



# **WESTERN NIGERIA JOURNAL OF MEDICAL SCIENCES (WNJMS)**

**KNOWLEDGE AND ATTITUDE OF NURSING MOTHERS ON EXCLUSIVE  
BREASTFEEDING IN SOUTHWEST NIGERIA**

## KNOWLEDGE AND ATTITUDE OF NURSING MOTHERS ON EXCLUSIVE BREASTFEEDING IN SOUTHWEST NIGERIA

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### ABSTRACT

**Introduction:** The study aimed to assess the knowledge and attitude of nursing mothers regarding the practice of exclusive breastfeeding in the Ogbomosho community.

**Methods:** The study involved two hundred and twenty-eight consented breastfeeding mothers who fulfilled the inclusion criteria. A cross-sectional descriptive design was adopted using a validated interviewer-based questionnaire. Multistage sampling technique was used in selecting LGAs and health facilities. Knowledge and attitude questions were assigned 1 and 0 marks for appropriate and inappropriate responses respectively while level of knowledge and attitude were assessed using modified Bloom's cut-off points. Quantitative analysis was conducted using SPSS version 25. A Chi-square test was conducted to assess the correlation between categorical variables (sociodemographic data, knowledge and attitude). All analyses were done at a 95% confidence interval and a p-value <0.05 was considered significant.

**Results:** The majority of the participants, 113(54.1%), were between 20 and 29 years. 138(66%) had good knowledge of exclusive breastfeeding (EBF), 65(31%) had fair knowledge and only 6(3%) had poor knowledge. Also, 153(73.2%) had a positive attitude towards EBF while 56(26.8%) had negative attitude. Varying knowledge levels and attitude shown by mothers towards EBF affected the practice, especially among those

having more stressful work schedules amidst other sociodemographic factors thus having limited time and space for breastfeeding.

**Conclusion:** The study participants had good knowledge about EBF and majority showed positive attitude towards exclusive breastfeeding. Working in government employment or in companies where there is limited time and space for breastfeeding might affect their attitude towards the practice thereby opting for other feeding options. Efforts should therefore be put in place to ensure all nursing mothers embrace EBF.

**Keywords:** Knowledge, Attitude, Nursing mothers, Practice, Exclusive breastfeeding

### INTRODUCTION

In the first 6 months of life, as recommended by the world health organization, baby is exclusively fed with breast milk only to achieve optimal growth, development and good health except when medication is recommended for other health indications.<sup>1</sup> Breastfeeding continues after 6 months with adequate and safe complementary foods for up to 2 years and beyond so that infant nutritional requirements are met.<sup>1</sup>

Exclusive breastfeeding (EBF) has been shown to decrease the risk of gastrointestinal infections.<sup>2</sup> Any volume of breast milk is protective and is associated with a 64% reduction in the incidence of non-specific gastrointestinal infections.<sup>3</sup> There is also a



residual protective effect for up to two months after discontinuation of lactation. Infants breastfed during the first year of life have a 30% lower risk of rotavirus diarrhea.<sup>4</sup> Breast milk has also been described as a protective factor against both symptomatic and asymptomatic *Giardia* infection.<sup>5</sup> Lactating mothers also benefit from breastfeeding through a reduction in blood loss after delivery, better uterus contraction/shrinkage and a decrease in postpartum depression. Lactation delays the return of menstruation and also decreases the risk of breast cancer and cardiovascular disease among other benefits.

Breastfeeding practices, including initiation and duration, are influenced by multiple interwoven factors which include mothers' knowledge of the subject as well as health, psychosocial, cultural, political, and economic factors.<sup>6</sup> In Nigeria, reports have shown that 64.6% of mothers had knowledge that EBF should continue until 6 months and about 75% were reported to have started breastfeeding immediately after delivery of their babies in less than 30 minutes which is the recommended guideline for breastfeeding by World Health Organization (WHO).<sup>1,7</sup> In a more recent study in Nigeria, 94% of respondents had good knowledge of exclusive breastfeeding and 90% had a positive attitude towards exclusive breastfeeding practice.<sup>8</sup> In another multi-region study, approximately 90% of all mothers interviewed had heard about EBF.<sup>9</sup>

