

ASSESSMENT OF EXCLUSIVE BREASTFEEDING IN THE HEALTH AND DEVELOPMENTAL STATUS OF UNDER-FIVE CHILDREN WHO PRESENT AT THE PRIMARY HEALTH CARE CENTRE, ABA SOUTH LGA, ABA, ABIA STATE.

Anya O,¹ Iroaganachi CG¹

¹College of Medicine and Health Sciences, Abia State University, Uturu

Correspondence: ojayanya@gmail.com

ABSTRACT

BACKGROUND

Exclusive breastfeeding is one of the child survival strategies according to the United Nations Children's Fund (UNICEF). Breast milk is an essential component for the health and development of children. Lack of adequate knowledge or practice of exclusive breastfeeding can predispose the child to several, common childhood illnesses.

OBJECTIVE:

The objective of the study was to assess the level of knowledge and practice of exclusive breastfeeding, and its effect on the health and development of under-five children who present at the Primary health Care Centre, Aba South, Aba, Abia State.

METHODOLOGY:

This was a cross-sectional, descriptive study using a self/Interviewer-administered questionnaire to obtain information from mothers of children who presented at the Immunization and Maternity units of the centre. Data collected was analyzed using IBM SPSS version 20.0 while statistical significance was set at $P < 0.05$.

RESULTS: 400 eligible participants took part in this cross-sectional study where majority (65%) was above 27 years of age, nearly all (96.3%) were Igbos and Christians (98.8%). Most respondents were married 384 (96.0%), over two-thirds, 249 (62.3%) had attained tertiary level of education and 150 (37.5%) had at least two children. Similar proportions (82.3%) knew that exclusive breastfeeding was breast milk only from birth till 6months and that breastfeeding should be on demand with feeding on each breast lasting about 20 minutes (37%). 385 (96.3%) accepted breastfeeding to be important in the health and development their children while 221 (55.3%) agreed that the duration of time to breastfeed was 6 months.

Among the study participants, 264 (66.0%) claimed to practice exclusive breastfeeding while 131 (32.8%) did not. 373 (93.3%) of the women did not discard the first breast milk while among those who discarded, 3.9% claimed it was due to maternal advice, friends and others. Factors found to

hinder women from breastfeeding included state of health, size of breast being too small, work place and one's spouse.

In determining the morbidity and mortality associated with lack of breastfeeding, 181 (45.3%) had no recollection of how long they breastfed. 360 (90.0%) believed that breastfeeding for long was important for the health of their child. 255 (63.9%) stated they did not visit the hospital frequently following common childhood illnesses such as diarrhea, and 363 (90.8%) felt their child was growing well with age.

In determining the relationship between exclusive breastfeeding to the growth and development of the child, 204 (51.0%) reported their child achieved head control at 2-3 months, 291 (72.8%) reported sitting without support at 4-6 months, 286 (71.5%) crawled from 6-7 months, 262 (65.5%) started walking before one year and 295 (73.8%) formed a word at 2 years.

CONCLUSION:

The level of knowledge and practice of exclusive breastfeeding affected the health and development status of the under-five children.

RECOMMENDATION:

There is need for an increased level of health education to mothers and the community at large as regards the importance of exclusive breastfeeding. There is also need for establishment of health policies that kick against certain cultural factors that endanger breastfeeding practice.

KEY WORDS:

Knowledge, Attitude, Practice, Exclusive Breastfeeding, Aba South L.G.A, Abia State

INTRODUCTION

Breastfeeding, also known as nursing, is the feeding of babies and young children with milk from a woman's breast. Health professionals recommend that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. During the first few weeks of life babies may nurse roughly every two to three hours and the duration of a feeding is usually

ten to fifteen minutes on each breast. Older children feed less often. Mothers may pump milk so that it can be used later when breastfeeding is not possible.¹

During pregnancy, there are high levels of the milk-making hormone, prolactin, in the bloodstream. However, large volumes of milk are not produced during pregnancy as there are also high levels of the hormone progesterone. Progesterone ensures the volume of milk made remains low.² With the birth of the placenta (third stage of labor), progesterone levels fall. This allows prolactin to then kick start the process of making larger volumes of milk from about 30-40 hours after birth. Before this point, the milk made is driven by hormones, the baby suckling at the breast stimulates nerve endings and this causes the hormone oxytocin to be released into the bloodstream.² Oxytocin then makes the muscles around the glandular tissue in the breasts contract, pushing the milk into the milk ducts, and out through the nipple openings in the nipple. This process is known as the milk ejection reflex and it's what makes the milk available to the infant. The first milk the breasts make is colostrum. Colostrum is a thick yellow colored fluid and a concentrated source of immune protective factors, protein and minerals.

Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat -- everything your baby needs to grow. The nutrients are present in a form more easily digested than infant formula. Breast milk contains antibodies that aid in fighting viruses and bacteria. Breastfeeding lowers your baby's risk of having asthma or allergies. Plus, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. They also have fewer hospitalizations and trips to the doctor.²

Breastfeeding has been linked to higher IQ scores in later childhood in some studies. What's more, the physical closeness, skin-to-skin touching, and eye contact all help your baby bond with you and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children. The American Academy of Pediatrics (AAP) says breastfeeding also plays a role in the prevention of SIDS (sudden infant death syndrome). Breast milk has been thought to lower the risk of diabetes, obesity, and certain cancers as well, but more research is needed. Many medical experts, including the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists, strongly recommend breastfeeding exclusively (no formula, juice, or water) for 6 months. And breastfeeding for a year at least with other foods which should be started at 6 months of age, such as vegetables, grains, fruits, proteins.²

The mother also benefits from breast feeding as it could aid the loss of pregnancy weight faster, the oxytocin released during lactation helps uterus return to its pre pregnancy size and reduce uterine bleeding after birth. Breast feeding may also lower risk of breast and ovarian cancer as well as lower risk of osteoporosis. Breast feeding also helps in the bonding of the mother and the new born.²

Although some breast feeding problems exist they can be easily managed and they include maternal depletion syndrome, anemia, breast tenderness, engorgement and cracked nipples. For the babies studies have shown that formula-fed babies have the risk of developing an allergy to a particular formula. When a baby develops an allergy to formula, he or she may have symptoms that include irritability, crying after feedings, nausea, vomiting, diarrhea, or a skin rash.³

Breast feeding could be exclusive or mixed or partial or complementary and according to WHO only 40% of infants are breast fed exclusively for up to 6 months globally.⁴ While in Nigeria, only 17% of infants under 6 months are breast fed exclusively.⁵

Breast feeding is contraindicated in HIV positive mothers, those diagnosed with active untreated Tuberculosis, chemotherapy patients and patients on drugs for the treatment of migraine headaches, Parkinsonism or arthritis. For proper, healthy and effective breastfeeding, the lactating mother should be certified healthy by the physician so as to prevent mother to child transmission of diseases. Some of the maternal contraindications for breastfeeding include mothers with Tuberculosis, Varicella, H1N1 influenza, herpes simplex infection of the breast, human immunodeficiency syndrome (HIV), use of phencyclidine (PCP), cocaine, or amphetamine, excessive alcohol intake, radiopharmaceutical agents, antineoplastic and immunosuppressive agents. Other medical contraindications for breastfeeding, includes metabolic disorders such as phenylketonuria.⁶

Because of the tremendous benefits of breast feeding WHO and UNICEF made a global effort to promote and support breastfeeding a core child survival strategy.⁸ While breastfeeding is a natural act, it is also a learned behavior.⁷

WHO and UNICEF in 1992 launched the baby-friendly hospital initiative (BFHI) to strengthen maternity practices to support breastfeeding.

The innocent declaration was adopted in 1990 and was subsequently endorsed by WHO health assembly and UNICEF's executive board member states of the UN reaffirmed the relevance and the urgency of the four innocent targets in the global strategy for infant and young child feeding adopted by the world health assembly in May 2002.⁸ The aim is to create an environment globally

that empowers women to breastfeed exclusively for the first six months and continue to breastfeed for two years or more.

The Federal Ministry of Health reiterated recently its commitment towards achieving 100 per cent exclusive breastfeeding by 2025 in line with global target on Food and Nutrition. The National Policy on Food and Nutrition was revised in 2016 and launched by the First Lady, Mrs Aisha Buhari, who became the National Nutrition Ambassador. In 2017, the Minister of Health launched the National Social and Behavioural Change Communication Strategy, which enabled us to communicate with different communities to know factors that are mitigating against optimal breastfeeding practices. All these have been put in place to create an enabling environment and to develop strategies that will support and encourage mothers to practice exclusive breastfeeding optimally.⁹

This policy says nursing mothers should breast feed exclusively for six months and thereafter, complementary feeding can be introduced while breastfeeding is sustained for two years.¹⁰

According to Multiple Indicator Cluster Survey, 2017 (MICS, 2017), “95.0 percent of Nigeria women breastfeed their babies, five per cent of Nigeria women do not breastfeed and 23.7 percent breastfeed exclusively. However, presently, Lagos is one of the states with the highest breastfeeding rate of 51.8 percent in Nigeria.¹¹

