

**SOCIO-ECONOMIC DETERMINANTS OF
EXCLUSIVE BREASTFEEDING PRACTICES
AMONG NURSING MOTHERS IN
KOGI STATE, NIGERA**

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Gloria Ojonoka Dangana- Onuche,
Prince Abubakar Audu University,
Anyigba

Damsa Torungwa Justin
Nigerian Police Force, FCT Command
Garki 2 Abuja

Abstract

Exclusive breastfeeding (EBF) is a nutrition of specific intervention that is crucial to the growth and development of a young child and contributes to the attainment of sustainable development goal. International literature suggests that although knowledge of the guidelines is high, only a minority of parents breastfeed exclusively until 6 months. thus, this descriptive study sought to examine socio-economic determinant of EBF in Kogi State, Nigeria and was anchored on the health Belief Model. A total number of 407 nursing mothers who attend children unit of the hospitals in the study setting were purposively selected and sampled for the study. Data were collected using structured questionnaire and analyzed using SPSS version 24. The study found that majority (97.6%) of the respondents were aware of exclusive breastfeeding as recommended by WHO and their major sources of information were radio jingles, television, social media, and through family and friends. However, (33.2%) of EBF practice was found. The study further revealed that, mother's educational attainment, employment status, income, occupation and lack of work support system were determinants of EBF. The study concludes that the low rate of breastfeeding exclusively was

Corresponding Author:
Gloria Ojonoka Dangana- Onuche
Email: Dangana.og@ksu.edu.ng

due to influence of maternal education, level of income, occupation and lack of adequate work support policies for breastfeeding mothers, The study recommends among others ,a more legal framework for effective implementation of the National Breastfeeding Policy for women in independent labour relations.

Keywords: socio-economic factors, exclusive breast-feeding, children, maternal occupation, income.

Introduction

Exclusive breastfeeding is the practice of feeding an infant with breast milk (including expressed Breast milk) only, without any food or drink, nor even water except drops or syrups consisting of Vitamins, minerals' supplements or medicines when medically prescribed (WHO, 2018). Breast milk is natural and contains all the necessary nutrients required by infants in the first six months of life (Salami, 2016). In addition to being an important source of energy and nutrients, breast milk also has immunological properties and thus lowers the chance of infants becoming ill or dying from infections such as gastroenteritis, pneumonia and meningitis (Elyas et al, 2017). Breast milk contains great nutritional, psychological values and antibodies that help protect against many common childhood diseases. Adequate nutrition is essential for optimal growth and development of infants. It has been estimated that optimal breastfeeding could reduce infant and under-five mortality worldwide by as much as 823,000 each year (Victoria, et al, 2016).

Formula feeding raises risk of illness and death by depriving infants of the protection offered by many essential infection-fighting components of human milk and the nutrients tailored by the mother's biology to meet the precise needs of her infants. Due to the huge benefits of breastfeeding exclusively for both mother and child various governmental and non-governmental organizations have been involved in the promotion of exclusive breastfeeding. For instance, in the year 1979, the World Health Organization recommended that infants be exclusively breastfed for the duration of 4-6 months, but the period was later in 2001, pegged at six

months in recognition of the importance of breastfeeding, based on the scientific review and evaluation carried out by WHO, (Geneva; 2001). The Baby Friendly Hospital Initiative (BHFI) is a joint programme by World Alliance for Breastfeeding Action (WABA) and United Nations Children Funds (UNICEF) to protect, support and promote the practice of exclusive breastfeeding at different times (BFHI, WABA,2010). WABA also organize the World Breastfeeding Week which is been celebrated every first to seventh of August and dedicated to breastfeeding in more than 170 countries to encourage breastfeeding and improve the health of babies and mothers around the world. In Nigeria, the government of Lagos and Kaduna State has increased maternity leave from three to six months and to also introduce paternity leave (Omorotionmwan, 2018). However, most states in the country are yet to extend maternity leave and even the approval of paternity leave. However, in spite of vigorous promotional activities large numbers of newborn, infants are still deprived of Colostrum's and exclusive breast milk. Neonatal mortality has largely remained the same or worsened in many countries. In 2020, neonatal mortality accounted for almost 40 per cent of estimated 9.7 million children under-five deaths and for nearly 60 per cent of infant deaths. (WHO,2021). Malnutrition increases a child's risk of dying from many diseases most prominently measles, pneumonia, and diarrhea which are the highest cause (70%) of neonatal deaths.

