

## **CHAPTER TWENTY-FOUR**

### **Assessment of Maternal Knowledge on Exclusive Breastfeeding and Nutritional Status of Infants (0-6 months) in Ilorin South, Nigeria**

**GBADEBO Christiana Teniola, BABAYEJU Adeshola. Ajoke, KAREEM Muritala Bolaji, ABDULKADIR Shakirat Odunayo, ABDULQUADIR, Ismail Ola, EGHAGHA, Precious Blessing & OYENIRAN Kehinde**  
<https://doi.org/10.54908/iljs.cisp2026.10.01.024>

#### **Abstract**

The study investigated maternal knowledge of exclusive breastfeeding and the nutritional status of infants (0-6 months) in the Ilorin South Local Government Area, Ilorin, Kwara State. Five research questions were raised, and two null hypotheses were formulated. A descriptive survey research design was adopted for the study, with the population comprising 2,754 lactating mothers from whom two hundred (200) were selected using multistage sampling. A structured questionnaire was used as the instrument for data collection, which had a reliability coefficient of .952. Findings of the study revealed that 172 (86%) of the respondents (3.18) were aware of exclusive breastfeeding; 120 (60%) of the respondents (2.79) practised exclusive breastfeeding; and 118 infants had B.M.I. values below 18.5, indicating that they were undernourished. 140 (70%) of the respondents (2.84) agreed that maternal knowledge on exclusive breastfeeding influenced their willingness and practice of exclusive breastfeeding. There is a significant difference between the nutritional status of exclusively and non-exclusively breastfed infants ( $p < 0.05$ ), and the level of maternal knowledge significantly influences exclusive breastfeeding ( $p < 0.05$ ). The study concluded that a majority of breastfeeding mothers have knowledge of exclusive breastfeeding. It is recommended that lactating mothers practice exclusive breastfeeding.

**Keywords:** Exclusive breastfeeding, Nutritional status, Maternal knowledge, Infants.

## Introduction

Knowledge is the product of information provided and received systematically on a given subject. Information is defined by Olajide (2015) as facts and opinions provided and received in the course of human daily activities. Facts communicated and received on a subject are capable of modifying the knowledge state of an individual. Kadir, (2019) stated that nutritional status can be interpreted as a nutritional health condition of the community, which is very dependent on the level of food consumption needed by the body, the composition of food and its comparison with one another. Nutritional status is a condition driven by dietary intake as well as the use of nutrients digested and absorbed by the diet intake. Nutritional status can be malnutrition, good nutrition and over nutrition (Kemenkes, 2018). Good nutritional status can be the foundation of sound health that will optimise growth and development and reduce morbidity, disability, and death so that it will affect the quality of human resources. Conversely, poor or excessive nutritional status has a bad impact - both short and long term. Children who are mal-nourished will be very potentially affected by the disease. Thus, provision of knowledge for lactating mothers on infants' nutritional status as well as its relationship with exclusive breast feeding practices is necessary if the health growth and development is required among babies (Kadir, 2019). This knowledge can be delivered through different media such as oral, print and non- print resource. It can also be delivered through the use of information and communication technologies such as radio and television stations.

Breast milk is nutritionally composed, digests easily, promotes immunity and enhances healthy growth in infants. Breast milk alone provides all of the nutritional need - both macro and micro nutrients, be it vitamins and minerals. Hence, no other liquid or food is needed (Tahiru *et.al.* 2020). Studies have shown that knowledge of exclusive breastfeeding among the lactating mothers are high while the practice is very low. However, in the past, breast feeding was generally acknowledged across the world among all human group, communities, societies and cultures as the most suitable form of infant feeding, which is based on scientific evidence that support the essential role of breast feeding in the survival, growth, maturation and development of a child (Operto, 2020). However, breast feeding practice is being gradually replaced by artificial body food, but breastfed children have greater chance of survival in the early month than non-breastfed children (Samuel *et al.*, 2020). Breast

feeding plays the fundamental and essential component of the development and child-survival strategy. Breast milk is the first natural food for babies. It provides all the essential energy and nutrients that the infant needs for the first six months of life. It provides major child's nutritional needs during the second half of the first year, and up to one third during the second year of life Sobkoviak *et al.*, (2012).

