



Research Article

Socio-cultural Factors Influencing Exclusive Breastfeeding Among Nursing Mothers Attending Primary Health Care Centers in Nigeria

Samson Ayo Deji, Temiloluwa Adeola Folayan*, Olaoluwa Olumide Bakare, Oluwadunsin Ololade Falade, Oluwatosin Roseline Awoyemi, Tolulope Oluwabunmi Famewo, Damilola Dorcas Babalola, Olabisi Catherine Adekamimo, Ayomide Oluwabenga Ayilola

Department of Community Medicine, Ekiti State University, Ado-Ekiti, Nigeria

Abstract

The World Health Organization recommends exclusive breastfeeding (EBF) for the first six months of life as the gold standard for infant nutrition and a low-cost strategy to reduce infant mortality. This has proven to have been effective when fully adhered to in both developing and developed countries. The major challenge among nursing mothers especially in developing countries is the issue of compliance as recommended by World Health Organization. Among the several factors contributing to full compliance of EBF, socio-cultural factors play a significant role. This cross-sectional descriptive survey examined sociocultural factors influencing EBF among 360 nursing mothers attending immunization clinics at primary health centers in Ado Local Government Area, Ado-Ekiti, Ekiti State. Using a multi-stage sampling technique and an interviewer-administered questionnaire, data were collected on socioeconomic and demographic characteristics and sociocultural influences and analyzed with SPSS version 25. Findings showed that 78 (21.7%) respondents believed boys should be exclusively breastfed, 250 (69.4%) believed their breasts would sag after EBF, and 88 (24.4%) reported that mother-in-laws or traditional birth attendants could make them give herbal preparations to their babies before six months. These results indicate that the child's sex, education level, family/spousal support, misconceptions about colostrum and breast milk adequacy, and community practices (such as herbal use) are important sociocultural determinants of EBF in this setting.

Keywords

Exclusive Breastfeeding, Nursing Mothers, Sociocultural Factors, Primary Health Centers, Infant Nutrition

1. Introduction

Breastfeeding is how nutrition is provided for the healthy growth and development of infants by putting the nipple of the mother's breast into the mouth of the baby [1]. It is also an

integral part of the reproductive process, with important implications for maternal health. Breastfeeding contributes to the

*Correspondence: Temiloluwa Adeola Folayan (temifola1@gmail.com)

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health and well-being of mothers, helps to space children, reduces the risk of ovarian and breast cancers, and increases family and natural resources [1]. It is a secure way of feeding infants and is safe for both mother and child. The balance of nutrients and chemical constituents in breast milk from a healthy mother makes it ideal for young infants [2]. The American Association of Pediatrics (AAP) defines exclusive breastfeeding as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non-human milk, and no foods), except for vitamins, minerals, and medications. EBF for the first six months of life is estimated to lower infant deaths by 13% [3].

Several factors determine mothers' knowledge, attitudes, and practices regarding breastfeeding, particularly exclusive breastfeeding. These determinants differ from place to place. Studies in Peninsular Malaysia have indicated that rural residence, ethnicity, non-working and non-smoking mothers, multiparous mothers, term infants, mothers with husbands who support breastfeeding, and mothers who practice bed-sharing are positively associated with exclusive breastfeeding [4].

In a longitudinal cohort study in the Canadian province of Nova Scotia, among mothers who initiated breastfeeding, significant predictors of early cessation of exclusive breastfeeding were less than high school education, lowest neighborhood income quintile, single motherhood, pregnancy, obesity, smoking throughout pregnancy, no early breast contact by the infant (<1 hour after birth), and no intention to breastfeed [5].

A study that investigated why mothers stop breastfeeding in the United States stated that the top three reasons for mothers stopping breastfeeding within the first month and between the first and second month after their child's birth include "Baby had trouble sucking and latching on" (53.7% and 27.1%, respectively), "Breast milk alone didn't satisfy my baby" (49.7% and 55.6%), and "I didn't have enough milk" (51.7% and 52.2%) [6].

Factors associated with suboptimal breastfeeding and feeding practices in Nairobi, Kenya, include child's sex, perceived size at birth, mother's marital status, ethnicity, education level, family planning (pregnancy desirability), health-seeking behavior (place of delivery), and neighborhood (slum of residence) [7]. A study conducted in Bahirdar city, Ethiopia, showed that independent predictors for exclusive breastfeeding practice were mothers' education, child sex, parity, family size, and time of postnatal care in this study area [8].

