



Assessment of Exclusive Breastfeeding Knowledge and Practice among Mothers Attending Antenatal Clinic of a General Hospital in Lagos State

¹Olutayo, K.O., ²Edun, B.T.,
³Adeniran, S.M., ⁴Jinaid, S.A.

¹Department of Chemical and Food Sciences, Bells University of Technology, Ota Ogun State

²Department of Nutrition and Dietetics, Ogun State College of Health.

³Department of nutrition and Dietetics, Kaduna Polytechnics

⁴Department of Nursing Sciences, National Open University Nigeria

*Corresponding author:

E-mail: kolanitida@yahoo.co.uk.

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ABSTRACT

Background: Knowledge and practice of exclusive breastfeeding among women are essential when promoting an optimal breastfeeding practices among nursing mothers.

Objectives: This study assessed exclusive breastfeeding knowledge and practice among mothers attending antenatal clinic of general hospital, Ifako Ijaiye, Lagos State.

Methods: Systematic random sampling was used to select the nursing mothers (n=114). Semi-structured questionnaires were used to collect information on socio-economic characteristics and practice of exclusive breastfeeding while 20-point scale standardized general nutritional knowledge structured questionnaires were used to assess the nutritional knowledge. Statistical Package for Social Science was used to analyze the data and set at $p < 0.05$.

Results: Majority of the respondents were graduates. Exactly 48.6% of the mothers had good knowledge of exclusive breastfeeding, 43.9% had average knowledge while 7.8% had poor knowledge. Also, 70% of mothers initiated breastfeeding less than one hour after birth, 58.3% practised bottle feeding during the first six months of breastfeeding, 76.7% practised exclusive breastfeeding for the first four months of life indicating a gap between knowledge and practice. Also, there is association between maternal education, income, exclusive breastfeeding knowledge and practices.

Conclusions: Almost all the mothers were knowledgeable about exclusive breastfeeding but it does not translate to equal level of practice. So, health workers should emphasize the importance of exclusive breastfeeding practices at the various antenatal clinics of Lagos State Hospitals and all over Nigeria.

Keywords: Exclusive breastfeeding, breastfeeding practices, antenatal clinic

INTRODUCTION

Breast milk is the ideal food for infant during the first six months of life because it provides all the necessary energy and nutrients for the optimum growth and development (Anidi *et al.*, 2019). World Health Organization recommends exclusive breastfeeding for the first six months of life and subsequent complementary feeding along side with breastfeeding till the age of 2 years (WHO, 2017). According to World Health Organization, exclusive breastfeeding means infant receives only breast milk and no other liquids or solids are given, not even water with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (WHO, 2015). Despite a lot of benefits associated with exclusive breastfeeding and awareness programmes organized by different stakeholders; which had tremendously translated to increased knowledge among nursing mothers in Africa and most especially Nigeria, the level of practice of

exclusive breastfeeding is still not encouraging (Anthony and Vincent, 2019). Global breastfeeding scorecard showed that out of 194 nations of the world, 23 countries had 60% of infants younger than six months exclusively breastfed while others had 40% rate of exclusive breastfeeding practices (WHO, 2015) and national exclusive breastfeeding practice in Nigeria from the year 2016-2017 review indicated 23.7% which is far low when compared with the rate of exclusive breastfeeding knowledge (95%) in Nigeria (UNICEF, 2012). Under-nutrition is still a major problem in Nigeria with a lot of factors responsible for it, among which is low level of exclusive breastfeeding practices, inappropriate complementary feeding and others. According to National Nutrition and Health Survey, wasting is 4.7%, stunting is 37% and underweight is 19.9% which shows public health significance; most

especially the burden of stunting among under 5 years children (NNHS, 2018).

As a result of this, there is a need to carry out continuous research to ascertain the level of exclusive breastfeeding practices among nursing mothers in Nigeria. Therefore, this study sets to assess the level of exclusive breastfeeding knowledge and practices among nursing mothers with 0-6 month old infants attending antenatal clinic of Ifako Ijaye General Hospital, Lagos State.

METHODOLOGY

Study design, population, sample size and sampling technique

The study was descriptive and cross-sectional involving nursing mothers with infants aged 0-6 months old attending anti-natal clinic of Ifako Ijaye General Hospital, Lagos state. There were 160 nursing mothers at the antenatal clinic at the time of study.

Sampling technique and sample size

A systemic sampling technique was used to select calculated 114 nursing mothers for the study using the formula as stated below:

$$n = \frac{N}{1 + N(e)^2} \text{ (Anthony and Vincent, 2019)}$$

n = sample size, N = population size (500), e = level of significance (5%)

$$n = 160 / (1 + 160(0.05)^2)$$

$n = 114.2$, approximately 114 nursing mothers.