Efforts to promote modest nutritional improvements such as changes in feeding behaviour will have a beneficial impact on mortality rates over time. Feeding practices adopted by mothers depends on the knowledge, attitude, socio-cultural tradition they are exposed to and their socio-economic influences (Eze Chukwu et al, 2019). Owing to the known nutritional and health benefits to the infant, the World Health Organization recommends that women in resource-poor countries initiate breastfeeding within the first hour of birth followed by exclusive breastfeeding for six months and continue breastfeeding for up to two years (WHO, 2018). Age, sex and inheritance are non-modifiable factors that affect human health. The views of family members are also an important factor affecting health of new born and his mother, but these views are influenced by socioeconomic determinants of health, cultures and experiences. Socioeconomic

determinants of health such as income, education and working environment have an immediate pertaining to health (Public Health Agency of Canada, 2003). Those with very low socioeconomic status as an example, often having limited resources and deficiency of good foodstuff, inadequate housing condition and safe drinking water, which can cause negative effect on their health. (WHO,2007) On another side, those who have enough earnings and good occupation are less vulnerable for health issues. The care and health of newborn and lactating mother is also affected by such socioeconomic factors.

Despite attempts to educate mothers on the importance of exclusive breastfeeding, studies have shown that adequate knowledge does not always translate into actual practice (Mbada *et al*, 2013, Otaigbe *et al*, 2015; Omotola *etal*, 2015;Alutu, 2020). Certain indices such as residency, educational background, maternal age (Nabulsi, 2011); source of information, place of delivery (Ukegbuet *al*, 2011;Petersideet *al*, 2013;Ukwaniet *al*, 2021); number of children (Kloeben Taver *et al*, 2022); income levels and position of the child among other children (NDHS, 2018) determine the possibility of mothers exclusively breastfeeding their babies.

It is even more challenging for women employed in the formal sector as Adaja (2021) reports that short period of maternity leave, lateness to work, breast pains, harassment by their boss and exposure of breast in public prevents them from practicing exclusive breastfeeding. A study by Forste *et al* (2022) also revealed that working women are less likely to exclusively breastfeed than unemployed women due to time constraints and job requirements. In Nigeria, most organizations in Nigeria are not nursing mother-friendly and therefore do not have facilities for mothers to breastfeed their infants while at work neither do they give special considerations nor programmes for women staff who are breastfeeding (Adebowale,2015).

There have been various efforts by international, national governmental and non- governmental agencies to encourage and support the practice, however, the rate of exclusive breastfeeding still remained low (WHO, 2020).

Globally, only 43% of newborns have breastfeeding initiated within one hour of birth, and 40% of infants aged six months or less are exclusively breastfed (WHO, 2021). In sub-Saharan Africa, studies have shown that the prevalence of early initiation of breastfeeding ranges from 37.8% to 69.3% while the prevalence of exclusive breastfeeding ranges from 23.7% to 56.5% (Isaka et al, 2017). A recent national survey in Nigeria suggested that only 29% of infants less than six months were exclusively breastfed (NHDS,2019). The target of WHO and UNICEF were to achieve exclusive breastfeeding compliance rate of 75 percent and above in sub-Saharan Africa, but this target is far from being achieved despite years of research and policy initiatives. Only 44% of infants 0-6 months old are exclusively breastfed based on recommended infant and young child feeding. Several studies have documented the impact of cultural factors, mode of delivery, time of initiation of first breastfeeding and proximity to babies on feeding pattern (Okolo, et al, 2014, Salami et al, 2016,Lowoyin et al, 2019). Outside maternal factors, studies have also shown that the babies' general behaviour influence what feed they receive (Karacam, et al, 2018). However, none of these studies had explored in details the socio-economic factors influencing exclusive breastfeeding. In filling this empirical gap therefore, the study investigates the socio-economic determinants of exclusive breastfeeding among nursing mothers in Kogi State, Nigeria with the view of suggesting measures for better breastfeeding rate, encourage longer duration with resultant reduction in childhood morbidity and mortality.

