Preparedness for Caregiving and emotion regulation: Are they Predicators of effective Breastfeeeding Method among Nursing Mothers?

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Abstract

Exclusive breastfeeding is recommended for first six months and continued breastfeeding along with appropriate complementary foods is recommended up to two years or beyond. Effective breastfeeding encompasses not only maintenance but also a positive mother experience and satisfying breastfeeding experience. This study was carried out to investigate predictive relationship between preparedness for caregiving and emotion regulation on effective breastfeeding among nursing mothers in Southeastern Nigeria. A cross-sectional design was employed, and 366 nursing mothers were recruited from primary healthcare centers. Data were collected using the Preparedness of Caregiving Scale (PCS), Emotion Regulation Questionnaire (ERQ), and Breastfeeding Self-Efficacy Scale (BSES). Pearson correlation analysis was used to examine the relationships between demographic variables, preparedness for caregiving, emotion regulation, and effective breastfeeding. The findings showed that number of children ($r = 0.17$, $p< 0.001$), occupation ($r = -0.21$, $p< 0.001$), and illnesses ($r = -0.10$, $p< 0.001$) correlated with effective breastfeeding. Moreover, preparedness for caregiving ($B = 0.24$, $p< 0.001$) and emotion regulation ($B = 0.18$, $p< 0.001$) significantly predicted effective breastfeeding, and the combination of both variables showed a stronger predictive effect. Specifically, mothers who reported higher levels of preparedness for caregiving and emotion regulation were more likely to exhibit effective breastfeeding behaviors, such as exclusive breastfeeding for the first six months and continued breastfeeding beyond one year. Healthcare providers, lactation consultants, and nutritionists should emphasize the importance of caregiving preparation and emotional readiness during antenatal consultations to support nursing mothers in achieving a positive and satisfying breastfeeding experience. By promoting preparedness and emotional regulation, we can enhance breastfeeding outcomes and promote the overall well-being of mothers and infants. Additionally, our findings suggest that interventions targeting preparedness for caregiving and emotion regulation may be effective in improving breastfeeding rates and duration in sub-Saharan Africa.

Préparation au Soin Et Régulation des Émotions : Sont-Elles Des Prédicteurs d'Une Méthode d'Allaitement Efficace Chez Les Mères en Allaitement ?

Résumé

L'allaitement exclusif est recommandé pendant les six premiers mois et l'allaitement continu avec des aliments complémentaires appropriés est recommandé jusqu'à deux ans ou plus. L'allaitement efficace englobe non seulement le maintien de l'allaitement mais aussi une expérience maternelle positive et satisfaisante. Cette étude a été réalisée pour examiner la relation prédictive entre la préparation au soin et la régulation des émotions pour un allaitement efficace chez les mères en allaitement dans le sud-est du Nigeria. Un design

transversal a été employé, et 366 mères en allaitement ont été recrutées dans des centres de soins de santé primaires. Les données ont été collectées à l'aide de l'échelle de préparation au soin (EPS), du questionnaire de régulation des émotions (QRE) et de l'échelle d'auto-efficacité en allaitement (EAEA). Une analyse de corrélation de Pearson a été utilisée pour examiner les relations entre les variables démographiques, la préparation au soin, la régulation des émotions et l'allaitement efficace. Les résultats ont montré que le nombre d'enfants (r = 0,17, p< 0,001), la profession (r = -0,21, p< 0,001), et les maladies (r = -0,10, p< 0,001) étaient corrélés avec l'allaitement efficace. De plus, la préparation au soin (B = 0,24, p< 0,001) et la régulation des émotions (B = 0,18, p< 0,001) prédisaient de manière significative un allaitement efficace, et la combinaison des deux variables montrait un effet prédictif plus fort. En particulier, les mères qui rapportaient des niveaux plus élevés de préparation au soin et de régulation des émotions étaient plus susceptibles de manifester des comportements d'allaitement efficaces, tels que l'allaitement exclusif pendant les six premiers mois et la poursuite de l'allaitement après un an. Les prestataires de soins de santé, les conseillers en lactation et les nutritionnistes devraient souligner l'importance de la préparation au soin et de la préparation émotionnelle lors des consultations prénatales pour soutenir les mères en allaitement dans la réalisation d'une expérience d'allaitement positive et satisfaisante. En favorisant la préparation et la régulation des émotions, nous pouvons améliorer les résultats de l'allaitement et promouvoir le bien-être global des mères et des nourrissons. De plus, nos résultats suggèrent que des interventions ciblant la préparation au soin et la régulation des émotions pourraient être efficaces pour améliorer les taux et la durée de l'allaitement en Afrique subsaharienne.

