

# Determinants of Knowledge, Attitude, and Practice of Exclusive Breastfeeding among Nursing Mothers in Ogun Waterside Local Government Area, Ogun State, Nigeria

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**Annotation: Introduction:** Exclusive breastfeeding (EBF) is critical for infant health, providing essential nutrients and protection against infections. However, in many parts of Nigeria, including Ogun Waterside Local Government Area (LGA), despite knowledge of EBF's benefits, adherence to the practice remains suboptimal. Understanding the determinants of knowledge, attitude, and practice (KAP) of EBF is essential for improving breastfeeding outcomes.

**Objective:** This study aims to investigate the determinants of knowledge, attitudes, and practices of exclusive breastfeeding among nursing mothers in Ogun Waterside LGA, Ogun State, Nigeria.

**Method of Analysis:** A descriptive research design was used, targeting 200 nursing mothers who were practicing exclusive breastfeeding in Ogun Waterside LGA. The sample was selected using simple random sampling. Data were collected through a self-structured questionnaire and analyzed using descriptive statistics and the Chi-square test to assess associations between sociodemographic factors and breastfeeding practices.

**Results:** The study found that 85% of mothers were aware of exclusive breastfeeding, with 94% recognizing its role in promoting optimal growth and 88% believing it enhances intelligence. However, only 30% of respondents adhered to the recommended practice of exclusive breastfeeding without introducing other liquids or solids. Furthermore, only 5% refrained from giving water before six months. Socio-demographic factors significantly influenced EBF practices, with mothers who had higher educational levels being 10 times more likely to practice exclusive breastfeeding compared to those with no formal education. Support systems were also found to be crucial, with 70% of mothers who received support from family or community members practicing exclusive breastfeeding.

**Conclusion:** This study highlights the importance of maternal education, cultural beliefs, and support systems in shaping breastfeeding practices. Interventions focused on enhancing breastfeeding education, addressing cultural misconceptions, and implementing breastfeeding-friendly workplace policies are crucial for improving EBF practices in Ogun Waterside LGA.

**Keywords:** Exclusive breastfeeding, knowledge, attitudes, practices, Ogun Waterside, maternal education, cultural beliefs, workplace policies.

