ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

Benefits and Perception of Exclusive Breastfeeding as Family Planning Method among Nursing Mothers Attending Post-Natal Clinic in Primary Healthcare Centres in South-South Nigeria

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DOI: https://doi.org/10.51244/IJRSI.2025.1210000029

Received: 23 Sep 2025; Accepted: 29 Sep 2025; Published: 30 October 2025

ABSTRACT

Background: Exclusive breastfeeding is an economically cheap, a yet crucial health practice which provides optimal nutrition for infants and short-term contraception for the mothers. The aim of this study was to assess the awareness and perception of exclusive breastfeeding as a method of family planning among nursing mothers in Ovia, Edo State, Nigeria and to identify factors that influence its perception which is vital to ensuring improved maternal and child health.

Methods: A cross-sectional study design was adopted involving 290 nursing mothers selected using a multi-stage sampling technique. Data was collected through structured, self-administered questionnaire adapted from previous studies. Data analyses applied descriptive and inferential statistics using SPSS version 25.0, with logistic regression employed to identify significant predictors. A p value of less than 0.05 was considered statistically significant.

Results: The majority (76.9%) of the respondents had knowlege of exclusive breastfeeding, about half (47.2%) were familiar with exclusive breastfeeding as a form of family planning method but only 15.2% strongly perceived exclusive breastfeeding as a good method of family planning. Age and occupation were significant predictor, with an odds ratio (OR) of 0.291 (p=0.001, CI=0.156-0.542) and occupation (p=0,041, CI=0.026-0.931) respectively.

Conclusion: The study revealed that although knowledge of exclusive breastfeeding as a method of family planning was high among nursing mothers in Ovia, their perception was poor. The findings emphasize the need to ensure healthcare providers are equipped with the necessary knowledge and tools to effectively educate nursing mothers about exclusive breastfeeding as a method of family planning.

Keywords: Awareness, Contraception, Family planning, Nursing mothers,

BACKGROUND

Exclusive Breastfeeding (EBF) is viewed as being beneficial globally.[1] Exclusive Breastfeeding for the first six months of life followed by nutritionally adequate and safe complementary foods with continued breastfeeding up to two years of age or beyond is the recommended practice by the World Health Organization (WHO) and American Academy of Pediatrics (AAP).[2] Because of its nutritious nature, EBF promotes growth and development of infants and protects them from contracting infections.[3] In addition to being beneficial to the infant, breastfeeding is useful to the mother as it is associated with faster uterine involution and healing of the uterus post-delivery. Its ability to alter the hormonal balance makes it appropriate and acceptable globally for use as a contraceptive method.[4-6] This is commonly known as the Lactational Amenorrhoea Method (LAM) of contraception. Within the contraceptive imperatives, the use of EBF as a family planning method has been relatively low globally.[2,7] The Nigeria Demographic and Health Survey (NDHS) in 2018, reported only about

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

5.0% LAM usage globally, in spite the widespread prevalence of the knowledge of EBF (97.0%).[5,7] A few women use the LAM, which is disheartening given that 97.0% of mothers exclusively breastfeed their infants for sustenance. The fact that the rate of EBF decreased from 17.0% in 2003 to 13.0% in 2008 further aggravates the problem. The main issue is why mothers do not use EBF as contraception despite its many health benefits. The worldwide practice of exclusive breastfeeding is influenced by several factors including the maternal knowledge, beliefs and perceptions such as insufficient breast milk and painful breastfeeding associated with incorrect infant position and latch.[8,9] Maternal characteristics such as age, income, education, knowledge, and ethnicity have been associated with the initiation and continuation of EBF. The lack of support, encouragement, and education from healthcare professionals, family and friends can become barriers to exclusive breastfeeding.[10,11] This study will help look into the maternal knowledge and perception of exclusive breastfeeding as a family planning method, and its benefits at large.

