

The Knowledge, Attitude and Practice Of Exclusive Breast Feeding Among Mothers Accessing Care in Federal Teaching Hospital Ido- Ekiti, Ekiti State, Nigeria

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Abstract

Introduction: Despite being the healthiest and most cost-effective option for infants, exclusive breastfeeding (EBF) has not significantly increased globally during the first six months of life.

Method: This cross-sectional study enrolled 266 mothers accessing care in Federal Teaching Hospital, Ido Ekiti, using a questionnaire to assess their knowledge, attitudes, and practices regarding exclusive breastfeeding (EBF). Descriptive statistics and Pearson's Chi-square test analysed the data.

Result: Among 266 women receiving care in FETHI, Ido Ekiti, 91% were aware of exclusive breastfeeding (EBF), with 63.9% currently practicing it. Knowledge of EBF was significantly associated with age and employment status, while 65.4% demonstrated a positive attitude toward it. Despite challenges and limited resources, there is potential for promoting EBF practices.

Conclusion and recommendation: The study highlights the potential for enhancing exclusive breastfeeding practices among mothers accessing care in FETHI, Ido Ekiti through targeted support and resources. Addressing the identified challenges could significantly improve EBF rates and benefit both mothers and infants.

BACKGROUND INFORMATION

Breast milk plays a unique role because of its matching nutritive, psychological, physiologic and immunologic needs of the infant.¹ On account of this; breastfeeding is one of the most effective ways to ensure child health and survival. Human milk contains numerous components (i.e., proteins, carbohydrates, lipids and inorganic elements) which provides basic nutrients for infants during the period of their lives.¹ The qualitative composition of milk components from healthy mothers is similar, but their levels change during lactation stages.² Breastfeeding remains a component of the childhood survival strategies adopted by the United Nations Children's Fund (UNICEF) to reduce childhood mortalities. However, contrary to the World Health Organisation (WHO) recommendations, fewer than half of infants under 6 months old are exclusively breastfed.³ According to the WHO, exclusive breastfeeding is defined as giving no other food or drink, except breast milk, to an infant up to the age of 6 months. It does however allow the infant to receive oral re-hydration salts, drops and syrups as prescribed by a physician.

Breastfeeding provides numerous benefits for mother, child as well as the family unit and community as a whole.⁴ Some of the benefits to the child include provision of the right balance of nutrients required, provision of antibodies, protection against diarrhoea and other common childhood illnesses, reduction in risk of developing allergies and chronic diseases such as diabetes mellitus and obesity, development of social and cognitive abilities and promotion of infant-maternal bonding.⁵ Aside from bonding, it aids the mother in child spacing through lactational amenorrhoea, reduces her lifetime risk of developing certain cancers as well as promoting faster uterine involution.⁶ To the family and community, breastfeeding helps to conserve family and national resources and is safe for the environment.⁴

The WHO and UNICEF recommend that children be initiated on breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months. Several factors have been found to be associated with exclusive breastfeeding in developed countries; social class, level of education, age of the mother, lack of parental support, living with a partner, employment status, parity, place of delivery, income, health status after delivery and smoking during pregnancy. Similarly in developing countries, socio-demographic factors like maternal age, education, employment, residency, cultural and religious practices, home delivery, antenatal care practices, home delivery, and professional assistance at birth were associated with sub-optimal breastfeeding practices.⁷

Globally, only 43% of new-born have breastfeeding initiated within one hour of birth, and 40% of infants aged six months or less are exclusively breastfed.⁸ In sub-Saharan Africa, prevalence of exclusive breastfeeding has been revealed to range from 23.7% to 56.5%.⁹ The primary barriers to sustainability of exclusive breast feeding involve poor understanding and cultural perceptions of exclusive breastfeeding.¹⁰ Persistent conflicts between traditional beliefs and exclusive breastfeeding highlight a lack of acceptance and credibility for exclusive breastfeeding in Nigeria.¹⁰ Evidence suggests that an infant that is not exclusively breastfed is at substantial risk for both short and long term effects such as stunted growth and impaired cognitive ability.¹¹

National efforts to promote exclusive breastfeeding began in some African countries in 1992.¹⁰ Efforts made by the United Nations International Children's Emergency Fund (UNICEF) included training of all levels of healthcare workers, establishment of Baby Friendly Hospital Initiative (BFHI) and the recruitment of community extension workers on lactation management for mothers.¹² Specific strategies to promote exclusive breastfeeding included hospital birthing, postpartum maternity leave, breastfeeding, counselling and elimination of traditional feeding practices.¹³ Related socio-economic factors were aggressively targeted through numerous programs by WHO, UNICEF and individual nations.¹³

Optimal breastfeeding practices are linked to the global reduction of childhood morbidity and mortality.¹⁴

1.2. STATEMENT OF RESEARCH PROBLEM

In Nigeria, breastfeeding is universal with almost all babies being breastfed but the practice of EBF is rare with only 17% of children younger than six months being exclusively breastfed.¹⁵ This has led to an increased incidence of morbidity from infectious diseases, including otitis media, gastroenteritis, and pneumonia, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia and sudden infant death syndrome.¹⁶ The benefits of exclusive breastfeeding for both mother and child are universally acknowledged by health providers, global health agencies and lay people.¹⁷

Many attempts to promote EBF have achieved less than the desired outcomes and in order to comprehend the dynamics of this practice, a number of studies have been conducted in Nigeria and in many parts of the world. Much of these studies have focused on knowledge and attitude of EBF, health outcomes of exclusive and nonexclusive breastfeeding and prospective positions of husbands in breastfeeding decisions. Much less attempts, however, have been made at examining the factors affecting the practice of EBF among nursing mothers.

1.3. JUSTIFICATION AND RATIONALE

Following the advancement and development of the world, women, especially those working have neglected the importance of breastfeeding. Some because of their busy schedule while others because of the need to maintain their figure.

This study is based on working class mothers as they are more vulnerable to lack of exclusive breastfeeding, due to their quick return to work after childbirth. It will help the health care personnel understand the target population better and have a better approach to tackle the root causes of the problem.

The study will help spotlight the areas health care promoters should emphasize on when educating the target population on the need for exclusive breastfeeding. It will aid mothers understand better the importance of breastfeeding. The benefits it brings to babies, family, society and to mothers in the long run such as: protection from

infections, reduced cost (no need to purchase breast milk substitute), aids in proper development of the child's brain and also physical growth, as all nutrients needed are in the breast milk, helps mother and child to bond well.

It will emphasize the need not to introduce feeding bottles (used to store pumped breast milk) and if necessary, how it should be done properly (to prevent diarrhoea and its associated symptoms). The need for exclusive breastfeeding for at least 6 months and complementary feeding.

This study will help mothers understand that, they could maintain a normal, healthy lifestyle while still breastfeeding their children and also highlight the consequences of lack of exclusive breastfeeding on both mother and child.

The outcome of this study may reveal the general knowledge on the topic within the target population, which could be very beneficial in the implementation of intervention strategies to make a change.

1.4 RESEARCH QUESTIONS

1. What is the level of knowledge of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria?
2. What are the attitudes towards EBF among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria?
3. What are the EBF practices among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria?
4. What are the factors influencing EBF practice among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria?

1.5 OBJECTIVES

1.5.1 GENERAL OBJECTIVES

To explore the knowledge levels, practical experiences and challenges faced by mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria regarding exclusive breastfeeding.

1.5.2 SPECIFIC OBJECTIVES

1. To assess the level of knowledge of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria.
2. To evaluate the attitude towards EBF among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria.
3. To assess the practices of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria.
4. To determine the factors influencing EBF practices among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria.

1.6 SCOPE OF STUDY

The study will primarily focus on mothers with infants aged 0 to 2 years attending Antenatal, Postnatal, Immunization and Neonatal clinics in Federal Teaching Hospital Ido Ekiti, Ekiti state, Nigeria.

LITERATURE REVIEW

2.1 INTRODUCTION

Exclusive breastfeeding stands as a cornerstone of infant health, offering an array of benefits for both the child and the mother. This chapter aims to delve into the landscape of exclusive breastfeeding knowledge and practice among mothers accessing care in Federal Teaching Hospital Ido-Ekiti, Ekiti state, Nigeria. By synthesizing existing research, this review seeks to shed light on the factors influencing exclusive breastfeeding behaviors in this demographic, identify gaps in current understanding, and propose avenues for future research and interventions.

2.2 KNOWLEDGE OF EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS

Exclusive breastfeeding is important for the first six months according to the World Health Organization(WHO) and United Nations Children's Fund(UNICEF).It's all about starting breastfeeding within the first hour after birth, exclusively breastfeeding for six months, and continuing breastfeeding for at least two years .EBF is an important public health strategy for improving the health of mothers and children by lowering the number of deaths and illnesses among children and helping to keep the cost of health care in check¹⁸.

Breastfeeding continues to be the easiest, healthiest, and most affordable way to meet an infant's nutritional demands for almost all babies. Even though exclusive breastfeeding (EBF) is well supported by research, its prevalence has not increased globally during the first six months of life. The advantages of EBF have been verified by numerous research projects and organizations. In the world as of 2019, 50.7% of infants aged 0 to 6 months are solely breastfed. A global goal has been established by the World Health Assembly (WHA) to raise the rate of EBF for infants 0–6 months old to at least 50% between 2012 and 2025.Only 38% of babies are nursed exclusively for the first six months of their lives, despite variations in adherence to these rules across the globe. The length of breastfeeding is shorter in high-income nations like the United States (19%), the United Kingdom (1%), and Australia (15%) than in low- and middle-income nations. However, just 37% of newborns under six months old are exclusively breastfed, even in low-income and middle-income nations. Only 53.5% of newborns in east African countries had EBF for six months, according to recent publications from the sub-Saharan Africa region. This is far less than the WHO aim of 90%.

Furthermore, over 91% of women received health care throughout the antenatal period, according to a Tanzanian study. But just 39% of expectant mothers and 25% of new mothers stated that they had received breastfeeding counseling, and many women believed that a mother's breast milk supply was insufficient for a child's development. One of the key reasons for early mixed feeding was the moms' perception that the kid was thirsty and that they needed to administer herbal medicine for cultural reasons. According to the secondary analysis of WHO Global, access to health care, knowledge, and cultural views are the main obstacles to breastfeeding in low-income nations¹⁹.

60% of the mothers in a research conducted in Kware Local Government, Sokoto, Nigeria, were aware of exclusive breastfeeding (EBF), but only 30% of them had sufficient understanding of the practice, as measured by a score of at least 50% on an assessment of their knowledge of EBF. Mothers of respondents and medical professionals were the primary sources of information on EBF.

When it came to the mothers' breastfeeding habits, over half of them started within 30 minutes of giving birth, with 53% doing so right away and 47% waiting till after that. Eighty-five mothers gave various reasons for delaying the start

of breastfeeding, including the belief that colostrum is unclean and detrimental to the infant, insufficient breast milk, and illness in the mother or child. While they waited for the clean milk to arrive, they provided the mothers who thought colostrum was contaminated with hot water, honey, animal milk, and washouts from Quranic texts on slates.

