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Abstract

The study investigates the social-demographic factors influencing exclusive breastfeeding predisposition among employed nursing mothers in the urban area of the Ibadan metropolis. The investigation embraced a cross-sectional survey plan. The targeted populace were mothers who have newborn children between 0-6 months old and living with family members, attending private or public hospitals in Ibadan North LGA, Oyo State. Three hundred (300) urban nursing mothers were sample in the study through purposive sampling technique from among the nursing mothers attending immunization and postnatal clinics in private and public hospitals. The average age was 30.33 years (S.D = 5.8). The average number of pregnancies experienced was 4.56 (S.D = 2.34). 2.1% were single, 76.9% were married, 15.15 separated, and 5.5% were widowed. The average family size was 6.92 ± 2.11 . The Nursing mothers responded to questionnaires probing for socio-demographic characteristics and Attitude towards exclusive breast-feeding scale ($\alpha = .71$). The Objectives of the study were tested Multiple Regression Analysis (MRA) at 0.05 level of significance. Socio-demographic characteristics on attitude towards exclusive breastfeeding behavior ($R^2 = 0.30$, $F(9,236) = 9.82$, $p < .01$). Maternal age ($\beta = -.26$, $t = -3.80$) and parity ($\beta = -.31$, $t = -3.83$) predicted nursing mothers on attitude towards exclusive breastfeeding behavior. It was advised that Health care specialists must be alive to their obligations in infant nutritional instruction and health advancement to the mothers of under-fives and the overall general public.

Keywords

Attitude towards breast-feeding; Exclusive breast feeding; Maternal age; Parity

Exclusive breastfeeding (EBF) refers to the sole intake of breast milk by an infant from the mother or wet nurse or expressed milk with no additives (solid or liquid) except for drugs, vitamins, or mineral supplements. EBF is the natural way to feed a child that creates a bond through developing trust and a sense of security between the mother and child (Uchendu, Ikefuna & Emordi, 2009a). The WHO recommends an infant is fed solely with breast milk during the first six

months, followed by the gradual introduction of semi-solid and solid foods to augment breast feeding until the child is able to ingest the common diet or traditional food. Exclusive breastfeeding is important for an infant's health. Breast milk is nutritious, gives the child vigor, protects from diseases, and promotes robust growth and intellectual development (Balogun, Okpalugo, Ogunyemi & Sekoni, 2017; Lauer, Armenti, Henning, & Sirois, 2019). However, despite increased awareness in recent times, breastfeeding practices have declined due to urbanization, the marketing of infant milk formulas, and maternal employment outside the home (Ashoka, Shwetha & Mahesh, 2016; Osibogun, Olufunlayo, & Oyibo, 2018).

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Nigeria's urban population has increased rapidly over the past 50 years. At the current growth rate of about 2.8%–3% a year, Nigeria's urban population is expected to double by 2050 (Aliyu & Amadu, 2017). In the 1950s, Ibadan city was the largest; however, it has since been overtaken by Lagos and Kano. Despite this, it still has the largest landmass and a population of over 3.16 million (Bloch, Fox, Monroy, & Ojo, 2015). Today, urbanization trends in Nigeria are quite alarming. The towns and cities are growing at annual rates of between 5% and 10% (Aliyu & Amadu, 2017). Currently, the basic infrastructures are insufficient and social and economic inequities in urban areas are resulting in urban decay due to the lack or breakdown of basic services, including portable water supplies, electricity, efficient city transport services, affordable housing, and waste disposal systems. Working breastfeeding mothers are equally affected and now spend a greater time commuting to and from work with longer hours outside the home and no facilities to breastfeed their infant (Osibogun, Olufunlayo, & Oyibo, 2018).

Currently, EBF behavior among working mothers is on the decline in urban municipalities in Nigeria (Balogun et al., 2017). Nation-wide, Olayemi et al. (2014) reported low rates of exclusive breastfeeding practice in selected cities, including Ibadan, which is as low as 16%. Also, in a city in the same region as Ibadan, researchers found that exclusive breastfeeding practice declined from 56% (at initiation) to 28.5% at 6 months post-delivery among working women from urban centers (Osibogun, Olufunlayo, & Oyibo, 2018). Regionally, barriers to exclusive breastfeeding have included baby appetite (29%), maternal health challenges (27%), overdependence on breast milk (26%), breast pains (25%), pressure from mother-in-law (25%), and work/business resumption (24%) (Agunbiade & Ogunleye, 2012).