Ethical Approval

Informed consent of the respondents were sought by explaining the research objective, assurance of no harm and freedom of exit at any time of the study. Ethical clearance was obtained from the constituted authority of Ifako Ijaye General Hospital and Lagos state Teaching Hospital.

Data Collection

A semi-structured questionnaires were designed to elicit information on socioeconomic and demographic characteristics; and practice of exclusive breastfeeding from the 114 nursing mothers selected for the study while 20-point scale standardised general nutritional knowledge structured questionnaires were used to collect data on nutritional knowledge.

Data Analysis

The data collected were inspected for correctness, coded and analysed using IBM SPSS version 20.0. Socioeconomic and demographic characteristics, maternal knowledge of exclusive breastfeeding and practice were analysed using descriptive statistics such as frequencies and percentages. Chi square test were used to ascertain association between socioeconomic and demographic characteristics; maternal nutritional knowledge and practice with significant value was set at $p < 0.05$.

RESULTS

Table 1 shows socio-economic characteristics of the respondents. Almost 52 % of the mothers were between the ages of 21 to 30 years, 37% fell between the ages of 31 to 40 years and 10% were less than 20 years. Exactly 70% of the fathers had tertiary education, 16.7% secondary, 5.0% primary education and 8.3% no education at all. About 54.2% of the mothers had tertiary education, 27.1% secondary education, 10% no formal education and 8.7% primary education. Mothers attending the antenatal clinic were majorly Yoruba (60%), 16.7% Igbo and 3.3% Hausa. Almost 42% of the mothers were traders, 13.3% were housewives, 11.7% were civil servants and 1.7% students. Exactly 40% of the fathers were traders, 20% were civil servants and 8.3% students. About 88.3% were married, 10% and 1.7% were single and separated respectively. Majority of the mothers were Christians (77%) and Muslims (21.7%) while 1.6% were neither Christian nor Muslim. About 43.3% of the mothers did not have children; exactly 30% and 15% had only one and two children respectively. Also, almost 3.6%, 6.7% and 1.7% had three, four and more than four children respectively. Fathers' income monthly was majorly more than 40,000 naira (56.7%); 26.6% received salary in the range of 10,000 to 30,000 naira only and 5% of the father collected 31,000-40,000 naira monthly. Also, mothers' income was mainly more than 40,000 naira (33.3%); 21.7% of the mothers collected 10,000-20,000 naira monthly, exactly 20% received 10,000-20,000 naira and 15% of the mothers received between 31,000-40,000 naira monthly.

Table 1: Socio-economic and demographic characteristics of respondents

S/N	PARAMETERS	FREQUENCY	PERCENTAGE%
1	AGE		
	Less than 20	11	10.0
	21-30yrs	59	51.7
	31-40yrs	42	36.7
	41-50yrs	2	1.7
	Total	114	100
2	FATHER'S EDUCATION		
	No formal education	9	8.3
	Primary	6	5.0
	Secondary	19	16.7
	Tertiary	80	70.0
	Total	114	100
3	MOTHER'S EDUCATION		
	No formal education	12	10
	Primary	12	8.7
	Secondary	30	27.1
	Tertiary	60	54.2
	Total	114	100
4	ETHNICITY		
	Yoruba	68	60
	Hausa	4	3.3
	Igbo	19	16.7
	Others	23	20
	Total	114	100
5	OCCUPATION OF THE		
	Unemployed/housewife	15	13.3
	Trading	48	41.7
	Students	2	1.7
	Civil servant	13	11.7
	Others	36	31.6
	Total	114	100
6	OCCUPATION OF FATHER		
	Unemployed	10	8.3
	Trading	46	40
	Students	2	1.7
	Civil servant	23	20
	Others	33	30
	Total	114	100
7	MARITAL STATUS		
	Single	11	10
	Married	101	88.3
	Divorced/separated	2	1.7
	Total	114	100
8	RELIGION		
	Christianity	87	76.7
	Islam	25	21.7
	Others	2	1.6
	Total	114	100

Table 1: Socio-economic and demographic characteristics of respondents (Continued)

