

Practice of Exclusive Breastfeeding Among Nursing Mothers in Odo Ado Community Ado Local Government, Ekiti State

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Abstract:

This study assessed the practice of exclusive breastfeeding among nursing mothers in Odo Ado Community Ado local government, Ekiti State. The study specifically assessed the level of knowledge of exclusive breastfeeding; determined the perception of exclusive breastfeeding; investigated the practice of exclusive breastfeeding; and examined the factors hindering the practice of exclusive breastfeeding among nursing mothers in Odo Ado Community, Ado Local government, Ekiti state. Descriptive of the cross-sectional type research design was used in this study. The target population for the research was the nursing mothers in Odo Ado community, Ado Local Government, Ekiti State. Snowball sampling technique was used in selecting participant until data saturation of 100 (hundred) nursing mothers in Odo Ado community. A Self- structured questionnaire was the instrument used for the study. The questionnaire comprised of five sections: section A, B, C, D and E. The instrument was subjected to face and content validity. Internal consistency method was used to determine the reliability of the instrument. The data collected were subjected to Cronbach Alpha which yielded reliability co-efficient value of 0.82. Data collected were subjected to descriptive statistics. The findings of the study revealed that majority of mothers (54%) practice exclusive breastfeeding while (46%) does not practice it. It was recommended among others that exclusive breastfeeding for six

EASIJ

Accepted 4 August 2022
Published 27 August 2022
DOI: 10.5281/zenodo.7157263

months of life should be encouraged among mothers irrespective of the nature of work or level of education.

Keywords: Breastfeeding, Exclusive, Nursing Mothers, Practice,

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Introduction

Breastfeeding is a natural and critical act that provides optimally, the energy and nutrients required to satisfy all the needs of the child during the first half of infancy and subsequently providing, up to half or more and one third of the child's nutritional and energy needs during the second half of infancy and the second year of life respectively, (World Health Organization, 2018) Exclusive breastfeeding is a public health intervention and one of the most significant strategies for improving infant survival rates (Agunbiade & Ogunleye, 2020). In order to achieve optimal growth and overall wellbeing of the child, (WHO, 2018) as a consequence of evidenced based findings, has recommended that, infants within one hour of life should be initiated and exclusively breastfed for six months after which, complementary foods should be introduced as breastfeeding continues for up to two or more years.

There are increased concerns globally and regionally about the low and in some cases, declining rates of breastfeeding. In Geneva 2016, WHO advocated that, countries need to stop the inappropriate marketing of breast milk substitutes and at the same time, emphasize and promote breastfeeding as a human right, with the intention of protecting and supporting both mother and child. Notwithstanding, there appears to be a current increase in the number of infants 0 - 6 months being exclusively breastfed globally (46%) when compared with the period from 2007 to 2014, where only about 36% was reported to be exclusively breastfed (WHO, 2018).

However, while Eastern and Southern Africa had the highest rates of exclusive breastfeeding, West and Central Africa had the lowest rates with Nigeria having one of the lowest and declining rates in the African continent from 28% in 1999 to 17% in 2013. This is in spite of the fact that, almost all children in Nigeria (98%) have been breastfed at some time or the other (National Population Commission (NPC), 2019; United Nations Children's Fund, 2019).

According to Global breastfeeding scorecards, (2018), only 41% of infants are exclusive breastfed globally in the first six months of life which is still far from the 2030 global target of 70%, Two-thirds of mothers continue breastfeeding till one year of age and by two years, the rate drops further to 45%. In Nigeria although the initiation of breastfeeding has improved, the practice and duration of exclusive breastfeeding remains low. (NPC, 2019), According to the 2018 Nigeria Demographic and Health Survey, 42% of children commence breastfeeding in the first hour of life with only 29% of children exclusively breastfed in the first six months of life.

The initiation and practice of breastfeeding is influenced by several factors such as parity, maternal level of education and age, place of delivery, family support structure and the prevailing cultural values (Ukegbu, et al, 2018). Also Osibogun, et al (2018), identified breastfeeding as not being satisfying to babies, cultural beliefs, poor spousal, family and work place support, need to return to work, maternal health problems and need for a baby to learn to eat other foods as leading barriers to exclusive breastfeeding among the mothers.