Studies have found that EBF determinants include occupation and age of working mothers' nation-wide (Olayemi et al., 2014). In addition, Akinola, Dairo, and Adekunle (2018) reviewed a ten-year trend that demonstrated mothers' age, religious affiliation, marital status, and educational attainment were associated with breastfeeding practices over the years, according to data aggregated in the south-west. In Ibadan, studies of working breastfeeding mothers are

few, and results have been mixed. In Ibadan, Lawoyin et al. (2001) demonstrated infant age and maternal occupation were associated with exclusive breastfeeding, while Ohaeri and Bello (2016) found that occupation was the major factor associated with exclusive breastfeeding in a combined population of working and non-working mothers. No study has addressed how socio-demographic variables determine exclusive breast feeding among working mothers in Ibadan city.

This study concentrated on socio-demographic factors and common trends among working women in urban centers, such as high levels of awareness and knowledge of the benefits of exclusive breastfeeding practice (Agunbiade & Ogunleye, 2012; Balogun et al., 2017; Ihudiebube-Splendor et al., 2019; Lawoyin et al., 2001; Ohaeri & Bello, 2016; Osibogun, Olufunlayo, & Oyibo, 2018). Despite these, the trend continues to decline and the modifying factors in breastfeeding health belief attitudes responsible for this decline include demographic variables, social pressure, and personality (Brown, 2013; Casal, Lei, Young, & Tuthill, 2016; Ihudiebube-Splendor et al., 2019; Di Mattei et al., 2016; Patel et al., 2015). The most persistent modifiers of health beliefs about breastfeeding behavior are socio-demographic because they are the most prone to change. Therefore, there is a need to test the impact of socio-demographic characteristics on health behavior over time. Hence, the present study was conducted to determine the relationships between socio-demographic characteristics and breastfeeding practices among the urban working women of Ibadan.

The study design is anchored on the health belief model (HBM). HBM posits that a 'health action', such as exclusive breastfeeding of infants age 0-6 months, is based upon perceptions of health risks entailed by not breastfeeding the baby, its perceived benefits, and barriers to taking this action. Modifying variables such as demographic variables, social pressure, and personality may facilitate or hinder a decision to practice this health action (Stretcher & Rosentock, 1997). The HBM proposes that healthy behavior, which includes exclusive breast feeding, depends primarily upon two assumptions: (1) esteem for a specific objective; and (2) the person's belief that a given activity will accomplish that objective. HBM involves (1) the eager-

ness to avert illness; and (2) the belief that a particular health activity will forestall disease. When connected to breastfeeding conduct, HBM indicates that just having information and being mindful of the health benefits of exclusive breastfeeding will not necessarily result in breastfeeding behavior. First, an individual must perceive that problems may arise from the lack of exclusive breast feeding, and second, the mother must perceive that this may lead to serious health risks for both mother and child. Third, the mother must believe that it is beneficial to take action to forestall health problems through exclusive breastfeeding. Finally, the mother should understand that the potential disadvantages to taking preventive action are exceeded by the potential advantages. The concluding factor that completes the HBM is the availability of internal or external motivation, or "cue to activation," that triggers the person's health behavior. An internal cue may include symptoms of illness, whereas external cues may include health promotion campaigns or interpersonal interactions, such as information about an acquaintance with a health problem. In addition, various individual indicators may assume the role of moderating factors, for example, bio-social factors, identity factors, social support, or past health encounters, which will affect EBF or its outcome, yet they are not explicit variables in this model. Rather, they are thought to impact the real factors in the model. Moreover, the role of social structures influencing access to health care is also excluded by the HBM, for example, institutional or public policies, poverty levels, and social disconnection. Notwithstanding, this criticism could likewise apply to most other psychosocial models. Regardless of these limitations, Kirscht (1988) depicted HBM as an extremely helpful model for explaining adherence to healthy practices and behaviors.

