Original Article

Sociodemographic Correlates of Exclusive Breastfeeding Among Postpartum Mothers in A Community in Kwara State, Nigeria

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Article History
Submitted: 18/11/2025; Accepted: 19/11/2025: Published: 27/11/2025

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ABSTRACT

Exclusive breastfeeding (EBF) is the gold standard of infant feeding practice, which has been shown to contribute significantly to the realization of some of the Sustainable Development Goals (SDGs) by 2030. This study aims to assess the socio-demographic factors associated with EBF among postpartum mothers in Offa Local Government, Kwara State. A cross-sectional study design using a multi-staged sampling technique was used to select 251 mothers of infants aged 6-9 months who came for child immunization in Primary Health Care centres within Offa Local Government Area. A semi-structured questionnaire was used to collect the data, which was analysed using SPSS version 21. Chi-square was used to test for the association between sociodemographic characteristics and the practice of exclusive breastfeeding among respondents. P-value was set at ≤0.05. Half (50.2%) of the mothers had a good knowledge score regarding EBF, with healthcare workers (79.8%) as the major source of information. A little above average respondents (58.7%) had a poor attitude towards EBF, and about two-fifths of respondents (59.7%) were actually practicing EBF. There was a statistically significant association between knowledge of exclusive breastfeeding and its actual practice (P 0.001). Socio-cultural correlates associated with exclusive breastfeeding were tribe, religion, educational status, marital status, and occupation. This study has revealed that a mother's ability to practice exclusive breastfeeding is not solely an individual choice but is significantly influenced by key sociocultural and economic factors. Specifically, occupational demands, tribal norms, and marital structures were found to be critical determinants, highlighting that breastfeeding practices are deeply embedded within a woman's broader life context. These findings underscore the necessity of moving beyond generic educational messages to develop targeted, culturally sensitive support systems. By enacting policies that create breastfeeding-friendly workplaces, the government can empower working mothers, improve child health, and build a more productive and family-inclusive workforce

Keywords: Attitude, Exclusive breastfeeding, Knowledge

INTRODUCTION

Exclusive breastfeeding (EBF) is recommended for babies aged 0 to 6 months by giving only breast milk without the addition of any form of food or drink, except medicine and vitamins recommended by doctor[1] After this phase of life, infants should receive adequate complementary foods with continued breastfeeding up to 2 years of age or beyond. Babies who are exclusively breastfed live more healthier lives than those who are not exclusively breastfed[3] Therefore, EBF is recommended for the first six months of life as the

Article Access
Website: www.wjmbs.org
10.5281/zenodo.18021424

How to cite this article
Ilori OR, Usman AO. Sociodemographic Correlates of Exclusive Breastfeeding Among Postpartum Mothers in A Community in Kwara State, Nigeria. West J Med & Biomed Sci. 2025;6(4):340-348. DOI:10.5281/zenodo.18021424

best way of feeding an infant.[2]

Apart from being a vital source of nutrients and energy for the baby, breast milk also has been proven to have some immunological properties which reduce the probability of morbidity and mortality attributable to infections like pneumonia and gastroenteritis among children less than 1year old [1,2]. According to national cross-sectional surveys done in China, it was observed that the growth performance of children who were partially breastfed and formula-fed slightly fell behind exclusively breastfed infants in the six months of life. [3] Also, a breastfed child is 14 times less likely to die in the first 6 months than a non-breastfed child[3], in fact there is no better substitute for breastmilk [3] Breastmilk remains the easiest, cheapest and wholesome form of feeding for all infants as it meets all the infants' requirements.Furthermore, breastfeeding mitigates the risk of neonatal complications, pulmonary and several childhood diseases.[5]

It is of note that the benefit of exclusive breastfeeding goes beyond infancy [5]. Literature have documented that exclusive breastfeeding prevents obesity during childhood, and adolescents who were breastfed as babies were likely to have higher intelligence quotients than those who were not well breastfed [1]. Likewise, in adulthood, breastfeeding is possibly protective against chronic noncommunicable diseases such as diabetes and hypertension [1].

Long-term benefits of breastfeeding for the mother include a reduced risk of both ovarian and breast cancer[2] And a possible reduction in the risk of cardiovascular disease.[6] Breastfeeding is also associated with improved maternal recovery postpartum by increasing the level of oxytocin, which expels the placenta and helps the uterus to shrink back to pre-pregnancy size by stimulating contractions.[2]

In literatures, it has been documented that different factors are associated between exclusive breastfeeding which ranges from sociodemographic factors such as residence of respondent's educational status, monthly household income; breastfeeding support received by spouses or people living around[8] However, as at the time of this study, this important issue of public health importance has not been examined in Offa, Kwara state.

