



Research Paper

Socio-Demographic Factors As Predictors Of Exclusive Breastfeeding Practice Among Working Class Mothers In Babcock University, Ilishan-Remo, Ogun State

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ABSTRACT

Breastfeeding is an unequalled way of providing ideal nutrition for the healthy growth and development of infants. Exclusive breastfeeding in the first six months of life stimulates babies' immune systems and protects them from diarrhea and acute respiratory infections, two of the major causes of infant mortality in the developing world and improves their responses to vaccination. In spite of its benefits, the practice is low. Therefore, this study assessed the Socio-demographic factors as predictors of exclusive breastfeeding among working class mothers in Babcock University, Ilishan-Remo, Ogun State. The study adopted a descriptive design which enabled the researcher in finding answers to the set research questions. A set of 239 structured questionnaires were administered to the respondents, which were filled and returned. SPSS version 23.0 was used for the data analysis. The findings revealed that 99.6% of the women have heard of exclusive breast feeding (EBF) and only a negligible proportion 0.4% had low knowledge. Majority 53.1% of the participants had good level of practice of exclusive breastfeeding. This study further revealed age, educational status and number of children as potent factors influencing the working-class mother's practice of EBF at Babcock University. It therefore showed a positive relationship between age, number of children, educational status and practice of exclusive breastfeeding. Based on these findings, it was recommended that programs to support exclusive breastfeeding are necessary and should encourage women to feel positive to exclusive breastfeeding.

KEYWORDS: Exclusive breastfeeding, Predictors, Socio-demographic factors, Working-class mothers, Practice.

Received 08 November, 2021; Revised: 22 November, 2021; Accepted 24 November, 2021 © The author(s) 2021. Published with open access at www.questjournals.org

I. INTRODUCTION

Exclusive breastfeeding is defined as an infant's consumption of breast milk only for the first six months of life (WHO, 2017). No other liquids or solids- with exception to Oral rehydration solution, drops/syrups of vitamins, minerals, or medications should be given within this period. This means that the infant totally relies on the breast milk without any additional food or fluid. The importance of Exclusive breastfeeding is known to many people as a result of the wide spread of information through the healthcare professionals and on media. Nevertheless, the decision to practise exclusive breastfeeding is generally low. The success of Exclusive breastfeeding practice is determined mostly by maternal factors (Diji, Bam, Asante, Lomotey, Yeboah, & Owusu, 2017)

The first 1000 days (between conception and a child's second year of life) provides a unique period for optimum child growth and development. It also forms the foundations for good health across lifespan (Adu-Afarwuah, Lartey & Dewey, 2017). During this period, appropriate infant and young child feeding practices (IYCF) are critical for the child's health and wellbeing (Ogbo, Page, Idoko, Claudio & Agho, 2016; Ogbo, Agho, Ogeleka, Woolfenden, Page & Eastwood, 2017; Victora, Bahl, Barros, Franca, Horton, Krusevec, et al 2016).

The act of breastfeeding has been in existence since the creation of the universe. Optimal breastfeeding is necessary that it could save the lives of over 820 000 children under the age of 5 years each year (WHO, 2018). However, many infants and children do not receive optimal feeding. For example, only about 36% of

infants aged 0–6 months worldwide were exclusively breastfed over the period of 2007-2014 (Atimat & Adam, 2018). Breast milk is Convenient, safer, cheaper than artificial milk. It contains high concentration of growth and immunity factors. Notably, exclusive breastfeeding confers a lot of benefits to the infant and to the mother. To the Infant; it decreases the incidence of illnesses of childhood and also in adulthood, being a perfect food for the infant, guarantees safe, fresh milk, protection against infections, non-infectious and allergic disorders, reduction of the risk of childhood obesity, and enhancement of cognitive functions as well as increases bonding with mothers (National Guideline on Infant and Young Child Feeding, 2014). The benefits of exclusive breastfeeding to the mother, include the promotion of faster involution of the uterus, reduction of after pain during puerperium, reduction of post-partum bleeding, enhancement of faster return to pre-pregnancy weight, decrease risk of breast and ovarian cancer, increase bonding with the infant, enhancement of self-esteem in the maternal role as well as delays the menstrual cycle (Carole & Hartshorn, 2018).

