

Knowledge, Attitude, and Practices of Exclusive Breastfeeding among Female Traders in two Market Areas in Ibadan Metropolis, Nigeria

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ABSTRACT

Background: Breastmilk is essential for infants' growth and development. Exclusive breastfeeding (EBF) alone in the first 6 months of life is highly recommended for positive outcomes. Less than 30% of children under 6 months in Nigeria are exclusively breastfed. Knowledge, attitude, and, practice (KAP) of breastfeeding varies among working-class-women, however, there is limited information on KAP among female traders.

Objective: This study determined the knowledge, attitudes, and practices of EBF among female traders in two markets in Ibadan.

Methodology: Female traders (n=150) were randomly selected from each market. Interviewer-administered questionnaire was used to obtain data on knowledge, attitude, practice, factors, and challenges encountered during EBF. Data were analyzed using SPSSv24.0.

Results: Fewer respondents in Oje (79.3%) compared with Oja-oba (94.7%) had heard about EBF while a higher percentage of respondents from Oje (73.3%) identified that EBF should be practiced for 6 months than in Oja-Oba (41.3%). Respondents from both markets had positive attitudes toward EBF. EBF practice was higher in Oje (56.7%) compared with Oja-Oba (49.3%). Majority (66.0%) in Oja-oba practiced pre-lacteal feeding prior to EBF. Worry and stress, breast inflammation, sore or cracked nipples were the most commonly reported challenges to EBF.

Conclusion: EBF prevalence in both markets was higher than the Nigerian and global figures but much lower than in the developed nations. Further sensitization of female traders on the importance of EBF and early initiation is required to further improve outcomes.

Keywords: Exclusive-Breastfeeding, Knowledge, Attitude, Practices, Female traders

Received: 11-11-2022

Accepted: 03-02-2023

doi: <https://dx.doi.org/10.4314/njns.v44i1.21>

INTRODUCTION

Breast milk is universally acknowledged as essential for an infant's healthy growth and development (1). Breastfeeding is the simplest, healthiest, and least expensive feeding method

that meets the nutritional requirement of an infant. Exclusive breastfeeding (EBF) is described as giving breast milk alone to the newborn, with no other food or drink, not even water, with the

exception of mineral supplements, vitamins, or medicines in the first six months of life (2). EBF is a part of optimal breastfeeding practices including initiation within the first hour of birth and continuing for at least 2 years in addition to adequate complementary foods (2, 3). EBF is essential to a child's survival and health because it provides essential, irreplaceable nourishment for a child's growth and development. (2). Serving as a child's first immunization, it prevents diarrhoeal disease, gastrointestinal diseases, allergic diseases, respiratory tract infections, obesity, and other non-communicable diseases and life-threatening diseases in life (2, 4, 5)

In many countries, poor infant and young child feeding practices, particularly inadequate breastfeeding, have been highlighted as a major factor in the higher prevalence of child morbidity and mortality (6, 7). It is not only limited to infants but is also linked to an increased risk of diseases including diabetes, hypertension, breast and ovarian cancer, and more among women who breastfeed for a shorter period of time (6). Factors associated with EBF vary between and within countries. Some of these associated factors include; level of education and occupation, breastfeeding knowledge, antenatal breastfeeding counselling, attitude towards breastfeeding, socioeconomic status, type of delivery, infant birth weight, residence, maternal age, and health status, (8-12) among many others.

Globally, only 38% of infants aged 0 to 6 months are exclusively breastfed (7, 13) while 37% were exclusively breastfed in Africa in 2017 (14). In Nigeria, 28.7% of children under 6 months of age according to 2018 NDHS were exclusively breastfed (15). In 2012, the World Health Assembly Resolution set a target of a 50% increase in rate of EBF in the first 6 months of life by 2025 (2). Knowledge, attitude and practice of EBF among working class mothers such as bankers (16), doctors (17), healthworkers (18) etc have been reported, but literature determining the knowledge, attitude and practice of EBF among traders is scant. Hence, the aim of this study is to determine the knowledge, attitude, and practices of EBF among traders in two prominent

markets in Ibadan, Oyo State, Nigeria.

1. Materials and Methods

Study design and location

This was a descriptive cross-sectional study among female traders who have breastfed for the past 6-24 months located in 2 market areas in Ibadan. The market locations were Oja-Oba and Oje markets in Ibadan. These two markets are traditional markets that are highly predominant (19).