Similar results were found in a study conducted in Gwale, Kano, which has a sociocultural background similar to the study location. In that study, 31% of the mothers had strong awareness of EBF. The results of this study, however, pale in comparison to the 55% found in the research conducted by Freed and his associates and the 98% found in a study of a similar nature conducted in Accra, Ghana²⁰.

About 97.6% of respondents in a research conducted by the local government of Oshogbo were aware of EBF, but only 64.6% had sufficient expertise. Health professionals taught the majority of respondents (92.7%) about EBF. Seventy-five percent of respondents who performed EBF on demand said they had a positive attitude toward it. Approximately 73.8% of those surveyed used EBF. The respondents possess excellent EBF knowledge and attitude. Although the EBF practice was similarly good, fewer than one-third of participants used water or herbs over the first six months of the practice.

A recent comprehensive analysis found that while the average length of breastfeeding in Nigeria is rising, low rates of exclusive breastfeeding and breastfeeding initiation are present²¹. Research conducted in the Southeast's rural and urban areas showed that, respectively, just 10.0% and 35.9% of women practiced EBF. In contrast to 100% and 80.8% of babies in the rural poor and urban poor groups, respectively, following a 12-month follow-up, no infants of urban elite women were nursed, according to another study conducted in Ibadan, Southwest Nigeria. According to certain studies, misinformation, unfavorable sociocultural views, and common misconceptions have a detrimental impact on mothers' decision to breastfeed²².

2.3 ATTITUDE TOWARDS EXCLUSIVE BREASTFEEDING AMONG MOTHERS

Breastfeeding is the process of feeding newborn with milk directly from the breast. Milk from human females provides all the nutrients a baby need, as well as substance that promote growth and help fight infection. Exclusive breastfeeding according to king (1992)²³ means that the baby has no other food or drink but breast milk for the first six month. He added that, if the baby has vitamins of small or few sips of water or juice, it is not exclusive breastfeed.

Some studies have found that mothers with a good knowledge of exclusive breastfeeding for the first six months, however, less than 50% of working mothers are able exclusively breastfeed their after returning to work due to challenges related to people and or work place support²⁴. Working mothers generally have positive attitude toward exclusive breastfeeding but some factors can negatively impact their willingness to practice it. These factors include: Lack of suitable facilities outside of home conveniences; nursing mothers require to exposed part of their body especially depending on the type of clothing, this makes it very uncomfortable for some to practice breastfeeding and some worth resort to breast milk substitute or not even practicing at all. Some on the other hand have no problems with it at all but need to return to work as work piles up against time in a bid to take break to breastfeed. This discourages breastfeeding mothers and often sorts to substitute or take child to day care at too early age. More also, this can raise serious conflict at work as work mate sees nursing mothers taking opportunities to hide firm work duties and, on the contrary, will rather just resort breast milk substitute.

2.4 PRACTICES OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS

Human milk is species specific, having evolved over time to optimize the growth and development of the baby and young child²⁵. In order to achieve optimal growth, development and health during the first 6 months of life, WHO

recommends that exclusively breastfeeding in the first 6 months of life because it stimulates the child's immune system which protects them from diarrhea and acute respiratory infections, two of the major causes of infant mortality in the developing world and improves their responses to vaccination. Avoiding colostrum and giving some pre-lacteal feed and bottle feeding are contributory factors for these preventable diseases which ultimately lead to high infant mortality. Exclusive breastfeeding during the initial months of life and continued breastfeeding through at least the first two year of life is associated with substantial reduction in the burden of infections and have many beneficial effects on mother's health as well.

According to UNICEF the global breastfeeding rates have remained stagnant since 1990 with only 36% of children less than six months exclusively breastfed in 2012. According to demographic and health survey of Pakistan 2012-2013 rate of exclusive breastfeeding is 38% and 67% for non-exclusively breastfed. In a study conducted in Pakistan, the percentage of breastfeeding in housewives was 77% while only 23 % in working mothers. This clearly shows that a lot of women can be encouraged to exclusively breastfeed if they are properly supported to carry out this practice²⁶.

A significant factor in increasing the prevalence of EBF is that mothers have knowledge, training of exclusive breast feeding, importance of colostrum feed, timing for start of breastfeeding, awareness about bottle feeding as well as information on expressed milk risks. The positive association of EBF practices with mother's own perceptions on the continuation of breastfeeding at work and provision of an appropriate working environment has been established. While the perception that longer maternity leaves can increase the prevalence of EBF and it is easier to practice bottle feeding as compared to breastfeeding in working women were negatively associated and were responsible for decreasing the prevalence of EBF.

Many factors, such as the level of living in urban or rural areas, maternal levels of education, female employment status and attitudes to breast feeding, knowledge and availability of alternative milk for breastfeeding have an impact on how women feed their babies and length of time they nurse. It is even more so for working mothers who may face other challenges at work, the least of which is the availability of space, time and support for breastfeeding. Globally, female participation in the labor sector has increased over the years and many of them return to work soon after delivering babies posing a significant barrier to breastfeeding. There are also millions more women working in the informal, seasonal or part-time economy who face even greater barriers to breastfeeding.

The FCT is the capital of Nigeria with about 49% labor force participation rate for women in the formal sector. The NDHS reported that in the FCT, 74% of children born in the last two years preceding the survey were ever breast fed and only 51.3% were breastfed within one hour of birth.

According to the study carried out in AMAC, FCT Abuja to assess knowledge and practice and to identify perceived barriers to optimal breast feeding among working mothers, majority of respondents knew the ideal time to start breast feeding and almost all of them had heard of exclusive breast feeding. The duration of maternity leave, which in most cases lasts 12 weeks before a mother returns to work, may be the reason for early introduction of complementary feeding stuffs. Another possible reason could be non-availability of on site or nearby creche at the workplace would make mothers closer to their babies during working hours and may facilitate breastfeeding on demand.

As has been shown from a number of studies, higher education for mothers was significantly associated with good practice as regards breast feeding. The more education a woman has, the better chance she will have access to health information that can affect her behaviour in promoting healthy living, including appropriate practices for breast feeding. The worst practice was found by respondents to the banking industry. It could be because of the highly

demanding nature of their professions, which includes very early resumption times and late closing time as reported by some respondents to make it difficult for them to achieve optimal breastfeeding practices.

Poor spousal and family support, no paid maternity leaves, short maternity days, no option of partial working hours, lack of childcare availability in or near the workplace, lengthy workdays, breastfeeding breaks were also barriers to optimum lactation cited by respondents. If these obstacles are removed, the practice of optimal breastfeeding by working women can be encouraged.

Studies have shown that there is a lack of knowledge and practice in this working population on appropriate breastfeeding, with some perceived obstacles to optimum feeding. In order to adopt, implement and enforce enabling legislation guaranteeing adequate breastfeeding breaks, availability and accessibility of childcare facilities as well as other provisions of the Convention on maternity protection, high level lobbying by interested parties is required in government.²⁷

2.5 FACTORS INFLUENCING EXCLUSIVE BREASTFEEDING AMONG MOTHERS

Over the past few decades, there has been a noticeable increase in the number of women with infants joining the workforce, alongside a decrease in the rate of breastfeeding prevalence. The drivers and obstacles influencing EBF can be categorized into three main areas: maternal factor (like delivery method, family size, and maternal perceptions on breastfeeding), social dynamics (such as spousal and familial support, as well as childcare arrangements), and workplace considerations (including maternity leave duration, inadequate institutional support, family work-life balance, job flexibility, and access to breastfeeding-friendly facilities).²⁸ A study done in China among employed mothers also identified four main factors that influence work-relate BF practices: 1) employment benefits; 2) commuting time; 3) workplace environment; 4) labor intensity. Mothers facing challenges in any of these areas may opt to reduce the frequency of breastfeeding or discontinue breastfeeding altogether.²⁹

2.5.1 MATERNITY LEAVE DURATION

The duration and flexibility of maternal leave can influence a mother's decision and ability to initiate and sustain breastfeeding. Longer maternity leave periods allow more time for establishing breastfeeding before returning to work. The duration of maternity leave and workplace policies vary globally and can impact on the ability of employed mothers to sustain breastfeeding.³⁰ The lack of uniformity in maternity leave duration and workplace regulations has a negative impact on the ability of working mothers to sustain breastfeeding.³¹ The studies have indicated that an extended maternal leave (ML) may have a connection to the duration of breastfeeding.³² This suggests that the length of time a mother takes for maternity leave could potentially impact the duration for which she breastfeeds her child.³³ This has been proven in Brazil in 2008 among 12,794 women. The extension of maternity leave from four to six months in the Brazilian states capitals has been shown to contribute to the increase in exclusive breastfeeding prevalence.³⁴

2.5.2 BREAST FEEDING FRIENDLY WORKPLACE

Access to breastfeeding-friendly workplaces with facilities like lactation rooms, flexible break times, and supportive policies can significantly impact a mother's ability to continue breastfeeding after returning to work. In the United State (US) the issue of workplace lactation support has intensified due to the Affordable Care Act of 2010 (ACA) amendment of the Fair Labor Standards Act (FLSA) obliging employers to provide a reasonable break time for nursing mothers, Nigeria faces challenges in providing adequate support for workplace breastfeeding. While there are policies

in place to promote breastfeeding and protect the rights of nursing mothers, implementation and enforcement vary across different workplaces.

Some larger organizations may have breastfeeding-friendly policies and facilities. However, many smaller businesses, informal work settings may lack such accommodations, making it difficult for working mothers to continue breastfeeding after returning to work. The 1999 Constitution of the Federal Republic of Nigeria, the 2008 Public Service Rules, and the 2004 Nigeria Labor Law all recognize and assent to the provision of Maternity Entitlements in Nigeria of two hours off each day to breastfeed up to six months after the employee resumes duty. Many employers and employees are not fully aware of the specific provisions regarding breastfeeding breaks outlined in the constitution, public service rules, and labor laws. This lack of awareness result in non-compliance with the mandated breastfeeding breaks. Even though the laws recognize the importance of breastfeeding breaks, enforcement mechanisms may be lacking or ineffective. Without proper enforcement, employers may not feel compelled to provide the mandated breaks, leading to poor compliance. Some workplaces, especially smaller businesses or informal sectors may lack the resources to accommodate breastfeeding breaks. For example, they may not have designated lactation rooms or facilities for breast pumping, making it challenging for working mothers to take advantage of the mandated breaks.

2.5.3 INSTITUTIONAL SUPPORT

Supportive attitudes and policies from employers regarding breastfeeding and pumping breaks can encourage mothers to continue breastfeeding while working. 20 mothers were interviewed from 10 organization in Ethiopia mentioned that the support provided by their employers for breastfeeding women was not enough to encourage exclusive breastfeeding.³⁵ Cultural norms and societal attitudes towards breastfeeding in public or at the workplace can influence compliance with breastfeeding breaks. In some cases, there may be stigma or discomfort associated with breastfeeding in the workplace, leading to reluctance among employers and employees to implement and utilize breastfeeding breaks. Without supportive workplace policies and practices, mothers may feel discouraged or unable to utilize the mandated breaks effectively.

