



Original Article

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Barriers and Facilitators to Exclusive Breastfeeding and Complementary Feeding Among Working Mothers in Kano Municipal, Nigeria: A Qualitative Study

Muhammad Abbas Sani^{1*}, Mukhtar Muhammad Saidu², Umar Shuaibu¹, Shafa'atu Kani Faggo³, Faiza Mukhtar Uba Abubakar⁴, Mohammed Ajimi Goni¹, Bilal Sani⁵

¹Department of Public Health, Federal University of Health Sciences, Azare, Bauchi State, Nigeria; ²Department of Public Health, Faculty of Allied Health Sciences, College of Medicine, Abubakar Tafawa Balewa University (ATBU), Bauchi, Nigeria; ³Department of Environmental Health Sciences, Federal University of Health Sciences, Azare, Bauchi State, Nigeria; ⁴Kwankwaso General Hospital, Madobi LGA, Kano State, Nigeria; ⁵Department of Public Health, Faculty of Health Sciences, National Open University of Nigeria

*Corresponding author: abbassanimuhd98@gmail.com

Abstract

Introduction: Optimal infant feeding practices, including exclusive breastfeeding and timely complementary feeding, are essential for child growth and survival. However, adherence to recommended feeding practices remains suboptimal in Nigeria, particularly among working mothers who face multiple workplace and sociocultural challenges. This study explored barriers and facilitators influencing exclusive breastfeeding and complementary feeding among working mothers in Kano Municipal, Nigeria.

Methods: A qualitative descriptive study was conducted using focus group discussions among working mothers with children aged 0–24 months in Kano Municipal Local Government Area, Kano State. Participants were purposively selected to ensure variation in occupational and sociodemographic characteristics. Data were collected using a semi-structured discussion guide and analyzed thematically using Braun and Clarke's six-phase approach.

Results: Four major themes emerged: workplace barriers to exclusive breastfeeding, cultural and family influences on infant feeding, maternal coping strategies, and facilitators of optimal feeding practices. Long working hours, inadequate maternity leave, and lack of breastfeeding-friendly workplaces were major barriers to exclusive breastfeeding. Cultural beliefs and pressure from family members contributed to early introduction of complementary foods. Mothers adopted coping strategies such as expressing breast milk and relying on caregivers. Health education and supportive family environments facilitated recommended feeding practices.

Conclusion: Exclusive breastfeeding and complementary feeding practices among working mothers are influenced by workplace conditions, cultural beliefs, family dynamics, and healthcare support. Strengthening workplace breastfeeding policies, maternal health education, and family support systems may improve optimal infant feeding practices.

Keywords: Exclusive breastfeeding; complementary feeding; working mothers; infant feeding practices; qualitative study; Nigeria.

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Introduction

Optimal infant feeding practices play a critical role in ensuring child survival, growth, and development. The *World Health Organization* (WHO) recommends exclusive breastfeeding for the first six months of life, fol-

lowed by the introduction of nutritionally adequate complementary foods while breastfeeding continues up to two years or beyond ([World Health Organization, 2009](#)). Exclusive breastfeeding provides numerous health benefits for infants, including protection against infections,

improved cognitive development, and reduced risk of childhood illnesses (Victora et al., 2016).

Despite these benefits, adherence to recommended breastfeeding practices remains suboptimal in many parts of the world. Globally, only about 41% of infants under six months are exclusively breastfed, which is considerably below the global nutrition target of 70% by 2030 (United Nations Children's Fund, 2021). Inadequate breastfeeding practices contribute substantially to child morbidity and mortality, particularly in low- and middle-income countries (Black et al., 2013).

In sub-Saharan Africa, breastfeeding is nearly universal; however, exclusive breastfeeding practices vary considerably across countries and communities. Socio-cultural beliefs, maternal workload, and limited health system support have been identified as major factors affecting optimal infant feeding practices (Issaka et al., 2015). Many mothers face challenges balancing employment responsibilities with recommended breastfeeding practices, particularly in urban environments where maternal participation in the workforce is increasing (Dinour & Szaro, 2017).

In Nigeria, the prevalence of exclusive breastfeeding remains relatively low compared with global recommendations. National survey data indicate that only about 29% of infants younger than six months are exclusively breastfed (National Population Commission (NPC) [Nigeria] & ICF, 2019). Several studies have identified multiple factors influencing breastfeeding practices in Nigeria, including maternal education, cultural beliefs, family influence, and workplace conditions (Agunbiade & Ogunleye, 2012; Oche et al., 2011).

Working mothers often experience unique challenges that may interfere with optimal infant feeding practices. These challenges include short maternity leave periods, absence of breastfeeding-friendly workplaces, long working hours, and lack of childcare support (Ogbuanu et al., 2011). In many communities, cultural expectations and advice from family members, particularly elders, may also influence maternal decisions regarding infant feeding (Onah et al., 2014).