Breastfeeding is of immense benefit to both mother and child with the potential of preventing about 0.8 and 0.02 million annual deaths in children less than 5 years and from breast cancer respectively. While breast milk enhances neurological development and protects the child from diseases like diarrhea, pneumonia and malnutrition, breastfeeding promotes the health of the mother by improving child birth spacing and reducing the risk of diseases such type 2 diabetes, ovarian and breast cancer; and it also plays an important role in increasing the

household income and improving food security (Victoria, et al., 2016). More so, early initiation and practice of exclusive breastfeeding has been reported to reduce neonatal mortality by up to 22% and infant mortality by 13% respectively (Jones, et al., 2017).

According to Vennemann, (2018), Respondents within the ages of 25 – 32 constituted 40.6 %, and those between the ages of 19 – 24 were 30.4%, 33 – 39 represented 22.5% and 40 and above respondents representing 6.5%. Research carried out by Agho, et al (2018) in Ekiti State on practice of exclusive breastfeeding shows that the socio-economic status of mothers has also been found to influence the decision of mothers' to exclusively breastfeed. Also found that mothers from socio-economically privileged groups were more likely to exclusively breastfeed than their counterparts in the lower socioeconomic status. Adewale, et al (2019) further suggest that effective breastfeeding practice is low among the study participants in Ekiti state particularly among the less educated, the perception of mothers towards exclusive breastfeeding is discouraging as most mothers give different reasons for not breastfeeding their babies, thus this study assessed the practice of exclusive breastfeeding among nursing mothers in Odo Ado Community Ado local government, Ekiti State. The study specifically:

1. assessed the level of knowledge among nursing mothers in Odo Ado Community, Ado Local government, Ekiti State towards exclusive breastfeeding;
2. determined the perception of nursing mothers in Odo Ado Community, Ado Local government, Ekiti State on exclusive breastfeeding;
3. investigated the practice of exclusive breastfeeding among nursing mothers in Odo Ado Community, Ado Local government, Ekiti state; and
4. examined the factors hindering the practice of exclusive breastfeeding among nursing mothers in Odo Ado Community, Ado Local government, Ekiti state.

Methodology

Descriptive of the cross-sectional type research design was used in this study. The target population for the research was the nursing mothers in Odo Ado community, Ado Local Government, Ekiti State. Purposive sampling technique was used in selection Odo Ado, community because of the rural peculiarity of the setting. Snowball sampling technique was used in selecting participant until data saturation of 100 (hundred) nursing mothers in Odo Ado community, Ado local government, Ado Ekiti. A Self- structured questionnaire was the instrument used for the study. The questionnaire comprised of five sections: section A, B, C, D and E. Section A focused on the socio-demographic characteristic of the respondents, Section B assessed level of knowledge about exclusive breastfeeding, Section C assessed the perception of nursing mothers on exclusive breastfeeding, Section D assessed the practice of exclusive breastfeeding, while Section E assessed the factors hindering the practice of exclusive breastfeeding. The instrument was subjected to face and content validity. Internal consistency method was used to determine the reliability of the instrument. A pilot study was carried out using the nursing mothers in Oke Isa community Ado Ekiti, to determine the consistency of the questionnaire. The data collected were subjected to Cronbach Alpha which yielded reliability co-efficient value of 0.82. Data collected were subjected to descriptive statistics.

Results

Table 1: Socio-demographic Data of Respondents

Variables	Frequency	Percentage (%)
Age		
19-24years	38	38.0
25-32years	39	39.0
33-39years	23	23.0
40years and Above	0	0.0
Total	100	100
Marital Status		
Single	33	33.0
Married	67	67.0
Divorced	0	0.0
Total	100	100.0
Level of Education		
Not educated	24	24.0
Primary	16	16.0
Secondary	30	30.0
Tertiary	30	30.0
Total	100	100.0
Occupation		
Civil Servant	21	21.0
Trader	29	29.0
Self employed	26	26.0
unemployed	24	24.0
Total	100	100.0
Religion		
Christianity	48	43.0
Islam	44	44.0
Tradition	8	8.0
Total	100	100.0
Number of Children		
1-2	35	35.0
3-4	60	60.0
5-6	5	5.0
Above 7	0	0
Total	100	100