Continuing to breastfeed after returning to work can be difficult for working mothers, and most of them require assistance to keep up with breastfeeding. The support of their partners and families has a significant impact on working mothers' choice to breastfeed. Employers can also contribute by offering a supportive environment and facilities in the workplace for mothers to pump and store breast milk. Both internal and external supports are crucial for mothers to overcome obstacles and succeed in breastfeeding.

2.5.4 FAMILY WORK-LIFE BALANCE

Researchers have discovered that when workplace support decreased, employees felt that their work interfered more with their personal life. The results of the path analysis also indicated that allowing time for expressing milk at work led to higher job satisfaction. This relationship was partially mediated by the effect of work on enhancing personal life, which acted as a mediator in the relationship between expressing milk at work and job satisfaction. This suggests that supporting employees in balancing their work and personal life, such as by providing time for expressing milk, can have a positive impact on job satisfaction.³⁶ Organizational backing led to a statistically significant rise in median job satisfaction ($p < 0.001$) and doubling the likelihood of EBF.

2.5.5 COMMUTING TIME TO DAYCARE

Many remote jobs offer separate transportation for lactating mothers to accommodate their late start or early departure. However, the distance between work and childcare, combined with lack of transportation, inhibits mothers

from traveling to breastfeed during lunch breaks. Some jobs, especially those with employee residences, also have subsidized on-site daycare that allows mothers to breastfeed during shifts. Workplace day cares and the allowance to bring a child to work have shown a strong connection with the frequency and length of breastfeeding in different low- and middle-income countries. Establishing on-site daycare could be a practical approach to promote EBF and enhance the overall standard of childcare.

Addressing these factors through supportive workplace policies, community resources, and education can help facilitate continued breastfeeding among working mothers and promote maternal and infant health.

METHODOLOGY

3.1 STUDY AREA

The study was conducted at Federal Teaching Hospital Ido-Ekiti (FETHI).

FETHI is a tertiary health institution located at Ido-Ekiti, Ekiti state is in the South-west region of Nigeria. It is bordered to the North by Kwara state, to the Northeast by Kogi state, to the South by Ondo state and to the West by Osun state.⁵⁷ Ekiti state consists of 16 local government areas including Ido-Osi which is the local government area where the study Centre is located.⁵⁷

FETHI was established in 1998 by the Federal Government to provide affordable, qualitative and accessible medical care to every state in the Federation, particularly to the people living in the grass root of Ekiti state and its environment.⁵⁸ It was upgraded from a Federal Medical Centre to a teaching hospital in 2014 on account of the signing of a Memorandum of Understanding with Afe Babalola University.⁵⁸

Currently, FETHI has 22 clinical and 4 non-clinical departments.⁵⁸ The clinical departments include the department of Obstetrics and Gynaecology which runs antenatal clinics on Tuesdays and Thursdays and postnatal clinics on Fridays. The department of pediatrics runs neonatal clinic on Mondays and the department of Community Medicine runs immunization clinic on Wednesdays.

3.2 STUDY DESIGN

This descriptive cross-sectional study was carried out on a target population which included all pregnant and non-pregnant women attending antenatal, postnatal, immunization and neonatal clinic at the federal teaching hospital Ifaki road Ido Ekiti, Nigeria.

Inclusion criteria:

1. Women who have children under the age of 2 years old.
2. Women who practiced breastfeeding now and in the past.

Exclusion criteria:

1. Those with medical conditions exempting them from exclusive breast feeding.
2. Women whose last child birth is greater than a two year period.

3.3 SAMPLE SIZE DETERMINATION

The Fischer formula for sample size determination was used to calculate the sample size from study population.

$$\text{Sample size (n)} = \frac{z^2 pq}{d^2}$$

Where,

n= Sample size

Z= 1.96 for 95% level of confidence

p= Prevalence of exclusive breastfeeding among working mothers from previous study = 19.6% =0.196⁵⁹

q= Proportion of working mothers that do not exclusively breastfeed = 1-p (0.196) = 0.804

d= Margin of error = 0.05

$$n = \frac{(1.96^2 \times 0.196 \times 0.804)}{(0.05)^2}$$

n= 242.14 ≈ 242

10% of (n) was added to cater for non-response and improperly filled questionnaires.

Sample size + improperly filled questionnaire = 242 + 24.2 = 266.2 ≈ 266

3.4 SAMPLING TECHNIQUE

A multistory sampling technique was used to select eligible participants. It involved

Stage 1: Selection of hospital department

Based on the topic of research 'Assessment of Exclusive Breastfeeding Knowledge and practice among mothers assessing care in federal teaching hospital Ido Ekiti', the obstetrics and gynecological department, pediatrics and Immunization Centre were selected using purposive sampling technique.

Stage 2: Selection of respondents

Proportional allocation of questionnaires was done for each hospital department based on the sample size requires for the research. Respondents were selected using systematic random sampling technique.

3.5 DATA COLLECTION

This study was a cross-sectional study conducted among all pregnant and non-pregnant women attending ante-natal, postnatal, immunization and postnatal clinic at federal teaching hospital Ifaki road Ido Ekiti.

Participants of the study were recruited based on the study's inclusion criteria. The data collection instrument was a 53-item validated and semi-structured questionnaire administered to the target population physically.

3.6 INSTRUMENT FOR DATA COLLECTION

Instrument for data collection was a semi-structured questionnaire, designed in a simple and unambiguous language.

The questionnaire was used to obtain their knowledge about breastfeeding, whether or not they practice exclusive breastfeeding, and how breast feeding affects their personal life. The questionnaire has 4 sections:

Section A assessed the socio-demographic characteristics of respondents.

Section B assessed the respondents' knowledge on exclusive breastfeeding.

Sections C evaluated respondents' attitude towards breast feeding.

Sections D assessed respondents' practice of exclusive breast feeding.

Data quality was ensured by the adaptation of questions from previously conducted studies and adjustments made based on the target population. The questionnaire was pretested by 26 respondents which is 10% of the total sample size, before the actual data collection and changes were made based on users' feedback before final use in this study to improve clarity and user interface.

3.7 DATA MANAGEMENT PLAN

Data analysis was done using IBM Statistical packages for social sciences (SPSS) version 25.0. Discrete data will be presented as diagrams and proportions (percentages) while continuous variables that are normally distributed were expressed as means standard deviation. Knowledge and attitude were analyzed using the chi square statistics. The determinants of breastfeeding knowledge, attitude and practice were analyzed using Pearson's correlation coefficient. P value will be set at <0.05

3.8 ETHICAL CONSIDERATION

In accordance with the principles governing research involving participants, the researchers undertook the following steps to uphold respondents' ethical rights. Participants were offered adequate explanation about the study and the participation in the study was voluntary and both verbal and documented consent was obtained before the questionnaire administration began.

Those who are unwilling to participate were excluded from the study. The confidentiality of their anonymity was fully guaranteed as no names were recorded. The purpose and benefits of the research was explained to the respondents before the questionnaires was administered. The ethical clearance was obtained from Federal teaching hospital Ido-

Ekiti research ethics committee. Verbal consent of each willing participant was sought and obtained with confidentiality and anonymity assured

RESULTS

4.0 Introduction

This chapter describes the study's main findings. Two hundred and sixty-six respondents participated in the study. 266 questionnaires were distributed and retrieved. All retrieved questionnaires were sorted and found suitable for data analysis. The data was analysed, and the results were interpreted in line with the specific objectives and the hypotheses of the study.

Table 4.1
Socio-demographic characteristics of mothers accessing care in Federal
Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria.

Variable	Category	Frequency	Per cent
Age	< 20	7	2.6
	20–29	138	51.9
	30–39	119	44.7
	> 40	2	0.8
Religion	Christianity	223	83.8
	Muslim	33	12.4
	Traditional	6	2.3
	Others	4	1.5
Marital status	Single	42	15.8
	Married	220	82.7
	Divorced	2	0.8
	Separated	2	0.8
Last Childbirth	6 months	100	37.6
	1 year	106	39.8
	> 1year	60	22.6
Level of education	No formal education	8	3.0
	Primary	24	9.0
	Secondary	71	26.7
	Tertiary/postgraduate	163	61.3
Occupational status	Employed	215	80.8
	Unemployed	30	11.3
	Student	21	7.9
Type of employment	Civil servant	76	28.6
	Private sector	43	16.2
	Self-employed	94	35.3
	Others	2	0.8
	Not employed	51	19.2
	Total	266	100.0

Table shows more than half (51.9%) of the respondents were within 20–29 years old, while 44.7% were 30–39 years, 83.8% were Christians and 82.7% were married. Furthermore, 39.8% had their last childbirth one year ago, majority

(61.3%) had obtained tertiary education. Regarding their occupational status, 80.8% were already employed and 35.3% were self-employed.

Figure shows that 91% of the respondents had knowledge of exclusive breastfeeding.

Figure shows majority (85.7%) of the respondents' access information about breast feeding commonly from hospital, followed by friends and family (14.5%).

Table 4.2

Knowledge about exclusive breastfeeding (EBF) among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

Variable	Category	Frequency	Per cent
EBF is for the first 6 month?	Yes	250	94.0
	No	16	6.0
A baby's food for the first 6 months is/are?	Breast milk only	235	88.3
	Breast milk and formula	27	10.2
	Others	4	1.5
Do you give your baby any other liquids besides breast milk?	Yes	56	21.1
	No	210	78.9
EBF should be started immediately after birth?	Yes	258	97.0
	No	8	3.0
What did you do with the first milk?	Feed baby	242	91.0
	Discard	24	9.0
Breast feeding should be on demand?	Yes	213	80.1
	No	53	19.9
Does EBF protect a baby from illness?	Yes	257	96.6
	No	9	3.4
EBF is more beneficial than Infant formulae?	Yes	247	92.9
	No	19	7.2
Complementary feeding starts at age?	2 months	3	1.1
	4 months	15	5.6
	6 months	218	82.0
	8 months	30	11.3
Stored breast milk is still beneficial to baby?	Yes	144	54.1
	No	122	45.9
Breastfeeding given up to 2yrs of age?	Yes	147	55.3
	No	119	44.7
EBF provides some form of contraception to mothers?	Yes	200	75.2
	No	66	24.8
Drugs can be given to a newborn as mother deems fit?	Yes	59	22.2
	No	207	77.8
	Total	266	100.0

Table shows the knowledge of the respondents on EBF. Majority (94.0%) of the respondents were opined that EBF should be done for 6 months and also that only breast milk should be fed to the baby during the period. More than three-quarter (78.9%) reported not giving any other liquids to their baby besides breast milk, and 97.0% agreed that EBF should be commenced immediately after birth. Furthermore, 91% of the respondents reported that they fed their babies with the first milk they produced but 80.1% agreed that a baby should be fed on demand. Moreover, majority of the respondents agreed that EBF protect a baby from illness (96.6%), breastfeeding is more beneficial than the use of infant formula (92.9%), 6 months is the appropriate time to start complementary feeding (82.0%), and that EBF provides some form of contraception to mothers (75.2%). However, wrongfully belief that medication should not be given to new born.