ملخص

يوصى بالرضاعة الطبيعية الحصرية للأشهر الستة الأولى ويوصى بالرضاعة الطبيعية المستمرة جنبًا إلى جنب مع الأطعمة التكميلية المناسبة لمدة تصل إلى عامين أو أكثر. لا تشمل الرضاعة الطبيعية الفعالة الإعالة فحسب، بل تشمل أيضًا تجربة الأم الإيجابية وتجربة الرضاعة الطبيعية المرضية. تم إجراء هذه الدراسة للتحقيق في العلاقة التنبؤية بين الاستعداد لتقديم الرعاية وتنظيم المشاعر بشأن الرضاعة الطبيعية الفعالة بين الأمهات المرضعات في جنوب شرق نيجيريا. تم استخدام تصميم مقطعي، وتم تعيين 366 أم ممرضة من مراكز الرعاية الصحية الأولية. تم جمع البيانات باستخدام مقياس الاستعداد لتقديم الرعاية (PCS)، واستبيان تنظيم المشاعر (ERQ)، ومقياس الكفاءة الذاتية للرضاعة الطبيعية (BSES). تم استخدام تحليل ارتباط بيرسون لفحص العلاقات بين المتغيرات الديموغرافية والاستعداد لتقديم الرعاية وتنظيم المشاعر والرضاعة الطبيعية الفعالة. أظهرت النتائج أن عدد الأطفال ($r = 0.17$، $p < 0.001$)، المهنة ($r = -0.21$، $p < 0.001$)، والأمراض ($r = -0.10$، $p < 0.001$) مرتبطة بالرضاعة الطبيعية الفعالة. علاوة على ذلك، فإن الاستعداد لتقديم الرعاية ($B = 0.24$، $p < 0.001$) وتنظيم المشاعر ($B = 0.18$، $p < 0.001$) تنبأ بشكل كبير بالرضاعة الطبيعية الفعالة، وأظهر الجمع بين كلا المتغيرين تأثيرًا تنبؤيًا أقوى. على وجه التحديد، كانت الأمهات اللواتي أبلغن عن مستويات أعلى من الاستعداد لتنظيم الرعاية والعاطفة أكثر عرضة لإظهار سلوكيات الرضاعة الطبيعية الفعالة، مثل الرضاعة الطبيعية الحصرية للأشهر الستة الأولى واستمرار الرضاعة الطبيعية بعد عام واحد. يجب على مقدمي الرعاية الصحية واستشاريي الرضاعة وخبراء التغذية التأكيد على أهمية إعداد الرعاية والاستعداد العاطفي أثناء الاستشارات السابقة للولادة لدعم الأمهات المرضعات في تحقيق تجربة الرضاعة الطبيعية الإيجابية والمرضية. من خلال تعزيز الاستعداد والتنظيم العاطفي، يمكننا تعزيز نتائج الرضاعة الطبيعية وتعزيز الرفاهية العامة للأمهات والرضع. بالإضافة إلى ذلك، تشير النتائج التي توصلنا إليها إلى أن التدخلات التي تستهدف الاستعداد لتنظيم الرعاية والعاطفة قد تكون فعالة في تحسين معدلات الرضاعة الطبيعية ومدتها في إفريقيا جنوب الصحراء.