Research Objectives

The broad objective of this study is to examine socio-economic factors that influences the adoption of exclusive breastfeeding practice, among nursing-mothers in Kogi State, Nigeria. The specific objectives are to;

1. Examine the awareness level of exclusive breastfeeding recommendation by WHO in Kogi State.
2. Explore socio-economic factors influencing exclusive breastfeeding practices among nursing mothers in Kogi State.

Theoretical Perspective

This study hinged on the Health Belief Model (HBM), on the premise that

successful breastfeeding practice is largely dependent on the target audience's knowledge of the benefits to be derived if adopted and the risks involved. The Health Belief Model (HBM) was developed as a theory to guide design intervention and prevention programs. Subsequently, it was extended by Leventhal, Rosenstock, and Becker in 1966 to explain differing reactions to symptoms and to explain variations in adherence to treatment. Mojaye (2008) states that the HBM is based on the understanding that a person will take a health-related action if that person feels a negative health condition can be avoided and is convinced that taking the recommended action would yield positive results. Since health behaviours are influenced by a person's desire to avoid illness (perceived susceptibility) or to get well, and by their confidence that the recommended action will achieve this, it is assumed that by understanding the benefits of exclusive breastfeeding (perceived benefits) and having a good knowledge of the danger of not completing the six months exclusive breastfeeding (perceived severity), mothers will have the confidence to overcome the challenges and exclusively breastfeed their babies for six months. According to Ogwezzy-Ndisika (2016), access to information creates awareness which affects perception and in turn leads to acceptance. Sensitizing and educating mothers on the advantages of exclusive breastfeeding; and providing adequate information on how to deal with the challenges will help mothers adopt the desired behaviour. Certain factors such as maternal education, level of income, occupation as perceived by the individual may serve as barriers to the desired behaviour (perceived barriers). For instance, mothers might fail to breast-feed their infants exclusively as a result of being away from the child due to the types of job she is doing. External factors also influence the desired behaviour, serving as cues to action. In the case of exclusive breastfeeding, enlightenments from health professionals on the benefits of breastfeeding exclusively for both mother and child, as well as implementing a more flexible policies that create a conducive working environment for nursing mother may influence mother to exclusively breastfeed their babies.

Methodology

Study Design and Setting

Descriptive survey method was adopted for this study and was conducted in

Kogi State in the middle belt region of Nigeria. Administratively, Kogi State is divided into 21 Local Government namely; Adavi, Ajaokuta, Ankpa, Bassa, Dekina, Ibaji, Idah, Igalamela-Odolu, Ijumu, Kabba/Bunu, KotonKarfe, Lokoja, Mopa-Muro, Ofu, Ogori/Magogo, Okehi, Okene, Olamaboro, Omala, Yagba-East and Yagba-West with the projected population of about 4.5 million as at 2019 (NPC,2019), Inhibiting an estimated land area of 32861.25 Square Kilometers.

Economically, Kogi State is largely based around agriculture, mainly of coffee, cashew, groundnut, cocoa, palm oil, and yam crops. Other key industries are crude oil extraction and the livestock herding of cattle, goats, and sheep. Kogi has both the 23rd highest Human Development Index and GDP in the country.

Study Population

The general population for this study consists of all nursing mothers currently nursing a child of day1-24 months of age from the three senatorial districts in the State and attending immunization unit of the hospitals of study. The targeted population consists of 407 nursing mothers who attend immunization units of the study setting hospital as at the time of study. This was made up of 146 nursing mothers from Federal Medical Center Lokoja, 137 form general hospital Ankpa LGAs and 124 mothers from Teaching Hospital Anyingba in Dekina LGAs, Kogi State.