Oja Oba is located in the centre of Ibadan in the South East Local Government Area. It is situated opposite the Olubadan palace beside the Ibadan central city hill, at Mapo Hill. This market location favours trading from across the country including traders from Lagos, Abeokuta, neighbouring towns and as far as the Northern Nigeria (20). Oje market, one of the largest markets in Ibadan, is located in Ibadan North East Local Government Area. It is also one of the oldest markets dating over 100 years of existence in Ibadan. It usually attracts both indigenous and international traders and visitors (21).

Sampling and eligibility criteria

Simple random sampling technique was used to select respondents from both markets. All female traders with infants 6-24 months in selected markets were eligible respondents. Non-consenting female traders with infant's 6-24 months and female traders who had no infant aged 6-24 months were exempted from the study. Using a prevalence rate of 23% EBF in Nigeria (22), a total of 300 respondents were recruited for this survey. A total of 150 mother and child pair were selected from each market.

Data Collection procedure

Interviewer-administered structured questionnaire was used to collect data on the knowledge, attitude and practice of EBF, challenges and factors encountered during EBF. The questionnaire was divided into sections: socio-demographic status, knowledge of EBF practices, belief and attitude towards EBF, EBF practices, factors that influence EBF, and challenges encountered during breastfeeding practices. The belief and attitude of respondents

towards EBF was assessed using a 3point likert scale ranging from 1 =disagree to 3= agree.

Breastfeeding knowledge was assessed by questions on the fundamental understanding of exclusive breastfeeding and the advantages of exclusive breastfeeding such as awareness of EBF, duration of EBF, and breastfeeding initiation. Attitude towards breastfeeding was assessed with statements assessing the economic implication of EBF, child-spacing, mother-infant bond, health benefit, etc. EBF practice was assessed using questions that determined breastfeeding initiation and duration, pre-lacteal feeding; the type and reason.

Verbal informed consent was obtained from respondents and participants were assured of confidentiality.

Data analysis

Data analysis was carried out using SPSS v24.0. Descriptive statistics were used to describe maternal demographic and socioeconomic characteristics, prevalence of EBF, knowledge, attitudes and practice of EBF.

2. RESULTS

Socio-demographic and socio-economic characteristics of respondents

The mean ages of female traders were 30.5 ± 6.918 and 29.7 ± 8.001 in Oja-oba and Oje markets respectively. Most of the infants (64% and 52.7%) were females and their mean ages were 4.78 ± 1.347 and 7.51 ± 3.956 in both Oja-Oba and Oje markets respectively. A majority were married (67.3% and 64.6%), from the Yoruba ethnic group (55.3% and 77.3%) and almost half (46.7% and 46%) practiced Islam respectively. A majority in both Oja-oba and Oje markets had tertiary education (42.7% and 67.3%) with a mean household size of 4.78 ± 1.347 and 4.89 ± 1.265 for Oja-Oba and Oje respectively. In Oja-oba, 54% of the traders sold provisions while 41.3% in Oje sold fruits and vegetables sales in Oje market. Majority of the traders spouses in both Oja-oba and Oje (28% and 45.3%) were civil servants and (28% and 34.7%) and traders. Most (32.7% and 38.7%) of the female traders in the both markets specified

that their household monthly income was between ₦30,001-₦60,000, 70.7% and 86% had vaginal delivery (Table 1).

Knowledge and practice of EBF practices among respondents

Majority (94.7% and 79.3%) of the traders in both Oja-oba and Oje have heard of EBF before, and a little above half (52.7% in both markets) defined EBF as giving the baby breast milk only while 17.3% and 10.7% of traders in Oja-Oba and Oje markets defined EBF as giving the baby breast milk and water only. They (46.7% and 47.3%) indicated to have heard about EBF practices through health workers during antenatal clinic visits while (30.6% and 20%) stated that they heard it from their family members/friends. More respondents in Oje (73.3%) than Oja-oba (41.3%) indicated that the duration for EBF practices was between 0-6 months and that breastfeeding should be initiated within the first hour of birth (75.4% in Oja-Oba and 76.0% in Oje). A Majority (56% and 71.3%) of the traders in both markets initiated breastfeeding within the first hour of birth. More respondents from Oje (56.7%) practiced EBF compared to respondents in Oja-oba (49.3%). About 66% and 46% of the female traders in Oja-Oba and Oje markets identified practicing pre-lacteal feeding. And 36% and 20% of the female traders in Oja-Oba and Oje markets stated that the type of pre-lacteal feeding they have practiced before was glucose with water (Table 2a and 2b).