Demographic and socioeconomic factors play a major role in infant feeding practices. One variable is age, which plays a great role in a mother's decision to breastfeed her infant. Studies have described the influence of maternal age on breastfeeding initiation and duration (Kitano, Nomura, Kido, et al., 2015). Mature and more literate mothers are more likely to exclusively breastfeed infants and generally breastfeed their children longer than other groups (Kitano et al., 2015). Meanwhile, poor infant

feeding practices have been described and attributed to adolescent mothers as they are one group that is unlikely to breastfeed (Morrison, Reza, Cardines, Foutch-Chew & Severance, 2008).

Education and employment affect breastfeeding behavior and duration. Increased levels of female education, urban migration, and employment lead to a further decline in the duration of breastfeeding. Though female education and employment are good gauges of socioeconomic progression, they dissuade women from championing exclusive breastfeeding (Njai & Dixey, 2013). Infant feeding is a tedious domestic activity. Previous research investigating working mothers and baby feeding practices have demonstrated that the decision to return to work does not hinder the commencement of breastfeeding but affects the duration and timing of breastfeeding (Poduval & Poduval, 2009). Another study found that the sooner a mother returned to work the more unlikely she was to breastfeed her infant exclusively (Hurst, 2007). The lack of legal marriage between couples living together leads to financial and emotional security, a major factor behind the higher dissolution rates found among non-married parents living together (cohabiting) compared to wedded parents (Kiernan & Pickett, 2006). Single mothers are the most vulnerable due to the lack of support from a partner (Kiernan & Pickett, 2006). This is believed to have implications for women's breastfeeding behavior, especially among single mothers or adolescent mothers. Wedded mothers breastfeed their infant solely with breast milk more frequently than single mothers (Arora, 2000). Breastfeeding supports positive bonds and connections between the mother and child that cannot be achieved through bottle-feeding (Biancuzzo, 1999). The medical advantages of breastfeeding for both mother and child have been empirically confirmed, making it a key medical concern globally (Dykes et al., 2003). Studies have indicated different variables impact on nursing mothers' choice to breastfeed their children. These variables include educational attainment, social class, culture, district, nature of work, and the wellbeing of both the nursing mothers and their newborn children (Wagner et al., 2005). Alutu (2000) revealed that the decrease in breastfeeding in most cultures is related to the influence of con-

textual and individual variables. Dykes et al. (2003) pinpointed the absence of self-confidence as a determinant of breastfeeding conduct. Tella et al. (2008) discovered other factors such as individual disappointment and difficult experiences, the dread of losing weight, type of occupation, absence of trust in breastfeeding, the significance of prescribed selective breastfeeding, and the way that newborns may wind up dependent on exclusive breastfeeding. There was a huge contrast in breastfeeding conduct based on mothers' occupations, and obviously, no distinction existed between the breastfeeding conduct in nursing mothers from Nigeria and Ghana. The impact of maternal work on breastfeeding is influenced by various components including the mother's fulfillment, the requirement for a second wage, the social support accessible from relatives, workload, and a mother's feelings about the quality versus the quantity of time with her child (Debra & Rebekah, 2005; Fagbemi, 2002). Alongside these trends, Ehon (1998) explained that breastfeeding mothers saddled with office work would in general experience more psychological disturbances than mothers who are full-time housewives. High job demands keep them from breastfeeding their children sufficiently. He further explained that the type of employment (government, private, or independently employed) is a disturbing factor that decides the length and term of breastfeeding and the psychological wellbeing of nursing mothers. Moreover, a study by Akinremi and Samuel (2015) demonstrated that a good knowledge of exclusive breastfeeding did not guarantee positive attitudes to exclusive breastfeeding, as only 33.3% of respondents had positive exclusive breastfeeding intentions. Leshi et al. (2016) also found that attitudes toward EBF are still poor, as less than forty percent (36.2%) made positive exclusive breastfeeding choices among artisan working mothers. Lawoyin and associates (2001) also found that age, first time delivery, infant age, type of work, and the health-care facility where mothers delivered their babies were significant predictors of exclusive breastfeeding. Despite the importance of exclusive breastfeeding, Uchendu, Ikefuna and Emordi (2009b) reported that exclusive breastfeeding rates reported in national surveys, and from different centers in Nigeria, have been rather low (0-53.9%), despite the promotion of

breastfeeding initiatives and programs across various health-care institutions.