The work environment has effect on the practice of exclusive breastfeeding since the mother has to return to work at the end of 6 months or even less in some organization (for instance, Babcock university maternity leave is 3 months). The attitude of colleagues influences the practice of exclusive breastfeeding (Okolie, 2012). A woman's return to work has frequently been found to be a major determinant to the early termination of breastfeeding due to inflexibility at work place thus, do not provide a supportive environment for breastfeeding. This will probably result in reduction of milk production and discontinuation of breastfeeding (Jamil, 2015).

Refusal to breastfeed exclusively increases the risk of childhood illnesses from communicable disease, however for every extra month of exclusive breastfeeding, 30.1% of hospitalizations resulting from infection perhaps may have been prevented (Gurka, Hornsby, Drake, EKinsey, Yitayew, Kellam, 2014). A study conducted by Habibi, Laamiri, et al, (2018) on the impact of maternal- socio-demographic characteristics on breastfeeding knowledge and practices revealed that 73% of the mothers planned to breastfeed their infant exclusively until the age of 12 months, but 66% of mothers did not reach their intended breastfeeding duration for numerous reasons, including difficulties related to maternal health problems and the widespread belief among mothers that food and other liquids contained more nutrients and growth factors compared to that of exclusive breast milk.

Therefore, this research is aimed at assessing the Socio-demographic factors as predictors of Exclusive breastfeeding among working-class mothers in Babcock University, Ilishan-Remo, Ogun state, Nigeria.

Objectives: the study was carried out to assess the Socio-demographic factors as predictors of exclusive breastfeeding practices amongst working class mothers in Babcock University, Ilishan-Remo, Ogun state, Nigeria and also to ascertain level of knowledge of respondents on EBF, determine the level of practice of EBF among working class mothers and ascertain the socio-demographic factors associated with exclusive breastfeeding practices amongst working class mothers.

II. RESEARCH QUESTIONS AND HYPOTHESIS

To meet the objective, the following questions and hypotheses were raised: What is the level of knowledge of respondents on EBF? What is the practice of exclusive breastfeeding among working class mothers in Babcock University? The hypotheses are; (i).There is no significant relationship between the knowledge of the respondents and the practice of exclusive breastfeeding at 0.05 level of significance. (ii).There is no significant relationship between the socio-demographic factors and the practice of exclusive breastfeeding among working class mothers at 0.05 level of significance

III. MATERIALS AND METHOD

Design, setting and participants: This study adopted a descriptive design to investigate the socio-demographic factors that predicts the practice of exclusive breastfeeding practice among working class mothers. The study was carried out in Babcock University, Ilishan-Remo Ogun state. It is located in the south-western zone of Nigeria. A Seventh- day Adventist institution of higher learning which was established on April 20, 1999, formerly established as Adventist college of West Africa (ACWA) in 1959 by the Seventh - day Adventist as a senior college for training church workers from the West African sub-region. The sample size will be calculated using the Leslie Kish formula, the output of the sample size showed that 217 participants were required, however to make up for attrition rate 10% of the sample size was added making it 239 and Stratified random sampling technique was used to select participants. Inclusion criteria were working class women who have at least 1 child and working in Babcock University, exclusion criteria were nulliparous and non-working-class women.

Tool: Instrument for data collection was a self-structured questionnaire with three sections: A, B and C. **Section A** assessed the socio-demographic data: with 7 items; age, number of children, marital status, highest level of

education, ethnicity, religion and department, **Section B** assessed knowledge of exclusive breastfeeding: knowledge of respondents about exclusive breastfeeding with 10 items and **Section C** assessed exclusive breastfeeding practice with 7 items to measure the practice of exclusive breastfeeding.

Validity and reliability of instrument: Face and content validity of the instrument was determined by experts in public health nursing, to ensure reliability, the instrument was pre-tested on 24 working class women in Babcock University with a Cronbach's Alpha Coefficient value of 0.75

Data analysis: Data were collected, collated, coded and analysed using the SPSS Version 23.0. Descriptive statistics tools such as means, frequencies and percentages were used to describe the respondent's socio-demographic characteristics, same were summarized and presented in tables. The respondents' knowledge level on exclusive breastfeeding was categorized as good (5-6), moderate/average (3-4) and poor (1-2). Hypothesis one was analyzed using Pearson Product Moment correlation (PPMC) while Hypothesis two was analyzed using Pearson's chi-square.