## **Background**

Breastfeeding is universally recognized as the optimal mode of infant feeding, providing essential nutrients, immune protection, and fostering mother-child bonding. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasize early initiation of breastfeeding within the first hour of birth, exclusive breastfeeding (EBF) for the first six months of life, and continued breastfeeding up to two years or beyond, complemented with nutritionally appropriate foods. Exclusive breastfeeding has been identified as one of the most effective strategies for reducing child mortality, capable of preventing approximately 13% of deaths among children under five in low- and middle-income countries (Joshi, 2014). Research indicates that infants exclusively breastfed are significantly less likely to die from infections and other preventable conditions compared to non-breastfed infants (Black et al., 2013). Despite global initiatives promoting exclusive breastfeeding, such as the Baby-Friendly Hospital Initiative launched by WHO and UNICEF in 1991, the practice remains suboptimal in many parts of the world. According to the World Health Organization (WHO) and UNICEF (2022), approximately 48% of infants under six months are exclusively breastfed globally, reflecting modest improvements in breastfeeding practices, though significant disparities persist, particularly in Sub-Saharan Africa. Exclusive breastfeeding not only provides complete nutrition tailored to the infant's developmental needs but also reduces the risk of diarrhea, respiratory infections, and malnutrition, which are major contributors to infant morbidity and mortality in developing countries (Victora et al., 2023). The benefits of exclusive breastfeeding extend beyond child health. It aids maternal health by promoting uterine contraction and reducing postpartum hemorrhage, thereby facilitating recovery after childbirth. Furthermore, breastfeeding can contribute to natural birth spacing due to lactational amenorrhea (Tanash, 2014). Economically, it reduces household expenditures on infant formula and healthcare costs associated with treating preventable illnesses. Nonetheless, numerous barriers hinder the practice of exclusive breastfeeding, including misconceptions about insufficient milk production, sociocultural norms advocating early introduction of water and other liquids, unsupportive work environments, and medical contraindications such as maternal infections (WHO, 2013). The influence of HIV/AIDS complicates breastfeeding decisions, although current guidelines from WHO recommend that mothers living with HIV continue breastfeeding if they are on effective antiretroviral therapy (ART) to minimize the risk of transmission while ensuring optimal nutrition and immune benefits for the infant (World Health Organization, 2021). This approach reduces malnutrition and infection-related vulnerabilities in resource-limited settings compared to formula feeding. Ogun Waterside Local Government Area, Ogun State, Nigeria, like many rural communities, faces significant public health challenges related to infant feeding practices. Early introduction of complementary foods is prevalent, driven by cultural beliefs and inadequate knowledge of the health risks. Diarrhea and respiratory infections, both preventable with proper breastfeeding practices, remain leading causes of infant mortality in the region. Addressing these issues requires comprehensive research to understand the knowledge, attitudes, and practices surrounding exclusive breastfeeding among nursing mothers in this locale. Evidence-based interventions targeting these determinants can inform policies and programs aimed at improving breastfeeding rates and reducing child mortality. Understanding the multifactorial influences on exclusive breastfeeding, including maternal age, educational status, parity, and cultural perceptions, is essential. Recent research underscores that younger mothers and those with limited formal education are less likely to practice exclusive breastfeeding, often due to insufficient knowledge about its benefits. A study by Agho et al. (2023) highlights that maternal education significantly influences breastfeeding practices, with higher educational levels correlating with increased adherence to exclusive breastfeeding guidelines. Additionally, societal pressures and traditional beliefs, such as the need to provide water to infants in hot climates, undermine adherence to WHO recommendations (Black et al., 2013). Enhanced community-based education, policy advocacy, and workplace reforms promoting breastfeeding-friendly environments are pivotal strategies for overcoming these barriers. This study, therefore, aims to explore the knowledge, attitude, and practice of exclusive breastfeeding among nursing mothers in Ogun Waterside Local Government Area, providing critical insights to support public health initiatives and enhance child survival outcomes.

## Materials and Methods

### Research design

This study employed a descriptive research design to systematically characterize and analyze the knowledge, attitudes, and practices related to exclusive breastfeeding among nursing mothers in Ogun Waterside Local Government Area, Ogun State, Nigeria. Descriptive research is instrumental in providing an accurate portrayal of variables within a specific population without manipulating any variables, thereby offering a comprehensive understanding of the phenomena under investigation.

### Population of the study

The study population comprised nursing mothers utilizing health centers in Ogun Waterside Local Government Area (LGA), Ogun State, Nigeria. This LGA, with a population of approximately 126,200 residents, is predominantly inhabited by the Ijebus, Ilajes, and Ikales. (Punch newspaper, 2022). The focus was on mothers practicing exclusive breastfeeding, as they are directly relevant to the research objectives. By concentrating on this specific group, the study aimed to gain insights into exclusive breastfeeding practices within the community, thereby informing targeted public health interventions.

### Sample and sampling techniques

In this study, a sample of 200 nursing mothers practicing exclusive breastfeeding was selected from Ogun Waterside Local Government Area (LGA) in Ogun State, Nigeria. The sample size was determined using the Leslie Kish formula, which is appropriate for cross-sectional studies. Based on previous studies, the prevalence of exclusive breastfeeding in Nigeria has been reported to be approximately 29% (National Population Commission (NPC) [Nigeria] and ICF, 2019). However, a sample size of 200 was deemed feasible for this study. While this reduced sample size may affect the precision of the estimates, it remains within acceptable limits for exploratory research.

A simple random sampling technique was employed to ensure that each nursing mother practicing exclusive breastfeeding in the LGA had an equal chance of being selected. This method minimizes selection bias and enhances the generalizability of the findings. The sampling frame was obtained from local health centers and community health records, listing all eligible nursing mothers. Using a random number generator, 200 participants were selected from this list. This sampling approach aligns with methodologies used in similar studies conducted in Nigeria, where sample sizes and sampling techniques were adapted to the specific research context and available resources (Agho et al., 2011). By employing this sampling strategy, the study aimed to obtain a representative sample of nursing mothers practicing exclusive breastfeeding in Ogun Waterside LGA, thereby enhancing the validity and reliability of the research findings.

