number of steady adults in the family influences the CFCS practices of mothers in such a way that CFCS

practices of mothers is best when there are two or three steady adults in the family compared to when there is one or more than three steady adults.

Hypothesis 1: Maternal Occupation does not significantly influence the CFCS practices of parents with children in daycare centres.

Table 3: Univariate Analysis of Variance of FCSPS Scores of Mothers Based on Their Occupation.

Source of Variation	**Sum of Squares**	**DF**	**Mean Square**	**F**	P
Occupation of Mothers	83141.05	4	20785.26	25.71	0.00*
Error	756863.46	936	808.62		
Total	1.45	941			
Corrected Total	840004.51	940			

R Squared = 0.099

Decision: * = Significant at P < 0.05

From Table 3 we reject the null hypothesis. This shows that generally, the occupation of mothers of children in day care centres influences significantly their CFCS practices.

Table 4: Multiple Comparisons Analysis for Different Maternal Occupations

(I) Occup	(J) Occup	Mean Difference (I-J)	Std Error	P-Value	95% Confidence Interval Lower Bound	Upper Bound
Artisan	Civil	-27.08*	3.47	0.00	-33.90	-20.26
	Serv	-4.05	3.93	0.30	-11.76	3.67
		-21.86*	3.46	0.00	-28.65	-15.07
	Farmer	-13.55*	3.71	0.00	-20..83	-6.27
		27.08*	3.47	0.00	20.26	33.90
	Teacher	23.04*	3.06	0.00	17.03	29.04
	Trader	5.22*	2.42	0.03	0.47	9.97
Civil	Serv	13.53*	2.77	0.00	8.10	18.96
Artisan		4.05	3.93	0.30	-3.67	11.76
		-23.04*	3.06	0.00	-29.04	-17.03
	Farmer	-17.81*	3.04	0.00	-23.78	-11.85
		-9.51*	3.32	0.00	-16.03	-2.98
	Teacher	21.86*	3.46	0.00	15.07	28.65
		-5.22*	2.42	0.03	-9.97	-0.47
	Trader	17.81*	3.04	0.00	11.85	23.78
Farmer		8.31*	2.75	0.00	2.91	13.70
Artisan		13.55*	3.71	0.00	6..27	20.83
	Civil	-13.53*	2.77	0.00	-18.96	-8.10
	Serv	9.51*	3.32	0.00	2.98	16.03
		-8.31*	2.75	0.00	-13.70	-2.91
	Teacher					
	Trader					
Teacher						
Artisan						
	Civil					
	Serv					
	Farmer					
	Trader					
Trader						
Artisan						
	Civil					
	Serv					
	Farmer					
	Teacher					

Decision: * =The mean difference is significant at the 0.05 level.

A critical examination of Tables 3 and 4 shows that occupation is a significant factor influencing the CFCS practices of mothers. Together with Table 1, it further shows that mothers who are artisans and farmers are the least performers on the measure of FCSPS and there is no significant difference in the CFCS practices of parents in these two occupational areas. Apart from artisans and farmers, the analysis shows that the mean differences among the CFCS practices of mothers in the other occupational areas are significant. It further shows that the best performers on the measure of FCSPS are civil servants, followed by teachers and traders in that order, while the artisans and farmers are trailing behind on these measures of child rearing practices of mothers. The result of this study is not surprising as Odabiyi (1985) has noted that in Nigeria, children of low-income parents like artisans, farmers and traders suffer from undue exposure to unhygienic conditions in farms and market places. Since in Nigeria, artisans, farmers and traders are generally less educated than civil servants and teachers, this result is consistent with the research findings of Qureshi, Oche, Sadiq and Kabiru (2008) in their study of exclusive breastfeeding knowledge and infant feeding practices in Sokoto State in which they reported that mothers who practiced exclusive breastfeeding (EBF) for six months were older and more educated compared to those who did not practice EBF. Moreover, civil servants and teachers are likely to have more improved child feeding, cleaning and sanitation knowledge as measured in this study.

Hypothesis 2: The number of steady adults in the family does not significantly influence the CFCS practices of mothers with children in daycare centres.

Table 5: Univariate Analysis of Variance of CRPS Scores of Parents Based on the Number of Steady Adults in the Family.

Source of Variation	**Sum of Squares**	**DF**	**Mean Square**	**F**	
Number of Steady Adults	26287.33	3	8762.44	9.63	0.000*
Error	882484.70	970	909.78		
Total	1.52	974			
Corrected Total	908772.03	973			

R Squared = 0.029

Decision: *= significant at P<0.05

From Table 5 we reject the null hypothesis as this indicated an overall significant influence on the number of steady adults in the family on the CFCS practices of mothers. The result further shows that about 2.9% of the total variance in CFCS practices of mothers was accounted for by the number of steady adults in the family of the child.