Ethical Consideration and procedure

Ethical approval was obtained from Babcock University Health Research Ethical Committee (BUHREC) before the commencement of this research study to regulate procedures that was carried out. A letter of introduction and permission from school of Nursing, Babcock University was presented to the Director of Human Resources, Babcock University to obtain consent. In addition, informed consent was gained from individuals who agreed to be part of the study with their privacy and confidentiality fully assured by removing identifiers such as names, house numbers and telephone. Participation in this study was voluntarily based. The nature of the study was properly explained to the correspondents and they were assured of autonomy and beneficence throughout the course of study.

IV. RESULT

A total of 239 respondents participated in the study. Greater number of respondents were between the ages of 31-40(118, 49.4%), 182 (76.2%) are married, 46(19.2%) had a masters degree, 150(62.8%) has a first degree, 39 (16.3%) had only primary/secondary education while only 4(1.7%) out of the respondents had a PhD. Greater number of the respondents 76 (31.8) had 2 children. See Table 1 for details of respondents' bio-data.

Table 1: Respondents' Bio-data

	Items	Freq	%
Age	20-25	33	13.8
	26-30	59	24.7
	31-40	118	49.4
	Above 40	29	12.1
	Total	239	100.0
Marital Status	Married	182	76.2
	Single	46	19.2
	Divorced	11	4.6
	Total	239	100.0
Educational Status	PhD	4	1.7
	Masters	46	19.2
	BSc	150	62.8
	Secondary/Primary	39	16.3
	Total	239	100.0
Number of Children	1	68	28.5
	2	76	31.8
	3	40	16.7
	4 and above	55	23.0
	Total	239	100.0
Ethnicity	Igbo	143	59.8
	Yoruba	79	33.1
	Hausa	17	7.1
	Total	239	100.0
Religion	Christianity	136	56.9
	Islam	103	43.1
	Total	239	100.0

Table 2: Information on the participants' knowledge of Exclusive Breastfeeding (EBF)

STATEMENT	SA	A	D	SD
Exclusive breastfeeding means giving only breast milk to a baby for the first six months of birth	143 (59.8)	83 (34.7)	12 (5.0)	1 (0.4)
Exclusive breastfeeding alone cannot provide essential nutrients for the baby	93 (38.9)	85 (35.6)	27 (11.3)	34 (14.2)
Exclusive breastfed infants develop better than non-exclusive breastfed infants	118 (49.4)	74 (31.0)	38 (15.9)	9 (3.8)
A mother can breastfeed her child up till 2 years after exclusive breastfeeding	125 (52.3)	60 (25.1)	41 (17.2)	13 (5.4)
Exclusive breastfeeding entails feeding the baby on demand	122 (51.0)	59 (24.7)	57 (23.8)	1 (0.4)
A positive intention to exclusively breastfeed will motivate the implementation of exclusive breastfeeding	124 (51.9)	55 (23.0)	59 (24.7)	1 (0.4)
A mother who practices exclusive breastfeeding must maintain adequate nutrition	143 (59.8)	64 (26.8)	22 (9.2)	10 (4.2)
Exclusive breastfeeding is a form of natural contraceptive	148 (61.9)	47 (19.7)	35 (14.6)	9 (3.8)
Exclusive breastfeeding reduces the rate of infant death	136 (56.9)	74 (31.0)	28 (11.7)	1 (0.4)
Exclusive breastfeeding enhances mother- infant bonding	173 (72.4)	45 (18.8)	20 (8.4)	1 (0.4)

Table 3: Participants' level of knowledge of respondents on EBF

Category	Criteria	Frequency	%	Remark
27-40	Above average	235	98.3	Number of participants with above average level of knowledge of exclusive breastfeeding
14- 26	Average	3	1.3	Number of participants with average level of knowledge of exclusive breastfeeding
1-13	Below average	1	0.4	Number of participants with below average level of knowledge of exclusive breastfeeding
Weighted mean 31.45 (78.6%), Std Dev. 9.007				

Table 4: Information on the practice of exclusive breastfeeding among working class mothers in Babcock University

Variable	Frequency	Percentage (%)
How long after birth did you breastfeed your child?	0-24hrs	.4
	1-3months	18.0
	6-12 months	31.4
	12months - 2 years	50.2
Is pre-lacteal feeding needed for an infant before initiating exclusive breastfeeding?	Yes	41.4
	No	28.5
	Not Sure	30.1
How frequently do you breastfeed your child?	On demand	69.0
	Hourly	31.0
	whenever I'm free	-
Did you introduce water while breastfeeding your child exclusively?	Yes	44.4
	No	55.6
	Not sure	-
In the course of breastfeeding, did you give your child any form of medication that was not prescribed by the doctor?	Yes	38.1
	No	49.0
	Not sure	13.0

Table 4 above shows that half (50.2%) of the respondents breastfed 12months to 2 years after birth, 75 (31.4%) breastfed for 6-12 months, 43 (18.0%) breastfed for about 3 months while 1 person for 24hours. Ninety-nine (41.4%) of the respondents consented that pre-lacteal feeding needed for an infant before initiating exclusive breastfeeding while 165 (69%) breastfeed the child on his/her demand. It was revealed further that 55.6% of the women breastfeed their children exclusively without introducing water, and 117 (49%) did not give their children any form of medication that was not prescribed by the doctor.

