

Radio Advocacy Programmes and Knowledge and Practice of Exclusive Breastfeeding among Working-Class Nursing Mothers in Enugu Urban of Nigeria

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Abstract

Background: Exclusive breastfeeding is one of the major requirements for a balanced child's health and brain development. It provides essential nutrients, antibodies, and other bioactive components that shield infants from infections and diseases. Despite the numerous benefits, the practice remains sub-optimal in many parts of Nigeria, including Enugu urban.

Objective: This study investigated how radio advocacy programmes influence the knowledge and practice of exclusive breastfeeding among working-class nursing mothers in Enugu, Nigeria.

Method: Adopting descriptive survey research design, 380 working-class nursing mothers residing in Enugu urban were sampled using a multistage sampling technique. The participants were selected from the three local government areas that make up the urban area of Enugu State. The LGAs were Enugu-North, Enugu-South, and Enugu-East. Data were collected using a

structured questionnaire with a consistency coefficient of 0.95, while analysis was done using descriptive statistics and presented using frequency tables.

Results: There was high level of exposed to radio programmes on exclusive breastfeeding among participants, but could not yield the desired attitude and behaviour changes for adherence to the practice due to other variables such as culture, modernisation, and peer influence.

Conclusion: The study concludes that the majority of working-class nursing mothers in the Enugu urban area do not practise exclusive breastfeeding, despite the high level of exposure to radio advocacy programmes on the subject matter. This could be attributed to the nuanced interplay of influences of other key stakeholders in infants' breastfeeding decisions and some socio-cultural inhibitors, such as modernisation, pre-existing misconceptions and the quest to retain breast aesthetics.

Unique Contribution: This study has offered new insight into the increasing influence of intervening variables on the effects of media on the audience. Hopefully, policymakers, healthcare practitioners, and communication experts will find this fresh insight useful in planning future advocacy programmes on exclusive breastfeeding among urban-based nursing mothers.

Key Recommendation: Comprehensive community-based policies and cohesive intervention programmes that involve regular (re)orientation of not just nursing mothers but all key stakeholders in infants' breastfeeding decisions, such as mothers, grandmothers, husbands, caregivers, traditional birth attendants (TBAs), mothers-in-law, and religious leaders, are required to implement EBF among working-class nursing mothers.

Keywords: Breastmilk, Child Nutrition, Child Health, Child growth, Child brain development

Introduction

Leading health organisations globally admonish that a child is fed with breastmilk alone for the first six months of birth before exposure to any other kind of food (Heckman, 2021). This practice is commonly referred to as exclusive breastfeeding (EBF). Studies such as those of Ayantayo (2015) and The World Health Organisation (2020) indicate that breastmilk enhances the development of the senses and reasoning abilities of a child and guides the child against certain illnesses, as well as promotes infants' development physically, mentally and socially. This is so because breastmilk contains certain nutrients that help build and boost an infant's body immunity and reduce the chances of mortality and morbidity.

Meanwhile, corpus literature, among them, Oruamabo (2013), Jama et al. (2020), and Dukuzumuremyi et al. (2020), indicate that the number of infants that are fed exclusively on breastmilk for the first six months of life is disproportionately low globally, particularly in small and middle-income countries such as Nigeria.

While various strategies have been implemented to enhance awareness and practice of exclusive breastfeeding, the potential impact of radio advocacy programmes in urban settings, particularly in Enugu, Nigeria, remains a relatively unexplored area of study. Enugu urban is a culturally diverse area with a rapidly expanding population, posing unique challenges and opportunities for promoting infant health (Aligwe et al., 2019). This underscores the need for systematic and sustained scientific enquiries that promote child health advocacy using the various media apparatuses to reach the key stakeholders in infant breastfeeding decisions.

In this regard, radio is a widely accessible and frequently utilised medium for disseminating health-related information in Nigeria, making it an ideal platform for targeting nursing mothers,

particularly in urban areas. This is because of its ubiquity and ability to transcend illiteracy, geographical obstacles, and barriers, and reach large and heterogenous members of the society (Nwafor, 2019).