Table 4.3
Attitude of mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria toward exclusive breastfeeding

Variable	Category	Frequency	Per cent
I think breastfeeding is good	Strongly disagree	30	11.3
	Neutral	3	1.1
	Agree	30	11.3
	Strongly agree	203	76.3
I prefer to breastfeed my child in the first 6 months of life	Strongly disagree	31	11.7
	Disagree	4	1.5
	Neutral	14	5.3
	Agree	44	16.5
	Strongly agree	173	65.0
A child can be given water/formula during EBF	Strongly disagree	114	42.9
	Disagree	76	28.6
	Neutral	31	11.7
	Agree	30	11.3
	Strongly agree	15	5.6
EBF is more demanding than infant formula	Strongly disagree	33	12.4
	Disagree	42	15.8
	Neutral	26	9.8
	Agree	76	28.6
	Strongly agree	89	33.5
A child is more satisfied after feeding with EBF or formula	Strongly disagree	21	7.9
	Disagree	21	7.9
	Neutral	59	22.2
	Agree	86	32.3
	Strongly agree	79	29.7
My community encourage EBF	Strongly disagree	11	4.1
	Disagree	8	3.0

Variable	Category	Frequency	Per cent
	Neutral	34	12.8
	Agree	113	42.5
	Strongly agree	100	37.6
Family and friends should support my decision to EBF for six months	Strongly disagree	7	2.6
	Neutral	15	5.6
	Agree	91	34.2
	Strongly agree	153	57.5
I will encourage other mothers to practice EBF	Strongly disagree	11	4.1
	Disagree	5	1.9
	Neutral	21	7.9
	Agree	89	33.5
	Strongly agree	140	52.6
	Total	266	100.0

Table shows majority of the respondents strongly agreed that breastfeeding is good (76.3%) and that they prefer breastfeeding their children in the first 6 months (65.0%). Majority of mother strongly agreed that the practice of EBF is more demanding than infant formula (negatively) and 42.9% strongly disagreed that a child can be given water/formula while breastfeeding exclusively. Moreover, majority agreed that their community encourage exclusive breastfeeding (42.5%) and about half (52.6%) of the respondents strongly agreed to encourage other mothers to practice EBF.

Table 4.3
b: Attitude of mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria towards exclusive breastfeeding

Variable	Category	Frequency	Per cent
Attitude of Respondents toward EBF	Positive attitude (> 50%)	174	65.4
	Negative attitude (< 50%)	92	34.6

Table shows more than (65.4%) of the respondents had positive attitudes toward EBF.

Table 4.4

Practice of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

Variable	Category	Frequency	Per cent
Currently breastfeeding?	Yes	197	74.1
	No	69	25.9
Duration of breastfeeding (n = 197)	1 week	14	7.1
	Within 2 months	40	20.3
	Within 6 months	84	42.6
	Within 1 year	47	23.9
	Breastfed in the last 2 years	12	6.1
Reason for not breastfeeding currently? (n = 69)	Baby is over 2years	13	18.8
	Baby is more than 1year	6	8.7
	No child	2	2.9
	Not producing breast milk	4	5.8
	I'm pregnant	40	58.0
	Recently stopped breastfeeding	2	2.9
	Work schedule	2	2.9
Practicing EBF?	Yes	170	63.9
	No	96	29.3
Duration of planned EBF? (N = 170)	Within 6 months	137	80.6
	Within 1 year	28	16.5
	Breastfed in the last 2 years	5	2.9
Have you given baby anything other than breast milk in the past 24 hours?	Yes	114	42.9
	No	152	57.1
Age of complementary feeding for your baby?	Within 6 months	102	38.3
	1 year	158	59.4
	2 years	6	2.3
When did you start giving your baby anything other than breast milk?	Within 6 months	142	53.4
	1 year	93	35.0
	2 years	7	2.6
	I haven't	24	9.0

Variable	Category	Frequency	Per cent
Use any pacifiers or bottles for feeding your baby?	Yes	71	26.7
	No	195	73.3
Buy supplements without doctors' prescription?	Yes	69	25.9
	No	197	74.1
Take adequate nutrients when breastfeeding?	Yes	251	94.4
	No	15	5.6
	Total	266	100.0

Table shows about three-quarter of the respondents were currently breastfeeding and 42.6% had breastfed for 6 months, while 40 (58%) of those not breastfeeding were currently pregnant. More than half (63.9%) reported practicing EBF, 80.6% of them plan to exclusively breastfeed their baby within 6 months, and 59.4% plan to introduce solid foods to their babies at 1 year. Furthermore, 57.1% reported not given their babies anything other than breast milk 24 hours prior their response to the questionnaire. Moreover, majority (73.3%) do not use any pacifiers or bottles for feeding their babies and 74.1% do not buy supplements without doctors' prescription. Majority (94.4%) of respondents take adequate nutrients when breastfeeding.

Table 4.5

Factors influencing the practice of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

Variable	Category	Frequency	Per cent
I received advice or support on breastfeeding from healthcare professionals?	Yes	166	62.4
	No	100	37.6
Have access to resources or support groups for breastfeeding mothers?	Yes	77	28.9
	No	189	71.1
I faced challenges while breastfeeding that I need help?	Yes	72	27.1
	No	194	72.9
Received leaflets or supplies that promote breast milk substitutes	Yes	72	27.1
	No	194	72.9
Experienced difficulties that made me consider stopping EBF?	Yes	76	28.6
	No	190	71.4
Support received from health care providers regarding breastfeeding?	None	100	37.6
	Adequate instruction on EBF	72	27.1
	Instruction not to use pacify bottles	10	3.8
	Health education	41	15.4
	Emotional support	22	8.3
	Support with child's provision	21	7.9
Any problem making breast milk while breastfeeding?	Yes	37	13.9
	No	229	86.1
Anything been done to resolve it? Any help from a doctor? (n = 37)	Yes	25	67.6
	No	12	32.4
Any challenges balancing work and breastfeeding?	Yes	88	33.1
	No	178	66.9
Breast feeding makes me feel out of shape?	Yes	75	28.2
	No	191	71.8
Breast feeding mothers should be entitled to 6 months maternity leave	Yes	252	94.7
	No	14	5.3
Breast feeding mothers should be entitled to more than 6 months maternity leave	Yes	194	72.9
	No	72	27.1

Variable	Category	Frequency	Per cent
	Total	266	100.0

Table shows that majority of the respondents have received supports from healthcare professionals (62.4%) and who support them mostly with adequate instruction on exclusive breastfeeding (27.1%). Majority of the respondents reported they neither have access to resources or support groups for breastfeeding mothers (71.1%) nor had they ever received any leaflets or supplies that promote breast milk substitutes (72.9%). Furthermore, only 13.9% reported to have problem making breast milk while breastfeeding. Moreover, 33.1% reported that they have challenges balancing work with breastfeeding while 28.2% reported that they feel out of shape because of breastfeeding

Table 4.6
Association between the socio-demographic characteristics of respondents and their knowledge of exclusive breastfeeding

Variable	Category	Do you know what Exclusive breastfeeding EBF is?			Total	χ^2	p-value
		Yes N (%)	No N (%)	I don't know N (%)			
Age	< 20	3(42.9)	2(28.6)	2(28.6)	7	32.881	< 0.001
	20–29	130(94.2)	8(5.8)	0(0)	138		
	30–39	108(90.8)	7(5.9)	4(3.4)	119		
	> 40	2(100)	0(0)	0(0)	2		
Religion	Christianity	208(93.3)	13(5.8)	2(0.9)	223	111.858	< 0.001
	Muslim	33(100)	0(0)	0(0)	33		
	Traditional	0(0)	4(66.7)	2(33.3)	6		
	Others	2(50.0)	0(0)	2(50.0)	4		
Marital status	Single	36(85.7)	4(9.5)	2(4.8)	42	90.746	< 0.001
	Married	205(93.2)	13(5.9)	2(0.9)	220		
	Divorced	2(100)	0(0)	0(0)	2		
	Separated	0(0)	0(0)	2(100)	2		
Last Child birth	6 months	89(89.0)	9(9.0)	2(2.0)	100	4.75	0.314
	1 year	96(90.6)	6(5.7)	4(3.8)	106		
	> 1 year	58(96.7)	2(3.3)	0(0)	60		
Level of education	No formal education	5(62.5)	3(37.5)	0(0)	8	53.824	< 0.001
	Primary	14(58.3)	8(33.3)	2(8.3)	24		
	Secondary	67(94.4)	2(2.8)	2(2.8)	71		
	Tertiary/postgraduate	157(96.3)	4(2.5)	2(1.2)	163		
Occupational status	Employed	202(94.0)	9(4.2)	4(1.9)	215	29.246	< 0.001
	Unemployed	22(73.3)	8(26.7)	0(0)	30		
	Student	19(90.5)	0(0)	2(9.5)	21		
Type of employment	Civil servant	74(97.4)	2(2.6)	0(0)	76	13.569	0.094
	Private sector	39(90.7)	2(4.7)	2(4.7)	43		
	Self-employed	87(92.6)	5(5.3)	2(2.1)	94		

Others	2(100)	0(0)	0(0)	2
Not employed	41(80.4)	8(15.7)	2(3.9)	51

Table 4.6 shows that there is significant association between knowledge of exclusive breastfeeding and the age, religion, marital status, level of education and occupational status (each with p -value = < 0.001). Respondents older than 20 years were more likely to be aware of EBF than those less than 20 years. Respondents of Muslim faith are more likely to be knowledgeable about EBF compared those Christians. Married respondents are more aware of EBF than single once. The higher the level of respondents education the higher there knowledge; those with secondary and tertiary level of education were more aware of EBF than those without formal education or primary level of education. Employed mothers are more aware of EBF compared to unemployed mothers

Table 4.7

Association between the socio-demographic characteristics of respondents and their attitude toward exclusive breastfeeding

Variable	Category	Attitude toward EBF		Total	χ^2	p-value
		Positive attitude (> 50%)	Negative attitude (< 50%)			
Age	< 20	2(28.6)	5(71.4)	7	5.829	0.120
	20–29	94(68.1)	44(31.9)	138		
	30–39	76(63.9)	43(36.1)	119		
	> 40	2(100)	0(0)	2		
Religion	Christianity	150(67.3)	73(32.7)	223	2.485	0.478
	Muslim	18(54.5)	15(45.5)	33		
	Traditional	4(66.7)	2(33.3)	6		
	Others	2(50.0)	2(50.0)	4		
Marital status	Single	27(64.3)	15(35.7)	42	4.888	0.180
	Married	145(65.9)	75(34.1)	220		
	Divorced	2(100.0)	0(0)	2		
	Separated	0(0)	2(100)	2		
Last Child birth	6 months	69(69.0)	31(31.0)	100	8.384	0.015
	1 year	59(55.7)	47(44.3)	106		
	> 1 year	46(76.7)	14(23.3)	60		
Level of education	No formal education	6(75.0)	2(25.0)	8	3.277	0.351
	Primary	18(75.0)	6(25.0)	24		
	Secondary	50(70.4)	21(29.6)	71		
	Tertiary/postgraduate	100(61.3)	63(38.7)	163		
Occupational status	Employed	141(65.6)	74(34.4)	215	0.917	0.632
	Unemployed	21(70.0)	9(30.0)	30		
	Student	12(57.1)	9(42.9)	21		
Type of employment	Civil servant	45(59.2)	31(40.8)	76	6.02	0.198
	Private sector	25(58.1)	18(41.9)	43		
	Self-employed	69(73.4)	25(26.6)	94		
	Others	2(100)	0(0)	2		
	Not employed	33(64.7)	18(35.3)	51		
Aware of EBF ?	Yes	157(64.6)	86(35.4)	243	0.992	0.609

No	13(76.5)	4(23.5)	17
I don't know	4(66.7)	2(33.3)	6

Table 4.7 shows that there is significant association between respondents' attitude toward exclusive breastfeeding and their last child birth (p -value = 0.015). Respondents whose last child was more than a year (76.7%) or 6months (69.0%) were likely to have positive attitude towards EBF compared to those whose last child (55.7%) was 1 year.