A national study conducted by Tedros Alemayehu et al. depicted exclusive breastfeeding prevalence at 49.0% and independently associated with maternal education, marital status, wealth index, and child age [9]. This study assessed the sociocultural factors influencing exclusive breastfeeding of infants among nursing mothers attending Primary Health Care centers in Ado-Ekiti, Ekiti State.

2. Methodology

The study was conducted in Ado-Ekiti, the state capital and

headquarters of Ekiti State, in the southwestern part of Nigeria. Geographically, Ado Ekiti in the Ado local government is located at latitude 70° 40' North of the Equator and longitude 50° 16' east of the Greenwich Meridian [10]. Ado-Ekiti Local Government is a one-town local government that also serves as the Local Government and State headquarters, which is approximately 200m above sea level in the southeastern part of the Ireje stream and 500m above sea level in the northeastern limit [10].

The people of Ado-Ekiti are mostly of the sub-ethnic group of Yoruba, while Hausas, Ebiras, Igbos, and other ethnic groups are residents in clusters, especially in the suburbs of Ado-Ekiti. The Federal Government has divided the Ado Local Government into 13 political wards [10]. The predominant occupations of this population of interest are farming, trading, civil service, teaching, lecturing, and office work.

There are five tertiary institutions and one Technical College in the local government, namely Ekiti State University, Federal Polytechnic, School of Nursing, Crown Polytechnic, and Afe Babalola University. Several secondary institutions, federal and state ministries, and private establishments that provide a wide range of job opportunities for various categories of vibrant workers are also located within the local government [10]. In Ekiti State, there are three public tertiary health facilities, 19 public secondary health facilities, and 325 public primary health facilities. There are 45 primary health facilities in Ado LGA. Of these, 32 are public and 13 are private primary health facilities [11].

The study design was cross-sectional and descriptive, with the study population being women with children between 0 days and 24 months of age attending the immunization clinic and mothers after delivery at the hospital.

The minimum sample size was determined using Fisher's formula, and a sample size of 360 was determined. The sample size (n) for a population greater than 10,000 was determined using Fisher's formula. Where:

$$n = \frac{Z^2 pq}{d^2} \quad (1)$$

The minimum sample size (n_f) for a population of less than 10,000 was determined using Cochran's (1977) formula for finite population [12].

$$nf = \frac{n}{\left\{1 + \left(\frac{n}{N}\right)\right\}} \quad (2)$$

n = desired sample size (when the population is greater than 10,000)

Z = standard normal deviate at 95% confidence level = 1.96 from the normal distribution table

d = desired precision = 5% = 0.05 (degree of accuracy required)

p = prevalence of EBF = 52.6% (prevalence and predictors of exclusive breastfeeding among mothers in a semi-urban Nigerian community: a cross-sectional study [13] = 0.526

$q = 1-p$ (proportion of the target population not having the characteristics)

n_f = is the sample size for a population less than 10,000

N = estimate of the study population size.

Calculations

$q = 1-p$

$= 1-0.526 = 0.474$

using Equation (1)

$$n = \frac{\{(1.96)^2 \times 0.526 \times 0.474\}}{(0.05)^2}$$

$$n = \frac{3.84 \times 0.2493}{0.0025}$$

$$n = 382.96$$

Substituting 382.96 for n in Equation (2)

N which is the estimated study population size is taken to be 2000.

$$nf = 382.96 / \{1 + (\frac{382.96}{2000})\}$$

$$nf = \frac{382.96}{\{1+0.192\}}$$

$$nf = \frac{382.96}{1.192}$$

$$nf = 321.27$$

With 10% response rate as 32.13, the total sample size is 353.39, approximately the nearest ten to be 360. An introductory letter was obtained from the Department of Community Medicine, Ekiti State University Teaching Hospital, and delivered to the Ekiti State Primary Health Development Agency requesting permission to conduct the study. The respondents were recruited using a multi-stage sampling technique (three stages, random sampling by balloting). The instrument of study was a pretested semi-structured questionnaire covering the socio-demographic data of respondents and the socio-cultural factors influencing EBF, which was revised as needed and subsequently administered to the study population. Participation in the study was voluntary, including nursing mothers with children aged 0 days to 23 months attending immunization clinics in PHCs in Ado LGA. Data was analyzed using the International Business Machine (IBM) Statistical Package for Social Science (SPSS) version 25.