Table 1 shows the demographic data of the respondents as 39% of the respondents were between the ages of 25-32years, 38% were between the ages of 19-24years, 23% were between the ages of 33-39years, while none of the respondents was 40years and above. On marital status, 67% of the respondents were married, 33% were single, while none were divorced. On level of education, 30% of the respondents had secondary education, 30% had tertiary education, 24% were not educated, while 16% had primary education. On occupation status, 29% of the respondents were Traders, 26% were self-employed, 24% were unemployed, while 21% were civil servants. On religion, 48% of the respondents were Christians, 44% were of Islamic religion, while 8% were traditional worshippers. On number of children, 60% of the respondents had the number of children between the ranges of 3-4, 35% between the ranges 1-2, while 5% between the ranges of 5-6.

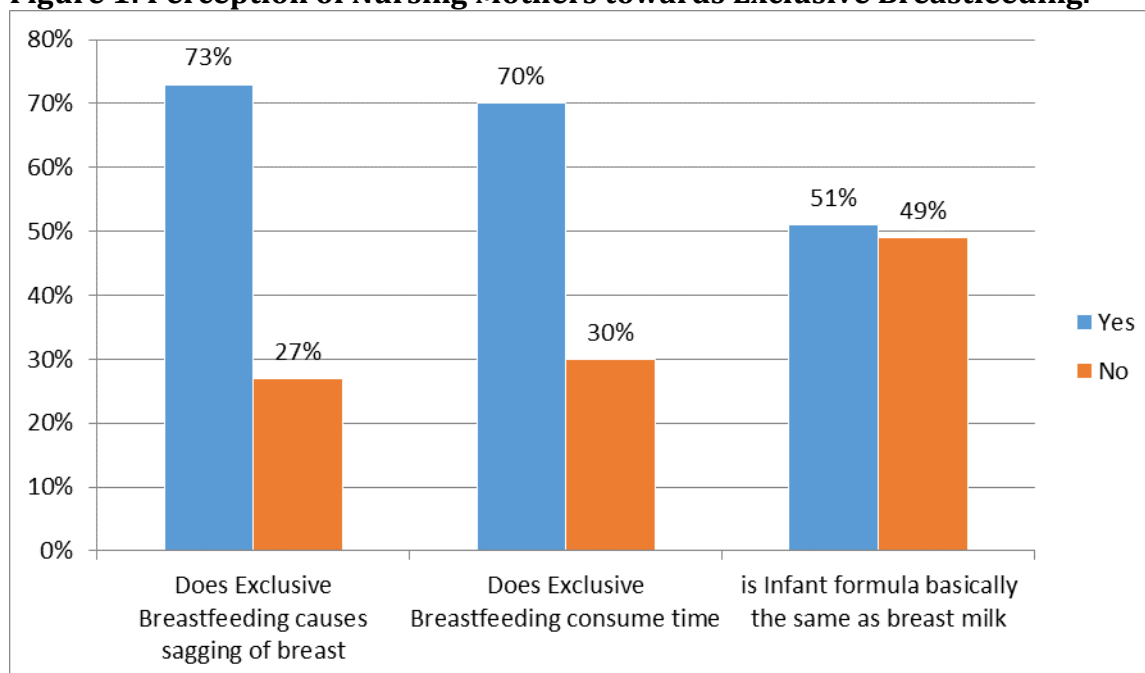
Table 2: Knowledge of Nursing Mothers on exclusive breastfeeding