Attitudes towards EBF practices among female traders

Table 3 shows that most (62.0% and 41.3%) of the female traders agreed that EBF practices saved money in both markets. Likewise, 74.6% and 76.0% of the female traders in Oja-Oba and Oje markets agreed that EBF practices would help the infant to grow healthy and prevent sickness. In Oja-oba and Oje markets, 38.6% and 55.3% respectively disagreed that EBF leads to nipple problems while 27.3% and 26.7 respectively were neutral. More women (66.0%) in Oje compared to Oja-oba (63.3%) strongly agreed that EBF practices has maternal benefits like reduction of

breast heaviness and breast pain. Results further showed that 60.7% and 64.0% of female traders in Oja-Oba and Oje markets agreed that EBF practices creates bond between the mother and the infant while 44.3% and 58.7% of female traders in both markets agreed that EBF practices helped in child spacing. In Oja-oba and Oje markets, 53.5% and 64.6of mothers agreed that EBF practices protected nursing mothers against breast and ovarian cancer. Most (30.0% and 27.3%) of the female traders in both markets had a neutral perception to the statement of EBF practices preventing nursing mothers from getting pregnant. Results also showed that 32.0% and 42.0% of the female traders in both markets specified that breast milk was not sufficient for the infant in the first six months of life.

Factors that influenced EBF practices among respondents

This study revealed that educational level (50.7% and 43.3%), occupation (68.0% and 94.0%), age (47.4% and 67.4%), lack of adequate information (59.3% and 59.3%), experience (47.3% and 42.0%), economic factors (51.4% and 39.3%) are identified factors that influence EBF among respondents. Maternal health status (61.3% and

70.7%), mode of delivery (56.6% and 74.0%), were also identified. However, 32.0 and 17.3%, 32.7% and 15.3%, and 20% and 18% of the respondents from Oja-oba and Oje markets disagreed that cultural beliefs, society norms and child's health influence EBF practices (Figure 1).

Challenges encountered during EBF among respondents

Mothers in both markets identified the different challenges encountered during EBF. Mothers in Oje experienced breast inflammation (71.3%), sore or cracked nipples (74.0%), insufficient breastmilk production (64.0%), emotional stress (64.7%), dissatisfaction and discomfort breastfeeding in public spaces (59.3%), difficulty combining breastfeeding with other duties (66.0%), socio-cultural pressure to introduce water and formula (58.7%), lack of family and societal support (56.0%) and worry and stress (80.0%) more than mothers in Oja-oba market.

Female traders in Oja-oba market experienced short maternity leave (47.3%), and were concerned about breast milk alone not meeting the nutritional needs of the baby (54.7%) than female traders in Oje market (Figure 2).