On the other hand, breast milk is considered as the most complete nutritional source for infants because it contains essential fats, carbohydrates, proteins, and immunological factors needed for infants to thrive and resist infection in the first six (6) month of life (Awano *et al.*, 2010). Breast milk is made up of the necessary nutrients that infants need for healthy growth and development, protecting them from gastrointestinal respiratory infections, obesity, risk of allergies, endocrine diseases, and promotes mental health and psychomotor development (Kramer *et al.*, 2012). Although, it is widely known that breastfeeding is an important step in the reproductive process of women and its practice offers benefits to both mother and child, the offering of the maternal breast to the infant is an unquestionable right of mothers. Most of the available information highlighted the benefits of breast milk for infant, while the effects of breastfeeding on the health of the infant and also to the mother have also been well documented (Del Ciampo *et al.*, 2018). According to United Nation Children's Fund, it has been estimated that 1.3 million deaths could be prevented and most of childhood illness can be eliminated each year if babies were exclusively breastfed for the first six months of life. The breast milk contains numerous substances such as water, protein, fat, carbohydrates, vitamins minerals and colostrums, which provide protective antibodies that boost the infant's immune system.

Exclusively breastfeeding can be defined as a practice whereby the infants receive only breast milk and not even water, other liquids, tea, herbal preparations or food during the first six months of life, with the exception of vitamins, minerals supplements or medicine. Breastfeeding is less stressful; it requires no cleaning of plates or bottles, no heating of feeds, no modification of milk. In addition, breast milk is cheap. Exclusive breastfeeding (EBF) for the first six (6) months of life improves the growth, health and survival status of infants (World Health Organisation, 2003); and it is one of the most natural and best forms of preventive medicine (Geneva *et al.*, 1991). Exclusive breastfeeding is the provision of only breast milk as food for an infant without

any other liquid except syrups, which may be medicines or vitamins. Food is important in the life of every human being because it provides energy and nutrients required for activities, growth, repair and prevention of diseases (Olofin, 2016). When an infant is poorly fed, it becomes weak, loses weight and becomes inactive and can be easily attacked by infectious diseases. In 2002, the World Health Organisation and UNICEF adopted the Global Strategy for infant and feeding. The strategy was developed to revitalise world attention to the impact that exclusive breastfeeding practices have on the nutritional status, growth development as well as on the health, and survival of infants. World Health Organization (WHO) recommended exclusive breastfeeding for the first six months of life and continuation of breastfeeding should be adhered to thereafter; or before the introduction of adequate complementary foods for up to two years of age or beyond.

However, inadequate maternal knowledge about exclusive breastfeeding is affecting the practice in different dimensions. Some factors that contribute to the problem of inadequate knowledge include custom, tradition, desire for mothers to maintain their shape, desire for the breast not sagging, working place, family income, mothers health problem and career women. Kramer *et al.*, (2012) postulated that non-exclusively breastfed infants are at higher risk of being exposed to morbidity and mortality. Exclusive breastfeeding creates a rewarding opportunity for interaction between mother, child; and also has a positive impact on the mother's health. Yet, the practice is on the decline (Angadi *et al.*, 2015). The consequences of poor infant feeding by not practicing exclusive breastfeeding among mothers is one of the major problem and serious obstacle to health issues affecting infants nutritional status and their health. This study, therefore, explored the level of maternal knowledge and practices of exclusive breastfeeding in order to establish a relationship between exclusive breastfeeding and nutritional status of infants (0-6 months) in Ilorin South Local Government Area of Kwara State.

### **Objective of the Study**

The general objective of the study was to assess maternal knowledge on exclusive breastfeeding and nutritional status of infant (0-6 months) in Ilorin South Local Government Area of Kwara State. The specific objective were to:

1. assess the level of maternal knowledge on exclusive breastfeeding among lactating women in Ilorin South Local Government Area of Kwara State;
2. investigate the extent at which lactating mothers in Ilorin South Local Government of Kwara State practice exclusive breastfeeding;
3. determine the BMI and nutritional status of infants (0-6months) in Ilorin South Local Government Area of Kwara State; and
4. investigate the influence of maternal knowledge on exclusive breastfeeding among lactating women in Ilorin South Local Government Area of Kwara State.

### **Research Questions**

These questions are raised as guidelines for the study

1. What is the level of maternal knowledge on exclusive breastfeeding among lactating women in Ilorin South Local Government Area of Kwara State?
2. What is the level of exclusive breastfeeding practices among lactating mothers in Ilorin South Local Government Area of Kwara State?
3. What are the BMI and nutritional status of infants (0-6months) in Ilorin South South Local Government Area of Kwara State?
4. What is the influence of maternal knowledge on exclusive breastfeeding among lactating women in Ilorin South Local Government Area of Kwara State?