Introduction

Breastfeeding is a complex and multifaceted process that involves the production of milk from the mammary glands, as well as the physical and emotional interaction between the mother and infant (American Academy of Family Physicians, 2014). Breastfeeding, also known as nursing, is the process of a woman feeding her infant or young child with milk produced by her breast (American Public Health Association and National Resource Center for Health and Safety in Child Care and Early Education, 2019). It is a natural and essential act of nourishment and bonding between a mother and her child (American Public Health Association and National Resource Center for Health and Safety in Child Care and Early Education, 2019). Breast milk provides optimal nutrition, protection, and development for infants and toddlers, and has numerous benefits for both mothers and children (American Association of Physicians, 2019). Breastfeeding involves (Abrams et al., 2019): Latch – the infant attaches to the breast, and the mother helps position and support; Suckling – the infant sucks on the breast, stimulating milk production and release; Milk transfer – milk flows from the breast into infant's mouth; and Swallowing –the infant swallows the milk, providing nutrition and hydration. Breastfeeding can be understood through various disciplines including (American Academy of Family Physicians, 2014; American Association of Physicians, 2012): Physiology – breastfeeding involves the hormonal regulation of milk production, letdown, and secretion (prolactin, oxytocin, and progesterone play crucial roles in this process); Nutrition – breast milk provides optimal nutrition for infants, with a unique composition of proteins, fats, carbohydrates, vitamins, and minerals that support growth and development; Psychology – breastfeeding is significant aspect of mother-infant bonding, influencing attachment, emotional regulation, and cognitive development; Anthropology – breastfeeding practices vary across cultures, reflecting social, economic, and cultural factors that shape feeding decisions and behaviours; Epidemiology – breastfeeding has been extensively studied for its impact on infant and maternal health outcomes, including reduced risk of infections, allergies, and chronic diseases; Sociology – breastfeeding is influenced by social and structural factors, such as healthcare systems, work policies, and social attitudes, which can support or hinder breastfeeding success; and Public Health – breastfeeding promotion and support are critical for improving population health, reducing healthcare costs, and achieving global health goals. Benefits of breastfeeding (Abrams et al., 2019; American Public Health Association and National Resource Center for Health and Safety in Child Care and Early Education, 2019) – optimal nutrition and development for infants and toddlers; boosts infant immune system and protects against illnesses; promotes bonding and attachment between mother and child; supports maternal physical and emotional well-being; reduces risk of breast and ovarian cancer, and other health benefits for mothers; economic and environmentally friendly. It is of importance to consider predicative variables which can bolster of hinder effective breastfeeding such as emotion regulation, self-care, perceived stress, mental well-being, and preparedness for caregiving.

Caregivers' preparedness refers to the perceived readiness to render multiple caregiving roles which include physical care, emotional support, in-home support services and dealing with the stress of caregiving (Thornto and Travis, 2003 cited in Onu et al., 2021). Preparedness of caregiving refers to the physical, emotional, and psychological readiness of an individual to assume the role of a caregiver for a loved one, friend, or family member (in this study, an infant) (Institute of Medicine, 2014). Research emphasizes the importance of preparedness for caregiving in mitigating caregiver burden, improving care quality,

and enhancing overall well-being (American Medical Association, 2011; Institute of Medicine, 2014; National Guidance for Healthcare System Preparedness, 2012; Onu et al., 2021).

Emotion regulation is defined as individuals' attempts to influence which emotions they have, when they have them and how the emotions are experienced and expressed (Mauss et al., 2007 cited in Ogbodo et al., 2023; Onu et al., 2021). Emotion regulation refers to the complex process by which individuals' mange and modulate their emotional experiences, including the ability to recognize and identify emotions, understand their emotional intensity and duration, label and articulate emotions, regulate emotional responses (such as physiological, behavioural, cognitive), and maintain emotional homeostasis (Ahmed et al., 2015; Beauchaine, 2015). Emotion regulation can be regulated in an adaptive pattern (cognitive reappraisal) or in a maladaptive pattern (expressive suppression) – cognitive reappraisal is altering the way one thinks about a situation and thereby reducing its emotional impact, whereas expressive repression is seen as hindering the behavioural expression of emotions after the emotional experience has begun (Gross, 2015). Emotion regulation has been associated with quality of life related variables and there were association with variable like mental well-being (breastfeeding can be referred to as a variable related to quality of life) (Aradt and Fujiwara, 2014; Katana et al., 2019; Steveson et al., 2019).