Table 1. Social-demographic and socio-economic characteristics of respondents

| Variables | Oja-Oba market (150) | | Oje market (150) | |
|--|----------------------|---------|-------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| Age (years) | 30.5±6.918 | | 29.7±8.001 | |
| < 20 | 8 | 5.3 | 9 | 6.0 |
| 20 – 30 | 33 | 22.0 | 81 | 54.0 |
| 31 – 40 | 46 | 30.7 | 46 | 30.7 |
| 41 – 50 | 7 | 4.7 | 18 | 12.0 |
| 51 – 60 | 2 | 1.3 | 0 | 0.0 |
| Gender of infant | | | | |
| Male | 54 | 36.0 | 71 | 47.3 |
| Female | 96 | 64.0 | 79 | 52.7 |
| Infant's age (months) | 4.78±1.347 | | 7.51±3.956 | |
| 6 – 12 | 50 | 33.3 | 50 | 33.3 |
| 13 – 16 | 70 | 46.7 | 70 | 46.7 |
| 17 – 18 | 27 | 18.0 | 27 | 18.0 |
| 19 – 24 | 3 | 2.0 | 3 | 2.0 |
| Marital Status | | | | |
| Single | 36 | 24.0 | 43 | 28.7 |
| Married | 101 | 67.3 | 97 | 64.6 |
| Separated/Divorced | 10 | 6.7 | 9 | 6.0 |
| Widowed | 3 | 2.0 | 1 | 0.7 |
| Ethnic Background | | | | |
| Yoruba | 83 | 55.3 | 116 | 77.3 |
| Igbo | 39 | 26.0 | 25 | 16.7 |
| Hausa | 28 | 18.7 | 9 | 6.0 |
| Religion | | | | |
| Christianity | 71 | 47.3 | 79 | 52.7 |
| Islam | 70 | 46.7 | 69 | 46.0 |
| Traditional worship | 9 | 6.0 | 2 | 1.3 |
| Female traders educational status | | | | |
| No formal education | 17 | 11.3 | 6 | 4.0 |
| Primary education | 26 | 17.3 | 3 | 2.0 |
| Secondary education | 43 | 28.7 | 40 | 26.7 |
| Tertiary education | 64 | 42.7 | 101 | 67.3 |
| Household size | 4.78±1.347 | | 4.89±1.265 | |
| 1 – 5 | 130 | 86.7 | 140 | 93.3 |
| 6 – 10 | 19 | 12.6 | 8 | 5.3 |
| 11 – 15 | 1 | 0.7 | 2 | 1.3 |
| Nature of business | | | | |
| Provisions | 81 | 54.0 | 59 | 39.3 |
| Fruits and vegetables | 29 | 19.3 | 62 | 41.3 |
| Drinks | 10 | 6.7 | 13 | 8.7 |
| Spices | 22 | 14.7 | 15 | 10.0 |
| Materials | 7 | 4.7 | 1 | 0.7 |
| Chemist | 1 | 0.7 | 0 | 0.0 |
| Occupation of spouse | | | | |
| Civil servant | 42 | 28.0 | 68 | 45.3 |
| Artisan | 31 | 20.7 | 19 | 12.7 |
| Farmer | 28 | 18.7 | 9 | 6.0 |
| Trader | 42 | 28.0 | 52 | 34.7 |
| Clergy | 7 | 4.7 | 2 | 1.3 |
| Spouse educational level | | | | |
| No formal education | 11 | 7.3 | 3 | 2.0 |
| Primary education | 15 | 10.0 | 4 | 2.7 |
| Secondary education | 54 | 36.0 | 25 | 16.7 |
| Tertiary education | 70 | 46.7 | 118 | 78.7 |
| Monthly household income (₦) | | | | |
| <30,000 | 32 | 21.3 | 38 | 25.3 |
| 30,001 – 60,000 | 49 | 32.7 | 58 | 38.7 |
| 60,001 – 90,000 | 27 | 18.0 | 24 | 16.0 |
| 90,001 – 120,000 | 20 | 13.3 | 10 | 6.7 |
| > 120,000 | 22 | 14.7 | 20 | 13.3 |
| Mode of delivery | | | | |
| Vaginal | 106 | 70.7 | 129 | 86.0 |
| Caesarean section | 44 | 29.3 | 21 | 14.0 |
| Parity | | | | |
| Primiparous | 61 | 40.7 | 48 | 32.0 |
| Multiparous | 89 | 59.3 | 102 | 68.0 |

Table 2a. Knowledge of EBF practices among respondent

| Variables | Oja-Oba market (n=150) | | Oje market (n=150) | |
|--|-------------------------------|----------------|---------------------------|----------------|
| | Frequency | Percent | Frequency | Percent |
| Heard of EBF practices before | | | | |
| Yes | 142 | 94.7 | 119 | 79.3 |
| No | 8 | 5.3 | 31 | 20.7 |
| If yes, explain | | | | |
| Giving the baby breast milk only | 79 | 52.7 | 79 | 52.7 |
| Giving the baby breast milk and water only | 26 | 17.3 | 16 | 10.7 |
| Giving the baby breast milk and other infant food | 21 | 14.0 | 12 | 8.0 |
| Giving the baby water, breast milk and other infant food | 14 | 9.3 | 3 | 2.0 |
| I do not know | 2 | 1.3 | 9 | 6.0 |
| Means of information about EBF practices | | | | |
| Health workers during antenatal clinic visits | 70 | 46.7 | 71 | 47.3 |
| Family members/friends | 46 | 30.6 | 30 | 20.0 |
| Media like television, radio | 16 | 10.7 | 23 | 15.3 |
| Personal research | 15 | 10.0 | 23 | 15.3 |
| School | 3 | 2.0 | 3 | 2.0 |
| Duration for EBF practices (month) | | | | |
| <6 months | 33 | 22.0 | 12 | 7.9 |
| 6 months | 62 | 41.3 | 110 | 73.3 |
| >6 months | 55 | 36.7 | 28 | 18.7 |
| Period of initiation of breastfeeding practices | | | | |
| I do not know | 16 | 10.7 | 34 | 22.7 |
| Within the first hour of birth | 113 | 75.4 | 114 | 76.0 |
| 24 hours after delivery | 21 | 14.0 | 2 | 1.3 |