### **Research hypotheses**

The following null hypothesis were formulated to guide the study

1. There is no significance difference in the nutritional status of exclusively and nonexclusively breastfed infants.
2. Maternal nutritional knowledge does not significantly influence exclusive breastfeeding practices among lactating mothers.

### **Methodology**

The study adopted a descriptive survey research design. Descriptive survey method of research is concerned with generalized statistic resulting when data

are obtained from part of a large population and used to generalize (Ekeh, 2003).

The population of this study comprised all the Two Thousand Seven Hundred and Fifty Four (2,754) lactating mothers from two selected hospital in Ilorin South Local Government Area of Kwara State.

Two Hundred (200) lactating mothers were selected from the population, using multistage sampling technique, which represented 7.3% of the population. The multistage sampling techniques was used in the study as follows: Stage 1: involved stratifying the state into Local Government. Stage 2: involved selecting one Local Government (Ilorin south) which is the study area. Stage 3: involved using random sampling techniques to select two (2) District/Wards from the Local government. Stage 4: involved using proportionate stratified sampling techniques to determine the number of respondents to be sampled from each District/Ward. The total sample obtained was two hundred (200), which as it has been mentioned, represented 7.3% of the population.

A structured questionnaire tagged Influence of Maternal Knowledge on Exclusive Breastfeeding Questionnaire (IMKEBQ) was used to obtain information from lactating mothers in the Local Government Area. The instrument was developed by the researcher based on the objectives and research questions formulated for the study. The data obtained from the pilot study was subjected to statistical analysis to determine the reliability co-efficient of the instrument. The reliability co-efficient obtained was .952.

Data were collected from respondents by administering the questionnaires. The questionnaires were administered to lactating mothers in the selected hospitals within the Local Government selected for this study with the help of a research assistant. Data collected were subjected to descriptive and inferential analysis, using Statistical package for social sciences (SPSS version 20.0). Research questions were analysed using descriptive statistics (frequency, percentage, mean and standard deviation). The null hypotheses formulated were tested using inferential statistics such as t-test and Pearson Product Moment Correlation (PPMC) at 0.05 levels of significance.

## Results and Discussions

### Demographic Characteristics of the Respondents

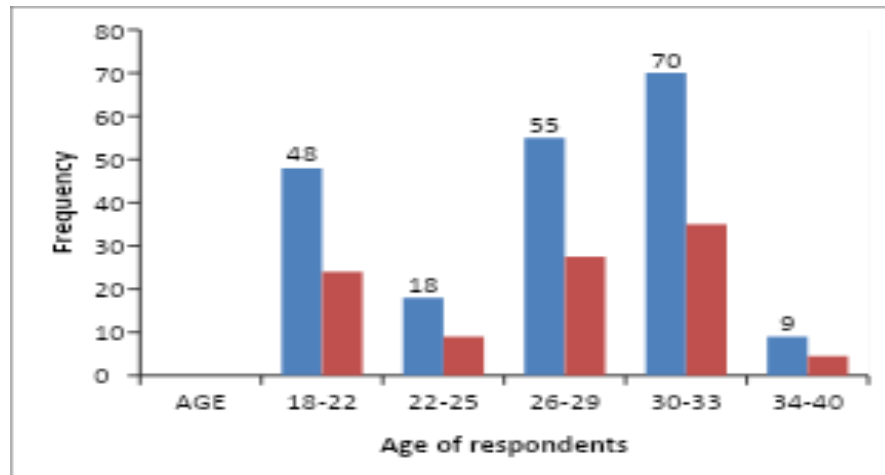


**Figure 1: Age of the Respondents**

Figure 1 shows that the age range of the respondents. Forty-eight (48) (24.0%) of the respondents were between age range of 18-21 years, 18(9.0%) of the total respondents were between the age range of 22-25, 55 (27.5%) were between the age range of 26-29, 70 (35.0%) were between the age of 30-33 and 9 (4.5.0%) were between the age of 34-40. It can be deduced that a majority of the respondents were between 30-33 years.