The varied knowledge is common in different parts of the country due to several factors especially the literacy levels and the accessibility to information desks on health matters. The decision to exclusively breastfeed is highly influenced by diverse ethnic and cultural factors. Traditions and cultures in relation to infant feeding have been shown to be promoted by community members as breastfeeding in Africa is still strongly considered a part of the traditional culture.<sup>10</sup>

A significant association has been reported between the mother's level of education and breastfeeding pattern.<sup>11</sup> Mothers who had secondary and tertiary levels of education were observed to have higher rates of EBF due to

their vast knowledge of the benefits of it.<sup>12</sup> In contrast, mothers with no education have limited knowledge and negative attitudes toward EBF practice.<sup>13</sup> This study aimed to assess the knowledge and attitude of mothers on EBF practices.

## **Methods**

### **Study Area**

This study was carried out in the Ogbomoso community located in the northern part of Oyo State Nigeria, on Latitude 8° 08' 00" East and Longitude of 4° 16' 00" North of the Equator with an area landmass covering about 37,984 square kilometers.<sup>14</sup>

The estimated population of Ogbomoso is 654,183 and the estimated number of women in the reproductive age group (between 15–49 years of age) is 163,546.<sup>15</sup> There are five local government areas in Ogbomoso namely: Ogbomoso North, Ogbomoso South, Surulere, Orire and Ogo-Oluwa local government areas; each has ten political wards. There are several primary health facilities spread across the wards as well as privately-owned health facilities.

### **Study Design**

The study was a cross-sectional descriptive design

### **Study Population**

The study population was breastfeeding mothers who met the inclusion criterion for this study.

### **Sample Size**

The sample size for the study was calculated with the Leslie Fisher's formula using the prevalence of exclusive breastfeeding practice in Nigeria (17%).<sup>16,17</sup> The minimum sample size derived was approximately two hundred and twenty-eight (228).

### **Study Instruments**

An interviewer-administered, validated questionnaire was used to collect data. The questionnaire has three parts. Section A: sociodemographic data, Section B: Knowledge of Mothers about the benefits of Breastfeeding,

and Section C: Attitude of Mothers towards Breastfeeding.

For Section B, any correct answer to each question was given a score of one point while wrong answer scored zero. Bloom's cut-off point was adapted and modified to grade knowledge.<sup>18</sup> A knowledge score of 0–49% represented poor knowledge, 50–74% represented fair knowledge and a score of  $\geq 75\%$  represented good knowledge.

Section C contained questions on attitude towards EBF, the responses on the Likert scale were assigned marks 1–5. Using modified Bloom's cut-off points, attitude was also graded into positive attitude indicating  $>66\%$  while  $\leq 66\%$  indicated a negative attitude towards EBF.<sup>18</sup>

### Sampling Technique

Multistage sampling was used. Of the five local government areas (LGAs) in Ogbomosho town, three were selected by simple random sampling using the balloting method. Two health facilities were selected from each of the three LGAs by simple random sampling. A total of six health facilities were therefore selected for the study. The number of subjects to be recruited was proportionately distributed. Eligible respondents were consecutively recruited using systematic sampling until the allocated sample size for the study was reached.

### Data Analysis

The data collected were collated, sorted and presented with the use of percentages, charts and frequency tables. Knowledge and attitude questions were assigned 1 and 0 marks for appropriate and inappropriate responses respectively. The levels of knowledge and attitude were assessed using modified Bloom's cut-off points. Quantitative analysis used the Statistical Product and Service Solution (SPSS) version 25.0 software. Results were described in terms of frequencies, using descriptive statistics. A Chi-square test was conducted to assess the correlation between categorical variables (sociodemographic data, knowledge and attitude). All analyses were done at a 95% confidence interval and p-value  $<0.05$  was considered significant.

### Ethical Consideration

The approval to conduct the research was sought and obtained from the Ethical Review Committee, Ladoke Akintola University of Technology Teaching Hospital, Ogbomosho, Oyo State Nigeria. Written informed consent was obtained from respondents after explaining the study objectives and rationale. They were assured that participation was voluntary.

## RESULTS

A total of two hundred and twenty-eight (228) questionnaires were administered; 209 were completely filled and suitable for analysis giving a response rate of 91.6%.