MATERIAL AND METHODS

Study Area

The study was carried out in Ovia North East Local Government Area (LGA) of Edo State, Nigeria, which encompasses several communities within its jurisdiction. The LGA is home to several PHC facilities that provide 24-hour services, including antenatal care, immunization, HIV/AIDS services, family planning, health education, as well as maternal and newborn care. With an estimated population of 436,036 as at 2024. Ovia North East spans an area of 2,301 km². The region is diverse, with communities such as Okada, Uhen, Utese, and others, inhabited by various ethnic groups including the Bini, Igbo, Yoruba, Urhobo, and more. The LGA has a significant Christian population, with smaller groups practicing Islam and African Traditional Religion. The region is also home to Igbinedion University and a variety of economic activities, including sawmilling, which shapes the local economy.

Study Population:

The study focused on all nursing mothers aged 18 years and above who were attending post-natal clinics in Ovia North East. This population was selected due to their potential awareness and perception of EBF as a method family planning.

Sampling Technique

A cross-sectional study was carried out among 290 nursing mothers attending post-natal clinic in primary healthcare centres in Ovia North East Local Government Area, Edo State, Nigeria. The study was conducted over a period of nine month from February 2024 to November 2024. The respondents were selected by multistage sampling method. In the first stage, four wards; Okada, Iguomo, Utese and Egbeta were randomly selected using Simple random sampling by balloting from the list of ten wards in Ovia North East. In the second stage, one Primary Healthcare Centre (PHC) was randomly selected using Simple random sampling by computer generating numbers from each of the four wards and following PHCs were selected, Okada, Iguomo, Utese and Egbeta. In the third, participants were selected. To ensure equal chance of selection, the participants were selected using systematic sampling. The sample size 290 was calculated with an additional 5% non-response rate factored into account for incomplete or missing responses using Cochrane formula for cross-sectional surveys with $n = Z^2 PQ/d^2$ where n is sample size, Z = Standard normal deviation, set at 1.96 to correspond to 95% confidence interval, P = The value for 'P' was taken from the perception of mothers attending post-natal clinic in the literatures in previous study reported in this study which was 21.7%.[6]

Data Collection

Data for this study was collected using structured, interviewer-administered questionnaires, which were designed to capture socio-demographic characteristics, awareness and perception of EBF as method of family planning among nursing mothers. The questionnaire, adapted from existing instruments, was tailored to the study context. The first section collected data on participants' socio-demographic characteristics such as age, gender, marital status, education level, occupation, and religion. These variables were important for identifying

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

potential factors that might influence EBF. The second section on awareness evaluated nursing mothers' knowledge of EBF as method of family planning. It also explored sources of information such as community health workers, media, or personal visits, aiming to assess factors influencing awareness.

The final section focused on the perception of EBF as method of family planning, exploring factors like nutritional status, healthiness breast milk, protection from disease, encourage bonding, contraceptive advantage, if EBF is easier than infant feeding formula and if it is a good way to decrease family expenses. A pre-test was conducted in Okha PHC, Ovia South West LGA, with 29 participants. Feedback from the pre-test led to adjustments in the questionnaire to ensure clarity and relevance for the main study. This approach ensured the data collection tool was both reliable and valid for the research objectives.

Ethical Considerations

Ethical clearance for this study was granted by the Ethical and Research Committee of Igbinedion University Teaching Hospital, Okada with ethical clearance certificate number: IUTH/R.24/VOL.1/34C. A written informed consent was obtained from all participants which was read out to each of the participant and signed, ensuring they were fully aware of the study's aims and that participation was voluntary. Confidentiality was maintained throughout the study, with no personal identifiers included in the questionnaires. Participants were informed of their right to withdraw from the study at any time without consequence. All data collected were securely stored, with access restricted to the research team.

Data Analysis

The data was analyzed using IBM SPSS Statistics version 27. Descriptive statistics, including frequency and percentage distributions, were used to summarize the data. Univariate and bivariate analyses were conducted to explore associations between variables, using chi-square tests, Fisher's exact tests where applicable and Logistic regression model for predictors of perception. A p-value of less than 0.05 was considered statistically significant.