The aim of this study therefore, is to determine the factors associated with exclusive breastfeeding cessation among post-partum Mothers in Offa Local Government Area, Kwara State.

MATERIALS AND METHODS

Study Area: Offa is an ancient town and the Headquarters of Offa Local Government Area of Kwara State, Nigeria. It is the second largest town in the state, located in central Nigeria with geographic coordinates of 8'9N 4'43E. There are twenty-seven (27) primary health care facilities in Offa, in which a total of nineteen (19) are public facilities, while eight (8) are private facilities. Six (6) public facilities and three (3) private facilities were chosen using simple random sampling, a balloting method.

The study design used was a descriptive cross-sectional study design

Sample size calculation: This was done using Leslie Fisher's formula

$$n = \frac{z^2 pq}{d^2}$$

Where n = the minimum sample size when the population is more than 10,000

Z = the standard normal deviate set at 1.96, which corresponds to a 95% confidence level.

P = prevalence rate in south west Nigeria, which is 80%, taken as 0 8 here

d = degree of accuracy = 0.05

q = 1-p, q = 1-0.8 =0.20

$$n = \frac{(1.96)^2 X 0.8 X 0.2}{(0.05)^2}$$

$$n = \frac{0.614656}{0.0025}$$

n=245.8624

n=246

After adding a non-response rate of 5%, the minimum sample size became 258.

Respondents were chosen using a multi-staged sampling technique.

Stage 1: Out of the ten wards in Offa Local Government, two wards were selected using simple random sampling (Balloting method)

Stage 2: Three facilities each were chosen from the two selected wards, giving a total of 6 facilities using simple random sampling.

Stage 3: Systematic sampling was used to choose respondents from the facilities, using a proportional allocation depending on client flow in immunization clinics. Sampling continued until the desired sample size was reached.

All mothers bringing their wards for immunization were recruited for the study, but mothers who did not give consent were excluded from the study.

Study Instrument: A semi-structured interviewer-administered questionnaire, adapted from previous studies [2,7,9] was used for the study. The instrument was pretested, after which questions that were not too clear were restructured. Research assistants helped in administering the questionnaires after being trained for a week in order to eliminate ambiguity in the questions. The questionnaire had four sessions, namely sociodemographic characteristics of respondents, knowledge about exclusive breastfeeding, attitude towards breastfeeding, and practice of exclusive breastfeeding. The questionnaire was written in the English language, translated into the Yoruba language, and afterwards back translated into the English language.

Data Analysis: Data was collected and analysed using IBM SPSS version 22 and presented using frequency tables and charts. Chi-square was used to test for association between sociodemographic characteristics and practice of breastfeeding among breastfeeding mothers. P-value was set at <0.05%

Measurement of outcome variables: "For assessing knowledge, attitudes, and practices, correct (or appropriate) answers to questions were assigned a score of 1, whereas incorrect answers received a score of 0. We calculated the sum of these scores for each respondent and then determined the mean score. Respondents with scores above the mean were classified as having good knowledge, attitudes, and practices, respectively. Conversely, those with scores below the mean were classified as having poor knowledge and practices."

Ethical consideration: Ethical approval was obtained from the Ministry of Health, Kwara State Government, with reference number. Informed consent was obtained from each of the respondents, and confidentiality of information was assured.

RESULTS

Out of two hundred and sixty-five questionnaires administered, 253 were correctly filled and returned, giving a response rate of 97.3%.

Table 1 shows that most of the respondents (67.6%, n=171) belong to the age bracket of 21-30 years. Two hundred and one (79.4%, n=201) of the respondents were Yorubas, and 81.4% (n=206) were Muslims. The most frequent educational status was secondary school graduates, which accounted for 31.2% of the respondents. The polygamous family was more predominant (61.8%); 83.8% of the participants were skilled workers. The most frequent husband's educational status was also secondary school graduate (58.9%). Two hundred and five (81%) of their husbands were also skilled workers. Two hundred and thirty-seven (94%) of the respondents earn between 5,000 to 50,000 naira

Table 2 shows that all the respondents (253, 100.0%) have heard about exclusive breastfeeding before. The most frequent source of information on exclusive breastfeeding was from health workers (201, 79.8%). Only 142(56.1%) knowledge that milk alone is enough for a baby.

Table 3 shows that one hundred and ninety-five (77.1%) of the respondents believed that complementary feed should be introduced at 6 months. Almost all the participants (241, 95.3%) agreed that frequent sucking helps milk production. One hundred and five (41.7%) of the respondents believed that the first milk should be discarded. Overall, one hundred and twenty-eight (50.2%) of the respondents had good knowledge, while 125 (49.8%) had poor knowledge of exclusive breastfeeding.