Studies have been done in this area. Ayantayo (2015) studied ‘Adherence to exclusive breastfeeding campaigns by nursing mothers attending rural health centres in Akinyele Local Government of Oyo State, Nigeria’. Tomori (2021) probed into ‘Knowledge, attitude and practice of nursing mothers towards exclusive breastfeeding in Oda community of Akure South, Ondo State, Nigeria’, and Marfo and Osei (2015) investigated ‘Rethinking child health security: An introspection of exclusive breastfeeding practice in Yonso Area Council of Ghana’. One major finding that cuts across those studies is that ignorance is the major cause of non-adherence to the practice of exclusive breastfeeding. The major gap in knowledge between those works and the present one is that, whereas most of them focused on illiteracy as the major reason for non-compliance with exclusive breastfeeding among nursing mothers, and as such, focused their studies on non-literate members in remote communities, the possible influence of a nuanced interplay of socio-cultural inhibitors, including peer influences and pre-existing misconceptions, as well as the impact of urbanisation and modernisation, coupled with the increasing quest to retain physical body shapes among present-day city women, has not attracted sufficient scholarly and scientific enquiry as a possible contributory factor to non-compliance with the practice of exclusive breastfeeding in urban areas. Also underexplored are the roles of key stakeholders in infants’ breastfeeding decisions, such as grandmothers, mothers-in-law, and traditional birth attendants (TBAs). This study, therefore, contributes not only to existing body of literature on maternal and child health in Nigeria, but also provides valuable insights for policymakers, healthcare practitioners, and communication experts seeking to optimise radio advocacy programmes for promoting exclusive breastfeeding both in Enugu urban and similar urban settings in Nigeria and beyond.

Theoretical framework

This study adopted the theory of planned behaviour (TPB) as suggested by Icek Ajzen in 1991 in an attempt to predict human behaviour. Ajzen intended to use the theory to explain behaviours over which individuals have the ability to exert self-control in a given issue. The assumption was that human behavioural intentions are influenced by the belief that the behaviour will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome (Ajzen, 1991). The TPB has been used to successfully predict and elucidate a wide range of health behaviours and intentions such as smoking, drinking, health service utilisation, breastfeeding, and substance use (Asare, 2015). Ajzen (1991) presents six frameworks that jointly represent an individual’s actual control over a given behaviour. They include attitude, behavioural intention, subjective norms, social norms, perceived power, and perceived behavioural control.

From the perspective of this study, the first framework, which involves attitude, explains the extent to which a working-class nursing mother in Enugu urban has a favourable or unfavourable evaluation of the behaviour of interest in exclusive breastfeeding. It entails a consideration of the outcomes of performing exclusive breastfeeding to her child or not performing it. The second framework, which has to do with behavioural intention, refers to the degree of the motivational factors that influence the behaviour of a working-class nursing mother in Enugu urban to perform exclusive breastfeeding. The assumption here is that the stronger the intention to perform the behaviour (exclusive breastfeeding), the more likely the behaviour (exclusive breastfeeding) will be performed. The third framework, which involves subjective norms, refers

in this study, to the belief about whether most people approve or disapprove of exclusive breastfeeding behaviour in our context. It entails nursing mothers' beliefs about whether their peers and people of the same social class and status practice exclusive breastfeeding or not. If they consider that people of the same social status perform exclusive breastfeeding, they will do the same; if not, they will not practise it. The fourth framework is social norms. This has to do with nursing mothers' consideration of what society thinks about exclusive breastfeeding before deciding whether to practise it or not. The fifth framework, as enunciated by Ajzen, (1991), talks about perceived power, which implies in the context of this study, the perceived presence of factors that may facilitate or impede exclusive breastfeeding in a family, such as religious beliefs, the health of the mother, opinions of husbands, mothers, mothers-in-law, traditional birth attendants (TBAs), etc. The last framework is perceived behavioural control. This entails nursing mothers' perception of the ease or difficulty of performing exclusive breastfeeding. For instance, a nursing mother who perceives that she is not well-fed to embark on exclusive breastfeeding or that EBF could result in sagging of her breast may not accept to practice EBF.

The researchers applied this theory because it is a useful framework for understanding how individual human behaviour of working-class nursing mothers in Enugu urban influences their decisions to practise or not to practise exclusive breastfeeding. The theory's fundamental assumption is that understanding the basis of human behaviour would help provide enduring solutions to the identified problem, which in the context of this study, is non-adherence to exclusive breastfeeding. A study by Enudi and Okoro (2023) reported that identifying the root cause of a societal problem is the beginning of providing a solution to such a problem.