3. Results

Table 1 displays the age group, ethnicity, education, occupation, religion, marital status, number of children, mode of delivery, and average monthly income of respondents.

Table 1. Socio-economic and Demographic Characteristics of Respondents.

Variables		N= 360 Frequency (n)	Percentage (%)
Age	10 - 19	10	2.8
	20 - 29	161	44.7
	30 - 39	178	49.4
	40 - 49	11	3.1
Ethnicity	Yoruba	331	91.9
	Igbo	8	2.2
	Hausa	6	1.7
	Others	15	4.2
Education	Primary	60	16.7
	Secondary	105	29.2
	Tertiary	195	54.2
Occupation	Trading	222	61.7
	Teaching	61	16.9
	Civil Servant	4	1.1

Variables		N= 360 Frequency (n)	Percentage (%)
Religion	Student	3	0.8
	Hairdressing	20	5.6
	Tailoring	30	8.3
	Others	20	5.6
	Christianity	157	43.6
	Muslim	141	39.2
	Others	62	17.2
Marital Status	Single	1	0.3
	Married	359	99.7
No. Of Children	1	65	18.1
	2	116	32.2
	3	127	35.3
	Others	52	14.4
Delivery Mode	Vaginal Delivery	248	68.9
	Caesarean Section	112	31.1
Average Family Income	Less than ₦33,000	164	45.6
	₦33,000 - ₦50,000	120	33.3
	Greater than ₦50,000	76	21.1

Most respondents were between 20 and 39 years of age. Most of the study respondents were Yoruba (91.9%), and 54% had a tertiary level of education. Furthermore, most respondents were traders (61.7%), and 99.7% were married. The most

common mode of delivery among respondents was vaginal delivery (68.9%).

Table 2 shows the frequency of assessment of respondents' socio-cultural factors as they affect exclusive breastfeeding.

Table 2. Socio - Cultural Factors among Study Respondents.

Variables	Frequency (Percentage%)	
	Yes	No
Boys should Exclusively Breastfeed than Girls	78 (21.7)	282 (78.3)
Breasts Sagging after Exclusive Breastfeeding	110 (30.6)	250 (69.4)
Colostrum is Dirty or a Taboo	1 (0.3)	359 (99.7)
Breastfeeding Babies in Public Spaces	344 (95.6)	16 (4.4)
Giving Babies other foods before Exclusive Breastfeeding	0 (0.0)	360 (100)
Family Supports Exclusive Breastfeeding	357 (99.2)	3 (0.8)
Husband Supports Exclusive Breastfeeding	353 (98.1)	7 (1.9)

Variables	Frequency (Percentage%)	
	Yes	No
Forced to give Babies herbs before they are 6 months old by Mother in-law and Traditional attendants	88 (24.4)	272 (75.6)
Not Enough Breast Milk for your Baby	103 (28.6)	257 (71.4)
Stay for days before Breastfeeding Baby after Birth	64 (17.8)	296 (82.2)

In this study, 282 (78.3%) of the respondents did not think that boys should be breastfed exclusively and 250 (69.4%) of the respondents thought that their breasts would sag after exclusive breastfeeding. In addition, 359 (99.7%) of the respondents did not believe that colostrum was dirty or taboo, and 344 (95.6%) of the respondents stated that breastfeeding babies in public places was a good attitude. In addition, 360 (100.0%) respondents did not believe that babies should be given other foods before exclusive breastfeeding. Most respondents 357 (99.2%) reported that their families supported

exclusive breastfeeding. In this study, 353 (98.1%) respondents stated that their husbands supported exclusive breastfeeding. A few respondents 88 (24.4%) also stated that they could be made to give herbs to their babies before they are 6 months old by their mother-in-law and traditional birth attendants. In addition, 103 (28.6%) of the respondents stated that they did not have enough breast milk for their babies. Most of the respondents, 296 (82.2%) did not have to stay days before breastfeeding their babies.

