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Socio-Demographic Determinants of the Practice of Exclusive Breastfeeding among Mothers Visiting School Demonstration Clinic, College of Health, Obio/Akpor Local Government Area, Rivers State

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Abstract

This study examined the socio-demographic determinants of the practice of exclusive breastfeeding among mothers visiting the Demonstration Clinic of Rivers State College of Health Science and Management Technology in Obio/Akpor Local Government area of Rivers State. Four (4) research questions served as a direction for this study. The research design used in this study was a descriptive study design. The population of the study consisted of nine hundred and twenty (920) mothers who visited the School Demonstration Clinic, College of Health, Rivers State during the period of the study. The sample size was determined using the Taro Yamene formula. The study adopted a simple random sampling method to sample 279 respondents from School Demonstration Clinic, College of Health, Rivers State. The instrument for data collection was a self-structured questionnaire which was developed by the researchers. The result of this study showed that the grand mean 3.13 ± 0.79 is greater than the criterion mean of 2.5 indicating a high level of the practice of exclusive breastfeeding. Based on the findings of the study, it was concluded that exclusive breastfeeding was practiced at a high level among women who visited School Demonstration Clinic, College of Health, Rivers State and the predominant socio-demographic determinants of the practice of exclusive breastfeeding found among the women were age, parity and educational background. It was recommended that nutritionists should take into consideration the age, cultural belief, and the occupation of mothers when designing nutritional programmes such as baby-friendly initiatives for women.

Keywords: socio-demographic, determinants, exclusive, breastfeeding

INTRODUCTION

Exclusive Breastfeeding is a unique process that enhances child survival and development. Breastfeeding is essential for child survival and optimal development of the child. It uniquely enhances a young child's psychological, nutritional, and immunological needs. Hanif (2011) defines exclusive breastfeeding as a method in which newborns only get breast milk throughout their first six months of life, with the exception of vitamins, mineral supplements, and medications. They are also not given any other liquids, food, tea, or other herbal preparations. For the first six months of life, newborns should only be breastfed in order to attain the best possible growth, development, and health. Therefore, while continuing to nurse for up to two years or longer, infants should be given supplemental foods that are safe and nutritionally adequate.

All the nutrients a baby needs in the first six months of life are in breast milk (Datta, 2014). In a similar vein, Okolo, Omoyibo, and Chimah (2015) noted that breastfeeding (BF) practice is said to be optimal when breastfeeding has been initiated within the hour of birth; consequently, exclusive breastfeeding is a practice in the first six months of life; following this, breastfeeding is continued up until the age of two years while appropriate complementary foods are added. It is a known truth that infants who begin breastfeeding within the first hour of life are more likely to have optimum breastfeeding and have a longer probability of doing so exclusively. This will enhance the infant's

nutritional status, encourage healthy growth and development, and eventually lower morbidity and death.

In Nigeria, the Nigerian Demographic and Health Survey (2018) showed that only 28.7% of infants were exclusively breastfed under 6 months and only 17.9% of infants were exclusively breastfed at 4-5 months. The advocacy of exclusive breastfeeding as the "optimal" feeding strategy for newborns has drawn more attention in recent decades. This has mostly been motivated by the growing body of scientific evidence demonstrating the value of exclusive breastfeeding in lowering infant morbidity and death. Exclusive breastfeeding is recognized as essential for infants' survival in resource-constrained environments where poor and sub-optimal breastfeeding practices frequently result in child malnutrition, which is a major factor in more than half of all child fatalities (Sokol et al., 2007). In fact, it is predicted that 1 million of the 6.9 million under-five children who died worldwide in 2011 may have been saved if easy-to-use strategies like exclusive breastfeeding had been used (WHO, 2012). As a result, WHO and UNICEF advise breastfeeding exclusively for six months, then introducing complementary foods and continuing for 24 months or beyond. However, some people have failed to adhere to this ideal because of things like age, parity, occupation, cultural impact, and education, all of which may be connected to practices of exclusive breastfeeding.

Poor maternal education is often associated with little or no information due to lack of exposure to the mass media for easy access to information which may influence their knowledge of EBF and the subsequent practice.

Age is a very strong determinant when it comes to health. This is concretized with the assertion of Ajayi et al. (2011) that, age is a determinant of exclusive breastfeeding which shows that mothers between the age of 25-35 are more likely to practice exclusive breastfeeding than women of 15 – 24 years. Also, the age notwithstanding, the occupation the mothers do can go a long way in determining the time she will have to practice EBF adequately.