Table 4.8
Association between the socio-demographic characteristics of respondents and their practice of EBF

Variable	Category	Are you exclusively breast feeding		Total	χ^2	p-value
		Yes	No			
Age	< 20	4(57.1)	3(42.9)	7	10.703	0.013
	20–29	79(57.2)	59(42.8)	138		
	30–39	87(73.1)	32(26.9)	119		
	> 40	0(0)	2(100)	2		
Religion	Christianity	140(62.8)	83(37.2)	223	6.058	0.109
	Muslim	26(78.8)	7(21.2)	33		
	Traditional	2(33.3)	4(66.7)	6		
	Others	2(50.0)	2(50.0)	4		
Marital status	Single	24(57.1)	18(42.9)	42	3.131	0.372
	Married	142(64.5)	78(35.5)	220		
	Divorced	2(100)	0(0)	2		
	Separated	2(100)	0(0)	2		
Last Child birth	6 months	57(57.0)	43(43.0)	100	3.843	0.146
	1 year	70(66.0)	36(34.0)	106		
	> 1year	43(71.7)	17(28.3)	60		
Level of education	No formal education	6(75.0)	2(25.0)	8	1.29	0.731
	Primary	16(66.7)	8(33.3)	24		
	Secondary	42(59.2)	29(40.8)	71		
	Tertiary/postgraduate	106(65.0)	57(35.0)	163		
Occupational status	Employed	130(60.5)	85(39.5)	215	8.014	0.018
	Unemployed	21(70.0)	9(30.0)	30		
	Student	19(90.5)	2(9.5)	21		
Type of employment	Civil servant	49(64.5)	27(35.5)	76	8.213	0.084
	Private sector	24(55.8)	19(44.2)	43		
	Self-employed	55(58.5)	39(41.5)	94		
	Others	2(100)	0(0)	2		
	Not employed	40(78.4)	11(21.6)	51		
Aware of EBF ?	Yes	159(65.4)	84(34.6)	243	12.404	0.002
	No	5(29.4)	12(70.6)	17		

	I don't know	6(100)	0(0)	6		
Attitude toward EBF	Positive attitude (> 50%)	107(61.5)	67(38.5)	174	1.273	0.259
	Poor attitude (< 50%)	63(68.5)	29(31.5)	92		

Table 4.8 shows that there is significant association between practice of EBF and the age (p -value = 0.013), occupational status (p -value = 0.018). Also, there was a significant association between the knowledge of EBF and their practice (p -value = 0.002). Respondents aged 30–39 years were more likely practiced EBF than those less than 20 years or 40 years or more. Unemployed or students practiced EBF than those that are employed. Those who are aware of EBF were likely to practice EBF than those that lacked the awareness of EBF.

DISCUSSION

Breastfeeding continues to be the easiest, healthiest, and most affordable way to meet an infant's nutritional demands for almost all babies. Even though exclusive breastfeeding (EBF) is well supported by research, its prevalence has not increased globally during the first six months of life. The aim of this study is to explore the knowledge, attitude and practice of women regarding exclusive breastfeeding.

This present study indicates that 51.9% of respondents were aged 20-29 years, which aligns with findings from other studies where younger mothers are prevalent. For instance, a study conducted in Ethiopia reported that 54.5% of mothers were aged 24 years or younger.⁶¹ This similarity suggests a trend where younger mothers are more likely to participate in studies related to maternal and child health. In terms of marital status, current study shows that 82.7% of respondents were married, which is consistent with findings from a study in Nigeria where 94.8% of mothers were married.⁶² This high percentage of married respondents across studies may indicate cultural norms that favour marriage before childbirth, particularly in African contexts.

Regarding educational attainment, present study reports that 61.3% of respondents had tertiary education. This is comparable to a study in Kenya, where 64.3% of mothers had secondary education or higher.⁶³ However, it contrasts with findings from another study in Bangladesh, where only 29.1% of mothers had completed secondary education.⁶⁴ The differences in educational levels may reflect varying access to education based on geographic and socioeconomic factors. Also, this study also highlights that 80.8% of respondents were employed, with 35.3% self-employed. This is significantly higher than the 31.7% employment rate reported in a study from Ethiopia.⁶⁰ The higher employment rate in our study could be attributed to better economic conditions or more opportunities for women in our study's region. Furthermore, the finding that 39.8% of respondents had their last childbirth within the past year is noteworthy. In contrast, a study in Nigeria found that 47.1% of mothers had given birth to two or more children.⁶¹ This difference may indicate variations in family planning practices and reproductive health education across different regions.

Knowledge of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

Findings from this study showing that 91% of respondents had knowledge of exclusive breastfeeding aligns closely with a study conducted in Lagos State, Nigeria, which reported 100% awareness, suggesting generally high knowledge across populations.⁶⁵ However, it's higher than the study conducted in rural areas of Brobo (Côte d'Ivoire), which reported that only 45.9% of mothers were informed about exclusive breastfeeding.⁶⁶ Also, this variation could be due

to differences in education, health care access, or public health campaigns. It's important to note that high knowledge does not always equate to correct understanding or practice. A study conducted in Chamo town, Jigawa State, Nigeria, found that while 65.7% of mothers claimed knowledge, only 40.5% could correctly define exclusive breastfeeding.⁶⁷ Similarly, it was observed in the study conducted in Abu Dhabi that good knowledge scores didn't necessarily translate to optimal breastfeeding practices.⁶⁸

The finding that hospitals were the primary source of information (85.7%) in current study is consistent with several studies emphasizing the importance of healthcare providers in disseminating EBF knowledge. A study conducted in the rural areas of Brobo found that 75% of mothers received information during Behaviour Change Communication sessions at health centers.⁶⁵ Similarly, it was reported in the study conducted in Abu Dhabi that 51.6% of mothers acquired breastfeeding knowledge from physicians.⁶⁸ However, the percentage report for hospital sources (85.7%) is higher than most other studies. For example, a study conducted in Nigeria found that 55.8% of mothers cited hospitals as their source of information.⁶⁷ This difference could reflect variations in healthcare systems or the effectiveness of hospital-based breastfeeding education programs across different regions.

This study also finds that friends and family were the second most common source (14.5%) which is lower than that reported in the study conducted in Abu Dhabi, where 42.2% of mothers acquired knowledge from friends.⁶⁸ This difference might indicate variations in cultural norms or the strength of community-based knowledge sharing across different populations.

This study's finding that 94.0% of respondents knew EBF should be done for 6 months aligns closely with some studies. For instance, the study conducted in East Africa reported that 95.9% of mothers knew EBF should be practiced for at least six months.⁶⁹ However, it's higher than findings from the study done in Abu Dhabi, found that only 33.9% of mothers knew children should receive breast milk until at least 24 months of age.⁶⁸ Also, result showing 97.0% of mothers agreed that EBF should start immediately after birth is higher than the study conducted in East Africa, where it was found that 86.0% of mothers knew breast milk should be started immediately after birth within an hour.⁶⁹ This difference could reflect variations in education or healthcare practices across regions.

The finding that 91% of respondents fed their baby with the first milk they produced which contains colostrum vital for the immunity of new born, consistent with the study conducted in Côte d'Ivoire which reported that 80% of mothers recognized colostrum as the ideal first food for newborns.⁶⁵ Moreover, the results of present study showing high agreement on the benefits of EBF (96.6% for protection against illness, 92.9% for superiority over formula) align with findings from the study in Abu Dhabi where it was reported that 96.1% of mothers knew breast milk is superior to formula milk in fulfilling a child's dietary requirements.⁶⁷ In addition, the finding that 82.0% knew 6 months is the appropriate time to start complementary feeding is higher than the 41.5% reported in the study conducted in East Africa.⁶⁸

Attitudes of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

Current study's findings on attitudes towards EBF reveal a generally positive perspective among respondents. Specifically, 76.3% strongly agreed that breastfeeding is beneficial, and 65.0% preferred to breastfeed exclusively for the first six months. This aligns with the study conducted in East Africa, which reported that a significant majority of mothers recognized the importance of EBF.⁶⁸ However, 33.5% strongly agreed that EBF is more demanding than feeding babies with breast feeding substitutes like infant formula in present study, this is lower than that reported in a

study conducted in Nigeria, indicating a potential difference in perceived challenges associated with breastfeeding and probably the inconvenience working mothers face in trying to breast feed at workplace that do not promote EBF.⁶⁶

Moreover, while 42.5% of mothers in this study felt that their community encourages EBF, this figure is lower than that reported in a study conducted in East Africa, suggesting variability in community support for breastfeeding practices.⁶⁸ However, more than half (52.6%) of respondents expressed a willingness to encourage other mothers to practice EBF, reflecting a proactive attitude towards promoting breastfeeding, which is crucial for enhancing community practices.

Practice of exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

In this study, approximately 63.9% of respondents reported practicing EBF, which is notably higher than the 33.3% reported in a similar study in Abu Dhabi.⁸ This suggests a positive trend in adherence to exclusive breastfeeding guidelines among your respondents. Also, our findings indicate that 80.6% of mothers plan to continue exclusive breastfeeding within the next six months, aligning with the study conducted in East Africa, which reported high intentions for EBF.⁹ Furthermore, 57.1% of our mothers in present study reported not giving their infants anything other than breast milk in the 24 hours prior to the survey, reflecting a strong commitment to EBF, consistent with recommendations from the World Health Organization (WHO).

In terms of introducing solid foods know, 59.4% of mothers in present study planned to or commenced complementary feeding at six months, which is in line with findings from a study conducted in Nigeria, indicating a common practice among mothers.⁶⁶ Additionally, the avoidance of pacifiers and bottles, reported by 73.3% of the respondents, supports breastfeeding recommendations, as noted in a study conducted in by Abha city.⁶⁹ Furthermore, present study also reveals that 74.1% of mothers did not purchase supplements without a doctor's prescription, indicating a cautious approach to infant nutrition, which is crucial for ensuring the health of breastfeeding infants.⁶⁸ Notably, 94.4% of mothers reported adequate nutrient intake while breastfeeding, which is essential for both maternal and infant health as noted in a study in Ethiopia.⁶⁷

Factors influencing exclusive breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

This study's findings indicate that a significant majority (62.4%) of mothers received support from healthcare professionals, with 27.1% reporting adequate instruction on exclusive breastfeeding. This was similar to a study in Nigeria⁶⁶, which emphasizes the critical role of healthcare providers in promoting breastfeeding practices. However, current study highlights a concerning lack of access to resources and support groups, with 71.1% of mothers indicating not having access to such support. This is echoed in a study conducted in Côte d'Ivoire, which suggests that inadequate support systems significantly hinder breastfeeding practices.⁶⁵

Moreover, while only 13.9% of the respondents in this study reported issues with milk production, a substantial number faced challenges balancing work and breastfeeding (33.1%) and felt out of shape due to breastfeeding (28.2%). This reflects findings from other studies that identify work-related barriers as a significant factor affecting breastfeeding practices.⁶² The perception of insufficient milk supply is a common concern among mothers, often leading to early weaning, as reported in a study conducted in India.⁷¹ Addressing the issue of breast milk production be factored into antenatal care (ANC) programmes to end encourage EBF and breastfeeding in general among different spectrums of mothers.