Table 3. Association Between the Socio-Economic and Demographic Characteristics of Study Respondents and Socio-Cultural Factors of EBF.

Socio-Cultural Factors among Respondents Affecting EBF.				
	Good Socio-Cultural Factors n (%)	Poor Socio-Cultural Factors n (%)	Statistics	
			χ^2	p-value
Age				
10 - 19	4 (40)	6 (60.0)		
20 - 29	152 (94.4)	9 (5.6)	43.36	<0.0001
30 - 39	167 (93.8)	11 (6.2)		
40 - 49	11 (100.0)	0 (0.0)		
Ethnicity				
Yoruba	308 (93.1)	23 (6.9)		
Igbo	7 (87.5)	1 (12.5)	1.18	0.76
Hausa	5 (83.3)	1 (16.7)		
Others	14 (93.3)	1 (6.7)		
Level of Education				
Primary	56 (93.3)	4 (6.7)		
Secondary	97 (92.4)	8 (7.6)	0.05	0.977
Tertiary	181 (92.8)	14 (7.2)		
Occupation				
Trader	212 (95.5)	10 (4.5)	24.63	<0.0001
Teacher	49 (80.3)	12 (19.7)		

Socio-Cultural Factors among Respondents Affecting EBF.			Statistics	
	Good Socio-Cultural Factors n (%)	Poor Socio-Cultural Factors n (%)	χ^2	p-value
Civil Servant	3 (75.0)	1 (25.0)		
Student	2 (66.7)	1 (33.3)		
Hairdressing	20 (100.0)	0 (0.0)		
Tailoring	28 (93.3)	2 (6.7)		
Others	20 (100.0)	0 (0.0)		
Religion				
Christian	132 (84.1)	25 (15.9)		
Muslim	140 (99.3)	1 (0.7)	31.49	<0.0001
Others	62 (100.0)	0 (0.0)		
Marital Status				
Single	1 (100.0)	0 (0.0)		
Married	333 (55.9)	26 (44.1)	0.08	0.78
Divorce	0 (0.0)	0 (0.0)		
Number of Children				
1	60 (92.3)	5 (7.7)		
2	108 (93.1)	8 (6.9)		
3	121 (95.3)	6 (4.7)	4.24	0.24
>= 4	45 (86.5)	7 (13.5)		
Mode of Delivery				
Vaginal delivery	236 (95.2)	12 (4.8)		
Caesarean section	98 (87.5)	14 (12.5)	6.76	0.009
Average Family Income				
<33,000.00	162 (98.8)	2 (1.2)		
33,000.00 - 50,000.00	100 (83.3)	20 (16.7)	25.23	<0.0001
>50,000.00	72 (94.7)	4 (5.3)		

Table 3 above shows the association between the demographic characteristics of the respondents and socio-cultural factors of exclusive breastfeeding. The result shows that most of our respondents between the ages 30-39, 167 (93.8%) had good socio-cultural factors of exclusive breastfeeding, and most of the respondents who are Traders, 212 (95.5%) had good socio-cultural factors of exclusive breastfeeding, also Among the responders, the majority who were Christians, 132 (84.1%) had good socio-cultural factors of exclusive breastfeeding. The majority who had a vaginal delivery, 236 (95.2%)

had good socio-cultural factors of exclusive breastfeeding, and most respondents with an average income of <#33, 000, 157 (95.7%) had good socio-cultural factors of exclusive breastfeeding. It was revealed in the study that there was a significant association between the socio-economic and demographic characteristics - age, occupation, religion, mode of delivery, and average family income - of respondents with a 5% level of significance.