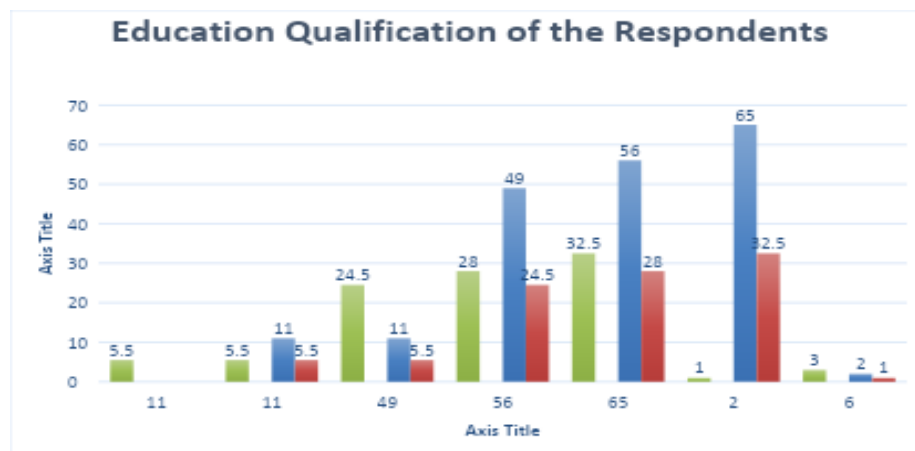


**Figure 2: Education Qualification**

The education qualification of the respondents revealed that 11 (5.5%) of the lactating parents had no formal education, 11 (5.5%) of the parent were primary school leavers, 49 (24.5%) of the parents had only SSCE, 56 (28%) of the lactating parents were either NCE or OND holders, 65 (32.5%) of the lactating parents were either BSc or HND holders, 2 (1%) of the lactating parents were MSc holders while 6 (3%) of the lactating parents had educational qualification up to Ph.D.

### **Level of Maternal Knowledge on Exclusive Breastfeeding**

Table 1: Level of maternal knowledge on exclusive breastfeeding

| Statements                                                         | Agreed<br>% | Disagree<br>d<br>% | Mean | S.D  | Remark    |
|--------------------------------------------------------------------|-------------|--------------------|------|------|-----------|
| I am aware of exclusive breastfeeding                              | 172(86)     | 28(14)             | 3.18 | 0.71 | Agreed    |
| I breastfeed my infants exclusively                                | 143(71.5)   | 57(28.5)           | 2.99 | 0.85 | Agreed    |
| Every lactating mother understand the term exclusive breastfeeding | 84(42)      | 116(58)            | 2.49 | 0.80 | Disagreed |
| I practice exclusive breastfeeding for all my babies               | 120(60)     | 80(40)             | 2.79 | 0.84 | Agreed    |
| Exclusive breastfeeding is important                               | 118(59)     | 82(41)             | 2.77 | 1.04 | Agreed    |
| I have heard about exclusive breastfeeding                         | 153(77)     | 47(23)             | 2.99 | 1.00 | Agreed    |
| Exclusive breastfeeding improves infant immunity                   | 120(60)     | 80(40)             | 2.71 | 1.03 | Agreed    |
| Exclusive breastfeeding allows child spacing                       | 97(48.5)    | 103(51.5)          | 2.45 | 1.02 | Disagreed |
| Exclusive breastfeeding is feeding of infants for about            | 110(55)     | 90(45)             | 2.65 | 1.08 | Agreed    |

six month

---

**Sources: Field Survey, 2021**

The benchmark used for the decision of this result was 2.5. A mean rating of any of the items by the respondents equal or above 2.5 was taken as agreed while the rating below 2.5 was taken as Disagreed.

Table 1 shows the frequency, percentage, mean distribution and standard deviation on the level of maternal knowledge on exclusive breastfeeding in Ilorin South Local Government Area. The Table revealed the level of maternal knowledge of lactating mothers within Ilorin South. However, most of the items in the table had a mean score that was above the benchmark of 2.5, implying a high level of maternal knowledge. More so, 172 (86%) of the respondents with mean score of 3.18 were aware of exclusive breastfeeding, 143 (71.5%) of the respondents with a mean score of 2.99 breast fed their infants exclusively, 120 (60%) of the respondents with the mean score of 2.79 practiced exclusive breastfeeding for their infants, 120 (60%) with the mean score of 2.71 agreed that exclusive breastfeeding improves infants immunity while 116 (58) with the mean score 2.49 disagreed that every lactating mother understands the term exclusive breastfeeding. Also, 103 (51.5) with the mean score 2.45 disagreed that exclusive breastfeeding allows child's spacing.