A further breakdown of the MICS showed that the South-West has the highest number of exclusively breastfed children with 43.9 percent and 70.5 percent predominantly breastfed while the North-West zone has the lowest number of children breastfed exclusively with only 18.5 percent. About 56.6 percent were predominantly breastfed. The South-South zone followed with 27.2 percent and 52.5 percent exclusively and predominantly breastfed; South-East, 25.3 percent

and 47.8 percent exclusively/predominantly breastfed; North-Central, 24.9 percent and 45.8 percent; North-East, 21.3 percent and 50.4 percent respectively.¹¹

Breast milk is a complete food for a normal neonate. It is the best gift that a mother can give to her baby. It contains all the nutrients for normal growth and development of the baby from time of birth to the first 6 months of life. The subject of breastfeeding has been addressed extensively. The literature includes various aspects of breastfeeding including psychological factors, social, cultural factors, maternal knowledge and attitude on success of breastfeeding, social support and social influences, maternal health problems, breastfeeding compromised infants, breastfeeding techniques, the effects of infant formula; distribution and advertisements, the effects of early hospital discharge, the working breastfeeding mother and the promotion of breast feeding. The focus of this literature review shall be on the knowledge of breastfeeding among mothers and their level of practice, the knowledge of benefits, possible problems and challenges that hinder mothers from breastfeeding their children properly.

METHODOLOGY

The study was conducted at the Maternity and Immunization units of the Primary Health Care Centre, Aba South Local Government Headquarters, Abia State, Nigeria. It houses seven units namely; Immunization, Maternity and Antenatal clinic, TB and leprosy, Cold chain, Laboratory, Environmental, and Psychiatry. The cadre of staff there includes Medical Officer of Health, nurses including midwives, Community Health workers and laboratory scientists. Occupations amongst the women of childbearing age include trading, teaching, hairdressing, and other white collar jobs.

This study involved mothers of children less than five (5) years of age, both male and female who presented at the immunization clinic.

The study was a cross-sectional descriptive study using Self/Interviewer-administered questionnaire to assess knowledge, practice and effect of exclusive breastfeeding on the under-five children who presented at the Clinic. Sample size was determined using the formula, $N=Z^2PQ/D^2$ to be 384 which on further adjustment for non-response came up to 427. Convenience sampling technique was used to recruit eligible participants on the basis of availability and consent. Data obtained were entered into and analyzed using IBM SPSS software version 20.0. Frequency tables were used to represent descriptive statistics of the variables. Relevant statistical data such as mean values, standard deviation and proportions were calculated. Statistical significance was set at $P<0.05$.

Ethical approval for the study was obtained from the Ethics and Research Committee of the Abia State University Teaching Hospital and informed consent from the mothers.

RESULTS

Table 1: SOCIO DEMOGRAPHIC DATA OF RESPONDENTS		FREQUENCY	PERCENTAGE %
Age of respondent (in years)	<18	0	0.0%
	18-22	20	5.0%
	23-27	120	30.0%
	>27	260	65.0%
	Total	400	100.0%
Tribe of respondent	Igbo	385	96.3%
	Yoruba	15	3.8%
	Hausa	0	0.0%
	Total	400	100.0%
Marital status of respondent	Single	6	1.5%
	Married	384	96.0%
	Divorced	10	2.5%
	Total	400	100.0%
Religion of respondent	Christian	395	98.8%
	Muslim	0	0.0%
	African traditional religion	0	0.0%
	Others	5	1.3%

	Total	400	100.0%
Level of education of respondent	Primary	16	4.0%
	Secondary	135	33.8%
	Tertiary	249	62.3%
	Total	400	100.0%
Number of children of respondent	1	100	25.0%
	2	150	37.5%
	3	103	25.8%
	4	25	6.3%
	5	17	4.3%
	>5	5	1.3%
	Total	400	100.0%

TABLE 2: Level of knowledge of mothers about breastfeeding		FREQUENCY	N %
Definition of exclusive breastfeeding	breastmilk only for 6months	329	82.3%
	breastmilk+water for 6months	48	12.0%
	breastmilk+pap for 6months	5	1.3%
	milk formular+breastmilk	3	8%
	Others	15	3.8%
	Total	400	100.0%
No of times daily for breastfeeding			
	2-3 times daily	10	2.5%
	4-6 times daily	15	3.8%
	8-10 times daily	37	9.3%
	on demand	328	82.0%
	Others	10	2.5%
	Total	400	100.0%
How long a child must suck on each breast			
	about 10mins	49	12.3%
	about 20mins	148	37.0%
	30mins	127	31.8%
	1hour	25	6.3%
	Others	50	12.5%
	Total	400	100.0%
Is breastfeeding essential for the health and development of your child?			
	It is essential for the health and development of children.	385	96.3%
	It is not essential for the health and development of children	10	2.5%
	I don't know	5	1.3%