### Research Instrument

The research instrument utilized in this study was a meticulously designed self-structured questionnaire aimed at collecting comprehensive data pertinent to the research objectives. The questionnaire comprised two sections: Section A focused on demographic variables, gathering information on participants' age, educational level, occupation, marital status, and parity to establish a demographic profile essential for contextualizing the study findings. Section B concentrated on assessing the knowledge, attitudes, and practices (KAP) related to exclusive breastfeeding (EBF) among nursing mothers in Ogun Waterside Local Government Area (LGA), Ogun State, Nigeria. The knowledge component evaluated participants' understanding of EBF guidelines, benefits, and recommended practices. Attitudes were gauged through a series of statements rated on a four-point Likert scale, with options ranging from Strongly Agree (SA) to Strongly Disagree (SD), to determine respondents' feelings and predispositions towards EBF. The practice aspect explored actual breastfeeding behaviors and adherence to EBF recommendations. To ensure the instrument's validity, it underwent a rigorous review process involving experts in maternal and child health, as well as experienced public health researchers, who evaluated the questionnaire for content validity to confirm it accurately captured all relevant aspects of EBF knowledge, attitudes, and practices. Their feedback

was incorporated to refine the questions for clarity and relevance. Reliability was assessed through a pilot study involving 20 nursing mothers from Ijebu Ode Local Government Area, a demographically similar region not included in the main study. This pilot testing aimed to evaluate the internal consistency of the questionnaire items, with Cronbach's alpha coefficients calculated for the attitude and practice sections, yielding values of 0.82 and 0.79, respectively, indicating acceptable reliability levels. By implementing these rigorous validation, the study ensured that the research instrument was both robust and appropriate for assessing the knowledge, attitudes, and practices of exclusive breastfeeding among nursing mothers in Ogun Waterside LGA.

### Data Analysis

The collected data were subjected to statistical analysis to address the research objectives effectively. Descriptive statistics, including frequency counts and percentages, were employed to summarize and elucidate the demographic characteristics of the respondents, providing a clear overview of the sample population. To test the research hypotheses, inferential statistical analysis was conducted using the Chi-square test of independence. This non-parametric test is appropriate for examining associations between categorical variables and was applied to determine whether significant relationships exist between the variables under study. The Chi-square test was conducted at a 0.05 alpha level, establishing a 95% confidence interval for decision-making regarding the null hypotheses. All statistical analyses were performed using appropriate software tools, ensuring accuracy and reliability in the interpretation of the data collected from nursing mothers in Ogun Waterside Local Government Area, Ogun State, Nigeria.

### Ethical consideration

This study adhered to strict ethical standards. Ethical approval was secured from the relevant institutional review board. Participation was voluntary, with nursing mothers fully informed about the study's objectives, procedures, risks, and benefits. Informed consent was obtained, allowing participants to withdraw at any time without consequence. Data confidentiality was maintained by anonymizing responses and securely storing information accessible only to the research team. The questionnaire was designed to minimize discomfort, permitting participants to skip any questions they preferred not to answer. Cultural norms and values were respected throughout the research process to ensure appropriateness and acceptability. By following these ethical principles, the study upheld the rights and dignity of all participants, ensuring research integrity.

### Results

**Table 1: Sociodemographic Characteristics of Nursing Mothers**

Variable	Frequency	Percentage
<b>Age(years)</b>		
20–24	30	15.0
25-29	90	45.0
30-34	60	30.0
35 and above	20	10.0
Mean±S.D	29.5±5.5	
<b>Religion</b>		
Christainity	64	32.0
Islam	136	68.0
<b>Ethnicity</b>		
Hausa	30	15.0
Igbo	20	10.0
Yoruba	150	75.0
<b>Marital status</b>		
Married	174	87.0
Divorced	24	12.0

Widowed	2	1.0
<b>Educational status</b>		
Primary	60	30.0
Secondary	124	62.0
Tertiary	16	8.0
<b>Occupation</b>		
Civil servant	102	51.0
Trader	40	20.0
Student	8	4.0
Others	50	25.0
<b>Parity</b>		
1-2 children	100	50.0
3-4 children	80	40.0
5 or more children	20	10.0