Table 5: Information on the level of practice of exclusive breastfeeding among working class mothers in Babcock University

Category	Criteria	Frequency	%	Remark
5-6	Good	127	53.1	Number of participants with good level of practices of exclusive breastfeeding
3-4	Fair	93	38.9	Number of participants with moderate level of practices of exclusive breastfeeding
1-2	Poor	19	8.0	Number of participants with low level of practices of exclusive breastfeeding
Weighted mean 3.87 (64.5%), Std Dev. 0.765				

Table 6: The relationship between the knowledge of the respondents and the practice of exclusive breastfeeding

		Knowledge	Practice
Knowledge	Pearson Correlation	1	.518**
	Sig. (2-tailed)		.000
	N	239	239
Practice	Pearson Correlation	.518**	1
	Sig. (2-tailed)	.000	
	N	239	239

** . Correlation is significant at the 0.01 level (2-tailed).

Table 7: chi-square test showing the relationship between the socio-demographic factors and the practice of exclusive breastfeeding.

	Items	Freq	%	X ²	Df	Sig
Age	20-25	33	13.8	17.99	6	.000**
	26-30	59	24.7			
	31-40	118	49.4			
	Above 40	29	12.1			
	Total	239	100.0			
Marital Status	Married	182	76.2	3.37	4	.410
	Single	46	19.2			
	Divorced	11	4.6			
	Total	239	100.0			
Educational Status	PhD	4	1.7	14.01	6	.013**
	Masters	46	19.2			
	BSc	150	62.8			
	Secondary/Primary	39	16.3			
	Total	239	100.0			
Number of Children	1	68	28.5	8.88	6	.044*
	2	76	31.8			
	3	40	16.7			
	4 and above	55	23.0			
	Total	239	100.0			
Ethnicity	Igbo	143	59.8	1.35	4	.711
	Yoruba	79	33.1			
	Hausa	17	7.1			
	Total	239	100.0			
Religion	Christianity	136	56.9	2.73	2	.567
	Islam	103	43.1			
	Total	239	100.0			

Test of Hypothesis

Hypothesis 1: There is no significant relationship between the knowledge of the respondents and the practice of exclusive breastfeeding

The result of the PPMC test of the above hypothesis revealed that a significant relationship between the independent variable and the dependent variable ($r = .518$, $df = 237$, $p = .000$). The result shows that the respondents' knowledge of exclusive breastfeeding is positively related to their practice of exclusive breastfeeding. Therefore, the null hypothesis is rejected. (Table 6)

Hypothesis 2: There is no significant relationship between the socio-demographic factors and the practice of exclusive breastfeeding among working class mothers.

The result of the chi-square test of the above hypothesis revealed the findings among the socio-demographic factors, age ($x^2 = 17.99$, $df = 6$, $p = .000$), educational status ($x^2 = 14.01$, $df = 6$, $p = .013$), and number of children ($x^2 = 8.88$, $df = 6$, $p = .044$) are potent factors influencing the working class mothers' practice of EBF at

Babcock University. The table shows a positive relationship between age, number of children, educational status and practice of exclusive breastfeeding. (Table 7)

V. DISCUSSION OF FINDINGS

The result of the analysis of the demographic variable as regards participants' marital status showed that majority (76.2%) were married. The participants' educational status revealed that majority (62.8%) of the participants had first degree, and 11 (5.9%) had other forms of education. Most (31.8%) of the respondents had two (2) children, 143 (59.8%) were Igbo, and 136 (56.9%) were Christians. These results are similar to other previous researchers like Asemahagn (2016), Maonga, Mahande, and Msuya (2016), and Bolanle (2013).