Regardless of the various educational programs offered by health practitioners, government, and non-governmental organizations about breast feeding & weaning practices, studies in Ibadan have shown that socio-demographic characteristics may be negative moderators of exclusive maternal breastfeeding decisions (Lawoyin, Olawuyi, & Onadeko, 2001). Exclusive breastfeeding is on the decline in the Ibadan metropolis (Akinremi & Samuel, 2015; Leshi, Samuel, & Ajakaye, 2016; Lawoyin, et al., 2001). Lawoyin and associates (2001) found 23.4% within a five-month period. Akinremi and Samuel (2015) found that despite good knowledge about exclusive breastfeeding (43.1%), less than 34% had positive breastfeeding intentions, while Leshi et al. (2016) found less than forty percent (36.2%) have positive exclusive breastfeeding inclinations. These show slight improvement, but the decline is still apparent and unacceptable. Likewise persistent modifiers such as age and occupation are also believed to be changing and are likely being influenced indirectly by the changing socio-demographic characteristics of nursing mothers in urban centers. For example, as stated above, Lawoyin et al. (2001) found that infant age, maternal age, and maternal occupation influenced exclusive breastfeeding, while Ohaeri and Bello (2016) found occupation was the only factor associated with exclusive breastfeeding in a combined population of working and non-working mothers. In addition, literature reviewed revealed maternal age, education, knowledge, and awareness play a prominent role in general populations of breastfeeding mothers but are less significant among the urban working population (Ohaeri & Bello, 2016; Osibogun, Olufunlayo, & Oyibo, 2018). These findings suggest that changing demographic and socioeconomic characteristics interfaced with increasing urbanization may be significant factors influencing infant feeding practices among working women in Ibadan. Thus, as discussed above, there is a need for consistent monitoring of the impact of socio-demographic characteristics on health behavior to track changes over time. Hence, this study's general or overall objective involves investigating the influence of demographic factors on breastfeeding attitudes

among nursing mothers in urban Ibadan, Oyo State. The specific objectives include;

1. Examination of attitudes toward exclusive breast feeding using the HBM model.
2. Assessing the joined or composite contributions of the type of delivery, religion, parity, occupation, family type, education, marital status, age, and family size to exclusive breastfeeding behavior.
3. Investigating the individual influence and contribution of type of delivery, religion, parity, occupation, family type, education, marital status, age, and family size to exclusive breastfeeding behavior.

Method

Design

This study adopted a cross-sectional survey design which involved a one-time observation of all the social and demographic characteristics of nursing mothers in Ibadan and their breastfeeding behavior. The independent variables of the study were demographic and social factors, while the dependent variable was breastfeeding behavior.

Participants and procedure

The study population consisted of nursing mothers' in private and public hospitals in Ibadan North Local Government Area, Oyo State, with varied demographic characteristics. Nursing mothers who had experienced ante-natal care and delivery in the hospital, as well as those who had been bringing their children for postnatal care, were included in this study. Inclusion criteria were having infants aged 0-12 months without any medical condition and living within family members. Three hundred (300) urban nursing mothers were sampled in the study. The researcher obtained permission from the Medical Directors (MDs) of maternity centers and the general hospital to conduct the study. Through the MDs, the researcher accessed the matrons and nurses in the outpatient and children wards to facilitate data collection. With the assistance of nurses in these hospitals, the researcher administered the questionnaire to nursing mothers who experienced both their

ante-natal care and delivery in the hospital, as well as those bringing their children for postnatal care. The researcher enlisted the nurses' help to identify potential subjects who met the inclusion criteria. The researchers acquainted themselves with qualified respondents and clarified the study goals, their rights (i.e., the participation was voluntary, and they had the right to stop their participation whenever they wanted), and the advantages of the examination. They also welcomed participants taking an interest in the investigation. The questionnaire was administered to mothers of infants. Non-literate mothers had the survey questions read to them by researchers and ticked the appropriate options as per their reactions. Completed copies of the questionnaire were processed and analyzed in line with study objectives.