This implied that the level of maternal knowledge on exclusive breastfeeding is high 172 (86%) and this agrees with Afolabi (2003) who discovered that the acquisition and utilisation of knowledge, especially in the area of health, helps in preserving and enriching lives. Thus, provision of knowledge or facts on exclusive breastfeeding to lactating mothers is necessary as its application encourages continuity of the natural process of human development which starts in the womb.

**Level of Practice of Exclusive Breastfeeding among Lactating Mothers**

Table 2: Mean Rating and Standard Deviation of Respondents on the extent at which lactating mothers practice exclusive breastfeeding

| Statements                               | Agreed<br>%         | Disagreed<br>% | Mean | Standard<br>Deviation | Remark    |
|------------------------------------------|---------------------|----------------|------|-----------------------|-----------|
| All mothers give water fir<br>six months | 74(37)<br>123(61.5) | 126(63)        | 2.38 | 0.77                  | Disagreed |

|                                                                               |               |           |      |      |           |
|-------------------------------------------------------------------------------|---------------|-----------|------|------|-----------|
| No liquid aside medicine is giving to infant                                  | )             | 77(38.5)  | 278  | 0.99 | Agreed    |
| Food and water should be giving to infants less than six months               | 118(59)<br>)  | 82(41)    | 2.58 | 0.97 | Agreed    |
| Most mothers do not practice because they believe it is punishment to infants | 69(34.5)<br>) | 131(65.5) | 2.26 | 0.79 | Disagreed |
| I believe in exclusive breastfeeding                                          | 110(55)<br>)  | 90(45)    | 2.61 | 0.97 | Agreed    |
| I practice exclusive breastfeeding                                            | 120(60)<br>)  | 80(40)    | 2.74 | 1.05 | Agreed    |

---

**Sources: Field Survey, 2021**

Table 2 revealed that a majority of the respondents agreed on the extent to which lactating mothers practice exclusive breastfeeding. However, 123 (61.5%) of the respondents with mean score of 2.78 agreed that no other liquid aside from medicine and vitamin supplement is to be given to infants in the practice of exclusive breastfeeding, 110 (55%) of the respondents with a mean score of 2.61 agreed that they believe in exclusive breastfeeding, 120 (60%) of the respondents with the mean score of 2.74 agreed that they practice exclusive breastfeeding, while 126 (64%) with the mean score 2.38 disagreed that all lactating mothers give water to infants for the first six months. Also, 131 (65.5%) of the respondents with the mean score 2.26 disagreed that most lactating mothers tend not to practice exclusive breastfeeding because they assume it is a form of punishment to infants. This implies that a majority 126 (64%) lactating mothers practiced exclusive breastfeeding. The finding partly agrees with the study of Samuel *et al.*, (2020) who reported that in industrial countries, many working mothers do not breast feed their children due to work force and very short period of maternity leaves.

Table 3: BMI and Nutritional status of infants (0-6 months) in Ilorin South LGA with frequency and their percentage

| BMI          | Remark      | Frequency | Percentage% |
|--------------|-------------|-----------|-------------|
| Below 18.5   | Underweight | 118       | 59          |
| 18.5-24.9    | Normal      | 82        | 41          |
| Above 25     | Overweight  | --        | --          |
| <b>Total</b> |             | 200       | 100         |

**Source: field survey 2021**

**Table 3** presents the nutritional status of the infants (0-6 months) in Ilorin South Local Government Area. The nutritional status of the infants was determined from their BMI value calculated from the weight and height of the infants. In calculating the BMI, the weight of the respondents was taken and recorded in kilogram and height was taken with tape rule and record in meter. BMI was calculated by dividing the weights in kilogram by square of the heights in meters. Any value less than 18.5 was rated as underweight; values ranging from 18.5 - 24.9 were rated as normal weight while values ranging from 25.0 - 29.9 were rated as overweight.

However, the result of the findings revealed that 118 (59%) of the infants were underweight, 82(41%) of the infants had normal weight, but none of the infants was overweighted. This shows that a majority (59%) of the infants in Ilorin South Local Government were underweighted.

