



KNOWLEDGE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS IN BOMADI, DELTA STATE, NIGERIA

UCHENDU, F.N.¹ AND ODUVWU, P.A.^{2*}

¹Department of Public Health, Faculty of Health Sciences, National Open University of Nigeria, Jabi, Abuja, Nigeria, ²Delta State Primary Health Care Development Agency, Asaba, Nigeria

ABSTRACT

Breastfeeding has many health benefits for the mother and infant. This study assessed the knowledge and practice of exclusive breastfeeding (EBF) among nursing mothers in Bomadi Local Government Area (LGA), Delta State, Nigeria. A descriptive cross-sectional study design was used. Three hundred and eighty-four nursing mothers attending immunisation clinics at selected primary health care centres in Bomadi LGA, Delta State were randomly selected. A pretested, structured, interviewer-administered questionnaire was used to collect respondents' data on socio-demographic characteristics and breastfeeding practices. Data analysis was done using SPSS version 27.0. A chi-square test was used to test the association between EBF knowledge and practice. Data were considered significant at $p < 0.05$. The mean ages of the mothers and children were 31.0 ± 6.8 years and 6.0 ± 4.5 months, respectively. The results show that 76.6% of respondents had good knowledge of EBF and 56.5% had good practice regarding EBF. A positive association was found between EBF knowledge and EBF practice. These findings show that most of the nursing mothers had good knowledge of exclusive breastfeeding and practiced it. However, to sustain this knowledge and its practice, more nutrition education and community sensitisation are required.

Keywords: Exclusive breastfeeding, knowledge, practice, nutrition education

***Correspondence:** paoduvwu@gmail.com, +2347064604234

INTRODUCTION

Exclusive breastfeeding means that the infant receives only breast milk, no other liquids or solids, not even water, except for oral rehydration solution, or drops/syrups of vitamins, minerals or medicines [1]. Breast milk contains all the nutrients infants need in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence [1]. Globally, the proportion of infants exclusively breastfed reached 48% in 2023, close to achieving the World Health Assembly target of 50% by the year 2025. The rate of exclusive breastfeeding was 10% higher than it was a decade earlier [2].

The prevalence of EBF increased significantly by 1% each year in almost all of sub-Saharan Africa over the period of 2000 - 2018. According to estimates, EBF prevalence was 34% in sub-Saharan Africa during the period of 2000–2018. However, wide variability between countries was observed, with EBF ranging from 3% in Chad to 50% in Ghana and 86% in Uganda [3, 4]. In the last 12 years, the number of infants under six months of age who were exclusively breastfed in Nigeria increased by more than 10% [5]. The prevalence of EBF in

Nigeria was reported as 34% [5]. Studies from different parts of the country gave varying figures, depending on the locality: 46.1% in Ogbomoso, Southwest Nigeria [6], 58.8% in Ilishan-Remo and Sagamu, both in Ogun State, Southwest Nigeria [7], 52.6% in Owo, Ondo State, a semi-urban Southwest Nigerian community [8], 66.8% in Osun State, Southwest Nigeria [9], 66.0% in Aba South, Southeast Nigeria [10], 61.5% in Rivers State, South-South Nigeria [11], and 70.0% in Kaduna metropolis, Northwest Nigeria [12].

Studies on the knowledge of exclusive breastfeeding from various parts of Nigeria generally reported good knowledge scores, with results such as 86.0% in Aba, Abia State [13], 89.2% in Isheri-Olofin, Lagos State [14], and 86.6% in Kaduna metropolis [12]. It was also reported that more than four-fifths of mothers in academia in Rivers State have knowledge of exclusive breastfeeding [11], and in Aba North, 65.3% of nursing mothers were shown to have a fair knowledge of exclusive breastfeeding [15].

Bomadi Local Government Area (LGA) of Delta State, South-South Nigeria is made up of largely rural and riverine communities where primary health care workers regularly educate mothers on exclusive breastfeeding during antenatal care clinics and routine immunisation sessions. However, the extent to which mothers know and practice exclusive breastfeeding in the LGA is not well known. There is a paucity of data

on these variables in the study area. This study assessed the knowledge and practice of exclusive breastfeeding (EBF) among nursing mothers attending primary health care centres in Bomadi LGA with their infants for childhood immunisation and determined the association that exists between EBF knowledge and EBF practice among these nursing mothers. The study is therefore an evaluation.