	Total	400	100.0%
How long should a child be breastfed?	1-3months	0	0.0%
	4-6month	42	10.5%
	6months	111	27.8%
	1-2yrs	221	55.3%
	Others	26	6.5%
	Total	400	100.0%

TABLE 3: EVALUATION OF THE PERCENTAGE OF WOMEN WHO PRACTICE EXCLUSIVE BREASTFEEDING		Frequency	N %
Do you practice exclusive breastfeeding?	I practice exclusive breastfeeding	264	66.0%
	I do not practice exclusive breastfeeding	131	32.8%
	I don't know	5	1.3%
	Total	400	100.0%
Once your baby was born what did you give first?	Water	70	17.5%
	Tea	5	1.3%
	palm oil	0	0.0%
	breast milk	325	81.3%
	herbal mixture	0	0.0%
	Total	400	100.0%
Do you discard the first milk?	I discarded the first milk	25	6.3%
	I did not discard the first milk	373	93.3%
	I don't know	2	0.4%
	Total	400	100.0%
If yes, why?	Not discarded	379	94.8%
	Culture	6	1.5%
	Religion	0	0.0%
	Mother	5	1.3%
	friends advised me	5	1.3%
	no reason	5	1.3%
	Total	400	100.0%
What can stop you from breastfeeding?			
	Size of breast	17	4.3%
	Work	15	3.8%
	Others	263	65.8%

	Spouse	10	10.5%
	state of health	95	23.8%
	Total	400	100.0%
What mode of breastfeeding do you prefer?	Expressed breastmilk	254	88.5%
	infant formula	5	1.3%
	Pap	41	10.3%
	Total	400	100.0%

Table 4: PERCENTAGE OF WOMEN WHO PRATICE EXCLUSIVE		Frequency	Percentage
How long do you wait before commencing breastfeeding?	1hour	74	18.5%
	30mins	145	36.3%
	I do not remember	181	45.3%
	Total	400	100.0%
Do you think breastfeeding for too long is important for the strength and health of the child?	I think breastfeeding for too long is essential for the strength and health of the child	360	90.0%
	I don't think breastfeeding for too long is essential for the strength and health of the child	21	5.3%
	I don't know	19	4.8%
	Total	400	100.0%
How frequently do you visit the hospital?	Often	145	36.3%
	Never	30	7.6%
	Rarely	225	56.3%
	Total	400	100.0%
How frequent does your child fall ill?			
	Often	55	13.8%
	Never	82	20.5%
	Rarely	258	64.5%
	not sure	5	1.3%

	Total	400	100.0%
Is there a complaint of your child being...?			
	Underweight	20	5.0%
	stunted growth	10	2.5%
	Malaria	101	25.3%
	No complaint	269	67.3%
	Total	400	100.0%
Has your child ever been exposed to...?	No complaints	273	68.3%
	Pneumonia	50	12.5%
	Meningitis	5	1.3%
	Diarrhea	72	18.0%
	Total	400	100%
Do you think your child is growing well with age?			
	I think my child is growing well with age	363	90.8%
	I don't think my child is growing well with age	34	8.5%
	I don't know	3	8%
	Total	400	100.0%

TABLE 5:

TO ACCESS THE GROWTH AND DEVELOPMENTAL STATUS IN RELATION TO BREASTFEEDING		Frequency	N %
At what age did he or she achieve head control?	2-3 months	204	51.0%
	4-6 months	111	27.8%
	6-8months	10	2.5%
	8-10 months	10	2.5%
	No idea	65	16.3%
	Total	400	100.0%
At what age did he/she sit without support?	4-6 months	291	72.8%
	6-8months	36	9.0%
	8-10months	20	5.0%
	Not started	15	3.8%
	no idea	38	9.6%
	Total	400	100.0%
At what age did he start crawling?	6-7months	286	71.5%
	8-9 months	47	11.8%
	10-12 months	10	2.6%

	Not started	15	3.8%
	No idea	42	10.5%
	Total	400	100.0%
At what age did he/she starts walking?	Before 1year	262	65.5%
	1-2years	66	16.5%
	No idea	72	18.1%
	Total	400	100.0%
At what age did he/she form a word?	2years	295	73.8%
	5years	5	1.3%
	Not started	22	5.5%
	No idea	78	19.5%
	Total	400	100.0%