*Table 1: Sociodemographic Characteristics of Respondents*

		Frequency (N=209)	Percent (%)
<b>Age</b>	<20	7	3.3
	20-29	113	54.1
	30-39	77	36.8
	$\geq 40$	12	5.7
<b>Religion</b>	Christianity	156	74.6
	Islam	52	24.9
	Traditional	1	0.5
<b>Ethnicity</b>	Hausa	4	1.9
	Ibo	18	8.6
	Yoruba	185	88.5
	Others	2	1.0
<b>Marital status</b>	Single	4	1.9
	Married	204	97.6
	Widowed	1	0.5
<b>Highest Educational Level</b>	Primary	4	1.9
	Secondary	70	33.5
	Tertiary	133	63.7
	Others	2	1.0
<b>Occupation</b>	Government employed	69	33.0
	Private	62	29.7
	Self	46	22.0
	Others <sup>a</sup>	32	15.3
<b>Level Of monthly Income</b>	< N30,000	78	37.3
	N30,000 - 50,000	57	27.3
	> N50,000	74	35.4
<b>Number of Children</b>	1 - 2	148	70.8
	3 - 4	54	25.8
	>4	7	3.3

*Note: <sup>a</sup>including married students with side jobs*

As set out in table 1; the majority, 113(54.1%), of the respondents were between 20 and 29 years of age, while 12(5.7%) were 40 years and above. The majority, 156(74.6%) were Christians while 52(24.9%) practice Islam. 185(88.5%) were of the Yoruba ethnic group. Almost all the subjects, 204(97.6%), were married. 4(1.9%), 70(33.5%), and 133(63.7%) had primary, secondary and tertiary education respectively while 2(1%) had other qualifications. 69(33%) were government employees, 62(29.7%) were privately employed, 46(22%) were self-employed and 32(15.3%) belonged to other categories of workers. 78(37.3%) earned less than N30,000 per month, 57(27.3%) between N30,000-N50,000 and 74(35.4%) earned above N50,000. 74(35.4%) had one child, 74(35.4%) had two children while 34(16.3%), 20(9.6%), 5(2.4%) and 2(1%) had three, four, five and six children respectively.

From table 2, the majority of the total respondents, 196(93.8%) have heard of exclusive breastfeeding (EBF) before and 203(97.1%) indicated that breastfeeding is the ideal food for newborn babies. 185(88.5%) affirmed that breastfeeding provides the newborn infant with nutritional benefits that formula won't provide, 191(91.4%) indicated that a nursing mother should consult her doctor before taking any medication, while 178(85.2%) and 164(78.5%) indicated that breastfeeding reduces the risk of malnutrition and obesity in children and protects against breast and ovarian cancers respectively.

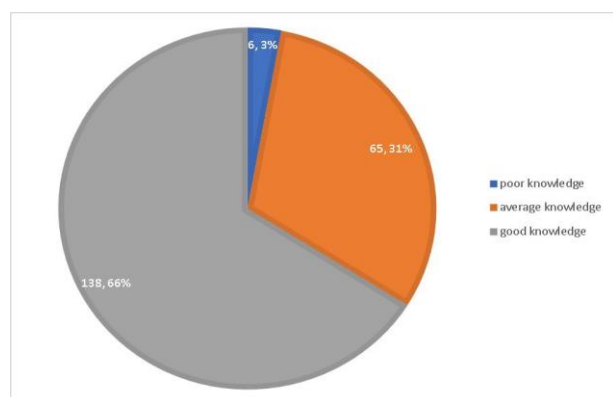
One hundred and fifty three (73.2%) respondents indicated that breastfeeding helps the uterus contract to its normal size and 142(67.9%) indicated that it helps the mother return to her pre-pregnancy weight. 172(82.3%) agreed that a child who is breastfed is less likely to get sick compared to formula-fed children and 173(82.8%) agreed that breastfeeding reduces constipation in babies. 174(83.3%) indicated that some foods and beverages increase breast milk production and 151(72.2%) agreed that breastfeeding is a method of contraception for mothers. 127(60.8%) affirmed that smoking mothers should not breastfeed their babies. 96(45.9%) affirmed that mothers should stop