Methodology

A descriptive survey research design was adopted. This design was found suitable for the study because descriptive survey designs, by their nature, allow for the collection of data from a large number of participants, providing a comprehensive overview of the subject of investigation in a structured and systematic approach. Descriptive survey research design can also be used with ease to explore, describe and explain a given issue. The researchers adopted this design because it enabled them to evaluate how radio advocacy programmes influence knowledge and practice of exclusive breastfeeding among working-class mothers in Enugu urban of Enugu state, Nigeria.

The study was conducted in the three local government areas that make up the area referred to as Enugu urban today. They include: Enugu North, Enugu South and Enugu East. The area comprises ten principal districts: Trans-Ekulu, Uwani, Coal Camp (Ogbaete), Achala layout, Independence layout, New Haven, Ogui, Abakpa, Emene and GRA.

Although the total population of females in the three local government areas was 720,482, according to the National Population Commission and National Bureau of Statistics Estimates (2022), the population of working-class nursing mothers in the area was indeterminate. The researchers relied on the Topman formula for estimating the sample size of an indeterminate population to arrive at 384.

Sampling procedure

The cluster-multistage sampling technique was adopted to select the study participants. In the first stage, Enugu urban, which is made up of ten districts (Trans-Ekulu, Uwani, Coal camp (Ogbaete), Achala layout, Independence layout, New Haven, Ogui, Abakpa, Emene and GRA), was clustered into three local government areas: Enugu North, Enugu South and Enugu East. In the second stage, balloting system where names of all the districts in each of the three LGAs were folded and mixed

in a basket was used to randomly select two districts from each of the LGAs using lucky deeps. Through this method, the districts presented in the table below emerged.

Table 1: Names of LGAs/Districts Studied in Enugu Urban

LGAs	District 1	District 2	Total
Enugu North	New Haven (65)	Ogui (72)	137
Enugu South	Uwani (55)	Achala layout (62)	117
Enugu East	Abakpa (67)	Emene (63)	130
Grand Total	187	197	384

Source: Researchers' Field Survey, September 2023

In the third stage, a proportionate sampling technique was adopted to allocate appropriate numbers of participants to each of the districts, considering their total population size. In the last stage, the researchers adopted a purposive sampling technique to ensure that only working-class nursing mothers of ages 15-40 who reside in the selected areas of study participated. The researchers visited public places such as ministries, markets, schools, hospitals, churches, and homes to select the participants. Other criteria intentionally set for participation in the study included a willingness to participate and residency in the area for at least three (3) months.

Instrument for data collection

The researchers used a structured questionnaire to collect data. The justification for using a structured questionnaire was that it ensures that all participants are asked the same set of questions in the same order, allowing for standardised data collection. This consistency increases the reliability and validity of the study results. A structured questionnaire also helps minimise interviewer bias, as the questions are pre-determined and presented uniformly to all participants. This helps ensure that the data collected is objective and free from subjective interpretation.

The questionnaire was structured to capture both demographic and psychographic data. Three experts, one from the Department of Statistics, the second from the Alex-Ekwueme Federal Teaching Hospital, Abakaliki, and the third from the Department of Mass Communication of Ebonyi State University, Abakaliki, validated the instrument.

To determine the reliability of the instrument, a pilot study was conducted using repeated measures of two-week intervals with 20 participants in Abakaliki urban of Ebonyi state who were not part of the main study. The data were analysed using the Pearson r correlation coefficient and the result showed that the instrument had a consistency coefficient of 0.95, which means that the instrument was reliable for the main study. Data generated were then coded and analysed using descriptive statistics and presented using frequency tables.