MATERIALS AND METHODS

Study area and sites

The study was carried out in Bomadi Local Government Area of Delta State, Nigeria. It is located in the southern part of Nigeria within the Niger Delta region. Bomadi is the headquarters of Bomadi Local Government Area (LGA). Bomadi LGA is predominantly inhabited by the Ijaw people. It has eleven communities, namely Akugbene, Bomadi, Ekametagbene, Esanma, Ezebiri, Kalafiogbene, Kpakiamma, Ogbeinama, Ogodobiri, Ogriagbene, and Okoloba. The communities lie along the banks of the Forcados River. Each of them has a primary health care centre (PHC) named after it, making it eleven primary health care centres. According to the 2022 projection, Bomadi LGA has a population of 117,900 and an area of 245.9 km², giving a population density of 479.4/km², with a 2.0% annual population change. The primary occupations of the people in Bomadi LGA are fishing, agriculture (farming), and trading, with the oil industry also contributing to the local economy. Bomadi LGA is known for its picturesque landscapes, with expansive rivers and lush green vegetation that define the region [16, 17, 18].

Study design

A descriptive cross-sectional study design was used. The study took place from August 2024 to February 2025.

Study population

The study population was made up of nursing mothers with their infants (mother-child pairs) attending routine immunisation (RI) clinics in primary health care centres in Bomadi Local Government Area of Delta State, Nigeria. Inclusion criteria included participants who were nursing mothers with a child 0-23 months old, registered as a client at one of the selected primary health care centres, gave their consent to participate in the study and were present on the day of the study. Exclusion criteria: Respondents who did not meet the inclusion criteria were excluded.

Sample size determination

The sample size was calculated using the prevalence formula for sample size calculation used in earlier studies [12, 15]:

$$n = Z\alpha^2 P(1-P)/d^2$$

where:

n = sample size

Z α = confidence level (95%) = 1.96

P = prevalence of exclusive breastfeeding in Nigeria [5] (34%) = 0.34

d = precision (5%) = 0.05

$n = 1.96^2 \times 0.34 (1 - 0.34)/0.05^2 = 3.8416 \times 0.34 \times 0.66/0.0025 = 344.82$

n = 345

10% of the sample size was added to make up for non-response.

Non-response (10%) = $n/0.9 = 345/0.9 = 383.3 \approx 384$

n = 384

Sample and sampling techniques

Multistage sampling technique was used to select six primary health care centres (PHCs) out of the eleven in the LGA. The six selected PHCs are Akugbene, Ekametagbene, Kalafiogbene, Ogbeinama, Ogo-Eze (Ezebiri) and Okoloba PHCs. Probability proportionate to sample size (PPS) was used to calculate the number of respondents selected from each PHC to get a representative sample. A simple random sampling technique was used to select the respondents in each PHC. Balloting was used. "Yes" was written on a piece of paper and "No" on another piece of paper, and both were folded and kept in a bowl. The folded papers were then shuffled and mixed up thoroughly. Thereafter, the nursing mothers were asked to pick. Those who picked "Yes" were included in the study, while those who picked "No" were excluded.

Data collection

A pretested structured interviewer-administered questionnaire was used to collect data on the knowledge and practice of exclusive breastfeeding from respondents. The questionnaire was made up of three (3) sections as follows: Section A: Socio-demographic characteristics of nursing mothers and their infants; Section B: Assessment of knowledge of exclusive breastfeeding among nursing mothers; and Section C: Assessment of practice of exclusive breastfeeding among nursing mothers.

Questions were extracted from studies earlier reported [13, 14, 15]. In the assessment of knowledge of exclusive breastfeeding, 9 questions were used. Each correct answer scored 2 points, giving a total of 18 points. Responses were graded as good knowledge (9-18 points, $\geq 50\%$) and poor knowledge (<9 points, < 50%) similar to earlier studies [13, 14].

In the assessment of practice of exclusive breastfeeding, 9 questions were used. Each correct answer scored 2 points, giving a total of 18 points. Responses were graded as good practice (9-18 points, $\geq 50\%$) and poor practice (<9 points, <50%) similar to earlier studies [10, 14, 19].