The occupation of the mother may or may not allow her enough time for her child including the practice of exclusive breast feeding. According to Bonyata (2018) babies should be breastfed at least 10 – 12 times per day, this practice demands the mother to spend quality time with the baby which many working mothers are unable to meet up with because they are occupied with work. Culture being the way of life of a people could also influence the practice of exclusive breast feeding among mothers. The cultural factors influencing mothers' decision to breastfeed their babies according to Kakute et al. (2005) are pressures by village elders and families to supplement because it is a traditional practice, belief that breastmilk is an incomplete food that does not increase the infant's weight and belief that all family members should receive the benefit of food grown in the family farm.

For infants to survive, grow, and develop properly they require the right proportion of nutrients. Breast milk is rich in nutrients and anti-bodies and contains the right quantities of fat, sugar, water, and protein. These nutrients are major pre-requisites to the health and survival of the baby. The report from the Nigerian Demographic and Health Survey (2018) showed that in Rivers State, more than half (52.0%) did not start breastfeeding their children within one hour of birth. Certainly, several factors would have interplayed, influencing the women's practice of EBF. The tertiary health care institutions having the major population of women attending both antenatal and postnatal clinics were considered appropriate to carry out a study of this sort to perused the socio-demographic determinants of the practice of exclusive breastfeeding among mothers.

Ideally, mothers are expected to exclusively breastfeed their babies for at least six months as recommended by World Health Organization. But some mothers still find it difficult to do so due to certain factors which in one way or the other interfere with their practice of exclusive breastfeeding. These make them resort to other forms of infant feeding such as bottle feeding and inclusive breastfeeding which is not too healthy for the children. When a mother fails to breastfeed her child exclusively, it can increase the chances of a high incidence of diseases such as gastrointestinal infection, dehydration, pneumonia, diarrhea, bacterial meningitis, respiratory tract infection, necrotizing enterocolitis, and even malnourishment of the child, which are all detrimental to the health of the infant. Thus, several organizations including UNICEF are making effort to ensure an increase in the practice of exclusive breastfeeding among mothers yet, many do not still practice it. Thus, a perusal of the factors influencing its practice becomes very necessary to inform a better option and to re-strategize in such efforts. Hence, this study was aimed at investigating the socio-demographic

determinants of the Practice of Exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health in Rivers State

Research Questions

The following research questions were posed to know:

1. What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State?
2. What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on age?
3. What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on parity?
4. What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on their educational background?

METHODOLOGY

The research design used in this study was a descriptive study design. Descriptive research designs, according to Elendu (2010), provide data from a chosen population while observing and describing occurrences as they take place in their natural environment at a specific moment. The participants of the study comprised of nine hundred and twenty mothers who visited the School Demonstration Clinic, College of Health, Rivers State during the period of the study (COHST statistics records: 2019). The sample size was determined using the Taro Yamene formula and the study adopted a simple random sampling method to sample 279 respondents from School Demonstration Clinic, College of Health, Rivers State. The instrument for data collection was a self-structured questionnaire titled: Socio-demographic Determinants of the Practice of Exclusive Breastfeeding Among Mothers (SDPEBAM) which was developed by the researcher. The instrument was in three parts with 27 items. The first part of the questionnaire was designed to reflect the socio-demographic characteristics of the participants such as age, religion, ethnicity, educational level, occupation, marital status, parity, and social-economic status in a multiple response format while Section B was focused on the Practice of Exclusive Breastfeeding Among Mothers visiting Tertiary Health Institutions in Rivers State in a modified four-point Likert scale of Always, Sometimes, Rarely and Never which were assigned as 4, 3, 2 and 1 respectively. Section C covers the influence of cultural belief and occupation on a Yes or No response format. Two hundred and seventy-nine (279) copies of the questionnaire were firstly presented to the doctor in charge of the health centers before they were administered to the respondents with the help of two research assistants. The administered instruments were retrieved immediately after completion. The nurse/midwives and medical doctors were informed that their participation will not affect the care they render in the healthcare institutions in any way as utmost confidentiality would be maintained. They were also informed that they are free to choose not to participate in the study.

RESULTS

Research Question 1: What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State?