	PARAMETERS	FREQUENCY	PERCENTAGE%
9	NO OF CHILDREN		
	None	49	43.3
	One	34	30
	Two	17	15
	Three	4	3.6
	Four	8	6.7
	More than four	2	1.7
	Total	114	100
10	ESTIMATED FATHER'S INCOME (MONTHLY)		
	Less than 10000	13	11.7
	10000-20000	15	13.3
	21000-30000	15	13.3
	31,000-40000	6	5
	Above 40000	65	56.7
	Total	114	100
11	ESTIMATED MOTHER'S INCOME (MONTHLY)		
	Less than 10000	23	20
	10,000-20000	25	21.7
	21000-30000	11	10
	31000-40000	17	15
	Above 40000	38	33.3
	Total	114	100

Table 2 shows maternal nutritional knowledge. About 93.3% of the mothers agreed that a child is likely to grow well if fed with breast milk only while 6.7% of them disagreed. Exactly 65% of the mothers refuted the fact that water can be given to child before six months of age while 35% of the mothers agreed. Majority of the mothers (90%) refused that a sick infant can be given herbal tea in combination with other drugs to aid quick recovery before six months while 10% said otherwise. Almost 87% of the mothers declined to the fact that herbal preparation works better than conventional drugs in treating childhood illness especially before six months of age. Also, 75% of the mothers disagreed to the fact that introducing family food should be done when the child is five months while 25% disapproved. Almost 73% agreed to the fact that

complete weaning of breast milk should be done not less than two years while 27% did not. Exactly 58% did not agree to the fact that force-feeding a child who is picking is not a bad idea while 42% agreed. About 70% of mothers agreed that giving large quantity of either milk or fish can make children become lustful while 30% disagreed. Almost 83.3% of the mothers agreed to the fact that a malnourished mother will usually give birth to a low weight child while 16.7% did not. Exactly 72% disagreed that the first milk produced after child birth should be discarded because it may be contaminated while others approved. Exactly 90% of the mothers disagreed that at two months a child can start consuming tea while 10% did not. Almost 93.3% of the mothers agreed that during the first six months of

life animal formulae and some family foods may be given to an infant provided he/she can tolerate it while others did not. About 78.3% disapproved that when a child has diarrhoea, it is better to stop breastfeeding while 21.7% agreed. Exactly 87% of the mothers agreed that a dirty environment can affect how well a child grows while 13% did not. Slightly above half (53.3%) of the mothers' population agreed that breast milk and water are necessary for infant within the first six months of life to combat thirst while 46.7% of mothers did not. About 53.3% of the mothers agreed to the fact that absence of impurities in water qualifies it has been clean while 46.7% did not. Majority of the mothers (85%) agreed that immunizing a child will improve the health status of the child while 25% stated otherwise. Almost 70% of mothers said giving immunisation to a child could lead to paralysis while 30% did not. About 86.7% of mothers agreed that vitamin A supplementation is at six months and every six months while 13% stated otherwise. Majority of mothers (93.3%) agreed that ORS and zinc supplement can save life of a child when the child has diarrhoea while 6.7% disagreed.

Table 3 shows the classification of the overall nutritional knowledge of the mothers. About 49% and 44% of mothers had good and average nutritional knowledge respectively while exactly 7.5% had poor nutritional knowledge.

Table 4 shows the practice of exclusive breastfeeding by mothers. Almost 70% of mothers at 1 hour after birth initiated breastfeeding, 23.7% of mothers initiated breastfeeding at exactly 2 hours after birth and 6.8% initiated breastfeeding about 6 hours after birth. About 52% disagreed to giving prelacteal feed while 48% did. Exactly 69.5% fed their baby with colostrums while 30.5% did not. Majority (76.7%) of the mothers practised exclusive breastfeeding for four months, about 11.7% of mothers practised for 1 month, 5% of mothers for three months, and 3.3% of mothers for six months. About 58.3% of the mothers practised bottle feeding during the first six months of breastfeeding while 41.7% did not.

Table 5 depicts the association between socio-economic characteristics, maternal nutritional knowledge and practice of exclusive breastfeeding. There is association between educational level, knowledge and practice of exclusive breastfeeding with p-values of 0.00 and 0.01 respectively. Also, there is association between mothers' occupation, knowledge and practice of exclusive breastfeeding with p-values of 0.00 and 0.02 respectively ($p < 0.05$).

But there is no association between the income, knowledge and practice with p-values of 0.2 and 0.14 respectively ($p > 0.05$). Maternal knowledge is associated with the practice of exclusive breastfeeding with p-values of 0.04 ($p < 0.05$). This means that the higher the maternal knowledge the higher the practice of exclusive breastfeeding and vice versa.