S/N	Variables	Frequency	Percentage (%)
1.	If answer to question 7 is yes where? Hospitals Church Mosque Friends Total	34 11 3 10 58	59.0 19.0 5.0 17.0 100.0
2.	What do you understand by Exclusive Breastfeeding? Feeding a child with breast milk and water for 6 months Feeding a child with breast milk only to 3months Feeding a child with breast milk for 6 months Feeding a child with breast milk and infant formula for 6months Total	65 1 35 1 100	35.0 1.0 63.0 1.0 100.0
3.	When should breastfeeding be initiated? Immediately after delivery Some hours after delivery Some days after delivery Never breast feed Total	55 21 24 0 100	55.0 21.0 24.0 0 100.0
4.	What do you do with the first milk or colostrum? Discard Feed immediately Total	42 58 100	42.0 58.0 100.0
5.	When is the right time to start complementary foods? 4 months 5 months 6months 7 months and above Total	15 30 25 20 100	15.0 30.0 25.0 20.0 100.0
6.	What are the benefits of Exclusive Breastfeeding? Child growth and development and builds the child immunity Protects the child from diarrhoea and kill the child Respiratory diseases and destroy the child's brain Improves the child response to vaccination and cause growth retardation Total	92 4 2 2 100	92 4 2 2 100
7.	Should a child be given food or water by 4 months? Yes No I don't know Total	26 49 25 100	26.0 49.0 25.0 100.0

Table 2 illustrates the Knowledge of Nursing Mothers in Odo community, Ado Local Government towards Exclusive Breastfeeding. Of 58% of the respondents that claimed to

have heard of Exclusive Breastfeeding, 34% of the respondents indicated that they heard of Exclusive Breastfeeding in the Hospital, 11% indicated that heard of exclusive breastfeeding from the church, 11% their friends, while 3% heard of it in the mosque. About 65 % of the respondents understood exclusive breastfeeding as the feeding of a child with breast milk and water for 6months 35% understood exclusive breastfeeding as the feeding of a child with breast milk alone for 6months, 1% understood it as the feeding of a child with breast milk only to 3 months, while 1% understood it as the feeding of a child with breast milk and infant formula for 6months. Around 55% of the respondents responded that breastfeeding should be initiated immediately after delivery, 24% indicated that it should be initiated some days after delivery, while 21% indicated that it should be started some hours after delivery. About 58% of the respondents indicated that they fed the colostrums immediately, while 42% discarded the first milk or colostrums. 35% of the respondents indicated that 6 months is the right time to start complementary foods, 30% indicated that 5months as the right time, 20% indicated 7months or above, while 15% indicated 4months. 50% of the respondents indicated that the benefit of Exclusive Breastfeeding is child growth and development and builds the child immunity, 30% indicated that it protects the child from diarrhea and kill the child, 10% indicated that it causes respiratory diseases and destroy the child brain, while 10% indicated that it improves the child response to vaccination and cause growth retardation. 45% of the respondents responded that a child should not be given food or water by 4months old, while 30% responded that a child should be given food or water by 4months, while 25% do not know.

Figure 1: Perception of Nursing Mothers towards Exclusive Breastfeeding.



The figure above shows the perception of the respondents towards Exclusive Breastfeeding. 73% of the respondents indicated that Exclusive Breastfeeding causes sagging of breast, 70% of the respondents indicated that Exclusive breastfeeding consumes time, while 51% of the

respondents indicated that infant formulae basically is the same as breast milk and 41% indicated that infant formulae is basically not the same as breast milk.

Table 3: Practice of Exclusive Breastfeeding among Nursing Mothers in Odo Ado Community, Ado local government, Ekiti State