Influence of Maternal Knowledge on Exclusive Breastfeeding

Table 4: Mean Rating and Standard Deviation of Respondents on the influences of maternal knowledge on exclusive breastfeeding

**Sources: Field Survey, 2021**

Table 4 shows the frequency, percentage, mean distribution and standard deviation on the influences of maternal knowledge on exclusive breastfeeding. The table reveals that a majority of the respondents agreed on the influences of maternal knowledge on exclusive breastfeeding. However, 140 (70%) of the respondents with mean score of 2.84 agreed that maternal knowledge on exclusive breastfeeding influences practice, 138 (69%) of the respondents with a mean score of 2.90 agreed that lack of knowledge prevents the practice, 122 (61%) of the respondents with the mean score of 2.69 agreed that some mothers do not practice exclusive breastfeeding because they do not want to lose shape, 98 (64%) with the mean score 2.33 disagreed that societal influences as mother's job do not prevents exclusive breastfeeding. This agrees

| Statements                                                                 | Agreed<br>% | Disagree<br>d<br>% | Mean | Standard<br>Deviation | Remark    |
|----------------------------------------------------------------------------|-------------|--------------------|------|-----------------------|-----------|
| Maternal knowledge influences practice                                     | 140(70)     | 60(30)             | 2.84 | 0.81                  | Agreed    |
| Lack of knowledge prevents practice                                        | 138(69)     | 62 (31)            | 2.90 | 1.04                  | Agreed    |
| Some mothers don't practice as they don't want to lose shape               | 122(61)     | 78(39)             | 2.69 | 1.32                  | Agreed    |
| Societal influences as mother's job do not prevent exclusive breastfeeding | 72(36)      | 98(64)             | 2.33 | 0.94                  | Disagreed |

with Tahiru *et.al.* (2020) who revealed that the majority of the mothers, who engaged in some forms of employment, are unable to exclusively breastfeed because facilities at their work places and conditions of work do not support exclusive breast-feeding. In all, maternal knowledge, physical appearance as

well as societal influences affect the practice of exclusive breastfeeding among lactating mothers

### Hypotheses Testing

H<sub>01</sub>: There is no significance difference in the nutritional status of exclusively and nonexclusively breastfed infants

Table 5: t-test comparing respondents' view nutritional status of exclusively and non-exclusively breastfed infants

| V             | N   | Mean  | SD   | df  | t      | Sig.2tailed |
|---------------|-----|-------|------|-----|--------|-------------|
| Remark        |     |       |      |     |        |             |
| Exclusive     |     | 11.34 | 3.46 |     |        |             |
| Non-exclusive | 200 |       |      | 199 | 36.125 | .000        |
| Rejected      |     |       |      |     |        |             |
| Test value    |     | 2.5   | 0.95 |     |        |             |

\*Significant at  $P < 0.05$

### Sources: Field Survey, 2021

**Table 5** presents a calculated t-value of 36.125, with a corresponding degree of freedom (df) 36.125 and p-value of .000. The p-value of 0.000 is lesser than the 0.05 alpha levels, indicating that exclusively and non-exclusively breastfed infants are statistically different. Therefore, it is concluded that the null hypothesis, which stated that there is no significant difference between the nutritional statuses of exclusively and non-exclusively breastfed infants, was rejected.

This implies that there is a significant difference between the nutritional status of exclusively and non-exclusively breastfed infants in Ilorin South ( $p < 0.05$ ). This is in consonant with Samuel *et.al.* (2020) who postulated that breastfed children have greater chance of survival in the early month than non-breastfed children, hence their nutritional status.

**Maternal nutritional knowledge will not significantly influence exclusive breastfeeding practices among lactating mothers.**

Table 6: Pearson Product Moment Correlation(PPMC) on influence of maternal knowledge

| on exclusive breastfeeding practices |     |       |      |     |   |      |         |
|--------------------------------------|-----|-------|------|-----|---|------|---------|
| V                                    | N   | Mean  | SD   | N   | r | Sig. | 2tailed |
| Maternal                             | 200 | 25.13 | 6.61 |     |   |      |         |
| Remark                               |     |       |      | 200 |   | .621 | .000    |
| Rejected                             |     |       |      |     |   |      |         |
| Exclusive                            | 200 | 10.70 | 3.26 |     |   |      |         |

\*Significant at  $P < 0.05$

**Source: Field survey, 2021**

Table 6 shows a Pearson  $r$  of .621\*\* and a  $p$  value of .000, testing at an alpha level of 0.05. ( $p < 0.05$ ). The Pearson  $r$  of .621\*\* shows a moderate correlation between the maternal knowledge and exclusive breastfeeding. Since the  $p$ -value of .000 is lesser than alpha level of 0.05, the null hypothesis, which stated that maternal knowledge will not significantly influence exclusive breastfeeding, was therefore rejected. This implies that level of maternal knowledge significantly influence exclusive breastfeeding. This agrees with Kadir (2019), who stated maternal knowledge influences exclusive breastfeeding practices.