Instrument

The researcher developed the questionnaire based on the literature reviewed and divided it into three sections. Socio-demographic information captured included educational attainment, age, marital status, and employment status. Maternal attitudes toward exclusive breastfeeding were estimated utilizing the seventeen-item Iowa Infant Feeding Attitude Scale (IIFAS) created by de la Mora, Russell, Dungy, Losch, and Dusdieker, (1998). This scale assesses maternal attitudes toward exclusive breastfeeding, including the costs of infant feeding, nutrition, convenience, and infant bonding. Participants were asked to rate their agreement with each statement on a 5-point Likert scale running from "strongly disagree" (1) to "strongly agree" (5). Sample items included "Breast milk is the ideal food for babies" and "Breast milk is more easily digested than formula." Fifty percent of the scale items captured a favorable attitude toward breastfeeding, and the rest leaned toward a more favorable attitude to bottle-feeding. These scores were computed with higher scores indicating a greater inclination for exclusive breastfeeding. The IIFAS has been found to be very reliable, with Cronbach's alpha ranging from .85 to .86. (Dungy, McInnes, Tappin, Wallis & Oprescu, 2008). The overall reliability for the two scales was 0.77.

Method of data analysis

The data collected was analyzed using descriptive and multivariate statistical techniques. Inferential statistics included a Pearson product moment correlation analysis and a multiple regression analysis (MRA) at 0.05 level of significance.

Results

Socio-demographic characteristics

The average age was 30.33 years (S.D = 5.8). The average number of pregnancies was 4.56 (S.D = 2.34). 2.1% were single, 76.9% were married, 15.15 were separated, and 5.5% were widowed. 3.8% had no education, 12.2% had primary education, and 9.2% had secondary education. 5.9% had an Ordinary National Diploma, 12.6% had a National Certificate in Education, 34.5% had a Higher National Diploma, 14.3% had a Bachelor’s degree certificate, 5.9% had a Master’s degree, and 1.3% had a Doctorate. The majority were Christians (62.2%). 19.7% worked for the government, 2.1% were technicians, 32.4% were traders, 18.1% were artisans, 5.9% worked in private organizations, and 21.4% were professionals. More than half (69.3%) were from nuclear families. The average family size was 6.92 ± 2.11. The larger percentage had experienced a vaginal delivery, and 18.9% had a caesarian.

Objective I: Attitudes toward exclusive breastfeeding based on the HBM.

To assess the HBM, first, we identified that women having their first child often receive encouragement, information, social support and counseling from older women within and outside the family, in terms of infant feeding decisions in the study area (Agunbiade & Ogunleye, 2012). During the first four months, post-partum older women and other women in the household often assist the new mother to care for her baby and carry-out related chores (washing, cooking, and cleaning). As the baby grows older, this support tends to decline as the mother is believed to be healthier and strong enough to carry out these chores alone (Agunbiade & Ogunleye, 2012). Based on these practices, we examined the relationships between the costs of infant feeding, nutrition, convenience, infant bonding, and favorable attitudes toward exclusive breastfeeding.

The IIFAS Scale was broken down, and its components analyzed using a Pearson linear correlation analysis. The results showed that perceived health benefits, nutritional benefits, convenience, and perceptions of infant bonding were positively associated with a favorable attitude toward exclusive breast feeding. However, in contrast, lower costs (not expensive) and increasing parity was associated with an unfavorable attitude toward exclusive breast feeding. Also, parity was shown to be inversely correlated with convenience and the cost of exclusive breast feeding. This demonstrates that although there were positive attitudes to EBF in terms of

Table 1. Correlations coefficient showing relationship between dimensions IIFAS as component of Health belief model

Variables	M	SD	1	2	3	4	5	6	7
1. Favorable attitude to EBF	26.65	4.33	-	.223**	-.249**	.212*	.236**	-.348**	-.203*
2. Health benefit	9.82	1.03		-	.337**	.157*	.225**	.245**	.110
3. Nutritional benefit	9.18	.87			-	.335**	.320**	.206**	.252**
4. Convenience	7.78	.86				-	.331**	-.021	-.286**
5. Infant bonding	7.99	.95						.010	.213**
6. Cost	9.13	3.48							-.145*
7. Gravidity	4.56	2.36							

Note. *p<.05, **p<.01

health, nutritional benefits, and convenience, there were negative attitudes in terms of perceived costs and parity.