Table 4.5: Practice of exclusive breastfeeding among mothers

SN	Items	Mean	Std dev.	Decision
1	Breastfed baby	3.73	.49	High
2	Washes breast before breastfeeding	3.45	.69	High
3	Feeds baby with express breast milk when not around	3.06	1.00	High
4	Uses any comfortable position to breastfeed	3.60	.56	High
5	Feeds baby on demand	3.39	.62	High
6	Feeds baby every three hours	2.69	.95	High
7	Alternates the breast at each feeding	3.18	.86	High
8	Gives water to baby intermittently	2.53	1.08	High
9	Ensures the child belches after each breastfeeding	3.29	.77	High
10	Lays baby down immediately after breastfeeding	2.37	.95	High
	Grand mean	3.13	0.79	High

Source: Field Survey, (2022)

Table 4.5 shows the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State. The result showed that the grand mean 3.13 ± 0.79 is greater than the criterion mean of 2.5 indicating a high extent of the practice of exclusive breastfeeding. Thus, the extent of the practice of exclusive breastfeeding among mothers visiting tertiary health institutions in Rivers State was high.

Research Question 2: What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on age?

Table 4.6: Practice of exclusive breastfeeding among mothers based on age

SN	Items	≤25yrs		26-30yrs		31-35yrs		≥36yrs	
1	Breastfed baby	3.69	.47	3.77	.48	3.74	.49	3.66	.51
2	Washes breast before breastfeeding	3.33	.48	3.36	.67	3.51	.71	3.33	.70
3	Feeds baby with express breast milk when not around	3.19	1.03	3.14	.96	2.97	.106	3.32	.71
4	Uses any comfortable position to breastfeed	3.81	.40	3.75	.45	3.56	.59	3.60	.54
5	Feeds baby on demand	3.39	.84	3.44	.58	3.34	.63	3.51	.55
6	Feeds baby every three hours	2.69	.86	2.68	.92	2.74	.98	2.53	.86
7	Alternates the breast at each feeding	3.22	.87	3.30	.78	3.16	.95	3.16	.53
8	Gives water to baby intermittently	2.78	1.09	2.72	1.03	2.46	1.11	2.61	.96
9	Ensures the child belches after each breastfeeding	3.56	.50	3.17	.98	3.34	.78	3.12	.58
10	Lays baby down immediately after breastfeeding	2.31	.82	2.35	.80	2.43	1.03	2.13	.72
	Grand mean	3.19	.74	3.17	.76	3.12	.74	3.09	.67

Source: Field Survey, (2022)

Table 4.6 shows the the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on age. The result shows that based on

age, exclusive breastfeeding was practiced more by those aged ≤ 25 years (3.19), followed by those aged 26-30 years (3.17), those aged 31-35 years (3.12), and those aged ≥ 36 years (3.09). Thus based on age, exclusive breastfeeding was practiced more by the younger mothers than the older ones.

Research Question 3: What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on parity?

Table 4.7: The practice of exclusive breastfeeding among mothers based on parity

SN	Items	1 child		2 children		3 children		≥ 4 children	
1	Breastfed baby	3.68	.54	3.79	.42	3.73	.47	3.65	.65
2	Washes breast before breastfeeding	3.35	.76	3.50	.65	3.52	.64	3.29	.82
3	Feeds baby with express breast milk when not around	3.34	.83	3.36	.79	2.70	.18	2.92	.87
4	Uses any comfortable position to breastfeed	3.53	.63	3.57	.56	3.67	.51	3.58	.60
5	Feeds baby on demand	3.44	.72	3.43	.62	3.30	.59	3.44	.61
6	Feeds baby every three hours	2.75	.92	2.80	.87	2.43	1.03	2.94	.86
7	Alternates the breast at each feeding	3.19	.56	3.31	.65	2.93	1.13	3.39	.71
8	Gives water to baby intermittently	2.33	.94	2.43	1.05	2.67	1.13	2.59	1.10
9	Ensures the child belches after each breastfeeding	3.20	.56	3.27	.69	3.32	.88	3.31	.86
10	Lays baby down immediately after breastfeeding	2.16	.75	2.06	.79	2.61	1.01	2.69	1.08
	Grand mean	3.09	.72	3.15	.71	3.09	.75	3.18	.82

Source: Field Survey, (2022)

Table 4.7 shows the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on parity. The result shows that based on parity, exclusive breastfeeding was practiced more by those who had ≥ 4 children (3.18), followed by those who had two children (3.15), and those who had three and one children (3.09). Thus, based on parity, exclusive breastfeeding was practiced more by mothers who had more children than those with fewer children.