Table 2b. Practice of EBF practices among respondent

| Variables | Oja-Oba market (n=150) | | Oje market (n=150) | |
|---|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| Initiation of breastfeeding on time | | | | |
| Yes | 84 | 56.0 | 107 | 71.3 |
| No | 66 | 44.0 | 43 | 28.7 |
| If no, reason for late initiation of breastfeeding | | | | |
| Colostrum is dirty | 15 | 10.0 | 7 | 4.7 |
| No breast milk | 19 | 12.7 | 12 | 8.0 |
| Mother's health | 15 | 10.0 | 6 | 4.0 |
| Infant's health | 8 | 5.3 | 12 | 8.0 |
| No reason | 9 | 5.3 | 6 | 4.0 |
| Previously practiced EBF | | | | |
| Yes | 74 | 49.3 | 85 | 56.7 |
| No | 76 | 50.7 | 65 | 43.3 |
| If no, reason | | | | |
| Nature of work | 24 | 16.0 | 9 | 6.0 |
| Too stressful | 12 | 8.0 | 0 | 0.0 |
| Breast nipple and pain | 14 | 9.3 | 15 | 10.0 |
| Insufficient breast milk supply | 16 | 10.7 | 7 | 4.7 |
| Medical reasons such as breast disease or HIV | 1 | 0.7 | 0 | 0.0 |
| Child's health status/born premature | 3 | 2.0 | 1 | 0.7 |
| Lack of awareness | 5 | 3.3 | 30 | 20.0 |
| Husband's refusal | 1 | 0.7 | 3 | 2.0 |
| Previously practiced pre-lacteal feeding | | | | |
| Yes | 99 | 66.0 | 69 | 46.0 |
| No | 51 | 34.0 | 81 | 54.0 |
| If yes, type of pre-lacteal feeding practiced | | | | |
| Plain water | 17 | 11.3 | 13 | 8.7 |
| Glucose with water | 54 | 36.0 | 30 | 20.0 |
| Infant formula | 28 | 18.7 | 26 | 17.3 |
| Reason for practicing pre-lacteal feeding | | | | |
| Breast milk did not flow | 67 | 44.7 | 52 | 34.7 |
| It is a tradition | 9 | 6.0 | 6 | 4.0 |
| Baby was hungry | 23 | 15.3 | 11 | 7.3 |

Table 3. Attitudes towards EBF practices among respondent

| Attitude | Oja-Oba market (150) | | | Oje market (150) | | |
|--|----------------------|-----------|------------|------------------|-----------|------------|
| | Disagree | Neutral | Agree | Disagree | Neutral | Agree |
| | Freq(%) | Freq(%) | Freq(%) | Freq(%) | Freq(%) | Freq(%) |
| EBF practices saves money | 23 (15.4) | 34 (22.0) | 93 (62.0) | 49 (32.7) | 39 (26.0) | 62 (41.3) |
| EBF practices will help the infant to grow healthy and prevent sickness | 17 (11.3) | 21 (14.0) | 112 (74.6) | 15 (10.0) | 21(14.0) | 114 (76.0) |
| EBF practices will lead to nipple problems | 58 (38.6) | 41 (27.3) | 51 (34.0) | 83 (55.3) | 40(26.7) | 27 (18.0) |
| EBF practices has maternal benefits like reduction of breast heaviness and breast pain | 30 (20.0) | 25 (16.7) | 95 (63.3) | 20 (13.3) | 31(20.7) | 99 (66.0) |
| EBF practices create bond between the mother and the infant | 32 (21.3) | 27 (18.0) | 91 (60.7) | 7 (4.7) | 47(31.3) | 96 (64.0) |
| EBF practices helps in child-spacing | 47 (31.3) | 32 (21.3) | 71 (44.3) | 26 (17.3) | 36(24.0) | 88 (58.7) |
| EBF practices protects the nursing mother against breast and ovarian cancer | 24 (16.0) | 46 (30.7) | 80 (53.3) | 30 (20.0) | 23(15.3) | 97 (64.6) |
| EBF practices prevent the nursing mother from getting pregnant | 46 (30.7) | 42 (30.0) | 62 (41.3) | 41 (27.3) | 41(27.3) | 68 (45.3) |
| Breast milk only is not sufficient for the infant throughout the first 6 months of life | 48 (32.0) | 30 (20.0) | 72 (48.0) | 63 (42.0) | 19(12.7) | 68 (45.3) |