Objective II: To examine the joined or composite contribution of the type of delivery, religion, parity, occupation, family type, education, marital status, age, and family size, to exclusive breastfeeding behavior

Following the assessment of the perceptions comprising the HBM, we examined how demographic characteristics influenced exclusive breastfeeding among urban women. First, the composite influence of socio-demographic characteristics on attitudes toward exclusive breastfeeding behavior among nursing mothers was tested using multiple regression analysis. The results are presented in Table 2.

Table 3 revealed that the type of delivery, religion, parity, occupation, family type, education, marital status, age, and family size jointly predicted attitudes toward exclusive breastfeeding ($R^2 = 0.30$, $F(9,236) = 9.82$, $p < .01$). When combined the respondents' type of delivery, religion, parity, occupation, family type, education, marital status, age, and family size, these variables accounted for 30% of the changes observed in self-reported attitudes toward exclusive breastfeeding among the nursing mothers examined. This revealed that socio-demographic variables have a significant influence on attitudes toward exclusive breastfeeding among nursing mothers.

The results revealed that age ($\beta = -.26$, $t = -3.80$, $p < .01$) was a significant independent predictor of attitudes toward exclusive breastfeeding among nursing mothers. Parity ($\beta = -.31$, $t = -3.83$, $p < .01$) had a significant independent influence on attitudes toward exclusive breast-

feeding among nursing mothers. Marital status ($\beta = .05$, $p > .05$), educational attainment ($\beta = -.09$, $p > .05$), religious affiliation ($\beta = -.05$, $p > .05$), occupation ($\beta = -.02$, $p > .05$), family type ($\beta = -.02$, $p > .05$), family size ($\beta = -.01$, $p > .05$) and type of delivery ($\beta = -.1$, $p > .05$) did not have a significant independent influence on attitudes toward exclusive breastfeeding among nursing mothers.

Discussion

This study tried to determine the predictors of attitudes toward exclusive breastfeeding among nursing mothers in Ibadan metropolis. The study utilized the HBM model to explain how modifying variables such as socio-demographic characteristics may facilitate or hinder the decision to practice exclusive breastfeeding. To a large extent, participants' responses indicated a favorable HBM, which supported the theory that different components of health beliefs play a significant role in the adoption of health practices. This result supports the findings of Ogwezy-Ndisika and Oloruntoba (2016), who demonstrated that a mother's HBM shapes her pattern of breastfeeding practices in Lagos state. However, although there were low perceived vulnerability and a poor perception of perceived health benefits in their study, the current study noted an improved attitude toward perceived health benefits, while the perceived convenience for older mothers with more children to feed was identified in the current study, due to the urban nature of the present population.

The barriers posed by women's parity status may be due to the recency effect as described by Agunbiade and Ogunleye, (2012) and Ogwezy-Ndisika and Oloruntoba (2016); who noted women giving birth for the first time tend to

Table 2: ANOVA showing the composite effect of socio-demographic characteristics on attitude towards exclusive breast feeding behavior

	Sum of Squares	df	Mean Square	F	Sig.
Regression	10413.618	9	1041.362	9.819	.000 ^a
Residual	23968.028	227	106.053		
Total	34381.646	236			

R= .55,R²=.30,Adj R²= .27, SEM = 10.29

Source: Authors field and computation

Table 3: Multiple Regression Analysis showing the influence of type of delivery, religion, parity, occupation, family type, education, marital status, age and family size on attitude towards exclusive breastfeeding behavior among nursing mothers.

Predictors	β	t	P
Age	-.26	-3.80**	.000
Marital status	-.025	-.395	.693
Education	.081	1.365	.174
Religion	-.054	-.910	.364
Occupation	-.016	-.287	.775
Family type	-.023	-.367	.714
Family size	-.011	-.145	.885
Parity	-.305	-3.828**	.000
Type of delivery	-.103	-1.808	.072

Note. * $p < .05$, ** $p < .01$

have access to more support and information than women who already have children. However, the primiparous may not want to act on the information they receive due to fear of the beauty and health challenges, although they tend to have more social support than multiparous women. Multiparous women also tend to neglect health information received due to the socio-economic conditions in the home.