Limitations

No further diagnostic or confirmatory tools were used to confirm or refute the crude findings generated from the used General Health Questionnaire and as such, the awareness and perception of EBF as a method of family planning may be over or underreported.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

RESULTS

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency (n=290)	Percent (%)
Age (years)		
21 – 25	170	58.6
26 – 30	56	19.3
31 – 35	45	15.5
≥ 36	19	6.6

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

Marital status		
Single	150	51.7
Married	116	40.1
Co-habiting	10	3.4
Separated	7	2.4
Widowed	4	1.4
Divorced	3	1.0
Educational level		
No formal education	9	3.1
Primary	14	4.8
Secondary	91	31.4
Tertiary	176	60.7
Religion		
Christianity	228	78.6
ATR	32	11.1
Islam	30	10.3
Occupation		
Student	150	51.7
Trader	64	22.1
Civil servant	34	11.7
Lecturer	23	7.9
Farmer	19	6.6

A total of 290 respondents participated in the study, with the majority 170(58.6%) aged between 21 and 25 years. Over half 150(51.7%) of the respondents were single, 176(60.7%) had tertiary level of education, with a significant portion 228(78.6%) identifying as Christian.

Table 2: Level of awareness of Exclusive Breastfeeding

Variable	**Frequency**	**Percent (%)**
Ever heard of EBF		
Yes	223	76.9

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

No	67	23.1
Source of information (n = 223)*		
Health centre	83	37.2
Government hospital	44	19.7
Private hospital	40	17.9
Family planning clinic	35	15.7
NGO	21	9.5
Understanding of EBF		
Only breast milk for 6 months	184	82.5
Breast milk and water	36	16.1
Breast milk and solid food	3	1.3
Advantages of EBF		
Nutrition	169	75.8
Protect infant from illness	31	13.9
Child spacing	9	4.0
Economic reason	6	2.7
Prevent pregnancy	8	3.6
Awareness of EBF as a contraceptive		
Yes	116	52.0
No	107	48.0
Woman practicing EBF can get pregnant		
Yes	123	55.2
No	100	44.8

Majority 223(76.9%) of the respondents had heard of exclusive breastfeeding, and major 83(37.2%) source was at the health centres. Most 184(82.5%) of the respondents had understanding of EBF as "only breast milk for 6 months", 169(75.8%) identified nutrition as the advantage of EBF, 116(52.0%) were aware of EBF as a contraceptive and only 100(44.8%) of the respondents were aware practicing EBF can prevent pregnancy.

Table 3: Association between socio-demographics and awareness of exclusive breastfeeding as family planning method

Variable	**Awareness of EBF n (%)**		**Test Statistic**	**p-value**
	Yes (n=223)	**No (n=67)**		
Age (years)				

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

21 – 25	138 (81.2)	32 (18.8)	7.665	0.050
26 – 30	44 (787.6)	12 (21.4)		
31 – 35	29 (64.4)	16 (35.6)		
≥ 36	12 (63.2)	7 (36.8)		
Marital status				
Single	131 (87.3)	19 (12.7)	19.051	0.001[#]
Married	92 (65.7)	48 (34.3)		
Educational level				
No formal education	0 (0.0)	9 (100)		
Primary	4 (28.6)	10 (71.4)	57.292	0.001[#]
Secondary	63 (69.2)	28 (30.8)		
Tertiary	156 (88.6)	20 (11.4)		
Religion				
Christianity	179 (78.5)	49 (21.5)	2.623[†]	0.283
Islam	23 (76.7)	7 (23.3)		
ATR	21 (65.6)	11 (34.4)		
Occupation				
Student	132 (88.0)	18 (12.0)		0.001[#]
Trader	28 (43.8)	36 (56.3)		
Civil servant	54 (94.7)	3 (5.3)		
Farmer	9 (47.4)	10 (52.6)		
Heard about EBF as contraceptive				
Yes	48 (88.9)	6 (11.1)	5.372	0.030[#]
No	175 (74.2)	61 (25.8)		