Improving factors and variables (preparedness for caregiving and emotion regulation) associated with effective breastfeeding among nursing women is the research interest of the study.

Method

Participants and Procedure

Participants were 366 nursing mothers (women) drawn from 10 Primary Healthcare Centers in Abia State. Primary Healthcare Center (PHC) in Nigeria is a basic healthcare facility that provides essential health care services to individuals, families, and communities (Eboreime, 2014). The concept of PHC was introduced in Nigeria in 1975, with the goal of providing universal access to healthcare, particularly in rural and underserved areas.

With a 5% margin of error, 95% confidence interval, as most nursing women uses Primary Healthcare Center for vaccination and immunization of their infants (Eboreime, 2014), our sample size had adequate power. Data were collected using questionnaires between May 2022 and September 2022. With the permission of the matrons in charge of each of the 10 Primary Healthcare Facilities, nursing women were approached by one of the authors and four research assistants to recruit potentially eligible participants for the study. After explaining the purpose of the study to them, those who agreed to participate were given the questionnaires. The nursing women were instructed to sign the consent form and complete the survey without writing their name(s) on any part of the questionnaire. It took approximately 20minues to complete the survey.

Inclusion Criteria

To be included in the study, participants had to be a nursing mother of an infant between the age range of less than 1 month to 24months, able to read and understand either English language or Igbo language or both, and directly carrying the infant right inside each of the selected healthcare center.

Measures

Data were collected using Preparedness of Caregiving Scale (PCS), Emotion Regulation Questionnaire (ERQ), and Breastfeeding Self-Efficacy Scale (BSES), including a socio-demographic questionnaire (age, educational status, number of children, occupation, and illnesses).

Preparedness of Caregiving Scale (PCS): is an 8-item instrument developed by Archbold et al. (1990) cited in Allison (2017) that requires the respondents to rate themselves on how well prepared they believed they are for the services of caregiving domains, which include providing physical care (items 1 and 6), emotional support (items 2 and 8), setting up on-home support services (items 3 and 5), and dealing with the stress of caregiving (items 4 and 7). The responses are rated on 5-point scale with scores from 0 (not at all prepared) to 4 (very well prepared). The scale is scored by calculating the mean score of the number of items answered. The higher the score the more prepared the respondent or participant is or feels, the lower the score the less prepared the respondent or participant is or feels. It has internal consistency Cronbach aloha of .88 to .93 (Allison, 2017).

Emotion Regulation Questionnaire (ERQ): was used to assess emotion regulation. It is a self-administered 10-item 7-point Likert scale questionnaire developed by Gross and John (2003) cited in Onu et al. (2021) to measure the habitual use of two emotion regulation strategies: cognitive reappraisal and expressive suppression. Cognitive reappraisal included – 1, 3, 5, 7, 8, and 10 while expressive suppressions items include - 2, 4, 6, 9. The higher the score the better the respondent regulates emotion while the lower the score the poorer the respondent regulates emotion. The cognitive reappraisal subscale yielded Cronbach alpha coefficient values ranging from .75 to .82 while emption suppression subscale yielded Cronbach alpha coefficient values ranging from .68 to .76 and three-month test-retest reliability (Onu et al., 2021). Items on the cognitive reappraisal subscale are scored using a 5-point Likert scale, with higher score indicating cognitive reappraisal. The same scoring and interpretation pattern also applies to expressive suppression subscale

Breastfeeding Self-Efficacy Scale (BSES): is a questionnaire used to assess a mother's confidence and self-efficacy in her ability to breastfeed successfully (American Academy of Family Physicians, 2014). It measures her beliefs and attitudes towards breastfeeding which incudes – confidence in her ability to breastfeed, ability to overcomes breastfeeding challenges, perceived control over breastfeeding outcomes, beliefs about breastfeeding benefits, and comfort with breastfeeding in public (American Public Health Association and National Resource Center for Health and Safety in Child and Early Education, 2019). The BSES typically consist of 33-items, scored on a 5-point Likert scale ranging from "not at all confident" to "very confident." Higher scores indicate greater self-efficacy and confidence in breastfeeding.