Ethical clearance

Ethical clearance for this study was obtained from the National Open University of Nigeria Research Ethics Committee via letter with reference number ETC/2025/04/NOU222057596. In addition, approval was given by Bomadi Local Government Health Authority via letter with reference number BLGHA. 7/T2/10. Informed consent of each respondent was also obtained before the questionnaire was administered.

Data analysis

The data collected in this study were subjected to descriptive and inferential statistics. SPSS version

27.0 was used for data analysis. Chi-square statistic (χ^2) was used to determine the association between variables. Data were considered significant at $p < 0.05$.

RESULTS

The results are presented as means, standard deviations, frequencies and percentages. Table 1 shows the socio-demographic characteristics of respondents. The mean ages for the mothers and children were 31.0 ± 6.8 years and 6.0 ± 4.5 months respectively.

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency (N=384)	Percentage (%)
Mother's age at last birthday (years)		
16–23	35	9.1
24–35	249	64.8
36–47	100	26.1
Mean = 31.0 ± 6.8		
Baby's age (months)		
0–6	245	63.8
7–11	72	18.8
12–17	67	17.4
Mean = 6.0 ± 4.5 months		
Baby's gender		
Male	136	35.4
Female	248	64.6
Mother's highest education		
None	11	2.9
Primary	23	6.0
Secondary	293	76.3
OND/HND	45	11.7
1 st degree	12	3.1
Postgraduate	0	0.0
Occupation		
None	23	6.0
Housewife (spouse)	90	23.4
Government Employee	11	2.9
Private Company Employee	11	2.9
Self-employed	249	64.8
Religion		
Christianity	384	100.0
Islam	0	0.0
Others	0	0.0

Table 2 shows the knowledge of exclusive breastfeeding among respondents. Three-quarters of respondents were aware of EBF (79.4%) and understood what it is (76.3%).

Table 2: Assessment of knowledge of exclusive breastfeeding among respondents

Variable	Frequency (n=384)	Percentage (%)
Have you heard about exclusive breastfeeding before?		
Yes	305	79.4
No	79	20.6
Exclusive breastfeeding means giving the baby		
Breast milk and water	45	11.7
Breast milk only for the first 6 months of life; no other liquids or solids are given – not even water.	293	76.3
Breast milk and infant formula	12	3.1
Breast milk, water and infant formula	11	2.9
Infant formula only	0	0.0
I don't know	23	6.0
Breast milk should be given to a newborn baby		
Within 1 hour after delivery	57	14.8
After 2 hours of delivery	45	11.7
After the mother has slept and rested	11	2.9
At any time after delivery	248	64.6
I don't know	23	6.0
The first milk from the breast is called		
Colostrum	91	23.7
Milk	12	3.1
breastmilk	79	20.6
I don't know	202	52.6
The first milk from the breast has _____ colour		
Yellowish	328	85.4
White	56	14.6
Colourless	0	0.0
I don't know	0	0.0
Do you think that the first milk from the breast should be given to the baby immediately after birth?		
Yes	350	91.1
No	23	6.0
I don't know	11	2.9
The first milk from the breast is _____ for the baby		
Dirty	35	9.1
Clean	293	76.3
I don't know	56	14.6
Do you agree that breast milk only is enough for your baby in the first six months of life?		
Yes	249	64.8
No	124	32.3
I don't know	11	2.9
Do you believe breast milk provides as immunity to the child for the first six months of life?		

Yes	361	94.0
No	12	3.1
I don't know	11	2.9

Table 3 shows the summary of knowledge of exclusive breastfeeding among respondents. Overall, 76.6% of respondents had good EBF knowledge, while 23.4% had poor knowledge.

Table 3: Summary of knowledge of exclusive breastfeeding among respondents

Variable	Frequency	Percentage (%)
Good Knowledge	294	76.6
Poor Knowledge	90	23.4
Total	384	100.0

Table 4 shows the assessment of the practice of exclusive breastfeeding among respondents. During the first hour of delivery, 70.3% of respondents breastfed their babies.