**Table 2: Knowledge of Mothers on Exclusive Breastfeeding (N=209)**

Variables	Yes	No
Ever heard about exclusive breastfeeding	196(93.8%)	13(6.2%)
Breastfeeding is the ideal food for newborn babies	203(97.1%)	6(2.9%)
Breastfeeding provides the newborn infant with nutritional benefits that formula won't provide	185(88.5%)	24(11.5%)
The nursing mother should consult her doctor before taking any medication	191(91.4%)	18(8.6%)
Breastfeeding reduces the risk of malnutrition and obesity in children	178(85.2%)	31(14.8%)
Breastfeeding protects against breast and ovarian cancers	164(78.5%)	45(21.5%)
Breastfeeding helps the uterus contract to its normal size	153(73.2%)	56(26.8%)
Breastfeeding helps the mother return to her pre-pregnancy weight	142(67.9%)	67(32.1%)
A child who is breastfed is less likely to get sick compared with formula-fed children	172(82.3%)	37(17.7%)
Breastfeeding reduces constipation in baby	173(82.8%)	36(17.2%)
Some foods and beverages increase breast milk production	174(83.3%)	35(16.7%)
Breastfeeding is a method of contraception for mothers	151(72.2%)	58(27.8%)
Smoking mothers should not breastfeed their babies	127(60.8%)	82(39.2%)
The mother should stop breastfeeding if the child has a cold, high temperature, or diarrhea	96(45.9%)	113(54.1%)
Cosmetic surgery of the breast is a contraindication for breastfeeding	102(48.8%)	107(51.2%)

breastfeeding if the child has a cold, high temperature, or diarrhea. 102(48.8%) indicated that cosmetic surgery of the breast is a contraindication for breastfeeding.

As shown in figure 1, 138(66%) had good knowledge of exclusive breastfeeding, 65(31%) had average/fair knowledge and 6(3%) had poor knowledge.

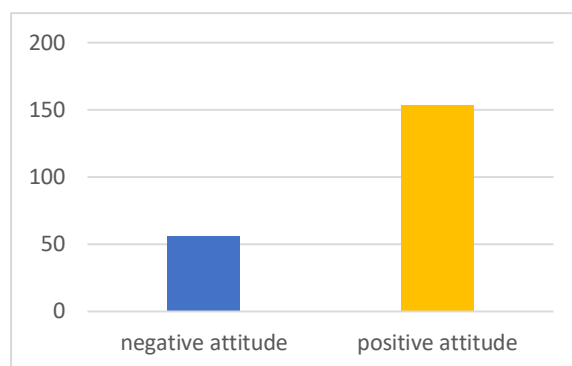


**Figure 1: Overall knowledge of mothers on exclusive breastfeeding**

From table 3, it can be deduced that age ( $p = 0.03$ ), ethnicity ( $p = 0.000$ ), highest educational level ( $p = 0.000$ ), occupation ( $p = 0.000$ ), and level of income ( $p = 0.000$ ) are all

significantly related to the knowledge of exclusive breastfeeding and its practice among working mothers.

As shown in figure 2, 153(73.2%) had a positive attitude toward breastfeeding while 56(26.8%) had negative attitude.