The regression model results revealed that age was a significant predictor of attitudes toward exclusive breastfeeding among nursing mothers in Ibadan. The study demonstrated that increasing maternal age was associated with negative attitudes toward exclusive breastfeeding. This contrasts with studies that indicated greater maternal age was associated with a woman's decision to breastfeed exclusively (Goksen et al., 2002; Li et al., 2002; Lawoyin et al., 2001). This finding also did not agree with studies which demonstrated that younger mothers have a more negative attitude toward exclusive breastfeeding (Amin et al., 2011; Kitano et al., 2015) or tend to practice a shorter duration of breastfeeding (Kitano et al., 2015; Tarrant et al., 2010; Dennis et al., 2013). These patterns may have occurred as a result of changes in

women's employment patterns and fertility behavior. Due to increasing unemployment, many educated women tend to begin childbearing later than women with little education. By the time they gain good employment, they cannot afford to practice exclusive breastfeeding due to job and career demands. The non-provision of positive breastfeeding policies adds to these patterns of breastfeeding behavior. For instance, working mothers get a maximum of three months paid maternity leave in many parts of Nigeria, and there are few or no public or private organizations with in-house daycare, crèches or breastfeeding rooms for nursing mothers. In addition, storing and expressing breast milk in refrigerators in Nigeria is very challenging due to unstable power supplies that can cause poor preservation of breast milk. Exclusive breastfeeding for working nursing mothers portends work-family conflict, especially for those who are older and are in the middle or just starting their career (Poduval & Poduval, 2009). Meanwhile, those with low educational attainment tend to experience increasing responsibility for sourcing additional income to support the family with increasing age. They tend to have less time available for exclusive breastfeeding as they spend more time outside the home, juggling low skilled jobs or petty trading (Poduval & Poduval, 2009). These results also confirmed that having fewer children predicted more positive attitudes toward exclusive breastfeeding among nursing mothers in Ibadan metropolis. This demonstrates that increasing parity affects exclusive breastfeeding. A lack of domestic support and having more than one child to take care of increases women's domestic burden and reduces their concentration on exclusive breastfeeding. This finding is consistent with earlier studies demonstrating that socio-demographic factors, for example; maternal age, maternal conjugal status, educational attainment, race, financial status, number of children, family size, and support from social networks, all influenced mothers' choices to breastfeed exclusively (Goksen et al., 2002; Li et al., 2002). Increasing age and parity were associated with increasingly negative attitudes toward breastfeeding among urban nursing women in this study. This suggests that the different elements of each individual's HBM, such as age and number of live births, moderate the mother's decision to en-

gauge in exclusive breastfeeding, despite knowledge of its benefits and positive attitudes to its outcomes.

Conclusions

This study demonstrated that nursing mothers' attitudes toward breastfeeding practices support the HBM. A positive attitude to health was associated with favorable attitudes to the nutritional and health benefits, while convenience and parity were potential barriers. Results further demonstrated that nursing mothers' age and parity were important variables influencing attitudes toward breastfeeding practices. The role of religion, occupation, family size, family type, maternal education, and marital status had a negligible influence on nursing mothers' attitudes to breastfeeding. These findings have implications for infant health, nutritional status, and mothers' health. Nursing mothers need to understand the various factors which influence their breastfeeding choices and the various supports available to promote women's decision to breastfeed exclusively. The practice of exclusive breastfeeding is being sabotaged by age and too many pregnancies. It is critical that health interventions are developed to improve breastfeeding practice among mothers in Nigeria. These must include relatives, leaders, and the wider society. Health workers must rise to the occasion by offering nutritional instruction and wellbeing education to mothers of under-fives, and the general public. Maternity and health-care facilities must promote the issue at the earliest inception, and support positive breastfeeding decisions among nursing mothers. One limitation of this study was the potential for biased responses, as the survey requested information about mothers' care-giving capacities in association with breastfeeding. Participants may have responded positively to be seen as capable mothers. The sample and setting of this study were confined to maternity clinics in both private and public hospitals. There is the need, for further research investigating the influence of nursing mothers' predisposition and personality characteristics on breastfeeding behavior in urban Nigeria.

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