Sampling Procedures

The study utilizes both clustered and purposive sampling method to draw its actual respondents. It is in the realization of the above that the study firstly, clustered the state into three senatorial Districts namely; Kogi East, Kogi Central and Kogi West. Secondly, one Local Government Areas was purposively selected from each of the Senatorial Districts due to the location of tertiary and secondary hospitals in the area. Thirdly in each of the LGAs, one council ward where hospital with immunization centers is located were purposively selected making a total of three(3) council wards and three hospitals. This includes Federal Medical Centre in Lokoja council ward, General Hospital in Ankpa council ward and Teaching hospital Anyingba in

Dekina council ward. Fourthly, a sampling size was determine using the Taro Yamane sampling formula (1973) given a total 407 respondents (nursing mothers) selected across the council wards for ease of administration of questionnaires scheduled.

$$n = \frac{N}{1 + N(e)^2}$$

Where;

N = population of study location

n = required ample size

e = sample error (taken at 0.05 at 95% confidence level)

Applying the formula, the sample size of the study locations is computed as follows;

$$\begin{aligned} n &= \frac{1 + 214,229(0.0025)^2}{1 + 214,229(0.0025)} \\ n &= \frac{214,229}{1 + 535.6} \\ n &= \frac{214,229}{536.6} = 406.17 \end{aligned}$$

Therefore, the sample size is approximately 407.

Source of Data and Analysis

Data for the study was elicited from respondents through questionnaire. The questionnaires obtained information on the mother's Socio-demographic characteristics and other relevant variables. Data collection were collected on clinic days between Mondays and Fridays. The filled questionnaires were examined for completeness and entered into spreadsheet and then exported to Statistical Package for Social Sciences (SPSS) version 20 for the analysis. The main outcome variable was the practice of exclusive breastfeeding. The exposure variables include maternal age, educational attainment, mother's occupation and income. The obtained data were analyzed quantitatively using frequency distributions tables.

Results and Discussion

Socio-Demographic Characteristics of Respondents

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Frequency N= 407	Percent %
Age		
21-30	87	21.4%
31-40	304	74.7%
41 years & above	16	3.9%
Marital status		
Married	331	81.3%
Single	76	18.7%
Family Size		
1-2 children	247	60.7%
3-4 children	114	28.3%
5 & Above	46	11.4%
Total	407	100

Source: Field Survey, 2023.

Socio-demographic characteristics of respondents captured in this study include age, marital status and family size. In terms of age, the available statistics indicated that majority 304(74.7%) of respondents were within the age groups of 31 to 40 years, 87 (21.4%) respondents were nursing mothers with age bracket of 21- 30 years whereas 16(3.9%) of the respondents aged from 41 years and above. This indicates that the practice of exclusive breastfeeding is influenced by mother's age. Older mothers have higher odds of practicing EBF compared to younger mothers. This finding is consistent with others study conducted in Edo State Nigeria and Ethiopia

(Adebayo et al, 2021 & Muluneh, 2023). This finding could be attributed to the engagement of a higher proportion of younger mothers in career building pursuit and the believe that practicing EBF for a longer period would impact their breast size and beauty.

With regards to marital status of respondent the information indicated that majority 331(91.3%) of respondents were married while 76(8.7%) of the respondents were single. This implies that marital status of mothers influences their practice of EBF. It deduces able from the above that married mother were more likely to breastfeed exclusively compared to the unmarried mothers. The probable reasons could be married mother get more support to practice EBF from their husbands and other family members.

Furthermore, the statistics on respondent's family size showed that majority 240(64.3%) of the respondents had 3-4 children, 114(28.3%) of the respondents had 5 children and above and only 40(7.4%) of the nursing mothers had 1-2 children. This implies that family size also influences exclusive breastfeeding practice as it indicates that mothers who had 3-4 child are less likely to practice EBF than mothers who have 1-2 children. This could be explained by the fact that mothers who had up to four children believed there are experienced and could do without the recommended period by World Health Organization. This finding is similar to a study conducted in Southern Ghana where maternal age, house hold size and district of residence appears to be a strong determinant of exclusive breastfeeding after adjusting for other variables (Manyeh et al, 2020).

Table 2: Awareness of Exclusive Breastfeeding Recommendation by WHO and its practices among Nursing Mothers in Kogi State.

Variables	Frequency N= 400	Percent %
Awareness		
aware of breastfeeding recommendation by WHO	292	71.8
not aware of breastfeeding recommendation	115	28.2
Sources of information		
Radio jingles, television, social media, family & friends	296	74.4
Churches	76	18.8
Magazines	26	6.8
Breastfeeding Initiation after Delivery		
Within 1 hour	112	28.5
After 1 hour	248	60.9
Within 2 hours	47	10.6
Exclusive Breastfeeding Practices		
Breastfeed exclusively till 6 months	135	33.2
Don't breast feed exclusively till 6 months	272	66.8
Total	407	100

Source: Field Survey, 2023.