Design and Statistics

The study applied cross-sectional research design. SPSS version 25 was used for data analysis. Pearson's correlation (*r*) analysis was conducted among the study's demographic variables, predicators and independent variable, while multiple regression was applied. Demographic variables (age, number of children, occupation, and illnesses) were included as control variables in regression models. The Macro PROCESS approaches for SPSS automatically executes computations, runs the analysis, and produces more meaningful results.

Results

Table 1 presents demographic characteristics of 366 nursing women participants. The mean age of the participants was 33.00 years (SD = 7.1), and the majority (88.8%) were married. The duration of breastfeeding was fairly evenly distributed, with 38.5% of participants reporting breastfeeding for more than 12 months. In terms of education level, the

many (33.6%) had secondary education. Most participants (66.4%) had between 4-6 children, and the majority (64.7%) had a normal birth method of delivery. Significant proportions (24.3%) of participants were engaged in business as their occupation, and depression was the most commonly reported health issue (26.5%)

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Table 1: Demographic Characteristic of the Participants

Variables	N	%	Mean	SD
Age	20 – 47		33.00	7.1
Marital Status				
Married	325	88.8%		
Single	14	3.8%		
Divorced	9	2.5%		
Widowed	18	4.9%		
Duration of Breast Feeding				
Less than 6 months	125	34.2%		
6 – 12 months	100	27.3%		
Above 12 months	141	38.5%		
Education				
No Formal Education	50	13.7%		
Primary Education	85	23.2%		
Secondary Education	123	33.6%		
Tertiary Education	108	29.5%		
Number of Children				
1 – 3	89	24.3%		
4 – 6	243	66.4%		
7 and above	34	9.3%		
Method of Delivery				
Normal birth	237	64.7%		
Caesarian section (CS)	129	35.3%		
Occupation				
House wife	47	12.8%		
Farmer	24	6.6%		
Business	89	24.3%		
Artisan	106	29.0%		
Private employee	71	19.4%		
Civil/Public servant	29	7.9%		
Illnesses				
None	52	14.2%		
Hypertension	68	18.6%		
Hypotension (low BP)	21	5.7%		
Depression	97	26.5%		
Obesity	24	6.6%		
Malnutrition	68	18.6%		
Diabetes	36	9.8%		

Note: SD – Standard Deviation

Table 2 presents correlation analysis results, which revealed several significant associations with effective breastfeeding. Notably, the number of children was positively correlated with effective breastfeeding ($r = 0.17$, $p < 0.001$),

indicating that mothers with more children were more likely to engage in effective breastfeeding. In contrast, occupation was negatively correlated with effective breastfeeding ($r = -0.21$, $p < 0.001$), suggesting that mothers who were employed may have faced challenges in maintaining effective breastfeeding practices. Additionally, the presence of illnesses was negatively correlated with effective breastfeeding ($r = -0.10$, $p < 0.001$), indicating that mothers who experienced illnesses may have encountered difficulties in maintaining optimal breastfeeding habits. Preparedness for caregiving was positively correlated with effective breastfeeding ($r = 0.25$, $p < 0.001$), highlighting the importance of maternal preparedness in facilitating successful breastfeeding outcomes. Most notably, emotion regulation was strongly correlated with effective breastfeeding ($r = 0.42$, $p < 0.001$), suggesting that mothers who were better able to regulate their emotions were more likely to engage in effective breastfeeding practices. These correlation findings provide valuable insights into the factors that influence effective breastfeeding and highlight potential targets for intervention and support.

Table 2: Correlations of demographic factors, preparedness for caregiving, emotion regulation, and effective breastfeeding

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Age	-										
2. Marital status	-.23	-									
3. Duration	.02*	.28*	-								
4. Education	.10*	.08	.13	-							
5. No. of Children	.05	.13	.34*	-.03	-						
6. Delivery Method	.07	-.04	.01	.25*	-.23*	-					
7. Occupation	-.07	.08*	.32*	.02	.24	-.04*	-				
8. Illnesses	-.19	.19	.12	.12*	-.14*	.11	.05	-			
9. PC	.42*	.13	-.24	-.06	.02	.06	-.34*	.03	-		
10. ER	-.02	-.06*	-.11	-.17	.34	.39*	.10	-.33*	.19*	-	
11. EB	.11*	.15	-.07	.29*	.19**	.17*	-.21**	-.10**	.25**	.42**	-

****p < .001(two-tailed); *p < .005(two-tailed).**

Note: PC = Preparedness for Caregiving; ER= Emotion Regulation; EB = Effective Breastfeeding.