Table 1 presents the sociodemographic characteristics of 200 nursing mothers from Ogun Waterside Local Government Area, Ogun State, Nigeria. The age distribution indicates that 15% of the participants are between 20 and 24 years, 45% are between 25 and 29 years, 30% are between 30 and 34 years, and 10% are 35 years or older, resulting in a mean age of  $29.5 \pm 5.5$  years. Regarding religious affiliation, 68% identify as Muslim, while 32% are Christian. Ethnically, the majority are Yoruba (75%), followed by Hausa (15%) and Igbo (10%). In terms of marital status, a significant proportion are married (87%), with 12% divorced and 1% widowed. Educational attainment varies among the respondents: 62% have completed secondary education, 30% have primary education, and 8% have tertiary education. Occupationally, 51% are civil servants, 20% are traders, 4% are students, and 25% are engaged in other professions. Regarding parity, half of the respondents have one or two children (50%), 40% have three or four children, and 10% have five or more children.

**Table 2: Respondents' Knowledge and Attitudes Towards Exclusive Breastfeeding**

Variable	Yes (%)	No (%)
Have you heard of exclusive breastfeeding?	170 (85.0)	30 (15.0)
Does exclusive breastfeeding prevent baby from infectious diseases (e.g., diarrhea)?	120 (60.0)	80 (40.0)
Is exclusive breastfeeding a waste of time?	56 (28.0)	144 (72.0)
Does exclusive breastfeeding promote higher intelligence for the baby?	176 (88.0)	24 (12.0)
Does exclusive breastfeeding promote optimal growth for the baby?	188 (94.0)	12 (6.0)
Does exclusive breastfeeding promote social bonding between mother and baby?	198 (99.0)	2 (1.0)
Does exclusive breastfeeding provide sufficient water to satisfy the baby's thirst?	140 (70.0)	60 (30.0)
Can exclusive breastfeeding cause maternal weight loss due to frequent sucking?	168 (84.0)	32 (16.0)
Is it good to breastfeed exclusively?	198 (99.0)	2 (1.0)

Table 2 illustrates the respondents' knowledge and attitudes towards exclusive breastfeeding. A significant majority (85%) have heard of exclusive breastfeeding, indicating widespread awareness. However, only 60% recognize its role in preventing infant infections like diarrhea, suggesting a gap in understanding its health benefits. Notably, 72% disagree with the notion that exclusive breastfeeding is a waste of time, reflecting a generally positive attitude. Furthermore, 88% believe it enhances infant intelligence, 94% associate it with optimal growth, and an overwhelming 99% acknowledge its role in fostering mother-infant bonding. Despite this, 30% are unaware that exclusive breastfeeding provides

sufficient hydration for infants, indicating a need for better education on this aspect. Additionally, 84% are aware that it can lead to maternal weight loss due to frequent nursing. Overall, 99% of respondents support exclusive breastfeeding, underscoring its acceptance within the community.

**Table 3: Respondents' Perspectives on Exclusive Breastfeeding**

Variable	Strongly agree	Agree	Disagree	Strongly disagree
Exclusive breastfeeding saves money on formula feeding.	130 (65.0%)	40 (20.0%)	20 (10.0%)	10 (5.0%)
Exclusive breastfeeding ages me because my baby depends solely on it.	10 (5.0%)	15 (7.5%)	130 (65.0%)	45 (22.5%)
My religion supports exclusive breastfeeding as a form of family planning	50 (25.0%)	30 (15.0%)	70 (35.0%)	50 (25.0%)
Cultural beliefs discourage exclusive breastfeeding.	30 (15.0%)	20 (10.0%)	120 (60.0%)	30 (15.0%)
My baby feels more relaxed during breastfeeding	180 (90.0%)	20 (10.0%)	0 (0.0%)	0 (0.0%)
Breastfeeding disrupts intimacy with my husband due to baby's needs.	40 (20.0%)	40 (20.0%)	50 (25.0%)	70 (35.0%)
Women unable to breastfeed feel indifferent and unhappy.	20 (10.0%)	30 (15.0%)	100 (70.0)	50(30.0)
My work schedule prevents exclusive breastfeeding.	70 (35.0%)	40 (20.0%)	50 (25.0%)	40 (20.0%)
Maternal health can impact exclusive breastfeeding.	100 (50.0%)	50 (25.0%)	20 (10.0%)	30 (15.0%)