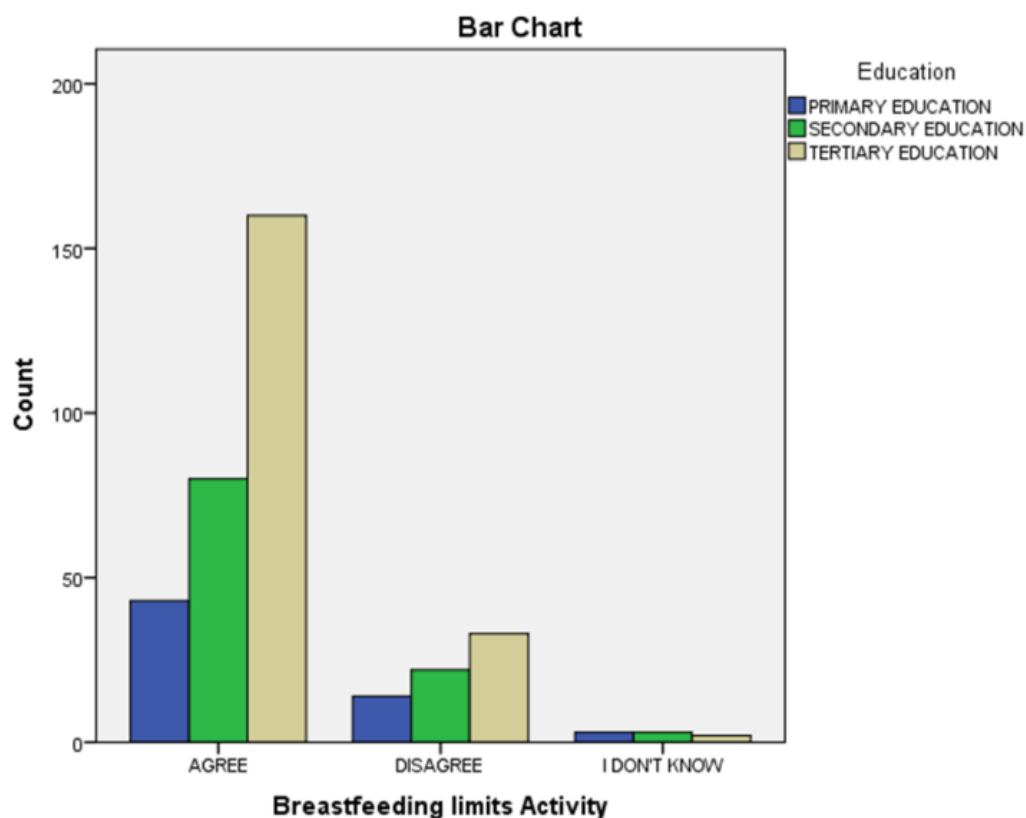


Figure 1. Respondents' reaction to EBF as regards to activity limitation filtered with relation to their Level of Education.