Table 4 shows**,** one hundred and ninety (75.4%) of the respondents agreed that breast milk should be given to newborns within the first hour of life. Seventy (27.8%) respondents strongly agreed that the first milk should be discarded. One hundred and fifty-one (59.9%) and 42.3% of the respondents, respectively, were indifferent that EBF prevents unwanted pregnancy and that breastfeeding can cause pain and cancer. One hundred and eighty-three (73.8%) agreed that EBF is time-consuming, while 51.2% agreed that it increases mother and infant bonding. Two hundred and thirteen (84.5%) agreed that formula feed is more convenient than EBF, while 69.8% agreed that EBF is easy and cheap.

Table 5 shows, one hundred and forty-five (57.5%) of the respondents initiated breastfeeding within one hour, and 176 (69.8%) breastfed their babies daily on demand. Only 92 (36.5%) of the respondents were presently breastfeeding exclusively, and one hundred and forty-nine (59.1%) first breastfed their babies before formula feeds. Overall, one hundred and forty-nine (59.7%) of the respondents had good practice of exclusive breastfeeding.

Table 6 shows that there is a statistically significant association between the knowledge and attitude of respondents with their actual practice of exclusive breastfeeding. (p=0.001)

Table 7 shows that all the sociodemographic factors tested (tribe, religion, educational status, marital status, and occupation) were statistically significant when associated with exclusive breastfeeding.

Table 1: Sociodemographic characteristics of respondents

Variables	Frequency	Percentage
Age (Years)		
<20	12	4.7
21 -30	171	67.6
31 -40	61	24.1
>40	9	3.6
Tribe		
Yoruba	201	79.4
Igbo	13	5.1
Hausa	39	15.4
Religion		
Christianity	47	18.6
Islam	206	81.4
Educational status		
No formal education	63	24.9
Primary	63	24.9
Secondary	79	31.2
Tertiary	48	19.0
Marital setting		
Monogamous	95	38.2
Polygamous	158	61.8
Occupation		
Unemployed	3	1.2
Unskilled	8	3.2
Semi -skilled	30	11.9
Skilled	212	83.8
Husband's educational status		
No formal	4	1.6
Primary	38	15.0
Secondary	149	58.9
Tertiary	62	24.5
Husband's occupation		
Unemployed	2	0.8
Unskilled	36	14.2
Semi -skilled	10	4.0
Skilled	205	81.0
Estimated monthly income		
<5,000	2	0.8
5,001 -10000	123	48.8
10001 -50000	114	45.2
>50000	14	5.2

Table 2: Knowledge about exclusive breastfeeding among respondents

Variables	Frequency	Percentage
Ever heard of exclusive breastfeeding		
Yes	253	100.0
Source of information on exclusive breastfeeding		
Health worker		
Media	201	79.8
Family/friend	43	17.1
	9	3.2
Duration for EBP		
One month	5	2.0
Three months	1	0.4
First six months	243	96.0
One year of life	4	1.6
The right food to feed a baby less than 6months with		
Breast milk only		
Breast milk with plain water	141	55.7
Breast milk with pap	64	25.3
Infant formula and breast milk	43	17.0
	5	2.0
Do you know milk alone is enough for a baby		
Yes	142	56.1
No	107	42.3
I don't know	4	1.6
When to initiate breast milk		
Within 30 minutes of life	119	47.6
One hour after birth	86	34.4
After one hour	43	17.2
After 24 hours of life	5	0.8
Advantages of exclusive breastfeeding		
It prevents diarrhoea	219	86.6
It prevents respiratory problems	75	29.6
It gives the baby a normal weight	68	26.9
It prevents future diabetes	79	31.2

Table 3: Knowledge about exclusive breastfeeding among respondents contd'

Variables	Frequency	Percentage
When complementary feeds should be introduced		
2 months		
3 months	27	10.7
4 months and above	2	0.8
6 months	16	6.3
1 year	195	77.1
	13	5.1
*When to breastfeed a baby		
When he cries	210	84.0
Three times a day	34	13.6
Anytime I feel like breastfeeding	5	0.8
When my breast is engorged	4	1.6
Necessary to give newborns other food		
Yes	38	15.1
No	198	78.6
I don't know	17	6.3
Frequent sucking helps milk production.		
Yes	241	95.3
No	5	2.0
I don't know	7	2.4
First milk should be		
Discarded	105	41.7
Given to the child	142	56.3
I don't know	6	2.0