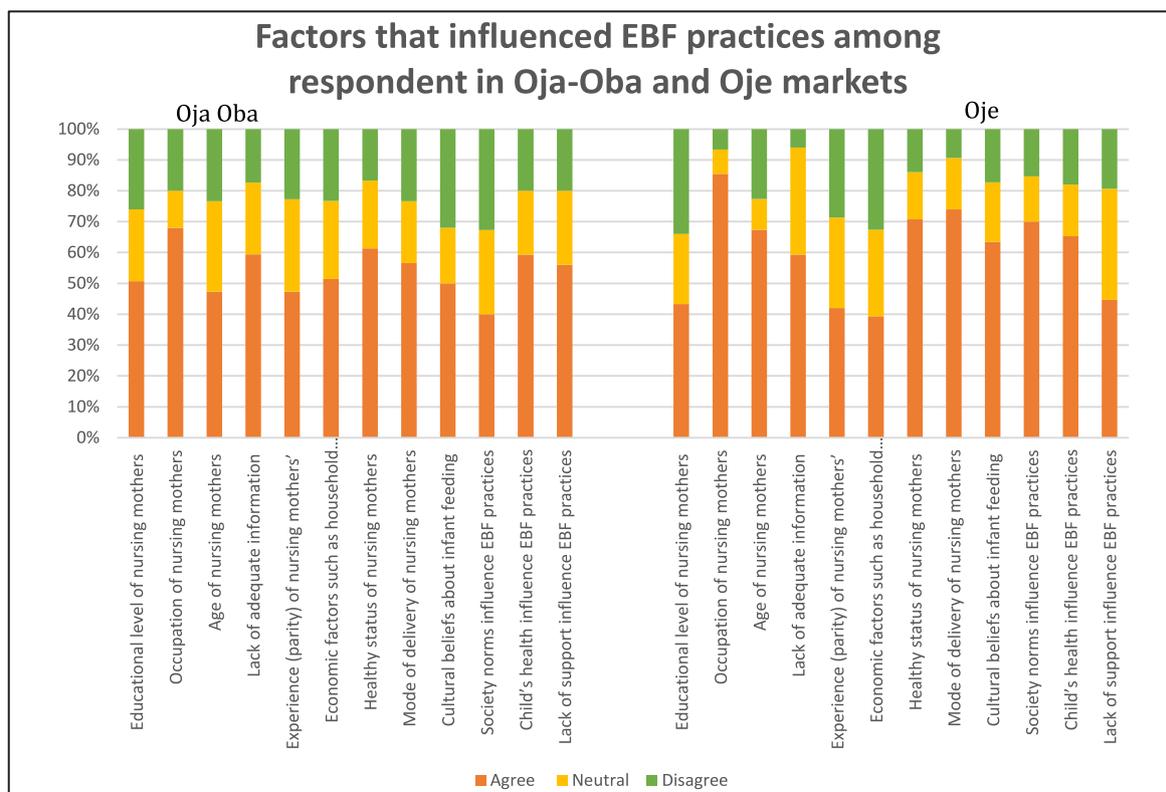


Figure 1: Challenges that influenced EBF practices among respondents

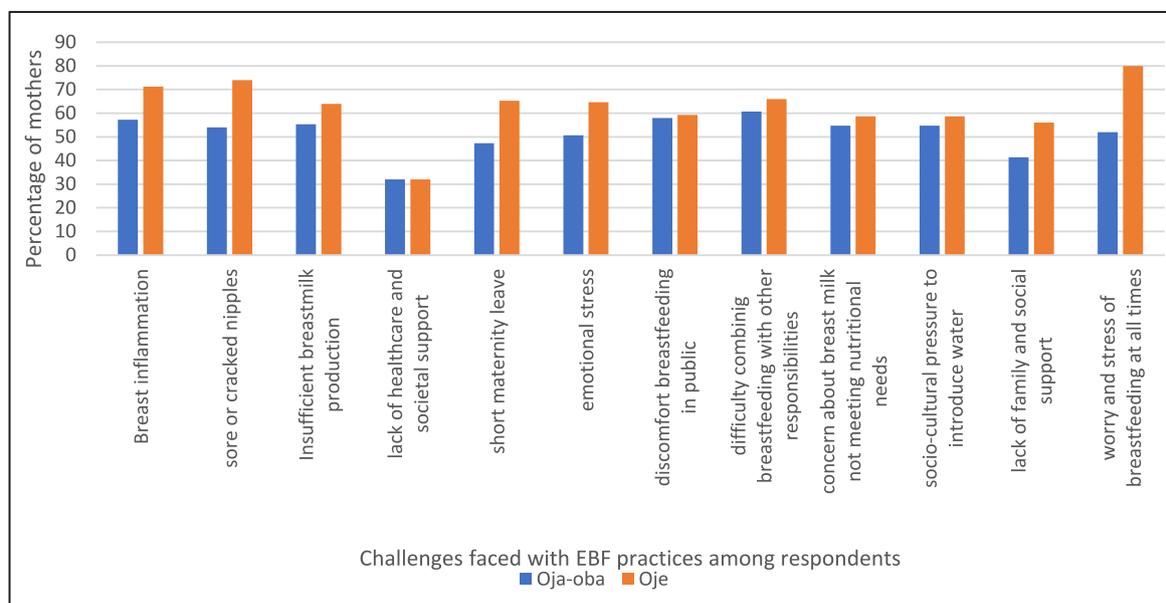


Figure 2: Challenges encountered during EBF practices among respondent

DISCUSSION

This study investigated the knowledge, attitude, and practices (KAP) of EBF among female traders with children 6-24 months in two selected markets in Ibadan, Oyo state. Majority of the respondents were within ages 20 – 40 years with a mean age of 30.5 ± 6.918 in Oja-oba market and 29.7 ± 8.001 in Oje market. This is similar to the study in Osun state, Nigeria (23), and in Ethiopia (24). This is indicative of the fact that the respondents were matured (>18 years of age) and are able to make informed decisions. Almost all of the respondents in both Oja-oba and a majority in Oje markets had heard about EBF which is similar to studies conducted both locally and internationally. Two studies in Osun state Nigeria found 97.6% (23) and 88.0% (25) of the mothers were aware of EBF. Similarly, a study in Ethiopia found that majority of the mothers (93.6%) had heard about EBF (26). A literature review of the KAP of EBF among mothers in East Africa revealed that a large percentage of mothers (96.2%) had heard about EBF (27). This shows that the number of female traders in Oje who had heard about EBF is low compared to other studies. This indicates the need for increased awareness among this group of female traders. Information on EBF among respondents in this study was obtained from health workers during antenatal clinic. This proportion is however lower compared to the rate observed by other similar studies (23, 25, 26, 28) which falls within the range of 62.7% and 92.7%, and a literature review (67.8%) conducted by (27).