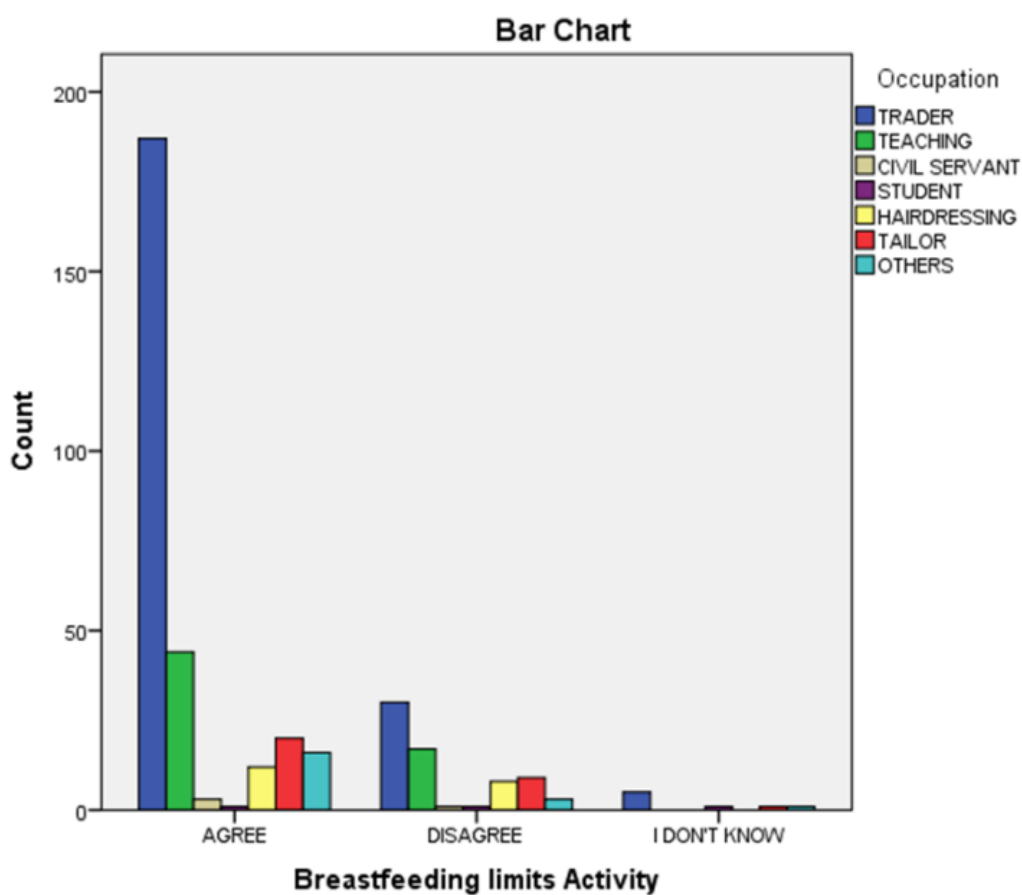


Figure 2. Respondents' reactions to EBF regarding activity limitation were filtered with respect to their occupation.

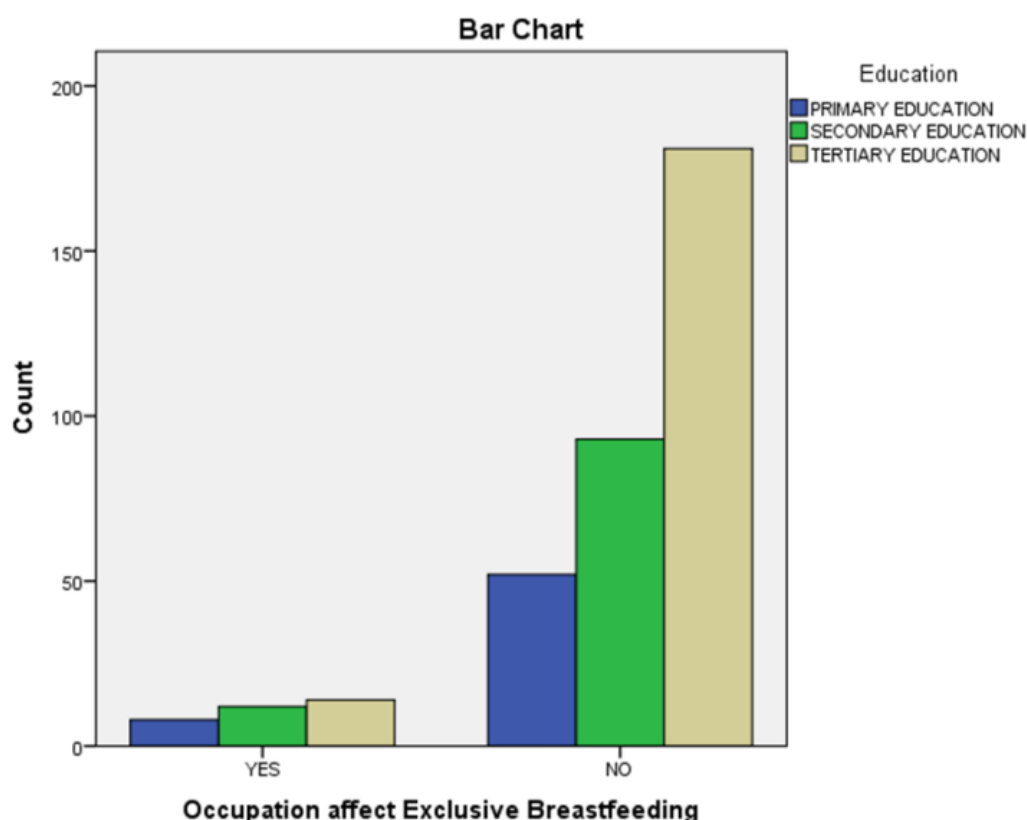


Figure 3. Respondents' reactions to EBF were affected by occupation filtered with relation to their Level of Education.