KNOWLEDGE SCORE

KNOWLEDGE	Frequency	Percentage
Good knowledge	315	78.7%
Poor knowledge	85	21.3%
Total	400	100%

Out of 400 participants in this cross-sectional study, 329 (82.3%) knew exclusive breastfeeding was breast milk only from birth till 6 months and majority of the participants (65.0%) were aged 27 years and above of which 62.3% had attained tertiary level of education. According to the table, majority of the women agreed that breastfeeding is important to the health and development of their children and practiced it. Of the 400 participants, 131 (32.8%) did not practice exclusive breastfeeding. Further questions were asked to assess their knowledge and about 315 (78.7%) had good knowledge, while 85(21.3%) had poor knowledge. The study extensively revealed that most women knew how to exclusively breastfeed.

DISCUSSION

The assessment of knowledge of breastfeeding among mothers started long time ago even among health workers.

An Australian study done by Lowe in 1990 surveyed the attitude and knowledge of breastfeeding midwives, general practitioners, maternal and child health nurses, obstetricians, state enrolled nurses, and pediatricians.¹² The result showed that overall health professionals show a decrease in knowledge with advancing age and number of years since training.¹²

A study done in Osun state of Nigeria showed that majority (90.25%) of the respondents were within the age range of 20 and 39 years with a mean age of 26 years revealing that most women were matured women.¹⁷ This is similar to our study where 65.0% of the study population were 27 years and above.

In an Ethiopian study, it was found that 83.4% of mothers were knowledgeable about the recommended duration of exclusive breastfeeding.¹⁷ A similar study in Rwanda demonstrated that 81.4% had good knowledge.¹⁸ The slight variation in knowledge is common in different parts of African countries due to several factors especially the literacy levels and the accessibility to information desks on health matters. A study done in Sokoto reported that only 60% of women in their study had heard about exclusive breastfeeding, a percentage far lower than our finding. However, it was better than the values reported in the previous studies conducted in India (36.25%)¹⁹, Zimbabwe (36%)²⁰, United Arab Emirates (16.9%)²¹ and in the United Kingdom (26.2%).²² These values indicate that improved awareness on exclusive breastfeeding through health education would be immensely helpful.

Another study in India by Seena and Gaundhimathi in 2015 on the knowledge, attitude and practice of mothers regarding breastfeeding revealed that 46% of the mothers had average knowledge, 32% had good knowledge and 22% had poor knowledge. In the same work, 11% of them had favourable attitude, 8% of mothers showed good level of practice of breastfeeding, 58% showed average level of practice and 34% showed poor level of breastfeeding practice. No one fell under the category

of very poor practice of breastfeeding.¹³ This bears a close similarity with our conducted study where 78.7% of the study population had good knowledge of exclusive breastfeeding.

In 2011, Chaudhary and others carried out a hospital based study in Nepal on Knowledge and practice of mothers who breastfeed their children, where only 10% initiated breastfeeding within 30 minutes after birth, 10% knew the meaning of prelacteal feed, 15% exclusively breast fed, 25% knew the importance of colostrum, 15% knew the importance of night feeding, 10% know that expressed milk can be used, 25% knew that complimentary feed starts at 6 months and 30% knew the advantage of breastfeeding.¹⁴ This is in contrast to our study where 81.3% initiated breastfeeding after birth, 82.3% knew that complimentary feeding begins after 6 months and 96.3% knew the advantages of breastfeeding.

Furthermore, a study done in Nigeria in 2016 on the knowledge and practice of exclusive breastfeeding among mothers attending infant welfare clinic in a tertiary Health Institution, showed that 77% of mothers knew the stipulated duration of exclusive breastfeeding. 7% of the mothers said that giving the first milk from the breast after delivery (colostrum) to the baby was against their cultural belief while 6% said it was against their religious belief. From same study, 65% said their husband influenced their practice of exclusive breastfeeding while 38% said that their husband determined the number of months that they exclusively breastfed their baby.¹⁵ This is a similar scenario at the Primary Health Care Centre, Aba South, Aba. Proper health education is important to curb this practice.

CONCLUSION

This cross-sectional study has shown that most mothers of children who present in Aba South Primary Health Care Centre have an idea of exclusive breastfeeding but have a suboptimal level of practice. Several factors including culture, religion, and nature of work have been established as barriers to inadequate breastfeeding. Hence these children present with diseases relating to malnutrition, development and diarrhea. Public health education and certain, necessary health policies will improve the level of knowledge, attitude and practice of exclusive breastfeeding among these mothers.

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