[†] = chi-square, * = Fisher's exact, [#] = statistically significant

Majority of respondents aged 18 to 25 year 138(81.2%) were aware of EBF as a form of birth control but the association was not statistically significant. (p=0.050), however, single 131(87.3%) and respondents with tertiary education 156(88.6%) were aware of EBF as birth control and these associations were statistically significant. (p=0.001)

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

Table 4: Perception of Exclusive Breastfeeding as Family Planning Method

Variable	Strongly agree Freq (%)	Agree Freq (%)	Maybe Freq (%)	Disagree Freq (%)	Strongly disagree Freq (%)
Quality of breast milk					
Nutritious	56(25.1)	95(42.6)	2(10.8)	45(20.2)	3(1.3)
Healthy	89(39.9)	126(56.5)	3(1.3)	4(1.8)	1(0.5)
Protection against disease	24(10.8)	137(61.4)	25(11.2)	21(9.4)	16(7.2)
EBF encourage bonding	69(30.9)	139(62.3)	1(0.5)	10(4.9)	4(1.8)
Mothers should BF even in public places	74(33.2)	109(48.9)	25(11.2)	16(7.2)	3(1.3)
EBF is a good family planning method	34(15.2)	80(35.9)	43(19.3)	50(22.4)	16(7.2)
EBF can lead to malnutrition	25(11.2)	93(41.7)	50(22.4)	51(22.9)	4(1.8)
Women can get pregnant while practicing EBF	36(16.0)	95(42.6)	57(25.6)	31(13.9)	4(1.8)
Only EBF makes baby weak	3(1.3)	3(1.3)	24(10.8)	137(61.4)	56(25.1)
EBF is not good for women with health challenges	42(18.8)	30(13.5)	63(28.3)	69(30.9)	19(8.5)
EBF is a healthier choice for all women	22(9.9)	26(11.7)	101(45.3)	56(25.1)	18.8(8.1)
EBF is easier than infant formula feeding	50(22.4)	137(61.4)	21(9.4)	10(4.5)	5(2.3)
EBF has no negative effect on marital relationship	89(39.9)	74(33.2)	16(7.2)	25(11.2)	23(8.5)
EBF is a good way to decrease family expenses	126(56.5)	50(22.4)	16(7.2)	21(9.4)	10(4.5)
Community encourages EBF over feeding infant formula	24(10.8)	25(11.2)	10(4.9)	89(39.9)	75(33.2)
Health workers encourage EBF	137(61.4)	45(20.2)	4(1.8)	25(11.2)	12(5.4)

BF = Breast Feeding, EBF = Exclusive Breast Feeding

Majority 123(55.2%) of the respondents had approved of EBF as a method of family planning, 74(33.2%) had never tried EBF as family planning method, 62(27.8%) reported that EBF was a good family planning method while 42(18.8%) reported that EBF was not 100% effective and they do not think it is reliable method of family planning method.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

Table 5: Association between socio-demographics and perception of exclusive breastfeeding as family planning method

Variable	Perception of EBF as a birth control method n (%)		Test Statistic	p-value
	Supportive	**Unsupportive**		
Age (years)				
21 – 25	44 (31.9)	94 (68.1)	15.810†	0.001#
26 – 30	9 (20.5)	35 (79.5)		
31 – 35	16 (55.2)	13 (44.8)		
≥ 36	0 (0.0)	12 (100)		
Marital status				
Single	40 (30.5)	103 (69.5)	0.025*	0.884
Married	2 (31.5)	63 (68.5)		
Educational level				
Primary	0 (0.0)	4 (100.0)	2.672†	0.268
Secondary	17 (27.0)	46 (73.0)		
Tertiary	52 (33.3)	104 (66.7)		
Religion				
Christianity	109 (60.9)	70 (39.1)	29.714*	0.001#
Islam	16 (48.5)	17 (51.5)		
ATR	15 (28.6)	6 (40.6)		
Occupation				
Student	34 (25.8)	98 (74.2)	16.310†	0.001#
Trader	4 (14.3)	24 (85.7)		
Civil servant	25 (46.3)	29 (53.7)		
Farmer	3 (33.3)	6 (66.7)		