The present study findings indicate that a significant association exist between knowledge of EBF and various socio-demographic factors including: age 21-29 years, Islamic religion, married mothers, higher level of education, and employed mothers where significantly associated with higher level of awareness, align closely with existing literature. For instance, a study conducted in Nigeria found that educational background significantly predicted the intention to practice EBF, reiterating results of current study.⁶⁰ Similarly, the research conducted in Northwest Ethiopia supports the notion that maternal education and knowledge are crucial in determining breastfeeding practices, as they found a strong correlation between knowledge levels and EBF rates.⁷⁰

Moreover, current study results resonate with findings from a study in Nigeria, which reported that mothers with higher educational attainment were more likely to practice exclusive breastfeeding.⁷¹ This is consistent with the observation from this study that educational level significantly influences knowledge and practice of exclusive breastfeeding. Additionally, the significant association of marital status with exclusive breastfeeding practices, as noted in this study, is corroborated by research conducted in Abu Dhabi indicating that married women are more likely to receive support and resources conducive to breastfeeding.⁶⁷

Furthermore, the influence of age on breastfeeding practices is well-documented. This study's findings that younger mothers exhibit different knowledge levels compared to older mothers align with the study in Abu Dhabi showing that maternal age impacts breastfeeding knowledge and practices.⁶⁶ This suggests that targeted educational interventions could be beneficial, particularly for younger mothers.

The current study observed a significant association between respondents' attitudes toward EBF and their last childbirth. This finding aligns with broader research that emphasizes the importance of maternal attitudes in influencing breastfeeding practices. For instance, a study in Abu Dhabi found that mothers with a positive attitude towards exclusive breastfeeding were significantly more likely to practice it.⁶⁷ Moreover, present study findings, highlight the role of maternal knowledge and education in shaping attitudes towards breastfeeding. A study conducted in Nigeria reported that educated mothers tend to have better intentions to practice exclusive breastfeeding⁷², which is supported by the significant relationship found in the present study. This suggests that enhancing maternal education and addressing cultural beliefs could further improve breastfeeding practices.

Top of Form
Bottom of Form

This study's findings indicate a significant association between the practice of EBF with both age and occupational status. Mothers between age 30-39 years tends to practice EBF those less than 30 years. Furthermore, unemployed mothers or students are more likely to practice EBF than employed once. This aligns with the study conducted in Abu Dhabi, which emphasizes the influence of socio-demographic factors on breastfeeding practices.⁶⁷ Their research found that maternal age and employment status significantly impacted EBF rates, suggesting that older and unemployed mothers are more likely to practice EBF.

Moreover, our study highlights a significant association between knowledge of EBF and its practice. About two-third (65.0%) of mothers who are aware of EBF practices it compared to only 29.4% those who were not aware of EBF. This finding is supported by a conducted in Nigeria, which reported that mothers with better knowledge of breastfeeding were more likely to engage in EBF practices.⁷² This correlation underscores the critical role of maternal education and awareness in promoting effective breastfeeding behaviours. Additionally, a study conducted in Indian found that socio-economic factors, including education and income, significantly influenced breastfeeding practices.⁷¹ Their study reported that mothers with higher educational attainment were more likely to practice EBF, reinforcing the importance of targeted educational interventions.

LIMITATIONS OF STUDY

1. The reliance on self-reported data may introduce bias, as respondents might overstate their knowledge and practices of EBF due to social desirability or recall bias, leading to inflated perceptions of EBF adherence.
2. The cross-sectional nature of the study does not allow for conclusions about causality.
3. The lack of qualitative data means that delve into experiences and challenges faced by mothers in practicing EBF were not fully explored. This could result in an incomplete understanding of the barriers to EBF, such as workplace policies or cultural attitudes, which may require more in-depth investigation to inform effective interventions.

CONCLUSION AND RECOMMENDATION

6.1. CONCLUSION

The findings from the study on exclusive breastfeeding (EBF) among working mothers in Ido Ekiti highlight a commendable level of knowledge and positive attitudes towards EBF practices. Majority (91%) of mothers were aware of EBF and 63.9% currently practicing it. Study indicates mothers are largely informed about the benefits of exclusive breastfeeding for the first six months.

A significant association was observed between respondents' age, education, and marital status—and both knowledge and practice of EBF suggest that targeted educational interventions could further enhance EBF rates among specific demographic groups. Additionally, the study revealed that a majority of mothers expressed a strong preference for breastfeeding, indicating a cultural inclination towards EBF despite the challenges they face.

Moreover, the research identified key factors influencing EBF practices, including the level of support from healthcare professionals and the availability of resources. While many mothers received adequate instruction on breastfeeding, a notable percentage lacked access to support groups and resources, which could hinder their ability to maintain EBF. The challenges of balancing work and breastfeeding were also significant, with many mothers feeling the strain of these dual responsibilities. Despite these obstacles, the positive attitudes towards EBF, as evidenced by the high percentage of mothers willing to encourage others to practice it, suggest that with improved support systems and resources, the practice of exclusive breastfeeding can be further promoted among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria.

6.2. RECOMMENDATIONS

The study on exclusive breastfeeding (EBF) among working mothers in Ido Ekiti provides several recommendations aimed at improving EBF practices:

1. It is essential to enhance educational programs targeting working mothers to increase their knowledge and awareness of EBF benefits. Given that a significant portion of respondents demonstrated a good understanding of EBF, tailored educational interventions could further reinforce this knowledge and address any misconceptions, particularly among younger and less educated mothers.
2. The establishment of support groups and resources for breastfeeding mothers is crucial. The study revealed that many respondents lacked access to such support, which could hinder their ability to practice EBF effectively. Creating community-based support networks and providing resources, such as informational leaflets and access to lactation consultants, could empower mothers and help them navigate the challenges of breastfeeding while balancing work commitments.

3. Workplace policies should be reviewed and improved to accommodate breastfeeding mothers. The findings indicated that many mothers faced challenges in balancing work and breastfeeding, suggesting that employers could implement more supportive policies, such as flexible work hours and designated breastfeeding areas. These changes would create a more conducive environment for mothers to practice EBF without compromising their professional responsibilities.
4. Ongoing training for healthcare professionals is recommended to ensure they provide adequate support and guidance to breastfeeding mothers. The study highlighted that while many mothers received support from healthcare providers, there is still room for improvement in the quality and consistency of this support. Regular training sessions could equip healthcare professionals with the latest information and strategies to assist mothers effectively, thereby promoting better breastfeeding practices within the community.

Declarations

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References

1. [Breast milk: its nutritional composition and functional properties] [Internet]. PubMed. 2012. Available from: <https://pubmed.ncbi.nlm.nih.gov/23091936/>
2. Brodribb W. It is more than “Breast is Best”—Promoting breastfeeding in the modern world. *Breastfeeding Medicine* [Internet]. 2015 Feb 1;10(1):73. Available from: <https://pubmed.ncbi.nlm.nih.gov/25536297/>
3. World Health Organization: WHO. Breastfeeding [Internet]. 2019. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_1
4. OLCreat: HEAT_NU_ET_1.0 Nutrition: 4. Infant and Young Child Feeding: 4.6 Benefits of breastfeeding for the community | OLCreat [Internet]. Available from: <https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=317&ion=1.8>
5. Five great benefits of breastfeeding [Internet]. Centers for Disease Control and Prevention. 2023. Available from: <https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html#:~:text=Breastfed%20babies%20have%20a%20lower,the%20mother%20with%20her%20baby.>

6. Del Ciampo LA, Del Ciampo IRL. Breastfeeding and the benefits of lactation for women's health. *Revista Brasileira De Ginecologia E Obstetrícia* [Internet]. 2018 Jun 1;40(06):354–9. Available from: <https://www.scielo.br/j/rbgo/a/5MnxQ6xkQfsJfwhNZ5JccTf/>
7. Mgongo M, Mosha M, Uriyo J, Msuya SE, Stray-Pedersen B. Prevalence and predictors of exclusive breastfeeding among women in Kilimanjaro region, Northern Tanzania: a population based cross-sectional study. *International Breastfeeding Journal - Electronic Edition* - [Internet]. 2013 Oct 9;8(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/24107593/>
8. World Health Organization. Infant and young child feeding. Geneva: World Health Organization; 2018. <https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding>. Accessed 6th February 2020.
9. Isaaka AI, Agho KE, Renzaho AMN. Prevalence of key breastfeeding indicators in 29 sub-Saharan African countries: a meta-analysis of demographic and health surveys (2010–2015). *BMJ Open*. 2017; 7(10): e014145. doi:10.1136/bmjopen-2016-014145
10. Oyelana O, Kamanzi J, Richter S. A critical look at exclusive breastfeeding in Africa: Through the lens of diffusion of innovation theory. *International Journal of Africa Nursing Sciences* [Internet]. 2021 Jan 1;14:100267. Available from: <https://www.sciencedirect.com/science/article/pii/S221413912030144X>
11. Ogbo FA, Okoro A, Olusanya BO, Olusanya JO, Ifegwu IK, Awosemo AO, et al. Diarrhoea deaths and disability-adjusted life years attributable to suboptimal breastfeeding practices in Nigeria: findings from the global burden of disease study 2016. *International Breastfeeding Journal - Electronic Edition* - [Internet]. 2019 Jan 9;14(1). Available from: <https://doi.org/10.1186/s13006-019-0198-9>
12. Baby-Friendly Hospital Initiative [Internet]. UNICEF. Available from: <https://www.unicef.org/documents/baby-friendly-hospital-initiative>
13. Engebretsen IMS, Nankabirwa V, Doherty T, Diallo AH, Nankunda J, Fadnes LT, et al. Early infant feeding practices in three African countries: the PROMISE-EBF trial promoting exclusive breastfeeding by peer counsellors. *International Breastfeeding Journal - Electronic Edition* - [Internet]. 2014 Nov 18;9(1). Available from: <https://doi.org/10.1186/1746-4358-9-19>
14. Dukuzumuremyi JPC, Acheampong K, Abesig J, Luo J. Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review. *International Breastfeeding Journal - Electronic Edition* - [Internet]. 2020 Aug 14;15(1). Available from: <https://doi.org/10.1186/s13006-020-00313-9>
15. Oche M.O., Umar A.S. and Ahmed H., "Knowledge and practice of exclusive breastfeeding in Kware, Nigeria". Makerere Medical School, Uganda. *African Health Sciences*. Retrieved May 30, 2018
16. Alison, S., "The risk of not breastfeeding for mothers and infants". *Reviews in Obstetrics and Gynecology*, (2009) 4, 222-231.
17. Danso, J., "Examining the practice of exclusive breastfeeding among professional working motere in Kumasi Metropolis Of Ghana". *International Journal of Nursing* , 1, 1-5. (2014)
18. Hossain, M, Islam, A, Kamarul, T, and Hossain, G. Exclusive breastfeeding practice during first six months of an infant's life in Bangladesh: a country based cross-sectional study. *BMC Pediatr*. (2018) 18:93–9. doi: 10.1186/s12887-018-1076-0
19. Altamimi E, Al Nsour R, Al dalaen D, Almajali N. Knowledge, Attitude, and Practice of Breastfeeding Among Working Mothers in South Jordan. *Workplace Health & Safety*. 2017;65(5):210-218. doi:10.1177/2165079916665395
20. Oche MO, Umar AS, Ahmed H. Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. *Afr Health Sci*. 2011 Sep;11(3):518-23. PMID: 22275948; PMCID: PMC3261014.