Table 4: Assessment of practice of exclusive breastfeeding among respondents

Variable	Frequency (n=384)	Percentage (%)
Are you giving your baby breast milk now?		
Yes	339	88.3
No	45	11.7
If your baby is more than 6 months old now, did you give him/her breast milk only for the first 6 months of life, or if less than 6 months, are you giving breast milk only?		
Yes	211	54.9
No	173	45.1
During the first hour of delivery, I gave my baby _____.		
Water	57	14.8
Rejoiced and played with the baby	0	0.0
Breast milk	270	70.3
Infant formula milk	34	8.9
Nothing	23	6.0
I was sleeping and resting	0	0.0
Now, I am feeding my baby with _____.		
Water and breast milk	101	26.3
Breast milk only	112	29.2
Breast milk + infant formula + water	124	32.3
None	0	0.0
All the family foods	47	12.2
How often do you breastfeed your baby?		
Any time the baby wants breast milk	361	94.0
2 times a day	0	0.0
3 times a day	0	0.0
4 times a day	11	2.9
Whenever I am free or chanced	12	3.1
If you stay away from your baby for a long period, what feed do you make available for the baby?		
Formula milk	160	41.7
Expressed breast milk	54	14.1
Water only	57	14.8
Nothing, I always go with my baby	113	29.4

Reasons why I am not breastfeeding my baby is _____.

My breast is not running enough	12	3.1
I am not eating well	0	0.0
I have cracked nipples	0	0.0
I'm sick	0	0.0
I don't want my breast to fall	3	0.8
I am breastfeeding my baby	339	88.3
I have stopped breastfeeding	30	7.8

At times, within the first six (6) months of delivery, I gave my baby _____.

Soft drink	0	0.0
Pap/ogi/infant formula	127	33.1
Ordinary milk	12	3.1
Soy milk	0	0.0
House food	34	8.9
None of these	211	54.9

During the first six (6) months of delivery, at times I gave my baby water, pap, or other drinks or infant formula because _____.

Breast milk is not enough for the baby	124	32.3
Baby cries too much	37	9.7
My breast is not running	12	3.1
Not at all, I didn't	211	54.9

Table 5 shows the summary of EBF practice among respondents. Good EBF practice was observed in 56.5% of respondents, while poor practice was observed in 43.5%.

Table 5: Summary of exclusive breastfeeding practice among respondents

Variable	Frequency	Percentage (%)
Good Practice	217	56.5
Poor Practice	167	43.5
Total	384	100.0

Table 6 shows the association between EBF knowledge and practice among respondents. The *p*-value is < 0.001 and the odds ratio is 14.972.

Table 6: Association between EBF knowledge and practice among respondents

	Good Practice	Poor Practice	Total N=384	Chi-square statistic (χ^2)	<i>p</i> -value	Odds Ratio	95% Confidence Interval
Good Knowledge	205	89	294	89.170	0.000	14.972	7.764 - 28.873
Poor Knowledge	12	78	90				
Total	217	167	384				

DISCUSSION

The mean age of the respondents was 31.0 ± 6.8 years, with the majority (64.8%) falling within the 24–35 age range. The majority of children (63.8%) whose mothers participated in this study were aged 0–6 months, with the mean age of 6.0 ± 4.5 months. The mean ages of the nursing mothers and their babies in this study are similar to those reported in Tobi *et al.* [20]. The majority of nursing mothers in this study (76.3%) had a secondary school certificate as their highest level of education. This is similar to the

highest educational level of mothers in a study by Utah-Iheanyichukwu *et al.* [15].

The results of this study show that 76.6% of the respondents had good knowledge of exclusive breastfeeding. This value is higher than the 65.6% reported from Aba North by Utah-Iheanyichukwu *et al.* [15], but lower than the 86.6% found in Kaduna metropolis by Yakubu *et al.* [12] and the 89.2% reported from Isheri-Olofin, Lagos State by Sokanadeaga *et al.* [14]. This may be due to the rural nature of Bomadi LGA.

Furthermore, the results show that 56.5% of the respondents demonstrated good practice of

exclusive breastfeeding. This percentage is higher than the 46.1% found in Ogbomoso and the 52.6% in Owo [6, 8]. It is, however, lower than the values reported in Akadri and Odelola, Kayode *et al.*, Osaro *et al.* and Yakubu *et al.* [7, 9, 11, 12]. The observed difference may be explained from the fact that, like in Ogbomoso and Owo, a good proportion of nursing mothers in Bomadi LGA who had a good knowledge of exclusive breastfeeding did not practice it. However, the 56.5% score is commendable because it is higher than the World Health Assembly target of 50% by the year 2025.