**Figure 2: Overall attitude of respondents toward breastfeeding**

**Table 3: Correlations between sociodemographic characteristics and knowledge of exclusive breastfeeding**

Variables		knowledge of mothers on exclusive breastfeeding and its benefits {n(%)}			Total	$\chi^2$	df	p-value
		poor knowledge	average knowledge	good knowledge				
Age	<20	2(28.6)	1(14.3)	4(57.1)	7	19.974	6	0.030*
	20-29	3(2.6)	31(27.4)	79(70.0.)	113			
	30-39	1(1.3)	29(37.7)	47(61.0)	77			
	≥40	0(0.0)	4(33.3)	8(66.7)	12			
Religion	Christianity	3(1.9)	49(31.4)	104(66.7)	156	2.592	4	0.628
	Islam	3(5.8)	16(30.8)	33(63.4)	52			
	Traditional	0(0.0)	0(0.0)	1(100.0)	1			
Ethnicity	Hausa	2(50.0)	2(50.0)	0(0.0)	4	37.481	6	0.000*
	Ibo	0(0.0)	8(44.4)	10(55.6)	18			
	Yoruba	4(2.2)	55(29.7)	126(68.1)	185			
	Others	0(0.0)	0(0.0)	2(100.0)	2			
Marital status	Single	0(0.0)	3(75.0)	1(25.0)	4	4.177	4	0.383
	Married	6(2.9)	62(30.4)	136(66.7)	204			
	Widowed	0(0.0)	0(0.0)	1(100.0)	1			
Highest Educational level	Primary	2(50.0)	1(25.0)	1(25.0)	4	38.500	6	0.000*
	Secondary	3(4.3)	27(38.6)	40(57.1)	70			
	Tertiary	1(0.8)	36(27.1)	96(72.1)	133			
	Others	0(0.0)	1(50.0)	1(50.0)	2			
Occupation	Government employed	0(0.0)	9(13.0)	60(86.9)	69	33.653	6	0.000*
	Private	0(0.0)	23(37.1)	39(62.9)	62			
	Self	2(4.3)	21(45.7)	23(50.0)	46			
	Others	4(12.5)	12(37.5)	16(50.0)	32			
Level Of Income	< N30,000	4(5.1)	36(46.2)	38(48.7)	78	23.191	4	0.000*
	N30,000 - 50,000	2(3.5)	18(31.6)	37(64.9)	57			
	> N50,000	0(0.0)	11(14.9)	63(85.1)	74			
Total		6(2.9)	65(31.1)	138(66.0)	209(100.0)			

\*Significant at 0.05

From table 4, only the occupation of the mother and level of income ( $p = 0.000$ ) were significantly related to the attitude of working-class mothers toward exclusive breastfeeding.

might be due to the study location, which is a Yoruba and Christian-dominated town in South-Western Nigeria. Furthermore, the most of them were married and had tertiary level of education with 33% being government employees.

## DISCUSSION

The socio-demographic findings showed that the majority of the mothers were between 20 and 29 years of age and about three-quarters practiced Christianity with the majority being of the Yoruba ethnic group. These attributes

The study observed that the majority (93.8%) of mothers recruited have heard of exclusive breastfeeding (EBF) with 97.1% and 88.5% indicating that it is the best food for newborn babies and it provides them with adequate

**Table IV: Correlations between sociodemographic characteristics and attitude toward exclusive breastfeeding**

Variables		Attitude of working mothers towards breastfeeding		Total	$\chi^2$	df	p-value
		negative attitude	positive attitude				
Age	<20	4(57.1)	3(42.6)	7	7.201	3	0.066
	20-29	23(20.4)	90(79.6)	113			
	30-39	25(32.5)	52(67.5)	77			
	≥40	4(33.3)	8(66.7)	12			
Religion	Christianity	41(26.3)	115(73.7)	156	0.498	2	0.779
	Islam	15(28.8)	37(71.2)	52			
	Traditional	0(0.0)	1(100.0)	1			
Occupation	Government employed	5(7.2)	64(92.8)	69	20.710	3	0.000*
	Private	23(37.1)	39(62.9)	62			
	Self	15(32.6)	31(67.4)	46			
	Others	13(40.6)	19(59.4)	32			
Ethnicity	Hausa	2(50.0)	2(50.0)	4	1.724	3	0.632
	Ibo	5(27.8)	13(72.2)	18			
	Yoruba	48(25.9)	137(74.1)	185			
	Others	1(50.0)	1(50.0)	2			
Marital status	Single	2(50.0)	2(50.0)	4	1.475	2	0.478
	Married	54(26.5)	150(73.5)	204			
	Widowed	0(0.0)	1(100.0)	1			
Highest Educational level	Primary	2(50.0)	2(50.0)	4	5.338	3	0.149
	Secondary	24(34.3)	46(65.7)	70			
	Tertiary	29(21.8)	104(78.2)	133			
	Others	1(50.0)	1(50.0)	2			
Level Of Income	< N30,000	31(39.7)	47(60.3)	78	18.670	2	0.000*
	N30,000 - 50,000	18(31.6)	39(68.4)	57			
	> N50,000	7(9.5)	67(90.5)	74			
Total		56(26.8)	153(73.2)	209(100.0)			