### **Conclusion**

With the finding of the study, it was concluded that a majority of the lactating mothers have knowledge of exclusive breastfeeding, but they do not practice it. Therefore, maternal knowledge of exclusive breastfeeding greatly affects its practice. Significantly, the nutritional status of infants that are exclusively breastfed differs from those that are not.

### **Recommendations**

Based on these findings of the study, the following recommendations are offered:

1. Breastfeeding mothers should practice exclusive breastfeeding- as having just the knowledge is not enough.
2. Proper awareness should be provided on the benefits of exclusive breastfeeding on infants to the lactating mothers infants. Lactating mothers should be encouraged to attend postnatal clinic in order to get more information from health care professionals.
3. Exclusive breastfeeding should be encouraged in our society, especially among working class lactating mothers.

### **Acknowledgements:**

The authors would like to thank the authorities and all lactating mothers in the selected hospitals t who participated in the study.

### **Reference**

- Afolabi, A. K. (2003). Information needs, information sources and Information seeking behaviour of commercial vehicle drivers in Ondo State. *Gateway Library Journal*, 6(2), 89-97.
- Angadi, M. M., & Jawaregowda, S. K. (2015). *Gender discrimination in relation to breast feeding practices in rural areas of Bijapur District, Karnataka*.
- Awano, M., & Shimada, K. (2010). Development and evaluation of a self care program on breastfeeding in Japan: *A quasi-experimental study. International Breastfeeding Journal*, 5(1),1- 10.
- Del Ciampo, L. A., & Del Ciampo, I. R. L. (2018). Breastfeeding and the Benefits of Lactation for Women's Health. *Revista Brasileira de Ginecologia Obstetrícia/RBGO Gynecology and Obstetrics*, 40(06), 354-359.
- Geneva, W. (1991). Indicators for assessing breast feeding practices. WHO Geneva, Switzerland: WHO Document WHO/CDD/SER, 91, 14.
- Kadir, S. (2019). The Role of Mother Knowledge and Parenting Culture in Determining the Toddler Nutrition Status. *Journal of Health Education*.

- 4(2). 95-101. <https://journal.unnes.ac.id/sju/index.php/jhealtheta>.
- Kramer, M. S., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. *Cochranedatabase of systematic reviews*, 8, 87-99.
- Olajide, A. A. (2015). Social media platform as a knowledge management tool: Nigerian librarians experience. *Journal of Information & Knowledge Management*, 14(03), 1550018.
- Olofin, O., Liu, E., Manji, P., Danaei, G., Duggan, C., Aboud, S., & Fawzi, W. (2016). Active Tuberculosis in HIV-exposed Tanzanian Children up to 2 years of age: Early-LifeNutrition, Multivitamin Supplementation and other Potential Risk Factors. *Journal of TropicalPediatrics*, 62(1), 29-37.
- Operto, E. (2020). Knowledge, Attitudes, and Practices Regarding Exclusive Breastfeeding amongHIV-Positive Mothers in Uganda: A qualitative study. *The International Journal of Health Planning and Management*, 35(4), 888-896.
- Rafatu Tahiru, R., Agbozo, F., Garti, H., & Abubakari, A. (2020). Exclusive Breastfeeding and Associated Factors among Mothers with Twins in the Tamale Metropolis. Hindawi *International Journal of Pediatrics*. 6, 1-9. <https://doi.org/10.1155/2020/560543>.
- Samuel, O. A., & Oluwaseun, O. O. (2020). Knowledge, Attitude and Practice of ExclusiveBreastfeeding among Nursing Mother in Saki West Local Government. *Journal of Community and Public Health Nursing*, 6(257), 2.
- Sobkoviak, R. M., Yount, K. M., & Halim, N. (2012). Domestic Violence and Child Nutrition in Liberia. *Journal of Social science & medicine*. 74(2), 103-111.