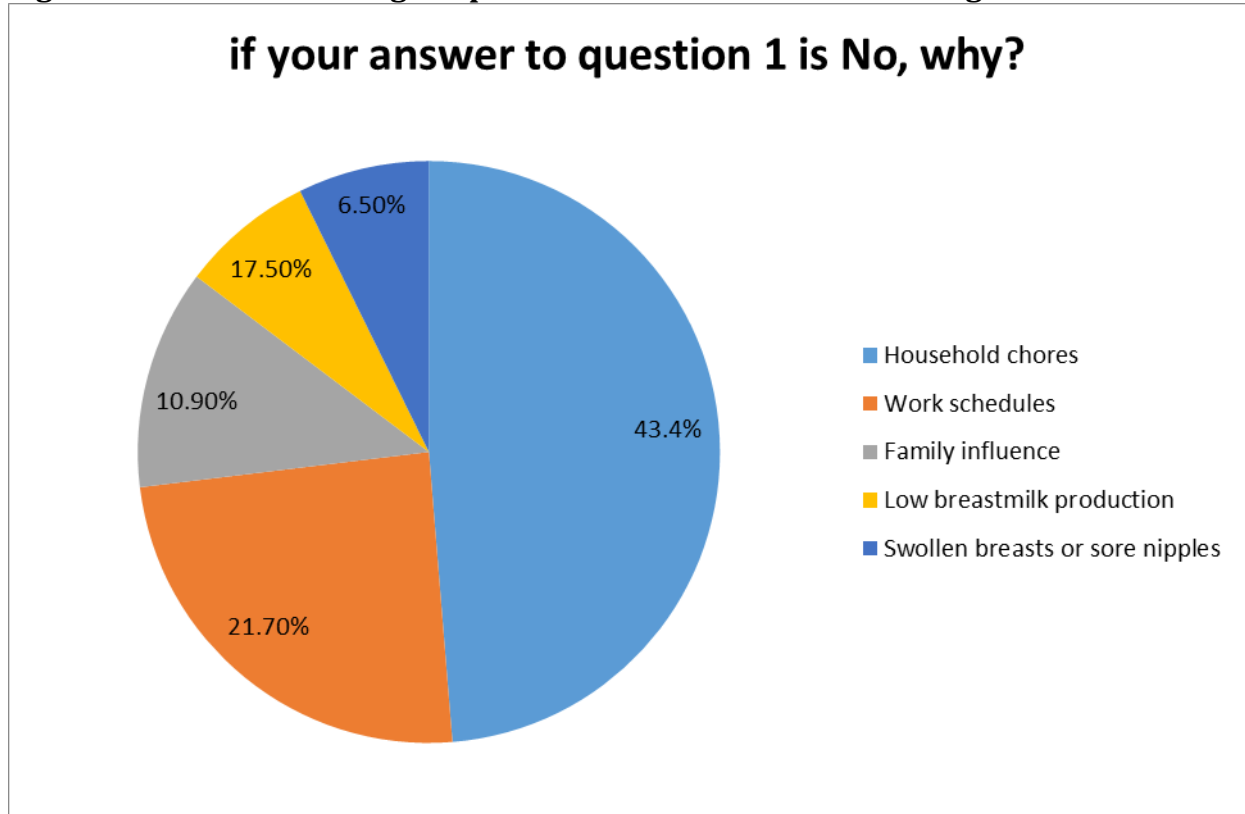
S/ N	VARIABLES	FREQUENCY	PERCENTAGE(%)
1.	Have you ever practice Exclusive Breastfeeding before?		
	Yes	54	54.0
	No	46	46.0
	Total	100	100
2.	If answer to question 1 is yes, for how long?		
	6months	24	44.4
	<6months	20	37
	>6months	10	18.6
	Total	54	100
3.	Did you practice it on all your children?		
	Yes	54	54.0
	No	46	46.0
	Total	100	100.0
4.	How many times do you breastfeed your baby in a day?		
	0-3times	23	23.0
	5-8times	35	35.0
	On demand	42	42.0
	Total	100	100.0
5.	When did you introduce bottle feeding to your child?		
	4months	28	28.0
	6months	31	31.0
	<6months	15	15.0
	>6months	25	25.0
	Total	100	100.0
6.	What are the reasons for breastfeeding?		
	Baby's wellbeing	39	39.0
	Bonding	37	37.0
	To save money	13	13.0
	Cultural belief	11	11.0
	Total	100	100.0

Table 3 above represents the response of the respondents on the practice of Exclusive Breastfeeding. About 54% of the respondents indicated that they had practiced Exclusive Breastfeeding before, 46% haven't practice it before. Of the 54% that claimed to had practiced Exclusive Breastfeeding, 44.4% practiced it for 6months, 37% practiced it for less 6 months, while 18.6% practiced it more than 6months.

Around 54% of the respondents indicated that they practiced Excusive Breastfeeding on all their children, while 46% indicated that they didn't practice it on all their children. 42% of the respondents breastfed their babies on demand in a day, 35% breastfed their babies

between the ranges 5-8times, while 23% breastfed between the ranges 0-3times in a day.31% introduced bottle feeding to their children at 6months, 28% introduced it at 4months, 25% introduced it more than 6months, while 15% introduced it less than 6months. 39% of the respondents responded that the reason for breastfeeding was for the baby’s wellbeing, 37% responded that it was for bonding, 13% responded that it was to save money, while 11% responded that it was for cultural belief.