† = chi-square, * = Fisher's exact, # = statistically significant, ATR: African Traditional Religion

Majority 16(55.2%) of respondents aged 31 to 35 years had positive perception of EBF as family planning method and this was statistically significant. (p=0.001) and higher 2(31.5%) proportion of married respondents had positive perception of EBF as family planning method however, this was not statistically significant. (p=0.884). Respondents with tertiary level of education had the highest 52(33.3%) proportion who had positive

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

perception of EBF as family planning method and this association also was not statistically significant. (p=0.268).

Table 6: Logistic regression model for predictors of perception of exclusive breastfeeding as family planning method

Factors	**B (regression co-efficient)**	**Odds ratio**	**95% CI for OR**		**p-value**
			Lower	**Upper**	
Age (years)	-1.234	0.291	0.156	0.542	0.000#
Marital status					
Single	-1.37	0.254	0.062	1.043	0.057
Married		1			
Educational level					
Primary/secondary	0.045	1.046	0.327	3.348	0.94
Tertiary		1			
Religion					
Christianity	0.199	1.221	0.205	7.28	0.827
Islam	0.702	2.019	0.6	6.79	0.256
ATR		1			
Occupation					
Student	-1.632	0.196	0.065	0.59	0.004#
Trader	-3.212	0.04	0.004	0.368	0.004#
Civil servant	-1.852	0.157	0.026	0.931	0.041#
Farmer					

Age and occupation were significant predictor, with an odds ratio (OR) of 0.291 (p=0.001, CI=0.156-0.542) and occupation (p=0,041, CI=0.026-0.931) respectively. The respondents with primary/secondary level of education were 1.046 times less likely to have positive EBF as a family planning method compared to those with tertiary level of education however; this finding was not statistically significant. (p=0.94, CI=0.327-3.348).

DISCUSSION

From the present study, over three quarters of the respondents were aware of exclusive breastfeeding (EBF) as a family planning method, yet significant variations were noted in the level of awareness regarding specific types of family control methods. For instance, about two-thirds of the respondents had a proper understanding of EBF as “only breast milk for six months”. This finding was in contrast with a study carried in Calabar which

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

showed that a lesser number of the respondents had a proper understanding of EBF.[12] Majority of the respondents identified nutrition as an advantage of EBF, while only a few noted that it prevents infant illness, aid child spacing and as a means of preventing pregnancy. Similarly, in Nigerian studies conducted in south west, Nigeria, majority of the respondents were aware of breastfeeding as a birth control method.[13,14] These findings are crucial from a public health perspective. Majority of the respondents were aware of EBF and common source of information on awareness was from health facilities. This demonstrates a good level of community awareness and the fact that most of the respondents had heard about EBF at health centres emphasizes the significance of health facilities as a valuable source of information. This finding was similar to a study conducted in Yobe State, Nigeria where health facilities were identified as the most common source of information on EBF.[15]

Almost half of the respondents were aware of EBF as a contraceptive. A similar finding was obtained among women in USA and where half of women were aware that breastfeeding delayed menstruation, and similarly, a lower proportion identified EBF as a contraceptive method.[15] The fact that a majority of women identified nutrition as an advantage of EBF is a positive sign, as it reflects an appreciation for the health benefits it offers. However, in the other hand, the relatively low awareness of exclusive breastfeeding as a contraceptive method signifies an area that requires attention in public health education. Higher proportions of the respondents who were single, those with tertiary level of education and civil servants were aware of EBF as a birth control method and were found to be statistically significant although, age and religion were not significant despite the high awareness among younger age groups and those practicing Christianity. This shows the importance of strengthening the aspect of knowledge through education and how this could contribute to better family planning and reproductive health outcomes in the community.