\*Significant at 0.05



nutritional benefits. This is similar to a multi-region study where approximately 90% have heard about EBF, however, on the contrary, only less than half of sampled mothers in a study conducted in Igbo-Ora, Oyo state have heard of exclusive breastfeeding before.<sup>9,19</sup>

More than two-thirds also indicated that EBF reduces the risk of malnutrition and obesity and protects against cancers. This is in relation to the review conducted among 42 developing countries where breastfeeding is seen to have the potential of preventing more than one million infant deaths per year.<sup>3</sup> Close to two-thirds affirmed that breastfeeding is a form of contraception and it helps the uterus to contract back to the pre-pregnancy state. Breastfeeding has been shown to cause uterine contraction/shrinkage after delivery and delays the return of menstruation and fertility which assists the mother greatly in child bonding.<sup>20</sup>

Overall, two-thirds of the sampled mothers in this study had good knowledge of EBF, 31% had fair knowledge while 3% had poor knowledge. The knowledge base of mothers on exclusive breastfeeding has been known to vary according to different studies. The reported level of good knowledge of EBF in this study is slightly greater than that conducted in Osogbo, Osun State (64.6%), lower compared to 94% in another study in Lagos and in a study in Ethiopia (83.4%)<sup>1,7,8</sup> These differences might be attributed to the literacy levels and differences in the study areas.

Moreover, mothers in this study showed varying attitudes towards exclusive breastfeeding as most of them believed that health professionals encourage breastfeeding practice and some perceived breastfeeding to reduce family expenses. Although, some still felt formula feeding is easier than breastfeeding and a significant proportion indicated that they would feel embarrassed to be breastfeeding in the public. The majority are also of the opinion that breastfeeding will make the mother's breasts sag.

Overall, the majority of the respondents (73.2%) had a positive attitude towards

breastfeeding. This is similar to the result of a study among female bankers in Lagos state where a majority of them (90%) had a positive attitude toward exclusive breastfeeding.<sup>8</sup> However, a negative attitude towards exclusive breastfeeding was noticed among women in Owerri, Imo state.<sup>13</sup> This may be attributed to the literacy level and the nature of the mothers' jobs.

This study also observed that age, ethnicity, highest level of education, occupation, and level of income are all significantly associated with mothers' attitudes towards EBF. Maternal characteristics such as younger maternal age, low income, less maternal education, and unmarried status are associated with lower breastfeeding prevalence and its knowledge among women was also noted in other studies.<sup>21,22</sup> This might be due to the fact that younger mothers are most likely to show less positive attitude towards breastfeeding due to a belief that it can make their breast sag. Also, those with less education might not appreciate the core benefits of breastfeeding.

In this study, only the occupation of mothers and level of income are significantly related to the attitude of mothers towards exclusive breastfeeding. This can be related to the stress of working especially for those that are government employees or working within a company where there is limited time and space for breastfeeding. These might affect their attitude towards breastfeeding and might make them opt for other feeding options. Some previous studies in Nigeria have shown that mothers with no education and low income have negative attitude towards EBF practice.<sup>13</sup>

This study was carried out among nursing mothers in a semi-urban population who have attended primary health care facilities during the period. Consequently, findings from this study cannot be generalized. Therefore, this limitation should be addressed in future researches by considering a wider inclusion of breastfeeding mothers.



## CONCLUSION

This study demonstrated that the overall knowledge and attitude of mothers towards exclusive breastfeeding practices in this geographical area is good and that the levels of education, income and maternal work status have positive associations with EBF. These positive observations might be due to the fact that the study area is semi-urban and the cultural values as well literacy level and availability of tertiary health institutions contributed significantly.

Working in government employments or in companies where there is limited time and space for breastfeeding might affect nursing mothers' attitude towards the practice and such mothers might opt for other feeding options. Efforts should therefore be put in place to ensure all nursing mothers embrace EBF in the long run.

## Conflict of Interest

The authors declared no conflicts of interest

## Funding

This research work was solely funded by the authors.

## Acknowledgment

We acknowledge the support and immense contributions of all study participants towards the success of this research work.

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