The outcome of the research question one in measuring the level of knowledge of respondents on exclusive breastfeeding among working class mothers in Babcock University, Ilishan-Remo revealed their level of knowledge to be above average, 94.5% respondents agreed that exclusive breastfeeding means giving only breast milk to a baby for the first six months of birth; 80.4% agreed that exclusive breastfed infants develop better than non-exclusive breastfed infants, 75.7% agreed that exclusive breastfeeding entails feeding the baby on demand, and, 91.2% agreed that exclusive breastfeeding enhances mother- infant bonding. This result is in line with the Amosu, (2010), whose findings showed that majority of working-class nursing mothers are knowledgeable of EBF and this was due to the received information on breastfeeding from the nurses, community health workers and community health extension workers. The outcome of this study also revealed that the level of practice of exclusive breastfeeding among working class mothers in Babcock University was good. For instance, 69% breastfeed the child on demand, 55.6% breastfed exclusively without introducing water, more than half breastfed for 12 months to 2 years after birth, and 41.4% agreed that pre-lacteal feeding was needed for an infant before initiating exclusive breastfeeding, and 49% did not give their children any form of medication that was not prescribed by the doctor. The study of Asare, Preko, Baafi and Dwumfour-Asare (2018) on breastfeeding practices and determinants of exclusive breastfeeding in a cross-sectional study at a child welfare clinic in Tema Manhean, Ghana lend a good support to the outcome of this study. Asare et al. (2018) found a good level of practice of exclusive breastfeeding among their respondents.

The findings showed that among the socio-demographic factors, age, educational status, and number of children are potent factors influencing the working-class mother's practice of EBF at Babcock University. This corroborates the findings of Dijji, Bam, Asante, Lomotey, et al (2017) who reported a significant association between EBF practice and maternal age, education, and infant's age. Also, older and educated women were more likely to exclusively breastfeed their infants as reported in previous study (Asemahagn, 2016; Maonga, Mahande, & Msuya, 2016). This shows a positive correlation between educational attainment of respondent mothers' awareness and knowledge of EBF and that the more the educational level, the more likely the chances of breastfeeding the child exclusively

The outcome of the study showed that the respondents' knowledge of exclusive breastfeeding is positively related to their practice of exclusive breastfeeding. This result is in tandem with the findings of Tsegaye, Ajema, Shiferaw and Yirgu (2019) who carried out a study on level of exclusive breastfeeding practice in remote and pastoralist community, Aysaita woreda, Afar, Ethiopia. Their findings showed that maternal educational status and knowledge about EBF were associated with the practice of exclusive breastfeeding. This study equally contradicts the findings of Dun-Dery and Laar (2016) who assessed the prevalence of exclusive breastfeeding, as well as factors associated with the practice among professional working mothers in one of the ten regional capitals of Ghana and revealed that there was high awareness of exclusive breastfeeding (99%), but the practice of EBF was low (10.3%)

VI. CONCLUSION

The study revealed that working-class women at Babcock University had an above average knowledge of EBF and their level of practice of EBF was good. The findings further revealed that among the socio-demographic factors, age, educational status, and number of children are potent factors influencing the working-class mother's practice of EBF at Babcock University. The result also showed that the respondents' knowledge of exclusive breastfeeding is positively related to their practice of exclusive breastfeeding. It suggests that the working mothers' rate of exclusive breastfeeding during the six months of the life of babies are very important. Programs to support exclusive breastfeeding are necessary and should encourage women to feel positive to exclusive breastfeeding, focusing particularly on mothers with a maternity entitlement less than 6 months and mothers who lack previous breastfeeding experience.

VII. RECOMMENDATION

Based on the findings from the study, the researchers recommend that:

1. Creation of daycare centers in each work place to encourage exclusive breastfeeding

2. Provision of written educational materials such as posters, handbills, film show, story-telling and seminars on the importance of exclusive breastfeeding.
3. Government should encourage exclusive breastfeeding by extension of maternity leave to 6months.
4. Preparation of mothers during antenatal towards exclusive breastfeeding i.e. breastfeeding should commence within 30mins – 1hr of birth
5. Educating husbands on the need to support mothers during exclusive breastfeeding period.
6. Importance of the first milk (colostrum) given to the baby should be stressed to pregnant women during antenatal visit.
7. The teaching about exclusive breastfeeding should be integrated into the school curriculum at all levels as young people tend to practice what they learn at the younger ages.
8. Mothers should be encouraged and advised to attend antenatal and postnatal clinics to get proper information
9. Incentives should also be provided for nursing mothers to encourage exclusive breastfeeding.
10. Future researchers could replicate this study by including other variable that they may think that might moderate the current variables of this study.

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