Regarding perception of EBF as a method of contraceptive, a third of the respondents had supportive perception towards EBF, while a majority was unsupportive. However, Half of the women reported that they approve it as a method of contraception and most of the women had never tried it. Some of the women do not think EBF is a reliable contraceptive method, while only a few believed that it only works if the woman is unemployed. This finding is in contrast to other studies where only a lower proportion of women intended to use EBF.[15,17]

The perception of EBF as a method of family planning has significant public health relevance and implications. In a UK NHS survey, women reported that EBF would make their breasts sag.[18,19] Therefore, the finding that a majority of women approve EBF as a method of contraception is noteworthy, as it highlights a potential opportunity for promoting family planning and maternal health. Lactational amenorrhea provides a natural contraception, however, it depends on adherence to EBF practices. A Nigerian study conducted in south west, Nigeria showed that over two thirds of women did not agree that EBF was a contraceptive method.[13] The fact that a larger proportion of women had unsupportive perception towards EBF as a contraceptive method suggests a need for further education and promotion of this approach. There is need to emphasize the importance of addressing misconceptions and providing accurate information about the effectiveness of EBF for birth spacing. Women aged 31 to 35 years, Islamic religion and those who were farmers had the highest proportion of those with supportive perception towards EBF as a birth control method and were found to be statistically significant. These findings highlight an important need to address gap in the perception of women and presents the need to dispel myths and misconceptions surrounding EBF and contraception. From a public health perspective, these findings emphasize the importance of targeted interventions to educate women and communities about the contraceptive benefits of EBF. This could involve implementing comprehensive maternal and child health programs that not only promote breastfeeding for its nutritional benefits but also emphasize its role in preventing unintended pregnancies. The implications of these findings also extend to healthcare providers and policymakers, highlighting the need for integrated reproductive health and family planning services that consider and promote EBF as a viable short time family planning method. There is also a need for culturally sensitive and evidence-based approach to promote informed decision-making regarding contraception and breastfeeding.

On factors which determine perception of EBF as a family planning method, nature of work was identified by most women as a factor regarding occupation. Other factors include underage mothers, ANC and post-natal visits, marriage status and educational levels of mothers. These findings showed that housewives, married

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

mothers, mothers who attended ANC/post-natal and educated mothers were more likely to have positive perception of EBF as contraceptive method however, only age, religion and occupation were found to be statistical significance in determining positive perception of EBF as a family planning method while age and occupation were found to be significant predictors of positive perception of EBF as contraceptive method. These findings were similar to the findings of studies conducted in Calabar, Nigeria and in Southern India on perceptions and practices regarding EBF among post-natal women which showed that age of mothers, post-natal visits, marriage status, educational levels and occupation of mothers were factors affecting perception of EBF as a family planning method however, mothers' educational level was inclusive as significant predictors of positive perception of EBF as family planning method.[6,12]

CONCLUSION

This study shows the high level of awareness of exclusive breastfeeding among nursing mothers attending postnatal clinic at the primary healthcare centres in Ovia North East Local Government Area, Edo State, while revealing significant disparities in specific aspects of perception on EBF as a family planning method. Age and occupation were significant predictors of positive perception of EBF as contraceptive method. The results show the need to tailor training programs to address gaps in perception with a focus the community and healthcare providers to be equipped with the necessary knowledge and tools to effectively educate nursing mothers about EBF as a method of family planning. The community should create awareness through local women's groups, religious institutions and outreach programs to encourage pregnant women to actively engage in ANC services and participate in opportunities to learn about EBF as a method of natural family planning.

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