*Multiple responses

Table 4: Attitude of respondents towards exclusive breastfeeding--

Characteristics	SA	A	I	D	SD
Discard the first milk	70(27.7)	69 (27.3)	1 (0.04)	73 (28.9)	40 (15.8)
Breast milk alone is not enough to sustain a baby	34(13.4)	117 (46.2)	2 (0.07)	88 (34.8)	12 (4.7)
I will initiate complementary feeding before six months	32(12.6)	82 (32.4)	2 (0.07)	122 (48.2)	15 (5.9)
Old age affects milk production	31(12.3)	144(56.9)	28 (11.1)	40 (15.8)	13 (5.1)
Breastfed babies are healthier	10(3.9)	67 (26.5)	135 (53.3)	34 (13.4)	7 (2.4)
Breast milk decreases with maternal age	4(1.6)	95 (37.5)	139 (54.9)	7 (2.8)	8 (3.1)
EBF prevents unwanted pregnancy	3(1.2)	83 (32.8)	151 (59.6)	4 (1.6)	12 (4.7)
EBF is time-consuming	39(15.4)	186 (73.5)	9 (3.6)	12 (4.7)	7 (2.8)
Formula feed is more convenient than EBF	3(1.2)	213(84.2)	2 (0.08)	21 (8.3)	14 (5.5)

*SA-Strongly agree A-Agree I- Indifferent D-Disagree SD-Strongly Disagree.

Table 5: Practice of exclusive breastfeeding among respondents

Variables	Frequency	Percentage
When breastfeeding was initiated		
Within one hour	145	57.5
After one hour	108	42.5
Daily frequency of breastfeeding		
On demand	176	69.8
Regularly	14	5.6
Randomly	19	7.5
<4 times	36	14.3
<8 times	5	2.0
8-12 times	3	0.8
Are you presently breastfeeding exclusively?		
Yes	92	36.5
No	161	63.5
First breastfed baby before formula feeds		
Yes	149	59.1
No	104	40.9
Gave the last baby something else before initiating BF		
Yes		
No	53	21.0
	200	79.0

Table 6: Association between knowledge and attitude towards exclusive breastfeeding with actual practice among respondents

Variables	Practice		Total	Statistics
	Poor	Good		
Attitude				X^2=56.497
Poor	90 (86.5)	58 (39.2)	148 (58.7)	df=1
Good	14 (13.5)	90 (60.8)	104 (41.3)	*p-value=0.001
Knowledge				X^2=170.389
Poor	103 (99.0)	22 (15.2)	125 (50.2)	df=1
Good	1 (1.0)	123 (84.8)	124 (49.8)	*p-value=0.001

*Statistically significant

Table 7: Association between sociodemographic characteristics and exclusive breastfeeding among respondents

Variables	Practice		Total (%)	Statistics
	Poor (%)	Good (%)		
Tribe				X^2=38.187
Yoruba	72 (69.2)	128 (86.5)	200 (79.4)	df=2
Igbo	0 (0.0)	13 (8.8)	13 (5.2)	*pvalue=0.001
Hausa	32 (30.8)	7 (4.7)	39 (15.5)	
Religion				X^2=29.012
Christianity	3 (2.9)	44 (29.7)	47 (18.7)	df=1
Islam	101 (97.1)	104 (70.3)	205 (81.3)	*p-value=0.001
Educational status				
No formal	60 (57.7)	2 (1.4)	62 (24.6)	X^2=145.614
Primary	35 (33.7)	28 (18.9)	63 (25.0)	df=4
Secondary	7 (1.9)	72 (48.6)	79 (31.3)	*p-value=0.001
Tertiary	2 (1.9)	45 (30.4)	46 (31.1)	
Marital setting				X^2=32.736
Monogamous	17 (16.8)	78 (52.7)	95 (38.2)	df=1
Polygamous	84 (83.2)	70 (47.3)	154 (61.8)	*p-value=0.001
Occupation				
Unemployed	0 (0.0)	3 (2.0)	3 (1.2)	X^2=12.024
Unskilled	5 (4.8)	3 (2.0)	8 (3.2)	df=3
Semi -skilled	5 (4.8)	25 (16.9)	30 (11.9)	*p-value=0.003
Skilled	94 (90.4)	117 (79.1)	211 (83.7)	