A positive association was found between EBF knowledge and EBF practice among nursing mothers attending primary health care centres in Bomadi LGA for childhood immunisation. A nursing mother with good EBF knowledge is about 15 times more likely to practice EBF than a nursing mother with poor EBF knowledge ($\chi^2 = 89.170$, $p\text{-value} = 0.000$, $OR = 14.972$, $95\% CI = 7.764 - 28.873$). This is similar to what was observed in Chamo, Jigawa State, where mothers of childbearing age with correct knowledge of EBF were found to be 6.2 times more likely to practice EBF compared to those without the knowledge of EBF [21].

CONCLUSION

The majority of nursing mothers in Bomadi Local Government Area of Delta State, Nigeria have good knowledge of exclusive breastfeeding and practice it. Knowledge of exclusive breastfeeding is positively associated with practice of exclusive breastfeeding. Knowledge and practice of exclusive breastfeeding have improved over the years. However, in order to sustain this improvement, more nutrition education and community sensitisation are required.

ACKNOWLEDGEMENTS

The authors are grateful to the primary health care centres and workers who assisted them during the research.

REFERENCES

1. WORLD HEALTH ORGANIZATION. (2023). *Exclusive breastfeeding for optimal growth, development and health of infants*. <https://www.who.int/tools/elena/interventions/exclusive-breastfeeding>
2. UNITED NATIONS CHILDREN'S FUND & WORLD HEALTH ORGANIZATION. (2023). *Global breastfeeding scorecard methodology*. New York, Geneva. <https://www.unicef.org/documents/global-breastfeeding-scorecard-2023>
3. PRETORIUS, C.E., ASARE, H., KRUGER, H.S., GENUNEIT, J., SIZIBA, L.P. & RICCI, C. (2021). Exclusive breastfeeding, child mortality, and economic cost in sub-Saharan Africa. *Pediatrics*, **147**(3): e2020030643. <https://doi.org/10.1542/peds.2020-030643>
4. MOHAMMED, S., YAKUBU, I., FUSEINI, A.G., ABDULAI, A. & YAKUBU, Y.H. (2023). Systematic review and meta-analysis of the prevalence and determinants of exclusive breastfeeding in the first six months of life in Ghana. *BMC Public Health*, **23**: 920. <https://doi.org/10.1186/s12889-023-15758-w>
5. UNITED NATIONS CHILDREN'S FUND. (2024). *On world breastfeeding week, UNICEF and WHO call for equal access to breastfeeding support*. [Press release]. <https://www.unicef.org/nigeria/press-releases/world-breastfeeding-week-unicef-and-who-call-equal-access-breastfeeding-support>
6. OLASINDE, Y.I., IBRAHIM, O.R., IDOWU, A., ODEYEMI, A.O., OLASINDE, A., AGELEBE, E., OGUNLAJA, O.A. & GBADERO, D.A. (2021). Determinants of exclusive breastfeeding practices among mothers of infants less than six months attending an immunization clinic in Southwestern Nigeria. *Cureus*, **13**(6): e15975. <https://doi.org/10.7759/cureus.15975>
7. AKADRI, A. & ODELOLA, O. (2020). Breastfeeding practices among mothers in Southwest Nigeria. *Ethiopian Journal of Health Sciences*, **30**(5): 697–706. <https://doi.org/10.4314/ejhs.v30i5.8>
8. ADEBAYO, A.M., ILESANMI, O.S., FALANA, D.T., OLANIYAN, S.O., KAREEM, A.O., AMENKHIENAN, I.F., ALELE, F.O., AFOLABI, A.A., OMOTOSO, T.B.A. & AYODEJI, O.O. (2021). Prevalence and predictors of exclusive breastfeeding among mothers in a semi-urban Nigerian community: A cross-sectional study. *Annals of Ibadan Postgraduate Medicine*, **19**(1): 31–39.
9. KAYODE, O.O., OYEDEJI, A.S. & ALABI, Q.K. (2023). Factors affecting exclusive breastfeeding practices among working-class women in Osun State, Nigeria. *Journal of Public Health in Africa*, **14**(6): 2191. <https://doi.org/10.4081/jphia.2023.2191>
10. ANYA, O. & IROAGANACHI, C.G. (2021). Assessment of exclusive breastfeeding in the health and developmental status of under-five children who present at the primary health care centre, Aba South LGA, Aba, Abia State. *Abia State University Medical Students' Association Journal*, **13**(1): 13-30.