Result

From the result generated, out of the 384 copies of the questionnaire distributed, a total of 380, representing 98.9%, were correctly filled, returned, and found usable. Other details of the results of the study are presented in the tables below:

Table 2. Demographic Data of Respondents

Variables	Enugu-North	Enugu-South	Enugu-East	Total
Age (in years)				
18-25	31	29	32	92(24%)
26-33	51	42	48	141(37%)
34-40	42	37	38	117(31%)
41-above	10	9	11	30(8%)
Total	134	117	129	380(100%)
Educational Level				
FSLC/SSCE	33	27	30	90(24%)
OND/HND	41	37	40	118(31%)
Bachelors Degree	46	41	44	131(34%)
Masters and Above	14	12	15	41(11%)
Total	134	117	129	380 (100%)
Status of Marriage				
Married	118	104	108	330(87%)
Divorced	4	3	5	12(3%)
Widow	2	3	4	9(2%)
Single mother	10	7	12	29(8%)
Total	134	117	129	380 (100%)

Source: Researchers' Field Survey, September 2023

The demographic data in Table 2 indicate that majority of the participants were between ages 26 and 33. They were 141(37%). This was followed by those of ages 34- 40 who were 117(31%). The next respondents were 18-25 years old, 92 (24%), and the least were those of 41 years and above, 30 or 8%. Their academic qualifications indicate that majority of them, 131(34%), were Bachelor's degree holders, those with OND/HND were 118(31%), while those with FSLC/SSCE were 90(24%), and those with Masters degree and above were 41(11%). Similarly, an overwhelming majority of them, 330(87%) were married, 29(8%) were single mothers, while 12(3%) were divorced ladies and 9(2%) were widows.

Table 3: Respondents' level of exposure to radio advocacy programmes on exclusive breastfeeding

Variables	Enugu-North	Enugu-South	Enugu-East	Total
High Exposure	103	95	101	299(79%)
Limited exposure	31	22	28	81(21%)
No Exposure	0	0	0	0(0%)
Total	134	117	129	380(100%)

Source: Researchers' Field Survey, September 2023

Data in Table 3 indicate that the majority of the respondents, 299(79%), reported a high level of exposure to radio advocacy programmes on exclusive breastfeeding. Only 81(21) indicated limited exposure, and none reported total ignorance of such advocacy programmes.

Table 4: Respondents' perceptual attitude towards Exclusive Breastfeeding (EBF)

Variables	Enugu-North	Enugu-South	Enugu-East	Total
1. EBF is good and should be compulsory	38	32	33	103(27%)
2. EBF is good but should not be compulsory	45	42	39	126(33%)
3. I know about EBF but do not do it	34	31	29	94(25%)
4. I do not know about EBF	11	7	19	37(10%)
5. I am indifferent about EBF	6	5	9	20(5%)
Total	134	117	129	380(100%)

Source: Researchers' Field Survey, September 2023

The results in Table 4 show that the majority of the respondents, an average of 85%, exhibit a positive perception of exclusive breastfeeding. Only 37(10%) of them do not, and 20(5%) declined comments.

Table 5: Level of practice of exclusive breastfeeding among respondents

Variables	Enugu-North	Enugu-South	Enugu-East	Total
I practise EBF	46	35	38	119(31%)
I do not practise EBF	88	82	91	261(69%)
Total	134	117	129	380(100%)

Source: Researchers' Field Survey, September 2023

The data presented in Table 5 indicate that the majority of the respondents, 261(69%), do not practise exclusive breastfeeding; only 119(31%) reported full adherence to the practice of EBF in Enugu urban of Enugu state.

Table 6: Socio-cultural inhibitors to the practice of EBF among respondents

Variables	Enugu-North	Enugu-South	Enugu-East	Total
Religious beliefs	4	3	7	14(4%)
Influence of mother in-laws, grandmothers and TBAs	27	23	26	76(20%)
Use of prelacteal fluid before the initiation of breastfeeding	36	32	35	103(27%)
Belief that breast milk alone is not adequate source of fluid for infants	42	37	40	119(31%)
Preservation of breast's aesthetics	25	22	21	68(18%)
Total	134	117	129	380(100%)

Source: Researches' Field Survey, September 2023

Data in Table 6 above indicate that a larger percentage of the respondents believe that breastmilk alone was not an adequate source of fluid for infants and consequently use other pre-lacteal fluids. The two variables accounted for 119(31%) and 103(27%) respectively. These outcomes were significantly influenced by the actions of some key stakeholders in infants' breastfeeding decisions, such as grandmothers, caregivers, religious leaders, mothers-in-law and traditional birth attendants (TBAs). This accounted for 76(21%), and the quest to preserve breast aesthetics accounted for 68(18%), while the least was religious beliefs which were 14(4%).