Table 3 presents the regression analysis results, which revealed several significant predictors of effective breastfeeding. The number of children was a significant predictor ($\beta = -0.18$, SE = 0.02, 95% CI = -0.12, -0.18), indicating that having more children was associated with decreased effective breastfeeding. Occupation was also a significant predictor ($\beta = -0.12$, SE = 0.02, 95% CI = -0.02, -0.22), suggesting that employed mothers may face challenges in maintaining effective breastfeeding practices. The presence of illnesses was a significant predictor ($\beta = -0.29$, SE = 0.11, 95% CI = -1.05, -0.36), indicating that mothers who experienced illnesses may have encountered difficulties in maintaining optimal breastfeeding habits. Preparedness for caregiving was a significant predictor ($\beta = 0.54$, SE = 0.16, 95% CI = 0.29, 0.47), highlighting the importance of maternal preparedness in facilitating successful breastfeeding outcomes. Emotion regulation was the strongest predictor ($\beta = 0.72$, SE = 0.20, 95% CI = 0.34, 0.45), suggesting that mothers who were better able to regulate their emotions were more likely to engage in effective breastfeeding practices. These regression findings provide valuable insights into the factors that influence effective breastfeeding and highlight potential targets for intervention and support.

Table 3: Hayes PROCESS macro results for predicting effective breastfeeding by number of children, occupation, illnesses, preparedness for caregiving, emotion regulation as a covariate

Variables	*β*	*SE*	B	*T*	*p*	95*%CI*
No. of Children	.02	.02	.18	1.05	.001	[.12, .18]
Occupation	-.10	.05	-.12	-2.15	.001	[-.02, -.22]
Illnesses	-.15	.11	-.29	-4.06	.000	[-1.05, -.36]
Preparedness for caregiving	1.22	.16	.54	1.03	.001	[.29, .47]
Emotion regulation	1.55	.20	.72	11.04	.001	[.34, .45]

Table 4 presents the results of predictive model, which examined the effects of preparedness for caregiving and emotion regulation on effective breastfeeding. The findings indicate that preparedness for caregiving was significantly associated with effective breastfeeding (B = 0.24, p < 0.001), suggesting that mothers who were more prepared for caregiving were more likely to engage in effective breastfeeding practices. Emotion regulation was also positively associated with effective breastfeeding (B = 0.18, p < 0.001), indicating that mothers who were better able to regulate their emotions were more likely to engage in effective breastfeeding practices. Notably, the interaction between preparedness for caregiving and emotion regulation was significant (B = 0.39, p < 0.001), suggesting that the combination of these two factors had a synergistic effect on effective breastfeeding. This finding highlights the importance of considering both preparedness for caregiving and emotion regulation in predicting effective breastfeeding outcomes. Overall, these results suggest that interventions aimed at enhancing preparedness for caregiving and emotion regulation may be effective in promoting effective breastfeeding practices among mothers.

Table 4: Main effects of preparedness for caregiving and emotion regulation on effective breasting

Variables	*B*	SE	T	CI (95%)
PC	.24	.10	1.04**	[.18, .23]
ER	.18	.07	1.16**	[1.44, .45]
PC x ER	.39	.04	2.52**	[.09, .24]

Pearson's correlation was significant at **p<.001
Note: SE – Standard Error; CI – Confidence interval; PC – Preparedness for Caregiving; EB – Effective Breastfeeding.