- <https://www.ajol.info/index.php/asumsaj/article/view/205206>
11. OSARO, B.O., NNADI, N., IKAKITA, Y. & EMORDI, N. A. (2023). Knowledge and practice of exclusive breastfeeding among women in academia in Rivers State, Nigeria. *Greener Journal of Medical Sciences*, **13**(2): 133-143.
<https://www.gjournals.org/2023/09/05/090123089-osaro-et-al/>
 12. YAKUBU, M.I., ODESANYA, R.U., ABBAS, M.Y. & LAWAL, B.K. (2023). Exclusive breastfeeding knowledge and practice among nursing mothers in selected healthcare facilities in Kaduna Metropolis, Nigeria. *African Health Sciences*, **23**(2): 682-93.
<https://dx.doi.org/10.4314/ahs.v23i2.78>
 13. EKELEME, N.C., IWUOHA, E.C., IJEOMA, S.N. & EJKEM, P.I. (2021). Knowledge of exclusive breastfeeding among nursing mothers attending under-5 welfare clinics in a Nigerian tertiary health institution. *European Journal of Medical and Health Sciences*, **3**(3): 112–116.
<https://doi.org/10.24018/ejmed.2021.3.3.914>
 14. SOKAN-ADEAGA, M.A., SOKAN-ADEAGA, A.A., ESAN, D.T., SOKAN-ADEAGA, E.D., OPARAJI, A.K., EDRIS, H. & RAMOS, C.G. (2023). Current knowledge and attitude to exclusive breastfeeding practice among lactating mothers visiting a health facility in Lagos State, Nigeria. *The Open Public Health Journal*, **16**.
<https://doi.org/10.2174/0118749445268425231123091015>
 15. UTAH-IHEANYICHUKWU, C., SAMUEL, J.M., ANAGBAKWUNYE, K.I. & ALLISON, T.T. (2024). Knowledge and effect of exclusive breastfeeding among nursing mothers in Aba North Local Government Area. *Tropical Journal of Engineering, Science and Technology*, **3**(1): 100–107.
<https://tjest.org.ng/index.php/journal/article/view/180>
 16. BRINKHOFF, T. (2022). Bomadi Local Government Area, Nigeria - population statistics, charts, map and location. *City Population*.
https://www.citypopulation.de/en/nigeria/admin/delta/NGA010003__bomadi/
 17. DELTA STATE GOVERNMENT. (2025). *Delta spotlight: Bomadi Local Government Area*.
<https://www.facebook.com/share/1CKDbRfJjz/>
 18. OKORO, A.S. & AGBOUFA, M. (2023). Cooperative society as a tool for rural development: a study of Bomadi LGA, Delta State, Nigeria. *International Journal of Social Science and Education Research*, **5**(1): 15-22.
<https://doi.org/10.33545/26649845.2023.v5.i1a.48>
 19. ADETULA, O.A. & JOHNSON, A.T. (2021). Maternal nutritional knowledge, feeding practices and nutritional status of infants (0-24months) in Ilaro, Ogun State. *International Journal of Food Science and Nutrition*, **6**(1): 74-79.
<https://www.foodsciencejournal.com/6-1-27-423.pdf>
 20. TOBI, N.S., ALEX-HART, B.A. & GEORGE, I.O. (2020). Effect of infant and young child feeding practices on the nutritional status of children 0-24 months of age in Port Harcourt, Nigeria. *Asian Journal of Medicine and Health*, **17**(4): 1-21.
<https://doi.org/10.9734/ajmah/2019/v17i430170>
 21. SABO, A., ABBA, J., USMAN, U.S., SAULAWA, I.M., ALZOUBI, M.M., AL-MUGHEED, K., ALSENANY, S.A. & ABDELALIEH, S.M.F. (2023). Knowledge, attitude, and practice of exclusive breastfeeding among mothers of childbearing age. *Frontiers in Public Health*, **11**:1277813.
<https://doi.org/10.3389/fpubh.2023.1277813>