Result of the study on the awareness of exclusive breastfeeding recommendation by World Health Organization and its practices by respondents in the area are displayed on Table 2. Majority 292(71.8%) of the respondents were aware of the recommendation by WHO to breastfeeding exclusively up to 6 months while 115 (28.2%) of the respondent were not aware of EBF. Indicating that breast milk is generally accepted as an ideal food for infants and virtually all mothers can breastfeed if giving adequate support by family members, coworkers and colleagues.

Furthermore, the study revealed that majority 296(74.4%) of the respondent maintained that *their major sources of information were through radio jingles, television, social media, family and friends while 76(18.8%) and (6.8%) of the respondents claimed that their sources of information's were through churches and magazines respectively*. However, this high level of awareness does not translate into its practice as there was observed late 248 (60.9%) initiation of breastfeeding (1 hour) after delivery. This finding is higher compare to previous reports of 26% of babies being initiated to breastfeeding within one hour in Somalia, and 29% in Pakistan (WHO,2018). On the contrary this finding is lower compare to corresponding rate of 41 in Indian, 46% in Bangladesh 47% in Ghana and Zimbabwe 61%(UNICEF 2020 & WHO, 2021). Initiating breast milk early is very important to babies as it ensures that infants receive colostrum (first milk), which is rich in protective factor and the development of babies' intelligent quotient(IQ). However, the delay in in early initiation could be linked to poor nutrition of mothers, poor knowledge and other related socio-cultural practices.

The study revealed a decline in the duration of breastfeeding exclusively, with very few 135(33.2%) infants been breastfeed exclusively for the first six months of life. This finding is lower compared to the rate of exclusive breastfeeding reported by previous studies of 40.4%of exclusive breastfeeding practice in Edo State Nigeria and 60.3% in South Asian countries including Nepal and Europe (WHO, 2018). The unacceptable low rate of EBF could be attributed to the fact that most mothers are workers and traders who can't leave their work for six months without supporting their family financially in a poor economy like Nigeria. Other factors may be lack of work support policies, short maternity leave, pressure from marketing of breast milk substitute and other socio-economic factors.

Table 3: Socio-Economic Determinant of Exclusive Breastfeeding among Nursing Mothers in Kogi State.

Variables	Frequency N= 407	Percent %
Maternal Education		
Illiterate	13	3.3
Primary	69	17.1
Secondary	94	22.3
Tertiary/postgraduates	231	57.3
Income		
# 20, 000 -# 50,000	36	8.9
#50,000- #1000,000	95	23.3
100, 000 and above	276	67.8
Employment Status		
Employed	267	67.8
Unemployed	140	32.2
Occupation		
Full time house wife	19	4.5
Civil servant/ private sectors employees	235	57.7
Trading/ business	140	34.4
Others	13	3.4
Breastfeeding support policies		
Adequate work support policies	330	77.2%
Lack of work support policies	77	22.8%
Total	407	100

Source: Field Survey, 2023.

As indicated on table 3, The socio-economic determinants of respondents captured in this study include maternal educational attainment, employment status, level of income, occupation and work support system. The study indicated that 234(57.3%) of mothers had tertiary and post graduate education. Implying that education influence the practice of EBF in Kogi State. A better level of education tends to give mothers more possibilities of breastfeeding exclusively. This finding was consistent with the findings of other studies (Hamze 2019 & Agbo et al, 2016), who found that better level of education positively contributed to the process and the rate of EBF. Similarly, another study by Hackman et al (2022), observed that the higher the parent's level of education the more likely they are to initiate

breastfeeding and continue for more than 6 months. The probable reason could be based on the believed that with higher level of education mothers are exposed to adequate health information particularly on the importance of breastfeeding exclusively.