4. Discussion

This study determined the socio-cultural factors influencing EBF among nursing mothers attending immunization clinics in the Ado Local Government Area (LGA). Three hundred and sixty respondents were recruited for the study. The findings of this study showed the socio-cultural factors affecting mothers' exclusive breastfeeding. In this study, the majority (78.3%) of the respondents did not think that boys should be breastfed exclusively compared to girls. This is in contrast to the results of previous studies conducted in East Africa, where cultural beliefs mentioned that "Baby boy" need solid foods immediately because they make them strong and healthy, and if a child is breastfed on breast milk alone for six months, the bones get weak [14]. From the study, more than two-thirds (69.4%) of respondents thought their breasts would sag after exclusive breastfeeding. This agrees with a similar study conducted in Adamawa, Nigeria, where 60% of nursing mothers agreed that EBF flattens the breast [15].

Findings from this study revealed that nearly all (99.7%) of respondents did not believe that colostrum is dirty or taboo. This agrees with a study carried out in Amasiri LGA, Ebonyi State, where 81.1% of nursing mothers believed that colostrum was good for the baby [16]. From this study, more than nine-tenths (95.6%) of the respondents stated that breastfeeding babies in public places is good practice. This agrees with

a similar study conducted in Suva, Fiji, where most nursing mothers (86.8%) agreed that women should breastfeed in public places [17]. All (100.0%) respondents did not give any other foods before exclusive breastfeeding. This aligns with the result of a study conducted in a tertiary care center in Aurangabad, India, where most of the respondents (about 89%) did not give pre-lacteal feeds before EBF [18].

Most respondents (99.2%) reported that their families supported exclusive breastfeeding. This corroborates a similar study carried out in Juba, South-sudan, where 86.7% of nursing mothers affirmed that their family members supported breastfeeding [19]. Nearly all (98.1%) respondents stated that their husbands supported exclusive breastfeeding. This is supported by the results of a study conducted in an infant welfare clinic in Osogbo, Osun State, where 93.3% of mothers had spousal support [20]. Less than one-third (24.4%) of respondents also stated that they could be made to give herbs to their babies before 6 months by their mother-in-law and traditional birth attendants. However, in a similar study in an infant welfare clinic in Osogbo, Osun State, Nigeria, 21.3% of the respondents claimed that they gave herbs or concoctions during EBF, and 73.8% thought herbs should be added while practicing EBF in the same study [20].

Less than one-third (28.6%) of the respondents stated that they did not have enough breast milk for their babies. This did not corroborate the results of the systematic review conducted in East Africa, where 52.4% of the respondents believed that EBF was not enough for the baby in the first 6 months. [21] In

a similar study conducted in Boditi, Southern Ethiopia, 53.2% claimed that breast milk was not enough for the baby [13]. From the study, about four in five respondents (82.2%) did not have to stay for days before breastfeeding their babies. This is not in agreement with the report of a study carried out in Somalia, where most children are put to breast 2 - 3 days after delivery and colostrum is not fed to the children by most of the mothers as it is considered heavy, thick, coarse, dirty, toxic, and harmful to children's health [22].

Furthermore, the significant associations in Table 3 between socio-demographic characteristics and socio-cultural factors of exclusive breastfeeding (EBF) highlight multiple influences on breastfeeding practices in Ado Local Government Area. The findings revealed that older mothers aged 30-39 years showed greater support for EBF (93.8%), which may be attributed to accumulated maternal experience and better understanding, helping to counter myths such as breast sagging after breastfeeding. This result aligns with a tertiary care hospital study where maternal age was identified as a key predictor of EBF [23]. Occupation also influenced breastfeeding attitudes. Most traders (95.5%) demonstrated favorable socio-cultural factors supporting EBF compared to 80.3% of teachers, likely reflecting flexible work schedules which enable continued breastfeeding despite cultural challenges. Similar occupational differences in EBF have been reported in Ekiti State [24].