Table 6: Multiple Comparison Analysis for Number of Steady Adults in the Family

Number of Steady Adults					**96% Confidence Interval**	
I	**J**	**Mean Diff. I-J**	**Std. Error**	**p-Value**	**Lower Boundary**	**Upper Boundary**
More than 3	One	5.26	5.54	0.34	-5.62	16.14
	Three	-5.77	5.53	0.30	-16.62	5.08
	Two	-6.47	5.49	0.24	-17.24	4.31
One	More Than 3	-5.26	5.54	0.34	-16.13	5.62
	Three	-11.03*	2.48	0.00	-15.90	-6.15
	Two	-11.72*	2.40	0.00	-16.43	-7.02
Three	More than 3	5.77	5.53	0.30	-5.08	16.62
	One	11.03	2.48	0.00	6.15	15.90
	Two	-0.69	2.37	0.77	-5.34	3.95
Two	More than 3	6.47	5.49	0.24	-4.31	17.24
	One	11.72*	2.40	0.00	7.02	16.43
	Three	0.69	2.37	0.77	-3.95	5.34

Decision: * = The Mean difference is significant at the 0.05 level.

Table 6 shows that the mean difference in child FCSPS scores of mothers when there is:
(i) One steady adult in the family and three steady adults in the family and vice versa is significant, and;
(ii) One steady adult in the family and two steady adults in the family and vice versa is significant. Others are not significant.

Tables 5 and 6 show that the number of steady adults in the family is a significant factor influencing CFCS practices of mothers. Also they show that there is a significant difference in the CFCS practices of mothers between when there is only one steady adult in the family and when there are two or three steady adults. The descriptive statistics of Table 2 alongside with Tables 5 and 6 indicate that mothers perform significantly better in CFCS practices when there are two or three steady adults than when there is only one steady adult. However, there is no significant difference in the CFCS practices of mothers between when there are two and three steady adults in the family.

These findings tend to indicate that even though the presence of steady adults in the family enhances better CFCS practices by mothers, but when the number of steady adults is more than three it becomes unnecessary. The result suggests that the optimum number of steady adults in the family for best practices of CFCS is two or three. The findings of this study is consistent with that of Downey (1995) who observed that the effect of child rearing experience would be greatest for the first few steady adults in the family and then taper off with additional number of steady adults in the family after a threshold is reached. Justifying the above findings from family resource perspective, some researchers (Cicirelli 1978; Blake 1981, 1989; Bumpass, Raley and Street, 1995; Downey, 2001; Aronson and Huston, 2004) have theorized that parental resources are finite and that the presence in a household of other adults in a household in addition to the parents can either provide additional resources or alternatively serve as a resource drain. Our findings are therefore consistent with the notion that after a certain threshold, other adults generally compete for parental finite resources that would otherwise be used to enhance CFCS practices. These resources include time, energy, finance and personal attention. This is particularly true in Nigeria with International Poverty Rate of 53.5% of the population at $1.90 per day (World Bank, 2019).

Conclusion and Recommendations

The findings of the study are:

1. Occupation of mothers with children in daycare centres in Akwa Ibom State, Nigeria significantly influences the CFCS practices of such mothers in such a way that civil servants perform better than teachers and teachers perform better than traders and traders better than farmers and artisans.
2. The number of steady adults in the families of children in daycare centres in Akwa Ibom State, Nigeria significantly influences the CFCS practices of the mothers of such children in such a way that the number of steady adults for optimum CFCS performances of mothers is two or three.

The findings of this research have brought to the fore the importance of CFCS practices and some of those family variables that could significantly influence their effective practices. The implication of the findings of this study is that children could be vulnerable to decreased maternal care and possible unmet needs of feeding, cleaning and sanitation as a result of the type of occupation of their mothers and the number of steady adults in the family.

Considering the findings of this study, the following recommendations are made:

1. For effective CFCS practices, parents should limit the number of steady adults in the family to two or three to avoid the law of diminishing returns on the contributions of such adults.
2. Government and social welfare centres should assist nursing mothers who are artisans and traders in terms of knowledge and material support on CFCS practices.
3. For optimum CFCS practices, parents should as much as possible make necessary adjustments in terms of the type of maternal occupation and the number of steady adults in the family that are most favourable for proper upbringing of their children.

If these measures and recommendations are adopted in Nigeria, it is hoped that they will help parents to meet up with the guidelines on CFCS components of child rearing practices and hence reduce the prevalence of under-five acute malnutrition, poor sanitation

problems and their attendant consequences.

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