Research Question 4: What is the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on their educational background?

Table 4.8: The practice of exclusive breastfeeding among mothers based on their educational background

SN	Items	Primary		Secondary		Tertiary	
1	Breastfed baby	3.57	.67	3.64	.54	3.79	.44
2	Washes breast before breastfeeding	3.07	.86	3.33	.68	3.54	.66
3	Feeds baby with express breast milk when not around	2.97	1.02	3.19	.89	3.02	1.03
4	Uses any comfortable position to breastfeed	3.50	.69	3.54	.60	3.63	.52
5	Feeds baby on demand	3.43	.65	3.38	.66	3.39	.61
6	Feeds baby every three hours	2.96	.88	2.91	.86	2.58	.98
7	Alternates the breast at each feeding	3.42	.64	3.25	.78	3.13	.91
8	Gives water to baby intermittently	2.12	.101	2.32	1.08	2.66	1.06
9	Ensures the child belches after each breastfeeding	3.49	.60	3.35	.69	3.24	.82
10	Lays baby down immediately after breastfeeding	2.24	.85	2.30	.94	2.41	.97
	Grand mean	3.08	.69	3.12	.78	3.14	.80

Source: Field Survey, (2022)

Table 4.8 shows the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State based on their educational background. The result shows that based on education, exclusive breastfeeding was practiced more by those who had tertiary education (3.14), followed by those who had secondary education (3.12), and those who had primary education (3.08). Thus, based on educational status, exclusive breastfeeding was practiced more by mothers who had higher educational status.

Discussion of Findings

The finding of this study showed that the grand mean 3.13 ± 0.79 is greater than the criterion mean of 2.5 indicating a high level of the practice of exclusive breastfeeding. Thus, the level of the practice of exclusive breastfeeding among mothers visiting School Demonstration Clinic, College of Health, Rivers State was high. This finding is encouraging because it shows that women, more especially mothers are taking advantage of the benefits of exclusive breastfeeding. This finding is similar to the results of studies carried out by other scholars. The finding of this study is in keeping with that of Mbuka et al. (2016) carried out among mothers in Kenya which showed that the majority of the respondents practiced exclusive breastfeeding. The finding of this study is also in line with the study of Warille (2015) which was carried out among mothers in Sudan which showed that the practice of exclusive breastfeeding was high (63.2%). The finding of the study agrees with the result of Kumala (2017) from a study in Indonesia which showed that more than half of the mothers practiced exclusive breastfeeding. The finding of this study is similar to that of Okolo et al. (2015) whose study in Nigeria showed that more than half of the mothers practiced breastfeeding. This similarity might be because mothers are taking advantage of the numerous benefits of exclusive breastfeeding; this might be implicated in the good practice found in the different studies. However, the finding of this study is not in line with the result of Savadogo et al. (2018) who carried out a similar study in Burkina Faso which showed that the practice of exclusive breastfeeding was low. The finding of the study is at variance with that of Njeri (2012) whose study in Kenya showed that less than half of the respondents practiced exclusive breastfeeding. The finding of this study differs from the result found by Chhetri, et al. (2018) in Karnataka where only 17.5% practiced exclusive breastfeeding. The finding of this study is at variance with that of Yilmaz et al. (2017) which showed the prevalence of exclusive breastfeeding to be much lesser than fifty percent. The finding of the present study is also different from that of Rahman et al. (2017) conducted in Indonesia where a lesser proportion (26.2 percent) reported the practice of exclusive breastfeeding. The finding of this study is also at variance with that of Olayemi, et al. (2014) whose study in Nigeria showed a much lesser proportion of the respondents who practiced exclusive breastfeeding. The difference in the present study and the previous ones might be due to the difference in the sample size and the difference in the study locations.