Discussion

The demographic data indicate that most women were young, literate and married. This finding may have implications for this study as most married women of this age, especially the literate working-class ones, usually pay attention to body beauty and breast aesthetics, which may influence their willingness or unwillingness to practice exclusive breastfeeding. This finding is consistent with that of Rinker et al. (2008) in the US town of Kentucky, where 55% of young breastfeeding mothers studied showed concern over adverse changes in breast shape and generally higher body mass index during pregnancy and breastfeeding and consequently supported breastfeeding with pre lacteal fluid and another infant formula. Although the study further identified risks of increases in breast ptosis with each pregnancy, there was no evidence that breastfeeding was a contributory factor. The implication of this finding is that future communication intervention programmes should seek to reassure expectant mothers that feeding

their infants with breast milk alone for the first six months has no significant negative impacts on breast appearance, aesthetics and health of mothers.

The psychographic data show a high level of exposure to radio programmes on EBF as the majority of the programmes were featured on a weekly basis, thereby creating continuous information and education on the subject with the intention of cultivating a positive mental attitude of the audience towards the practice. It was further found that although the majority of the respondents positively perceive exclusive breastfeeding, only a few of them, 84(21%) practice it. On why this was so, the study identified several socio-cultural inhibitors to exclusive breastfeeding among the respondents. Dominant among them was the belief that breast milk alone is not an adequate source of fluid for infants, and consequently, make use of other pre-lacteal fluids such as processed animal milk, particularly for newborns before the actual initiation of breastfeeding. Meanwhile, Joseph and Earland (2019) corroborate that there were certain studies in North-West Nigeria where nursing mothers rejected colostrum (the first milk produced by the mammary glands of a mother immediately after delivery of a newborn), describing it as spoilt milk and fed newborns with processed animal milk while awaiting the clean or 'unspoilt' milk after two to five days. The study further revealed that whereas religious leaders in Islam encourage this practice in northern Nigeria, grandmothers and other key stakeholders in infants' breastfeeding decisions do the same in some parts of southern Nigeria. The study further notes that although participants acknowledged that the actual intention of administering pre-lacteal was to protect the child, it was unknown to them that pre-lacteal rather makes a newborn vulnerable to diarrhoea and other early child-killer diseases.

Therefore, there is a need for more exploration of the influence of religious leaders, grandmothers, mother-in-laws, and TBAs on community infant feeding decisions and how best to use them as key stakeholders in promoting exclusive breastfeeding in communities.

Again, the non-adherence, despite evidence of knowledge and exposure to radio programmes on exclusive breastfeeding among respondents as found in this study, may imply declining media effects on the audience resulting from other variables which could be investigated in further studies. This is particularly important as the present study has faulted the scheduling strategies employed in the advocacy programmes, particularly in the choice of time and language. Scholars such as Okenwa (2014) agree that in most media advocacy programmes, the volume and visibility of the campaigns are of greater value than the information disseminated. In the same vein, Grenier (2014) advises that consistent efforts to protect, support and promote exclusive breastfeeding is essential until it becomes a societal norm.

Conclusion and recommendations

This study concludes that the majority of working-class nursing mothers in the Enugu urban area do not practise exclusive breastfeeding despite reporting a high level of exposure to radio advocacy programmes on the subject matter. This could be attributed to a nuanced interplay of key stakeholders' influences on infants' breastfeeding decisions and other socio-cultural inhibitors, such as peer pressures, modernisation, pre-existing misconceptions, and the quest to retain breast aesthetics.

To address these challenges, comprehensive community-based policies and cohesive intervention programmes would be required, including regular (re)orientation of not just nursing mothers but indeed all key stakeholders in infants' breastfeeding decisions, such as mothers,

grandmothers, husbands, caregivers, traditional birth attendants (TBAs), mother-in-laws, and religious leaders.

In addition, future interventions and advocacy efforts should take a more nuanced approach, incorporating culturally sensitive messages that address modernisation influences and pre-existing misconceptions about exclusive breastfeeding. By recognising and addressing these variables, efforts to promote exclusive breastfeeding among working-class nursing mothers can be more tailored and ultimately more impactful.

Finally, involving community leaders and healthcare professionals in advocacy can enhance effectiveness and reach. Targeted educational programmes that address the specific challenges faced by working-class nursing mothers could also prove more valuable in promoting adherence to exclusive breastfeeding practices.