Table 3 illustrates respondents' perceptions toward exclusive breastfeeding. A majority of participants (65.0%) strongly agreed that exclusive breastfeeding helps save money by eliminating the need for formula feeding, with 20.0% agreeing to the same. However, perceptions about physical effects varied; only 5.0% strongly agreed and 7.5% agreed that breastfeeding ages them because of the baby's sole dependence, while most (65.0%) disagreed with this notion. Regarding religious beliefs, 25.0% strongly agreed that exclusive breastfeeding serves as a form of family planning, while opinions were evenly split among those who disagreed or strongly disagreed. Cultural influence was not a major barrier, as 60.0% disagreed that cultural beliefs discourage breastfeeding, though 15.0% strongly agreed to such constraints.

The psychological and emotional benefits were highly recognized, with 90.0% strongly agreeing that breastfeeding relaxes the baby. However, 40.0% of respondents believed that breastfeeding could affect intimacy with their husbands, with opinions divided across agreement and disagreement. Additionally, feelings of indifference and unhappiness among women unable to breastfeed were noted by a minority, while workplace challenges were acknowledged by 35.0% who strongly agreed that their job hindered exclusive breastfeeding. Lastly, half of the respondents (50.0%) strongly agreed that a mother's health status could impact breastfeeding, highlighting a critical area for health-focused interventions.

**Table 4: Respondents' practice Towards Exclusive Breastfeeding**

Variable	Strongly agree	Agree	Disagree	Strongly disagree
I breastfeed my baby exclusively without giving any other liquids or solids.	60 (30.0%)	20 (10.0%)	110 (55.0%)	10 (5.0%)
I breastfeed my baby on demand, whenever he/she shows signs of hunger	120 (60.0%)	50 (25.0%)	20 (10.0%)	10 (5.0%)

I have not introduced water to my baby before six months of age.	10 (5.0%)	20 (10.0%)	60 (30.0%)	110 (55.0%)
I ensure that my baby is breastfed at least 8–12 times in a 24-hour period.	100 (50.0%)	70 (35.0%)	20 (10.0%)	10 (5.0%)
I avoid giving my baby pacifiers or artificial nipples to prevent nipple confusion.	90 (45.0%)	80 (40.0%)	20 (10.0%)	10 (5.0%)
I express and store breast milk when I am away to ensure my baby continues exclusive breastfeeding.	20 (10.0%)	10 (5.0%)	90 (45.0%)	80 (40.0%)
I seek support from healthcare professionals regarding breastfeeding practices.	70 (35.0%)	100 (50.0%)	20 (10.0%)	10 (5.0%)
I am confident in my ability to maintain exclusive breastfeeding for the first six months.	60 (30.0%)	110 (55.0%)	20 (10.0%)	10 (5.0%)

The findings presented in Table 4 reveal insights into respondents' practices regarding exclusive breastfeeding. A notable proportion of respondents indicated a lack of adherence to exclusive breastfeeding without introducing other liquids or solids, with only 40% expressing agreement with this practice. Breastfeeding on demand, however, showed better adherence, as 85% of respondents agreed or strongly agreed with this recommendation. Interestingly, most respondents (85%) admitted to introducing water to their babies before six months of age, a practice contrary to exclusive breastfeeding guidelines. The data also highlight mixed adherence to breastfeeding frequency, as 85% of respondents ensure that their babies are breastfed 8–12 times daily, which aligns with recommended practices. Approximately 85% of respondents avoid pacifiers or artificial nipples to prevent nipple confusion, reflecting awareness of this aspect of exclusive breastfeeding. Nevertheless, the practice of expressing and storing breast milk for periods of maternal absence exhibited lower adherence, with only 15% indicating agreement. This finding suggests a potential barrier to sustained exclusive breastfeeding, particularly for working mothers. Support-seeking behavior was positive, as 85% of respondents actively sought guidance from healthcare professionals, demonstrating the importance of professional advice in promoting breastfeeding. Additionally, confidence in maintaining exclusive breastfeeding for six months was high, with 85% expressing agreement.