Figure 2: Factors hindering the practice of Exclusive Breastfeeding



The figure above shows the response of the respondents that indicated that they had never practiced Exclusive Breastfeeding and the reasons for not practicing Exclusive Breastfeeding. Majority (43.3%) of the respondents responded that it was due to house chores, 21.7% mentioned work schedules as the reason for not practicing Exclusive Breastfeeding, 17.50% mentioned that it was due to low breast milk production, 10.90% indicated that it was due to family influence, while 6.50% mentioned that it was due to swollen breasts or sore nipples.

Table 4: Factors influencing the practice of Exclusive Breastfeeding

S/N	Variables	Frequency	Percentage
1.	What are the factors influencing you from practising exclusive breastfeeding?		
	Tight Job Schedule	39	39
	It is time consuming	42	42
	Short duration of maternity leave	19	19
	Total	100	100
2.	Who influenced your breastfeeding decision?		
	Mother-in-law	28	28.0

	Friends	20	20.0
	Partner	12	12.0
	Doctors/midwife/Nurse	40	40.0
	Total	100	100.0
3.	What is the reason for the late initiation of breastfeeding?		
	Colostrum is dirty	34	34.0
	No breast milk	26	26.0
	Mother sickness	7	7.0
	Child sickness	5	5.0
	No reasons	28	28.0
	Total	100	100.0

Table 4 represents the factors influencing the practice of Exclusive Breastfeeding. 42% of the respondents indicated Exclusive Breastfeeding is time consuming, 39% indicated that tight job schedule hindered them from practicing Exclusive Breastfeeding, while 19% indicated that the short duration of maternity leave hindered them from practicing Exclusive Breastfeeding. 40% of the respondents indicated Doctors/midwife/Nurse influenced their breastfeeding decision, 28% indicated that their mother-in-law influenced their breast feeding decision, 20% indicated that their friends influence their breastfeeding decision, while 12% indicated that their partner influenced their Breastfeeding decision. Majority (34%) of the respondents responded that their reason for late initiation of breastfeeding was because the colostrum was dirty, 28% indicated that there was no reason, 26% responded that it was because of No breast milk, 7% indicated that the mother's sickness made them to initiate breastfeeding late, while 5% indicated that the child's sickness made them to initiate breastfeeding late.

Discussion of Findings

Result from table 1 revealed that 55% of the respondents responded that breastfeeding should be initiated immediately after delivery, 24% indicated that it should be initiated some days after delivery, while 21% indicated that it should be started some hours after delivery. 58% of the respondents indicated that they fed the colostrum immediately, while 42% discarded the first milk or colostrum. 45% of the respondents responded that a child should not be given food or water by 4months old, while 30% responded that a child should be given food or water by 4months, while 25% do not know. This corroborate with the study carried out by Illyasu et. al (2020) and Victoria, et. al (2016), which agrees with the respondent response that 55% of the initiate breastfeeding immediately after delivery, 21% some hours after delivery, while 24% initiated breastfeeding some days after delivery. Also, 60% of the respondent feed their babies with colostrum immediately, while 40% discard colostrum after birth. 45% of the respondents responded that a child should not be given food or water by 4months old, while 30% responded that a child should be given food or water by 4months, while 25% do not know.

The figure 1 represents the response of participant on their perception towards Exclusive Breastfeeding. 73% of the respondents indicated that Exclusive Breastfeeding causes sagging of breast, 70% said it consumes time, while 51% indicated that infant formulae are basically the same as breast milk and 41% indicated that infant formulae are basically not the same as breast milk. This agrees with report of the National Health Survey (2016) on perception of

mothers on exclusive breastfeeding practices. Most of the mothers (67%) are of the perception that EBF will make their breast sag. 33% are of the perception that infant formula is basically the same as breast milk.