21. Sibogun, O.O., Olufunlayo, T.F. & Oyibo, S.O. Knowledge, attitude and support for exclusive breastfeeding among bankers in Mainland Local Government in Lagos State, Nigeria. *Int Breastfeed J* **13**, 38 (2018).
<https://doi.org/10.1186/s13006-018-0182-9>
22. Balogun MR, Okpalugo OA, Ogunyemi AO, Sekoni AO. Knowledge, Attitude, and Practice of Breastfeeding: A Comparative Study of Mothers in Urban and Rural Communities of Lagos, Southwest Nigeria. *Niger Med J*. 2017 Jul-Aug;58(4):123-130. doi: 10.4103/nmj.NMJ_289_16. PMID: 31057204; PMCID: PMC6496978.
23. Adebawale, T. (1991) Attitude of Some Working Mothers Toward Breastfeeding in Oyo State. Unpublished M.Ed Dissertation. University of Ibadan....
24. Elmougy AM, Matter MK, Shalaby NM, El-Regal ME, Abu Ali WH, Aldossary SS, et al. Knowledge, attitude and practice of breastfeeding among working and non-working mothers in Saudi Arabia. *Egypt J Occup Med*. 2018;42(1):133–50. <https://doi.org/10.21608/ejom.2018.4944>.
25. Ojong Idang Neji, Chiotu Catherine Nkemdilim, Nlumanze Faith Ferdinand. Factors Influencing the Practice of Exclusive Breastfeeding among Mothers in Tertiary Health Facility in Calabar, Cross River State, Nigeria. *American Journal of Nursing Science*. Vol. 4, No. 1, 2015, pp. 16-21. doi: 10.11648/j.ajns.20150401.13
26. Sabin A, Manzur F, Adil S. Exclusive breastfeeding practices in working women of Pakistan: A cross sectional study. *Pak J Med Sci*. 2017 Sep-Oct;33(5):1148-1155. doi: 10.12669/pjms.335.12827. PMID: 29142555; PMCID: PMC5673724.
27. Omuemu VO, Adamu SA. Assessment of breastfeeding knowledge and practices among working mothers in the federal capital territory Nigeria. *Int J Community Med Public Health* 2019;6:20-9.
28. Gebrekidan K, Fooladi E, Plummer V, Hall H. Enablers and barriers of exclusive breastfeeding among employed women in low and lower middle-income countries. *Sex Reprod Healthc*. 2020 Oct;25:100514. doi: 10.1016/j.srhc.2020.100514. Epub 2020 Apr 17. PMID: 32315815.
29. Chen J, Xin T, Gaoshan J, Li Q, Zou K, Tan S, Cheng Y, Liu Y, Chen J, Wang H, Mu Y, Jiang L, Tang K. The association between work related factors and breastfeeding practices among Chinese working mothers: a mixed-method approach. *Int Breastfeed J*. 2019 Jun 27;14:28. doi: 10.1186/s13006-019-0223-z. PMID: 31297138; PMCID: PMC6598252.
30. **Steurer, L.M.** (2017), Maternity Leave Length and Workplace Policies' Impact on the Sustainment of Breastfeeding: Global Perspectives. *Public Health Nurs*, 34: 286-294. <https://doi.org/10.1111/phn.12321>
31. **Navarro-Rosenblatt D, Garmendia ML.** Maternity Leave and Its Impact on Breastfeeding: A Review of the Literature. *Breastfeed Med*. 2018 Nov;13(9):589-597. doi: 10.1089/bfm.2018.0132. Epub 2018 Sep 25. PMID: 30256125.
32. Monteiro FR, Buccini GDS, Venâncio SI, da Costa THM. Influence of maternity leave on exclusive breastfeeding. *J Pediatr (Rio J)*. 2017 Sep-Oct;93(5):475-481. doi: 10.1016/j.jped.2016.11.016. Epub 2017 Jul 21. PMID: 28734689.
33. Gebrekidan K, Plummer V, Fooladi E, Hall H. Attitudes and experiences of employed women when combining exclusive breastfeeding and work: A qualitative study among office workers in Northern Ethiopia. *Matern Child Nutr*. 2021 Oct;17(4):e13190. doi: 10.1111/mcn.13190. Epub 2021 Apr 8. PMID: 33830656; PMCID: PMC8476428.
34. Jantzer AM, Anderson J, Kuehl RA. Breastfeeding Support in the Workplace: The Relationships Among Breastfeeding Support, Work-Life Balance, and Job Satisfaction. *J Hum Lact*. 2018 May;34(2):379-385. doi: 10.1177/0890334417707956. Epub 2017 Jun 13. PMID: 28609215
35. Scott VC, Taylor YJ, Basquin C, Venkitesubramanian K. Impact of Key Workplace Breastfeeding Support Characteristics on Job Satisfaction, Breastfeeding Duration, and Exclusive Breastfeeding Among Health Care

- Employees. *Breastfeed Med*. 2019 Jul/Aug;14(6):416-423. doi: 10.1089/bfm.2018.0202. Epub 2019 Apr 17. PMID: 30994382.
36. Ickes SB, Sanders H, Denno DM, Myhre JA, Kinyua J, Singa B, Lemein HS, Iannotti LL, Farquhar C, Walson JL, Nduati R. Exclusive breastfeeding among working mothers in Kenya: Perspectives from women, families and employers. *Matern Child Nutr*. 2021 Oct;17(4):e13194. doi: 10.1111/mcn.13194. Epub 2021 May 5. PMID: 33949782; PMCID: PMC8476403.
 37. Vilar-Compte M, Hernández-Cordero S, Ancira-Moreno M, Burrola-Méndez S, Ferre-Eguiluz I, Omaña I et al. et al. Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women. *Int J Equity Health* 2021; 20: 110
 38. UNICEF, W., Global Breastfeeding Score Card, 2019. 2020, WHO & UNICEF: Geneva/ New York.
 39. Abegunde D, Hutchinson P, Anaba U, Oyedokun-Adebagbo F, Johansson EW, Feyisetan B, et al. Socioeconomic inequality in exclusive breastfeed-ing behavior and ideation factors for social behavioral change in three north-western Nigerian states: a cross sectional study. *Int J Equity Health* 2021; 20 (1): 172
 40. Vilar-Compte M, Pérez-Escamilla R, Ruano A.L. Interventions and policy approaches to promote equity in breastfeeding. *Int J Equity Health* 2022; 21: 63 <https://doi.org/10.1186/s12939-022-01670-z>
 41. Chaparro CM, Lutter CK. Increases in breastfeeding duration observed in Latin America and the Caribbean and the role of maternal demographic and healthcare characteristics. *Food Nutr Bull*. 2010; 31 (2_suppl2):S117–S27
 42. Office IL. World employment and social outlook: trends 2015. Geneva: International Labour Organization; 2015
 43. Baxter J (2013) Parents Working Out Work (Australian Family Trends No. 1). Melbourne: Australian Institute of Family Studies.
 44. The Bureau of the Census for the Bureau of Labor Statistics (2015) Annual Social and Economic Supplement, March 1975–2015. Washington: U.S. Census Bureau.
 45. Office for National Statistics (2017) Families and the Labour Market, England: 2017. London: Office for National Statistics.
 46. Hossain M, Islam A, Kamarul T et al. (2018) Exclusive breastfeeding practice during first six months of an infant's life in Bangladesh: a country based cross-sectional study. *BMC Pediatr* 18, 93.
 47. Lee S, Bai YK & Soo-Bin Y (2018) Ecological factors influencing breastfeeding decisions among Korean immigrant mothers in America. *J Child Family Stud* 27, 928–943.
 48. Baxter J, Cooklin AR & Smith J (2009) Which mothers wean their babies prematurely from full breastfeeding? An Australian cohort study. *Acta Paediatr Int J Paediatr* 98, 1274–1277.
 49. Villar M, Santa-Marina L, Murcia M et al. (2018) Social factors associated with non-initiation and cessation of predominant breastfeeding in a mother-child cohort in Spain. *Matern Child Health J* 22, 725–734.
 50. Aitken Z, Garrett CC, Hewitt B, Keogh L, Hocking JS, Kavanagh AM. The maternal health outcomes of paid maternity leave: a systematic review. *Soc Sci Med*. 2015;130:32–41.
 51. Arora S, McJunkin C, Wehrer J et al. (2000) Major factors influencing breastfeeding rates: mother's perception of father's attitude and milk supply. *Pediatrics* 106, E67.
 52. Bar-Yam NB & Darby L (1997) Fathers and breastfeeding: a review of the literature. *J Human Lact* 13, 45–50.
 53. Pisacane A, Continisio GI, Aldinucci M et al. (2005) A controlled trial of the father's role in breastfeeding promotion. *Pediatrics* 116, 1008.
 54. Rempel LA & Rempel JK (2004) Partner influence on health behavior decision-making: increasing breastfeeding duration. *J Soc Pers Relat* 21, 92–111.