DISCUSSION

The socioeconomic and demographic of the mothers showed that the mothers at the clinic are, on the average, between the ages of 21-30 years, had tertiary education, Yoruba by tribe, traders, married and their monthly income is more than 40,000 naira. This result is similar to the report of Salami *et al.* (2014) but slightly different from the report of Anthony *et al.* (2019). The mothers are enlightened maybe because of the fact that the center is very close to the heart of Ikeja which is the capital of the state and also reflect the fact that their businesses are thriving. Mothers are very knowledgeable about exclusive breastfeeding for the first six months of life and strongly believe the fact that breast milk alone can supply all the energy and nutrients requirement of a child during the period except vitamins, minerals or medicine but not herbal medicine. This report is very close to the result of Olufunmilayo *et al.* (2019) whereby 85.3% of mothers had overall good knowledge of exclusive breastfeeding. Also, this present report is comparable well with the findings of Agunbiade (2012) in Ile-Ife which also revealed a high knowledge of exclusive breastfeeding by nursing mothers (94%) but dissimilar to the report of Afolabiet *et al.* (2017) which recorded a low knowledge of exclusive breastfeeding; in a research carried out in FUNAAB mandate community in which out of 228 mothers with under five children selected for the study, only 48 mothers had good knowledge of nutrition while the rest were extremely poor. According to this study, almost all the mothers initiated breastfeeding 1 hr after birth which is a sheer misconception about early initiation of breastfeeding and this is contrary to global recommendation of breastfeeding that should be within 30 minutes of birth. The practice of early initiation of breastfeeding has been associated with successful establishment and longer duration of breastfeeding and reduction of infection-specific neonatal mortality (Brodribb *et al.*, 2007). Exactly 70% of mothers fed their babies with colostrums which shows that they understand the nutritive values of colostrums which is contrary to the report of Ochee *et al.* (2011) in

Table 2: Maternal nutritional knowledge

	PARAMETERS	FREQUENCY	PERCENTAGE %
1	During the first six months of life a child is likely to grow better if fed with breast milk only		
	Yes	106	93.3
	No	8	6.7
	Total	114	100
2	Before a child is six months, water can be given if thirsty		
	Yes	40	35
	No	74	65
	Total	114	100
3	A sick child can be given herbal tea (agbo) in combination to other drugs to aid quick recovery before six months		
	Yes	11	10
	No	103	90
	Total	114	100
4	Herbalpreparation works better than conventional drugs in treating childhood illness		
	Yes	15	13.3
	No	99	86.7
	Total	114	100
5	Introducing family food should be done when the child is five months		
	Yes	29	25
	No	85	75
	Total	114	100
6	Complete weaning off breast milk should be done not less than two years		
	Yes	84	72.9
	No	30	27.1
	Total	114	100
7	Force feeding a child who is picky is not a bad idea		
	Yes	48	41.7
	No	66	58.3
	Total	114	100
8	Giving large quantity of either milk or fish can make children become lustful		
	Yes	34	30
	No	80	70
	Total	114	100
9	A malnourished mother will usually give birth to a low weight child		
	Yes	95	83.3
	No	19	16.7
	Total	114	100
10	The first milk produced after child birth should be discarded because it may be contaminated		
	Yes	32	28.3
	No	82	71.7
	Total	114	100

Table 2: Maternal nutritional knowledge (Continued)

	PARAMETERS	FREQUENCY	PERCENTAGE %
11	At two months a child can start consuming tea		
	Yes	11	10
	No	103	90
	Total	114	100
12	During the first six months of life, animal milk formulae and some family foods may be given to an infant provided he/she can tolerate it		
	Yes	106	93.3
	No	8	6.7
	Total	114	100
13	When a child has diarrhoea, it is better to stop breastfeeding		
	Yes	25	21.7
	No	89	78.3
	Total	114	100
14	A dirty environment can affect how well a child grows		
	Yes	99	86.7
	No	15	13.3
	Total	114	100
15	Breast milk and water are necessary for infant within the first month of life to combat thirst		
	Yes	61	53.3
	No	53	46.7
	Total	114	100
16	Absence of impurities in water qualifies it has been clean		
	Yes	61	53.3
	No	53	46.7
	Total	114	100
17	Immunizing a child will improve the health status of the child		
	Yes	97	85.0
	No	17	15.0
	Total	114	100
18	Giving immunisation to a child could lead to paralysis		
	Yes	34	30
	No	80	70
	Total	114	100
19	Vitamin A supplementation is at six months and every six months		
	Yes	99	86.7
	No	15	13.3
	Total	114	100
20	ORS and Zinc supplement can save life of a child when the child has diarrhoea		
	Yes	106	93.3
	No	8	6.7
	Total	114	100