Additionally, the distribution of the respondent's monthly income and their practices of exclusive breastfeeding indicated that majority 276(67.8%) of the mothers earned 100,000 and above per month, This indicates that mothers who earned #100, 000 and above per month had the highest non-practice of exclusive breastfeeding, it is deduced able from the foregoing therefore, that mothers with higher income are less likely to breastfeed exclusively following the fact that they earned much and are able to afford baby formula. This finding affirms the observation of WHO (2017), that those with very low socioeconomic status, often have limited resources and deficiency of good foodstuff, inadequate housing condition and safe drinking water, which can cause negative effect on their health. The care and health of newborn and lactating mother is also affected by such socioeconomic factors. In the same vein, (Giashuddin, 2016), Observed that children in high socio-economic status families had higher risk of stopping exclusive breastfeeding compared to those in middle income economic status families.

Furthermore, the statistics on respondent employment status has shown that majority 272 (67.8%) of the respondents were employed while 135(32.2%) of the respondents were unemployed. This finding implies that maternal employment status influences herp ractice of breastfeeding exclusively. The above finding is in line with Eliyas et al (2017) who found that maternal employment status has been shown to decrease breastfeeding because of the time away from the baby. He added that women with lower status occupation may have more obstacles to expressing breast milk, or some mothers with hazardous occupation might be concerned that their exposure might affect breast milk.

The study revealed that mother's occupation influences their practice of exclusive breastfeeding. The result showed that Majority of 235(57.7%) of

respondents who worked as civil servant and others with private sectors. The nursing mothers who worked as civil servant and with private organization had highest non-practices of exclusive breastfeeding. This is explainable base on the fact that working mothers had to return to work early due to short period of maternity leave (3 months) which can lead to early introduction of other solid foods to infants and living the infants at the care of other family members or baby seaters. This finding collaborates with previous studies that employment of women in the formal sectors contributed greatly to the reduced desire and confidence of mothers, in breastfeeding their babies exclusively, particularly the younger ones and the literates (Ogundashusi, 2015). Promotion of infant breast milk substitute by commercial industries had also contributed greatly to the low practice of exclusive breastfeeding. Finally, the result presented has also showed the influence of work support policies on exclusive breastfeeding practice among working mothers. Majority 330(77.2%) of the respondents had indicated lack of adequate working support policies while 77(22.8%) of the respondents were of the view that their organization had adequate working support policies. This implies that working mothers are less likely to exclusively breastfeed compared to nonworking mothers. This finding is in consonant with Gordon et al (2020), who found that work environment, policies and practices such as working hours, break times, flexibility and baby-friendly or breastfeeding-friendly facilities are critical in breastfeeding behaviour. In addition, policies that enable on-site expressing and storing of breastmilk influence the ability of mothers to combine work and breastfeeding. For working mothers, this may be an enabler if the conditions are favourable, and vice versa. Hence, exclusive breastfeeding mothers who are working in offices may be successful or not based on prevailing workplace factors. In the same vein Bueno-Gutierrez & Chantry (2015), observed that community level factors as well as the presence of organizational measures aimed at protecting, promoting and supporting breastfeeding are positively correlated with exclusive breastfeeding. The information is presented on table 3.

Conclusion/ Recommendations

Exclusive breastfeeding is a unique and essential practice that promotes

healthy growth and development of an infants for the first six months of life. The first year of life of an infants represent an especially challenging period for their nutrition and health due to rapid growth and metabolism rate which increases their nutrients requirements during this period. The study revealed high awareness of exclusive breastfeeding recommendation by World Health Organization of 0-6 months among nursing mothers in the area however, the high level of awareness does not translate into its practices as low practice of EBF was found. This is due largely to the influence of some socio-economic factors such as maternal educational level, employment status, level of income, occupation and lack of adequate work support system/policies. In view, of the findings of this study, proper education on the long-term benefits of exclusive breastfeeding should be given to nursing mothers in order to strengthen their perceptions, empowering them to resist external interferences and pressures. There need to strengthen workplace policies on exclusive breastfeeding both in public and private organization, and to ensure that these policies become consistent among all sectors. The government and non-governmental organization should extend the period of maternity leave from 3 to the 6 months as this will enable working class mothers to breastfeed exclusively within the 0-6 recommended as prescribed by world Health Organization. There is need for effective implementation of the adopted International Code of Marketing of Breast Milk Substitutes (BMS). This will help restrict the marketing of breast milk substitutes in order to increase breastfeeding rate for improved health of both mother and child.

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