The result shows that based on age, exclusive breastfeeding was practiced more by those aged ≤ 25 years (3.19), followed by those aged 26-30 years (3.17), those aged 31-35 years (3.12), and those aged ≥ 36 years (3.09). Based on the result, it can be deduced that exclusive breastfeeding was practiced more by the younger mothers though, the practice increased with an increase in age as. This finding may not be surprising because it is possible that as the age of the mothers increase their maturity to handle maternal activities including breastfeeding increase thus making them handle much more appropriately. The results of this study corroborate those of Olayemi et al. (2014), who found that exclusive breastfeeding was strongly correlated with maternal age among mothers in three regions of Nigeria ($p < 0.05$). This similarity found between the present study and that of Olayemi et al (2014) might be because they were both carried out in Nigeria among mothers with a similar age range. The finding of this study is also in agreement with a study carried out in Burkina Faso by Savadogo et al. (2018) which showed that age was significantly associated with the practice of exclusive breastfeeding ($p < 0.05$). This agreement found between the two studies might be because large sample size was used in both studies.

The finding of this study is also in line with that of Okolo, et al. (2015) which showed that the younger women were more likely to practice exclusive breastfeeding than the older ones. This finding might be because younger women were more energetic than older ones. The result of the study further revealed a significant relationship between age and practice of exclusive breastfeeding ($p < 0.05$). The finding of this study is not in agreement with that of Yilmaz et al. (2017) which showed a non-

significant relationship between age and exclusive breastfeeding ($p>0.05$). The finding of this study is at variance with a study carried out on exclusive breastfeeding among mothers in Kenya by Njeri (2012) whose findings showed a non-significant association between maternal age and continuous EBF ($P= 0.09$). The finding of this study is also different from another study carried out among mothers in Kenya by Mbuka et al. (2016) which showed a non-significant relationship between age and exclusive breastfeeding ($p>0.05$). The difference in the study population and study location might be implicated in the variations found in the present study and the previous ones.

The result shows that based on parity, exclusive breastfeeding was practiced more by those who had ≥ 4 children (3.18), followed by those who had two children (3.15), and those who had three to one child (3.09). Parity should have increased the intention of a mother to exclusively breastfeed; given that such a mother must have had enough child nursing experiences which should have enhanced the practice of exclusive breastfeeding. But this was not the case. However, it can be deduced that the stress of catering for numerous children must have wearied mothers such that they may not be able to concentrate fully to practice exclusive breastfeeding adequately. The results of this study are consistent with those of a study conducted in Sri Lanka by Agampodi, et al. (2009), which demonstrated that parity was not substantially associated with exclusive breastfeeding. This study's findings are consistent with those of Spinelli et al. (2003), who found that women who attended antenatal classes without prior children were more inclined to do so and were only about half as likely to bottle-feed. The homogeneity of the participants in the study could be responsible for the resemblance between the prior studies and the current one.

The result also shows that based on education, exclusive breastfeeding was practiced more by those who had tertiary education (3.14), followed by those who had secondary education (3.12), and those who had primary education (3.08). However, the result shows that those who had a higher educational level practiced exclusive breastfeeding more. This is expected thus not surprising because education is one fundamental tool for enhancing enlightenment about vast life matters including health and exclusive breastfeeding. The finding of this study is in keeping with that of Okolo et al. (2015) which showed that mothers with some form of education were more likely than those with no education to feed their babies with colostrum. The finding of this study also gives credence to that of Moreland and Coombs (2000) which showed that breastfeeding education that is given repeatedly in person could have a significant influence on breastfeeding outcomes. The level of education was found to influence the mother's choice in infant feeding practice. The results of this study are consistent with those of Violet Nannyu (2008), who identified a link between mother education and exclusive breastfeeding. This study's findings are similarly consistent with those of Spinelli et al. (2003), who found that women with greater levels of education were more likely to attend classes and that women who took prenatal classes were just slightly more likely to bottle-feed. The results of this study are consistent with those of Wamani (2005), who found that mothers in Western Uganda, for example, were more likely to use prelacteal feeds while also being more likely to prepare supplementary foods that were nourishing for their children. The results of this study are also consistent with those of Li et al. (2002), who demonstrated that continuing breastfeeding was facilitated by greater maternal education levels.

Conclusion

Based on the findings of the study, it was concluded that exclusive breastfeeding was practiced to a high level among women who visited School Demonstration Clinic, College of Health, Rivers State and the predominant socio-demographic determinants of the practice of exclusive breastfeeding found among the women were age, and occupation.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Nutritionists should take into consideration the age, cultural beliefs, and the occupation of mothers when designing nutritional programs such as baby-friendly initiatives for women.
2. The Government should extend the Baby-Friendly Hospital Initiative establishment to other parts of the State where it was not established to enhance the adoption of exclusive breastfeeding fully by women.