Discussion

We investigated whether preparedness for care giving and emotion regulation predicted effective breastfeeding among nursing mothers/women. Demographic variables correlated effective breastfeeding and were in consonance with some findings (Abrams et al., 2019; American Public Health Association and National Resource Center for Health and Safety in Child Care and Early Education, 2019) which suggested that some demographic variables have effects on breastfeeding – number of children positively correlated with effective breastfeeding which suggests that the more children a woman has, the better her breastfeeding method and this indicates that experience could be said to be the best teacher; occupation negatively correlated with effective breastfeeding, this implies that the more occupied a nursing mother is, the less effective her breastfeeding skill is and this backs up the logic behind the maternal leave which nursing mothers embark on immediately after childbirth; in like manner, illness negatively correlated

effective breastfeeding, nursing mothers with little or no sickness thrives well in effective breastfeeding and this explains while health experts advocates for mothers health during pregnancy and nursing stages/phases.

The findings confirmed that preparedness for caregiving positively predicted effective breastfeeding, though there are not specific research in this area, but it agrees with partial-similar previous findings (American Medical Association, 2011; Institute of Medicine, 2014; National Guidance for Healthcare System Preparedness, 2012; Onu et al., 2021) showing that preparedness for caregiving had significant effect on quality of life which showed that preparedness for caregiving was an effective predicator. This suggests that nursing mothers who are well prepared for caregiving were effective in breastfeeding technique than nursing mothers who reported less preparedness for caregiving. Antenatal care for expectant mothers/women should include awareness in form of mentoring on the part of health professionals so as to condition the minds of these expecting mothers/women to the readiness for caring for their newborns.

Emotion regulation predicated effective breastfeeding (though works correlating emotion regulation and breastfeeding was not handy but research done on emotion regulation predicted positive significant effect on quality of life of the participants) which is in rapport with previous findings (Aradt and Fujiwara, 2014; Katana et al., 2019; Steveson et al., 2019) indicating predication of emotion regulation on quality of life and as such effective breastfeeding signifies better health for both mother and child. This finding implies that nursing mothers with high emotion regulation (were able to take charge of their emotions) had an effective breastfeeding method. Clinicians who deal directly with expectant mothers/women should encourage counseling section and therapies which promotes emotion regulation.

The combination of preparedness for caregiving and emotion regulation yielded a much better predicative effect on effective breastfeeding method. As nursing mothers/women who are already prepared for caring for their infants and have high regulation of their emotions tend to have a topnotch breastfeeding method and experience. Studies on the variables in this work and other closely related variable should be conducted in other to verify the findings here and strike more detailed responsible variables which come in place during antenatal and postnatal stages in a mothers' life. Antenatal care should include awareness and mentoring on preparedness for caregiving, and that clinicians should encourage counseling and therapies that promote emotion regulation. The combination of preparedness for caregiving and emotion regulation had a synergistic effect on effective breastfeeding, indicating that mothers who were both prepared for caregiving and had high emotion regulation had the most effective breastfeeding methods.

The study's limitations include the lack of specific research on the topic and the need for further studies to verify the findings and explore other related variables. Future studies should investigate the mechanisms by which preparedness for caregiving and emotion regulation influence breastfeeding outcomes and explore the effectiveness of interventions aimed at enhancing these factors. Additionally, research should examine the impact of other demographic variables, such as socioeconomic status and social support, on breastfeeding outcomes.

Conclusion

This study contributed to the limited research on preparedness for caregiving and emotion regulation as predictors of effective breastfeeding among nursing mothers. The findings highlighted the importance of considering both preparedness for caregiving and emotion regulation in predicting effective breastfeeding outcomes. Additionally, the study confirmed the

correlation of socio-demographic factors such as number of children, occupation, and illness with effective breastfeeding. The study's findings have important implications for healthcare practice and policy. By prioritizing preparedness for caregiving and emotion regulation in antenatal care, healthcare providers can support mothers in achieving optimal breastfeeding practices and improving maternal and child health. Furthermore, policymakers can consider initiatives that promote breastfeeding-friendly environments and provide resources for mothers to overcome barriers to breastfeeding. As research on breastfeeding continues to evolve, it is essential to explore the complex interplay of biological, psychological, social, and cultural factors that influence breastfeeding outcomes. By advancing our understanding of these factors, we can inform evidence-based practices and policies that support breastfeeding families and promote optimal maternal and child health. Ultimately, this study highlights the importance of a comprehensive approach to supporting breastfeeding mothers, one that addresses not only the physical aspects of breastfeeding but also the emotional and psychological well-being of mothers.

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