Table 3: Classification of the overall nutritional knowledge of the mothers

MATERNAL NUTRITIONAL KNOWLEDGE	FREQUENCY	PERCENTAGE %
Good	54	48.6
Average	50	43.9
Poor	10	7.5
Total	114	100

Table 4: Practice of exclusive breastfeeding

S/N	PARAMETERS	FREQUENCY	PERCENTAGE %
1	Initiation of breastfeeding after birth		
	Less than 1hr	79	69.5
	2hrs	27	23.7
	4hrs	4	3.4
	6hrs	0	0
	24hrs	4	3.4
	Total	114	100
2	Giving prelacteal feed should		
	Yes	53	48.3
	No	61	51.7
	Total	114	100
3	Feeding baby with colostrum		
	Yes	78	69.5
	No	36	30.5
	Total	114	100
4	Duration of practice of exclusive breastfeeding		
	1month	13	11.7
	2months	4	3.3
	3months	6	5
	4months	87	76.7
	6months	4	3.3
	Total	114	100
5	Do you practise bottle feeding during the first six months of breastfeeding		
	Yes	66	58.3
	No	48	41.7
	Total	114	100

Table 5: Association between socio-economic characteristics, maternal nutritional knowledge and practice of exclusive breastfeeding

SOCIO-ECONOMIC CHARACTERISTICS	MATERNAL KNOWLEDGE	PRACTICE
Maternal Educational Level		
X ²	0.15	0.18
P-value	0.00	0.01
Sample Size	114	114
Maternal Occupation		
X ²	33.19	8.01
P-value	0.00	0.02
Sample Size	114	114
Maternal Income		
X ²	90.20	70.29
P-value	0.2	0.14
Sample Size	114	114
Practice		
X ²	0.26	1
P-value	0.04	-
Sample Size	114	114

Majority of the mothers practiced exclusive breastfeeding for 4 months which is contrary to WHO recommendation of 6 months duration. This may be as a result of misconception that long suck may result in sore and painful nipples (Ella *et al.*,2016).Female education has severally been described as one of the strongest determinants of the practice of EBF (Davies-Adetugbo ,1997);this is contrary to the report of Zainab *et al.*(2015).Almost half of the mothers practised bottle-feeding for the first six months of life and this actually denied the child and the mother full benefits of exclusive breastfeeding.This is in agreement with the results obtained from several studies: Ojofeitimi *et al.*(2014), in a study on breastfeeding practices, reported that the respondents agreed to give water and glucose D within 72 hours after delivery; in Nigeria, 50% of infants less than 3 months of age received breast milk and water. Also, Agunbiade and Ogunleye (2012), in a study on the constraints to exclusive breastfeeding among mothers in Ile-ife, reported respondents' view that infants require additional supplements such as herbal concoction, to guard against infection. In this present study, there is an association between socio-economic characteristics, maternal nutritional knowledge and practice of exclusive breastfeeding. There is an association ($p<0.05$) between educational level, occupation, knowledge and practice of exclusive breastfeeding. But, there is no association between the income, knowledge and practice. With greater education, mothers are more likely to be abreast of the overriding benefits of EBF and therefore will be more motivated to practise it. Little wonder why maternal education has been long recognized as one of the child survival strategies adopted by UNICEF in its GOBIFF strategy (UNICEF,2012). This study observed that income level had inverse association with EBF practice. Higher socioeconomic status was associated with lessened rate of EBF practice. This may be related to the notion of use of infant formula as a status symbol. One could also speculate that these mothers in the higher socioeconomic class, who are richer (sometimes by virtue of husbands' wealth or families they are married into) but not necessarily better educated are able to afford and sustain infant formulas which are exorbitant in price. Furthermore, the occupation of mothers in this socioeconomic class would most likely interfere with the practice of EBF. This class of mothers is also more likely to travel for business engagements thereby hampering to some extent the preconditions for EBF practice. They may need to be better educated on the skill of expression of breast milk which their babies will be fed while they are unavoidably away. Maternal

knowledge is associated with the practice of exclusive breastfeeding with p-values of 0.04 ($p<0.05$).This means that the higher the maternal knowledge the higher the practice of exclusive breastfeeding and vice versa. But in this present study, the level of maternal knowledge is not equal to the practice of exclusive breastfeeding which is similar to the report of Afolabi *et al.* (2017).

Conclusion

Mothers at the centre are knowledgeable about the exclusive breastfeeding but their knowledge is not equal to the level of practice of exclusive breastfeeding. This is as a result of the socioeconomic characteristics of the mothers which prevent them from practising what they know. Health workers should intensify their efforts in disseminating information on the benefit of exclusive breastfeeding both to the mothers and their children when properly practised.

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