3. The National Assembly should enact laws that could promote breastfeeding to boost the nutrition indices among infants by ensuring strong regulations on the marketing of breast milk substitutes or baby formulas.
4. Traditional leaders and other stakeholders should discourage cultural practices or activities that do not promote exclusive breastfeeding among women.
5. Health care providers should intensify their effort in creating awareness among mothers on the benefits of exclusive breastfeeding this will help them in sustaining the high level of practice found among them.

References

- Agampodi, S. B., Agampodi, T. C., & de Silva, A. (2009). Exclusive breastfeeding in Sri Lanka: problems of interpretation of reported rates. *International Breastfeeding Journal*, 4: 14
- Ajayi A. D., Hellandendu J. & Odekunle F. (2011). Socio-demographic correlates of breastfeeding practices among mothers in Kogi State, Nigeria. *West African Journal of Nursing*, 22(1): 28-35.
- Chhetri, S., Rao, A.P. & Guddattu, V. (2018). Factors influencing exclusive breastfeeding (EBF) among working mothers in Udupi taluk, Karnataka. *Clinical Epidemiology and MGlobal Health*, 6(1), 216-219.
- Datta, P. (2014). *Paediatric Nursing*. New Delhi: Jaypee Brother Medical Publishers.
- Hanif, H.M. (2011). Trends in breastfeeding and complementary feeding practices in Pakistan. *International Breastfeed Journal* 6(15), 32-47.
- Kumala, A. (2017). Factors associated with exclusive breastfeeding at primary health care in Indonesia. *Pediatrics and Therapeutics*, 7(4), 336-339.
- Li, L., Thi Phuong Lan, D., Hoa, N. T., & Ushijima, H. (2002). Prevalence of breast-feeding and its correlates in Ho Chi Minh City, Vietnam. *Pediatrics International* 44(1):47-54
- Mbuka, S., Muthami, L. & Makokha, A. (2016). Factors influencing the uptake of Exclusive Breastfeeding (EBF) in Kisumu East District, Kenya. *Journal of Biology, Agriculture and Healthcare*, 6(4), 120-128.
- Okolo, A., Omoyibo, E., & Chimah, U. (2015). Breastfeeding Practices and Growth. *Nigerian journal of paediatrics*, 42, 335-339.
- Rahman, N., Dewi, N.U., Fitriyah, S.I., Oktaviani, V., & Rifai, M. (2017). Factors Related to Exclusive Breastfeeding among Mothers in the City of Palu, Central Sulawesi, Indonesia. *Malasian Journal of Nutrition*, 23(2), 175-189.
- Savadogo, L.G.B., Ilboudo, B. & Kinda, M. (2018). Exclusive breastfeeding practice and its factors in rural areas of Burkina Faso. *Open Journal of Epidemiology*, 8, 67-75.
- Senarath, U., Dibley, M.J. & Agho, K.E., (2010). Factors associated with nonexclusive breastfeeding in 5 East and Southeast Asian countries: A Multilevel Analysis. *Journal of Human Lactation* 26: 24
- Sokol, E., Aguayo, V., & Clark, D., (2007). Protecting breastfeeding in West and Central Africa: 25 years implementing the international code of marketing breast milk substitutes. Unicef Publication.
- Wamani, H. (2005). Infant and young child feeding in western Uganda: knowledge, practices, and socioeconomic correlates. *Journal of Tropical Pediatrics*, (51)6.
- Warille, E.B. (2015). *Knowledge and practice of exclusive breastfeeding among women with children between 9 and 12 months of age in El-Sabbah hospital Juba-South Sudan*. A master's dissertation submitted to the Department of Paediatrics and Child Health at the University of Nairobi.
- World Health Organization .(2012)10facts on exclusive Breastfeeding World Health Organization.Geneva.
- Yilmaz, E., Ocal, F.D., Yilmaz, Z.V., Ceyhan, M., Kara, O.F. & Küçüközkan, T. (2017). Early initiation and exclusive breastfeeding: Factors influencing the attitudes of mothers who gave birth in a baby-friendly hospital. *Turkish Journal of Obstetrics and Gynecology*, 14, 1-9.