Respondents in this study had good knowledge about EBF. A majority identified that EBF should be practiced for 6 months and initiated within the first hour of birth. An Ethiopian study found 34.7% of mothers indicate the recommended duration of EBF, while similar to this present study, 73.2% identified that breastfeeding should be initiated immediately after birth (26). In a Kenyan study, 91.5% of the mothers identified that breastfeeding should be initiated within the first hour of birth (29). Similarly, a Nigerian study indicated the 75.0% of the respondents mentioned that breastfeeding be initiated immediately after birth (23). A study in Ibadan

among hairdresser apprentices found that a lesser percentage of mothers knew that infants should be fed breastmilk only for the first 6 months of life and should be initiated within the first hour of birth (30). This good knowledge on EBF reflected in the timely initiation among respondents which was 56.0% among Oja-oba female traders and 71.3% among Oje female traders. This result exceeds a study which found that less than 40% of the respondents in Ogun state initiated breastfeeding the first hour of birth (31) while another in Edo state found 44.5% initiated breastfeeding early – (32). This could be as a result of exposure to counselling on breastfeeding received at antenatal clinics by the respondents in this present study. It could also be due to the experience mothers in this present study have gained being multiparous. Among Oja-oba female traders, lack of production of breastmilk was a major stated reason why breastfeeding was not initiated on time among mothers who did not initiate breastfeeding within the first hour of birth.