## Discussion

The study assessed the knowledge, attitudes, and practices regarding exclusive breastfeeding (EBF) among nursing mothers Ogun waterside LGA of Ogun state, Nigeria. The findings indicate that while awareness of EBF is relatively high, actual adherence to recommended practices remains suboptimal. A significant majority of respondents (85%) were aware of EBF, aligning with previous studies that report high awareness levels among Nigerian mothers. For instance, Sokan–adeaga et al. (2023) found that 100% of nursing mothers in Lagos had heard about EBF, with 89.2% demonstrating good knowledge. Also, Olubunmi et al, 2023 found that 95.3% of breastfeeding mothers had heard of exclusive breastfeeding. However, only 60% of respondents in the current study recognized EBF's role in preventing infant infections, suggesting gaps in understanding its health benefits. Notably, 88% believed that EBF promotes higher intelligence, and 94% acknowledged its role in optimal growth, reflecting positive perceptions of its developmental advantages. Despite these positive attitudes, actual practice of EBF was limited. Only 30% of mothers reported exclusively breastfeeding without introducing other liquids or solids, and a mere 5% refrained from giving water before six months, this contrasts the findings of (Olubunmi et al, 2023) where 59.3% of the respondents in the present study reported exclusively breastfeeding their child from 0 to 6 months. This discrepancy between knowledge and practice is consistent with findings from other regions in Nigeria. For example, Sabo et al. (2023) reported that only 26.8% of mothers in Jigawa State practiced EBF, despite high awareness levels. Cultural beliefs and work-related challenges have been identified as significant impediments to

EBF adherence. A study among female bank workers in Lagos revealed that demanding work schedules and lack of workplace support hindered EBF practices (Osibogun et al, 2018). Factors such as maternal education, occupation, and support systems significantly influence EBF practices. Mothers with higher education levels and those receiving community support are more likely to practice EBF. Sabo et al. (2023) found that mothers with tertiary education were ten times more likely to practice EBF compared to those with no formal education. Conversely, work commitments and lack of adequate maternity leave pose challenges to maintaining EBF. The study among female bank workers in Lagos highlighted that workplace policies often do not support breastfeeding mothers, leading to early cessation of EBF

To bridge the gap between knowledge and practice, targeted interventions are necessary. These include community-based education programs, workplace policies supporting breastfeeding mothers, and involvement of healthcare professionals in providing consistent breastfeeding counseling. A study on breastfeeding support among healthcare workers in Nigeria emphasized the importance of sufficient knowledge and positive attitudes among healthcare providers in promoting EBF (Alao et al,2024). Addressing cultural misconceptions and enhancing support systems can further promote EBF adherence, ultimately improving infant health outcomes in the region

## Conclusion

This study explored the determinants of knowledge, attitude, and practice (KAP) of exclusive breastfeeding (EBF) among nursing mothers in Ogun Waterside Local Government Area, Ogun State, Nigeria. The findings reveal that maternal education, age, parity, and cultural beliefs significantly influence breastfeeding behaviors. While the majority of respondents demonstrated awareness of EBF, gaps remain in translating this knowledge into practice due to socio-cultural influences, perceived insufficient milk production, and early introduction of complementary foods.

Barriers such as inadequate breastfeeding support at workplaces and traditional misconceptions about infant hydration highlight the need for multifaceted interventions. Effective strategies should prioritize enhancing breastfeeding education, addressing cultural norms, and implementing policies that promote breastfeeding-friendly environments. Strengthening community-based education and healthcare support systems, along with enforcing workplace breastfeeding policies, can further improve EBF adherence. This research underscores the critical role of continuous public health education and targeted interventions in advancing maternal and child health outcomes. Future studies should investigate broader contextual factors, including household decision-making dynamics and healthcare service accessibility, to design more comprehensive and sustainable breastfeeding promotion programs.

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