DISCUSSION

The study reported that all the respondents had heard of exclusive breastfeeding, and more than two-thirds of them stated the definition of exclusive breastfeeding as the consumption of breastmilk for the first six months of life. This is in contrast with the findings of a study by Peterside et al.[9] where less than two-thirds of the mothers knew the correct definition and duration of exclusive breastfeeding, and it is much higher than the study by Bolanle [10], which showed that about three-fourths of mothers interviewed were not aware of exclusive breastfeeding, and only three out of ten of the respondents could give the correct definition of EBF. Out of the half who had a good knowledge score about exclusive breastfeeding, only a little above average was currently practicing it. This finding is not surprising because knowledge is not synonymous with practice.[10] However, it is quite disturbing because, that even though the concept of exclusive breastfeeding has been on for some time now, it was still possible to see nursing mothers who have yet to key into the practice, despite the numerous benefits mother and child stand to gain. Almost half of the respondents breastfed their babies when they cry while about one-third breastfed on demand which contradict with the study conducted by Food Security Analysis Unit in Somalia where almost all mothers breastfed their children on demand.[11]This difference observed in this regard may be because of the difference in the study population as the study consisted of only full house wives who may invariably have all the time to breastfeed their babies on demand because of their relative availability.

Mother's attitude towards breastfeeding is a vital factor in promoting the breastfeeding process. Although in this study, as about one- third of the respondents agreed that breast milk should be given to new born within the first hour of life which is similar to study done by Shehu[11] and Bolanle[10] where more than three-fourths of respondents said it should start immediately after birth; this is also close with Bolanle's findings[10] which reported that three-fourth of mothers initiated breastfeeding within one hour of delivery respectively. However, the overall attitude showed that more than half of the respondents had a poor attitude towards exclusive breastfeeding.

Breastfeeding has a long-term impact on childhood development and cognition. Breastfeeding not only promotes health and prevents diseases but also reduce the health care costs and hospitalization rates.[11] According to WHO guidelines breast feeding should be continued till six months for the complete growth and development of the infants. Despite the widespread campaigns about exclusive breastfeeding, its practice is still low.[12]

Results from this study demonstrated that only one-third of respondents practice exclusive

breastfeeding, this is quite low compared to the high rate of awareness in exclusive breastfeeding in this study, which shows that the issue here goes beyond mere awareness. There is a dire need for a deep understanding of the benefits of EBF and how to properly practice it. Our result is in tandem with a study by Dun-Dery & Laar in 2016, which showed that one in every nine participants knew about exclusive breastfeeding, but only one in ten of them fed their children with only breast milk for six months without adding any other thing. [16]

Respondents with secondary and tertiary levels of education practiced exclusive breastfeeding when compared with those with primary or no education. This is similar to studies done in Nova Scotia and Sri Lanka, which indicated women with higher schooling status exclusively breastfeeding longer, as compared to the illiterate mothers[14,15] This scenario agrees with the paradox of exclusive breastfeeding duration in relation to women's education status in developing and developed countries. [16]In developed countries, women with a higher education status are associated with shorter duration of exclusive breastfeeding, but in developing countries, women with a lower education status are more likely to terminate exclusive breastfeeding earlier.[17] Once an individual is educated, she finds it easier to comprehend the benefits accrued from exclusive breastfeeding compared to uneducated mothers.

In this study, the age of the mothers was found to be significantly associated with exclusive breastfeeding practice, as majority of the mothers are between the age of 21-30 and their practice of EBF is low which is different from study of Agbo et al.[18] where older mothers (≥35 years) reported a higher likelihood of EBF practice compared with younger mothers. An explanation for the higher odds of EBF noted among younger mothers may be their inexperience in child-rearing, inadequate knowledge of breastfeeding, and not being well-informed of the benefits of breastfeeding to both newborns and mothers.

Knowledge and attitude were found to be statistically associated with the practice of breastfeeding in this study. Respondents who had good knowledge about the tenets of exclusive breastfeeding and the advantages tend to practice breastfeeding more. There is a need to keep intensifying that exclusive breastfeeding goes beyond infancy and even childhood: it prevents some of the non-communicable diseases even in adulthood.

CONCLUSION

The current study showed that the overall level of knowledge of the mothers is average and the attitude of the mothers towards EBF is poor, most especially on its benefits, and there was a significant association between the mothers' attitude and practice of EBF. The overall score for EBF practice is quite low. Sociodemographic correlates associated with breastfeeding cessation among mothers of children under five in this study are tribe, religion, educational status, marital status, and occupation.

Recommendations

Women should be counselled by health workers during antenatal and postnatal clinics on exclusive breastfeeding with more emphasis on its benefits to the mother and child. Also, **t**here should be more public awareness of exclusive breastfeeding through television, radio, newspapers, and other mass media. Lastly, the Government should initiate all necessary measures to support and sustain exclusive breastfeeding, such as the Breastfeeding Workplace Initiative, among others.

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