This study has, therefore, offered a new insight into the increasing influence of intervening variables on the effect of media on the audience. Hopefully, this fresh insight will be useful to policymakers, healthcare practitioners, and communication experts in planning future advocacy programmes on exclusive breastfeeding among urban-based nursing mothers in Enugu state and other locations.

Limitations

Despite the fresh insights offered by this study, it has some limitations. First, the study used a self-reporting instrument. Self-reporting instruments are generally prone to introducing social desirability, particularly as there was no way of validating what the participants reported. For instance, participants were asked to recollect when last they listened to a radio programme on EBF; it is possible that the participants might report inaccuracies. Also, the sampling selection might introduce bias because the study did not adopt random selection; it purposively selected only the working class, which might not be the correct representation of the population of nursing mothers. This makes the result unsuitable for generalisation to other populations. Another limitation was the use of the cross-sectional design. Data collected from cross-sectional studies represent only a small fraction of the target population at a fixed time. The only advantage is that it is cost-effective, and data can be collected in a short amount of time. There is a need for further studies to address the identified limitations.

References

- Ajzen, I. (1991). The theory of planned behaviour. *Organisational behavior and human decision processes*, 5(2) 179–211.
- Aligwe, H. N., Ekwueme, A. C., Nwafor, K. A. & Nweke, S. O. (2019). Roll back malaria campaigns and the use of malaria safety measures in Abakaliki suburbs of Ebonyi State, Nigeria. *International Journal of Humanities and Social Science Invention*, 8 (4), 48-53.
- Asare, M. (2015). Using the theory of planned behavior to determine the condom use behaviour among college students. *American Journal of Health Studies*, 30(1), 43–50., 30(1), 43-50.

- Ayantayo, T. O. (2015). Adherence to exclusive breastfeeding campaigns by nursing mothers attending rural health centres in Akinyele Local Government, Ibadan. *Unpublished long essay*. University of Ibadan.
- Dukuzumuremyi, J.P.C., Acheampong, K., & Abesig, J. (2020). Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: A systematic review. *International Breastfeeding Journal*, 15, (1), 1-17.
- Enudi, S. and Okoro, F. E. (2023). Bottom-to-top approach solution to environmental degradation in the Niger Delta area of Nigeria. *Ianna Journal of Interdisciplinary Studies*, 5(1), 208-291.
- Grenier, T. (2014). *Programs to protect support and promote breast-feeding*. Chicago: Godal Press.
- Hekman, J. J. (2021). *Factors Influencing milk production in nursing mothers*. Montreal: Universite de Montreal press.
- Jama, A., Gebreyesus, H., and Wubayehu, T. (2020). Exclusive breastfeeding for the first six months of life and its associated factors among children age 6-24 months in Burao district, Somaliland. *International Breastfeeding Journal*, 15 (5), 1-8.
- Joseph, F. I. & Earland, J. A. (2019). A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, North West Nigeria. *International Breastfeeding Journal*, 4(38), 19-23.
- Marfo, S. & Osei, B. (2015). Re-thinking child health security: an introspection of exclusive breastfeeding practice in Yonso area council of Ghana. *European Journal of Research in Social Sciences*, 3 (6), 53-62.
- Nwafor, K. A., Ezema, S. I. & Igwebuikwe, O. (2022). Social media use and substance abuse among young people in South-East, Nigeria. *SAU Journal of Management and Social Sciences*, 3(1) 7-14.
- Nwafor, K. A. (2019). *Understanding the dynamics of the history and development of the mass media in Nigeria*. Abakaliki; L & D ChoCho ventures.
- Okenwa, S.N. (2014). *Mass media- uses and regulations*. Enugu: Bismark publications.
- Oruamabo, R. (2013). *Effective promotion of breastfeeding in the 21st century: Promotion of infant and child nutrition*. Zaria: 35th annual conference of the pediatric association of Nigeria.
- Rinker, B., Veneracion, M., & Walsh, C. (2008). The effect of breastfeeding on breast aesthetics. *Aesthetic Surgery Journal*, 28 (5), 534-537.

Tomori, M. O. (2021). Knowledge, attitude and practice of nursing mothers towards exclusivebreastfeeding in Oda community, Akure south, Ondo state. *Acta Scientific Nutritional Health*, 5 (6), 51-59.

World Health Organisation (2020).*Global strategy for infant and young child feeding*. Geneva: Minimum graphics.