Moreover, religion was significantly associated with EBF perceptions. Most Muslim (99.3%) and other faith respondents (100%) showed positive attitudes toward EBF, surpassing Christians (84.1%), possibly due to religious teachings emphasizing natural infant feeding. Regarding mode of delivery, vaginal delivery mothers (95.2%) showed stronger EBF support than those who underwent cesarean sections (87.5%), consistent with Nigerian studies reporting delayed lactation and breastfeeding challenges following caesarean section [25]. Unexpectedly, family income showed that the lowest earners (<N33,000) had the highest proportion (98.8%) of good socio-cultural EBF factors, suggesting that limited financial resources might encourage reliance on breastfeeding rather than costly alternatives. Family support for exclusive breastfeeding was overwhelmingly strong, with 99.2% of respondents reporting family encouragement, corroborating studies in Juba, South Sudan [19]. Spousal support was similarly high at 98.1%, consistent with findings from Osogbo, Osun State. Despite this, 24.4% of mothers reported pressure from in-laws or traditional birth attendants to give herbs to their babies before six months, echoing similar findings in Osogbo [20]. Concerning milk supply, 28.6% perceived their breast milk as insufficient, contrasting with higher rates reported in East Africa where over half of mothers shared this belief [21]. Lastly, public breastfeeding received strong acceptance (95.6%), signaling a positive cultural shift. However, unlike some African regions with male-infant feeding bias, only 21.7% of mothers believed boys should receive preferential EBF, further reflecting community-specific cultural beliefs [21].

This study highlights the interplay of socio-cultural and economic factors shaping exclusive breastfeeding behaviors in Ado LGA. Effective interventions should target younger mothers, dispel myths about breast sagging and milk sufficiency. Community programs should build on family support by involving grandmothers and husbands, as recommended in northwest Nigeria research [26]. Embedding these programs in Ekiti's primary health centers is crucial to sustaining improvements in maternal and child health outcomes.

5. Conclusion

In conclusion, this study revealed several important sociocultural factors that influence exclusive breastfeeding practices among nursing mothers in Ado Local Government Area. While most mothers did not believe colostrum was taboo or that other foods should be given before 6 months, misconceptions persisted about breast sagging and gender differences in breastfeeding needs. Family support, especially from husbands, was crucial for successful exclusive breastfeeding. However, pressure from mothers-in-law and traditional birth attendants to give herbal concoctions remained a challenge for some mothers. Socioeconomic factors like education level, occupation, and income also played a role. Overall, the findings highlight the need for targeted education and support to address cultural beliefs and enable more mothers to exclusively breastfeed for the recommended 6 months. Ongoing monitoring of sociocultural influences, extended maternity leave, workplace accommodations, and early breastfeeding education could help improve exclusive breastfeeding rates in this community.

6. Recommendation

A comprehensive, ongoing survey of socio-cultural factors influencing exclusive breastfeeding (EBF) should be implemented to address the limitations of this cross-sectional study. This longitudinal approach would provide valuable insights into the dynamic population of nursing mothers and capture evolving trends over time. Additionally, expanding the research to include other local governments and rural areas within the state would offer a more comprehensive understanding of EBF prevalence and predictors across diverse settings.

To support EBF practices, it is recommended that maternity leave be extended to approximately six months. This extension would enable nursing mothers to exclusively breastfeed their infants without the challenges associated with balancing work commitments and breastfeeding. Furthermore, introducing breastfeeding education into school curricula would be beneficial in educating young people of both genders about the importance of EBF, preparing them as future parents. This early intervention could potentially lead to increased awareness and adoption of EBF practices in the long term.

Abbreviations

EBF	Exclusive Breastfeeding
LGAA	Local Government Area
PHC	Primary Health Care Centres
IBM	International Business Machine
SPSS	Statistical Package for Social Science
AAP	American Association of Pediatrics

Author Contributions

Samson Ayo Deji: Conceptualization, Project administration, Supervision, Validation, Writing – review & editing

Temiloluwa Adeola Folayan: Investigation, Resources, Writing – original draft, Writing – review & editing

Olaoluwa Olumide Bakare: Data curation, Formal Analysis, Investigation, Methodology, Project administration, Visualization, Writing – original draft

Oluwadunsin Ololade Falade: Investigation, Resources, Writing – original draft

Oluwatosin Roseline Awoyemi: Investigation, Resources, Writing – original draft

Tolulope Oluwabunmi Famewo: Investigation, Resources, Writing – original draft

Damilola Dorcas Babalola: Investigation, Resources, Writing – original draft

Olabisi Catherine Adekamimo: Investigation, Resources, Writing – original draft

Ayomide Oluwagbenga Ayilola: Investigation, Resources

Conflicts of Interest

The authors declare no conflict of interest.

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