The prevalence of EBF among studied participants was 49.3% in Oja-oba and 56.7% in Oje with the nature of work being the foremost reason for the low practice among Oja-oba respondents. This is similar to studies such as in Ogun state (31) and Benue state (33) but higher than in Edo state (36.6%) – (32). This implies that although breastfeeding is common in Nigeria, the general trend of its practice is below the WHO's recommendation. A low EBF prevalence rate was recorded among participants in Bangladesh (8). A majority of the respondents in Oja-oba market practiced pre-lacteal feeding especially glucose with water basically because there was low production of breastmilk. An Ethiopian study (20) recorded a lower rate (19.9%) of pre-lacteal feeding with formula milk being the major pre-lacteal offered. Similarly, 22.6% of SouthWestern Ethiopian respondents (22) offered plain water as pre-lacteal. In Kenya, 37.7% of respondents gave plain boiled water as pre-lacteal to their infants (29). In Sokoto, Nigeria, 41.9% of the mothers reported giving glucose majorly as pre-lacteal as a tradition (34). A study in Ibadan identified among respondents that feeding infants under 6

months with water, infant cereal or gruel and herbal tea is important for their survival (30). Early initiation of breastfeeding is associated with the reduction of infection-specific neonatal mortality (32). Therefore, this low rate of early initiation of breastfeeding is indicative of a probable high rate of infection among the populations' infants.

In general, the respondents had a good attitude towards EBF such as EBF helps the infant grow well, has maternal benefits, creates bond between mother and child, protects mother against breast and ovarian cancer. A review in East Africa also indicates that mothers agree that EBF are healthier and it creates bond between mother and child (27). Similarly, Kenyan and Nigerian studies records that mothers agreed that EBF babies are healthier (29, 35). However, less than half of female traders in Oja-oba disagreed and were neutral about EBF preventing pregnancy. This is similar to the result from the literature review in East Africa where less than half of respondents disagreed also (27). A number of the respondents in both Oja-oba and Oje markets disagreed with the idea that breastmilk is sufficient for an infant for the first 6 months of life. This is lower but similar to the results (52.3%) of the literature review in East Africa (27). Similarly, mothers in a study in south-western Ethiopia (26) disagree that EBF is sufficient for the first 6 months of life.

The factors majorly identified by respondents to influence EBF include maternal educational level, occupation, age, adequate information, health status, mode of delivery, child's health, availability of support as well as cultural beliefs. This is in tandem with previous research in Nigeria (28, 32, 36). Support especially by spouses is of utmost importance and has been identified from literature as a contributing factor to positive EBF practice in Nigeria (23).

The challenges majorly encountered by mothers include breast inflammation, sore or cracked nipples, insufficient breastmilk production, emotional stress, dissatisfaction and discomfort breastfeeding in public spaces, difficulty combining breastfeeding with other duties, socio-cultural pressure to introduce water and formula, lack of family and societal support and worry and

stress. This is similar to other studies (31, 35). The breast inflammation and sore or cracked nipples can be due to frequent suckling by the infant as well as breastfeeding associated stress. It can also be due to poor latching by the infant or positioning. It is therefore essential to train mothers on proper breastfeeding posture. Studies have shown women without lactation problems are more likely to practice EBF (31)

Limitation of study

Breastfeeding practice information was obtained based on recall from respondents and can be subject to recall bias. Data collected for this study was quantitative. Future research can use qualitative methods to obtain information.

Conclusion and Recommendation

Female traders with infant 6-24 months in Oje market were found to have better knowledge, attitude and practice of EBF than their counterparts in Oja-oba market. Oja-oba female traders also had a high prevalence rate of pre-lacteal feeding. This is indicative of the need for further sensitization of female traders on the importance of EBF and adequate practice of it. It is imperative to research the KAP of more female traders and develop intervention strategies to ensure that these group of people are adequately captured in breastfeeding sensitizations.

Acknowledgement

We choose to acknowledge the market heads and leaders who made data collection seamless among the market traders. We also thank the participants for their time.

DISCLOSURE

Ethics approval and consent to participate

Ethical approval was obtained before the research commenced and informed consent was obtained from every participant before proceeding. Approval was also obtained from market heads of the respective markets.

Conflict of Interest

The authors declare no conflict of interest.

Funding

This research was self-funded

Authors contribution

All authors contributed to the conceptualization, validation, data analysis and writing of this research work.

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