55. Kobayashi M & Usui E (2017) Breastfeeding practices and parental employment in Japan. *Rev Econ Househ* 15, 579–596.
56. Vilar-Compte M, Hernández-Cordero S, Ancira-Moreno M, Burrola-Méndez S, Ferre-Eguiluz I, Omaña I et al.
57. Wikipedia contributors. Ekiti state [Internet]. Wikipedia. 2024. Available from: https://en.m.wikipedia.org/wiki/Ekiti_State
58. BRIEF BACKGROUND – Federal Teaching Hospital Ido-Ekiti [Internet]. Available from: <https://fethi.gov.ng/brief-background/>
59. Omoge, Adeyemi & Abioye, Ruth & Ajao, Olawumi & Olatunji, Blessing & Kemi, Emiola & Olamide, Toromo & Dada, Adedapo. (2023). FACTORS AFFECTING EXCLUSIVE BREASTFEEDING PRACTICES AMONG WORKING CLASS WOMEN ATTENDING ANTENATAL CLINIC IN EGBEDORE LOCAL GOVERNMENT AREA, OSUN STATE, NIGERIA.
60. Tadele N and Habta F. Knowledge, Attitude and Practice towards exclusive Breastfeeding among lactating mothers, Mizan Aman Town, Southwestern Ethiopia: Descriptive Cross sectional study. *J Health Educ. Res. Develop.* 2015; 3(3): 32-45
61. Akinpelu, F. B., et al. "Determinants of Exclusive Breastfeeding Practice among Mothers Attending Infant Clinics." *European Journal of Medical and Health Sciences.* 2021;3(3):23-30.
62. Mohamed MJ, Ochola S, Owino VO. Comparison of knowledge, attitudes and practices on exclusive breastfeeding between primiparous and multiparous mothers attending Wajir District hospital, Wajir County, Kenya: A cross-sectional analytical study. *Int Breastfeed J.* 2018. 13(1):1–11.
63. Okoro, I. W., et al. (2022). "Socio-demographic Characteristics and Knowledge of Exclusive Breastfeeding." *Frontiers in Public Health*, 10:123. DOI: <http://dx.doi.org/10.3389/fpubh.2022.123456>.
64. Sokan Adeaga MA, Sokan Adeaga AA, Sokan Adeaga ED, Osibogun A, Edris H. Predictors of exclusive breastfeeding practice among nursing mothers attending a health care facility in a peri-urban setting in Lagos State, Nigeria. *Afr Health Sci.* 2022;22:545–59
65. Aude-Hélène ATK, Honorine ASC, Roland YK, Christian YK, Iburaïma A, Roméo AL. et al. Knowledge, Attitudes and Practices of Mothers Regarding Exclusive Breastfeeding in Rural Areas of Brobo (Côte d'Ivoire). *Open J Pediatrics.* 2021;11:694-705
66. Sabo A, Abba J, Sunusi Usman U, Musa Saulawa I, Alzoubi MM, Al-Mugheed K, Alsenany SA and Farghaly Abdelaliem SM (2023) Knowledge, attitude, and practice of exclusive breastfeeding among mothers of childbearing age. *Front. Pub Health* 11:1277813.
67. Al Ketbi MI, Al Noman S, Al Ali A, Darwish E, Al Fahim M, Rajah J. (2018) Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *Int Breastfeed J*; 2018 13(1):1–15.
68. Dukuzumuremyi PJC, Acheampong K, Abesig J, Luo J. Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review. *Inter Breastfeeding J.* 2020; 15(70).
69. Ayed AAN: Knowledge, attitude, and practice regarding exclusive breastfeeding among mothers attending primary health care centers in Abha city. *International Journal of Medical Science and Public Health.* 2014; 3(11):1355-63.
70. Alamirew WM., Bayu HN, Tebeje BN, Kassa FS. Knowledge and Attitude towards Exclusive Breast Feeding among Mothers Attending Antenatal and Immunization Clinic at Dabat Health Center, Northwest Ethiopia: A Cross Sectional Institution Based Study. *Nursing Research and Practice*, 2017(6561028)
71. Sultania P, Agrawal NR, Rani A, Dharel D, Charles R and Dudani R. Breastfeeding Knowledge and Behavior Among Women Visiting a Tertiary Care Center in India: A Cross-Sectional Survey. *Annals of Global Health.* 2019; 85(1):

72. Adebayo, A. (2021). Educational background as a predictor of exclusive breastfeeding practices. *J Maternal Child Health*.2021;5(2:123-130.

73. Ayawine A, Ayuurebobi K. Determinants of exclusive breastfeeding: a study of two sub-districts in the Atwima Nwabiagya District of Ghana. *Pan Afr Med J*. 2015;22. <https://doi.org/10.11604/pamj.2015.22.248.6904>.

Figures

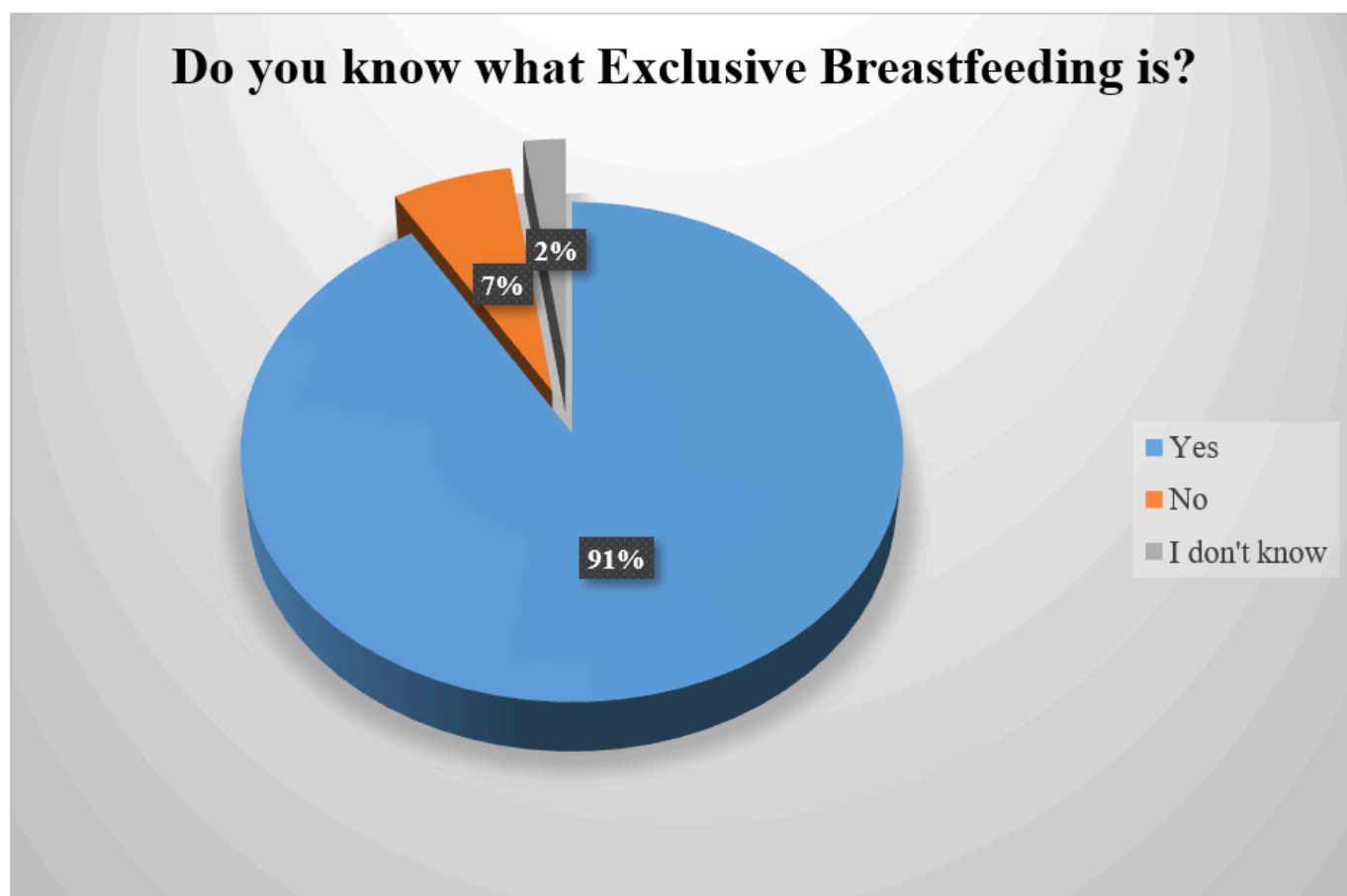


Figure 1

Figure 4.1: Awareness of Exclusive Breastfeeding among mothers accessing care in Federal Teaching Hospital, Ido-Ekiti, Ekiti state, Nigeria

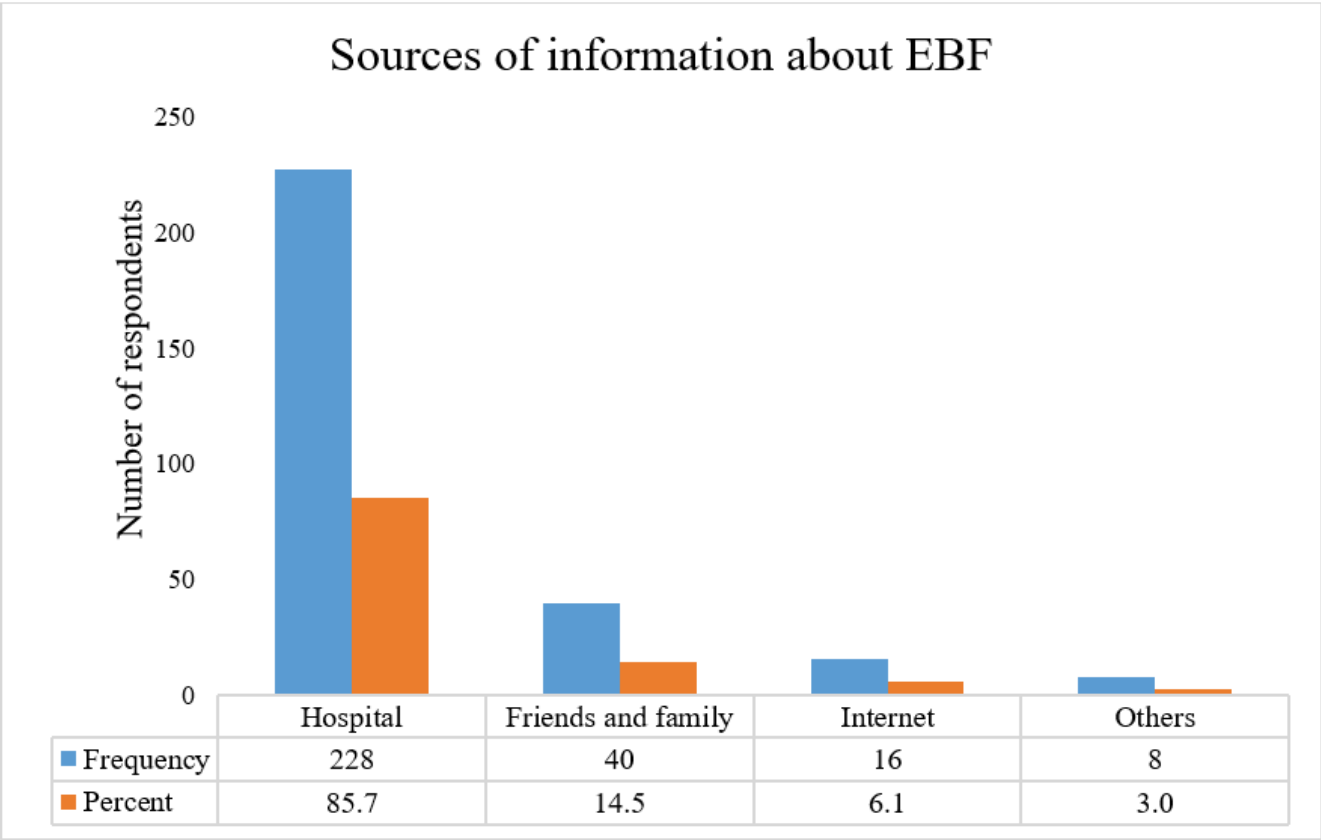


Figure 2

Figure 4.2: Sources of information explored by the respondents about EBF

Supplementary Files

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- [APPENDIX.docx](#)