Table 3 represents the response of the respondents on the practice of Exclusive Breastfeeding. About 54% of the respondent practice Exclusive Breastfeeding, 46% haven't practice it before. 44% practiced it for 6 months, 37% practiced it for less 6 months, while 18.6% practiced it more than 6 months. This agrees with the study conducted by Essien, et al (2018); and WHO (2019), revealed that the majority of the respondents (60%) practice exclusive breastfeeding while 40% did not practice it. WHO, (2019) also revealed that 54.4% of the respondent practiced it for 6 months, 27% practiced it for less 6 months, while 18.6% practiced it more than 6 months. 39% of the respondents state the reason for breastfeeding as baby's wellbeing, 37% responded revealed bonding, 13% responded that it was to save money, while 11% responded that it was for cultural belief. This disagrees with the study carried out by Akpor, et al (2017) which revealed that about 46.3% of the participants breastfed their babies so as to ensure the child's wellbeing and 36.8% also signify bonding/closeness to baby has their reason. Only 10.5% and 6.3% of the participants mentioned money and family/cultural beliefs respectively as their main reasons for breastfeeding.

Table 4 represents the factors influencing the practice of Exclusive Breastfeeding. 40% of the respondents indicated Doctors/midwife/Nurse influenced their breastfeeding decision, 28% indicate their mother-in-law, 20% indicate their friends, while 12% indicate their partner. This agrees with the research carried out by Department of Nursing, College of Medicine and Health Sciences, Afe Babalola University (2018), which state that 49.5% of the participants indicated that their doctors and midwives, 48.8% them indicate their mother- in-law while 32.6% of them indicate their friends. 34% of the respondents responded that their reason for late initiation of breastfeeding was because the colostrum was dirty, 28% no reason, 26% No breast milk, 7% mother's sickness made them to initiate breastfeeding late, while 5% indicate child's sickness. This finding agrees with Onayande et al (2018) in Ile-Ife who state that the major reason for late initiation of breastfeeding in most (47%) of the respondents was colostrum not pure thus supporting the general perception in the study area that in the first three days, the mother's milk is not pure and therefore could harm the infant.

Conclusion

Majority of mothers (54%) practice exclusive breastfeeding while (46%) does not practice it. However, mortality and morbidity rate is low in infants fed with breast milk exclusively for the first six months of life, thus there is need to health educate mothers on exclusive breastfeeding. Midwives should lay emphasis on health educating mothers about Exclusive breastfeeding, how to carry it out and allow for return demonstration. Also health educates them on proper attachment, and positioning of the baby to breast, and the duration of exclusive breastfeeding, this will improve their knowledge about excusive breast feeding.

Recommendations

Considering the result of the findings, the following suggestions are recommended.

1. Exclusive breastfeeding for six months of life should be encouraged among mothers irrespective of the nature of work or level of education.

2. Seminars and workshop in prevention of non-compliance of exclusive breastfeeding should be done especially at the community level, thus will encourage exclusive breastfeeding.
3. Mothers should be encouraged to feed their baby on demand through health education.
4. There should be more awareness on the practice of exclusive breast feeding over the radio, television, newspaper, posters and enlighten the public through the ministry of health, federal and state government.
5. Using visual aids to demonstrate to the mothers on how healthy their babies could be if exclusive breastfeeding is done.
6. Government should organize baby shows and giving prizes to healthy babies who are breast fed.
7. Government should construct crèche in working places to encourage working class mothers on exclusive breastfeeding.
8. Mothers should be enlightened through health education and public enlightenment that they should not look at the aesthetic purpose
9. Institution should adhere to the 4-6 moths given to mothers for post-natal maternal leave, so that nursing mothers can stay at home and breast feed their babies.
10. Further research on practice of exclusive breastfeeding among working class nursing mothers.

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Cite this article:

Author(s), ABIODUN-OJO, Olubukola Esther (RN, RM, BNsc, PGDE, MSc), AKINYEMI, Oluwatoyin Olajumoke, OWOLABI Babajide Augustine, OYEKAN Temilade Charity, (2022). "Practice of Exclusive Breastfeeding Among Nursing Mothers in Odo Ado Community Ado Local Government, Ekiti State", **Name of the Journal:** Euro Afro Studies International Journal, (EASIJ.COM), P, 133 –145. DOI: www.doi.org/10.5281/zenodo.7157263 , Special Issue, Issue: 8, Vol.: 4, Article: 13, Month: August, Year: 2022. Retrieved from <https://www.easij.com/all-issues/>

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