While quantitative studies have documented the prevalence and determinants of breastfeeding practices, fewer studies have explored the lived experiences of working mothers regarding exclusive breastfeeding and complementary feeding. Understanding these experiences is important for designing interventions that address the real-life challenges mothers face in sustaining optimal infant feeding practices (Rollins et al., 2016). Therefore, this study explored the experiences, barriers,

and facilitators influencing exclusive breastfeeding and complementary feeding among working mothers in Kano Municipal Local Government Area of Kano State, Nigeria.

Methods

Study Design

This study employed a qualitative descriptive design using focus group discussions (FGDs) to explore the experiences, barriers, and facilitators influencing exclusive breastfeeding and complementary feeding practices among working mothers in Kano Municipal Local Government Area of Kano State, Nigeria. A qualitative approach was considered appropriate because it allows for in-depth exploration of participants' perceptions, experiences, and socio-cultural influences shaping infant feeding practices within their real-life contexts. Qualitative methods are particularly useful in public health research where understanding contextual and behavioural factors is essential for designing effective interventions (Creswell & Poth, 2018; Green & Thorogood, 2018).

The study was guided by an interpretivist perspective, which recognizes that maternal decisions regarding infant feeding are socially constructed and influenced by cultural beliefs, family expectations, workplace conditions, and interactions with healthcare systems (Schwandt, 2015).

Study Setting

The study was conducted in Kano Municipal Local Government Area (LGA) of Kano State, Nigeria, one of the urban LGAs within Kano metropolis. Kano Municipal consists of several densely populated communities with diverse socio-economic activities, including trading, public service employment, and informal sector occupations.

The LGA has multiple primary healthcare facilities that provide maternal and child health services, including antenatal care, immunization services, breastfeeding counselling, and child welfare clinics. The area was selected because of the high number of working mothers and the presence of both formal and informal employment sectors that may influence infant feeding practices.

Study Participants

Participants consisted of working mothers with children aged 0–24 months residing in Kano Municipal LGA. Working mothers were defined as women engaged in any form of income-generating activity, including

employment in the public sector, private sector, self-employment, or informal economic activities.

Participants were selected because they had direct experience with breastfeeding and complementary feeding practices while balancing employment responsibilities.

Sampling Strategy

A purposive sampling technique was used to recruit participants who could provide rich information regarding infant feeding practices among working mothers. Purposive sampling is commonly used in qualitative studies to identify participants with relevant knowledge or experience related to the research topic (Patton, 2015).

Mothers were identified through community contacts, primary healthcare centres, and local community leaders.

Participants were selected to ensure variation in:

1. age;
2. educational level;
3. occupation;
4. number of children; and
5. type of employment.

This approach allowed the study to capture diverse experiences and perspectives regarding breastfeeding and complementary feeding practices among working mothers.

Data Collection

Data were collected using focus group discussions (FGDs) guided by a semi-structured discussion guide developed based on existing literature on breastfeeding practices and infant feeding behaviour (Agunbiade & Ogunleye, 2012; Rollins et al., 2016).

The discussion guide explored topics including:

1. knowledge and perceptions of exclusive breastfeeding;
2. experiences balancing breastfeeding with employment;
3. workplace challenges affecting breastfeeding;
4. cultural beliefs influencing infant feeding practices;
5. family and community support;

6. experiences with complementary feeding; and
7. coping strategies used by working mothers.

Focus group discussions are widely used in qualitative research to explore shared experiences, group dynamics, and socially constructed meanings surrounding health behaviours (Krueger & Casey, 2015).

Each focus group discussion consisted of approximately six participants and lasted between 60 and 90 minutes.

The discussions were conducted in Hausa or English depending on participants' preferences by trained research assistants experienced in qualitative data collection. With participants' permission, discussions were audio-recorded, and detailed field notes were taken to capture contextual information and non-verbal cues.

Data Analysis

Audio recordings from the focus group discussions were transcribed verbatim and subsequently translated into English where necessary. Data were analyzed using thematic analysis following the six-phase approach described by Braun and Clarke (Braun & Clarke, 2006).

The analysis involved the following steps:

1. Familiarization with the data through repeated reading of transcripts;
2. Generation of initial codes representing meaningful units of information;
3. Organization of codes into broader categories;
4. Identification of emerging themes and sub-themes;
5. Review and refinement of themes; and
6. Interpretation and synthesis of findings.

The analysis was conducted iteratively to ensure that emerging insights from the data guided the development of themes and interpretation of results.

Rigor and Trustworthiness

The rigor of the qualitative findings was ensured using the criteria of credibility, dependability, confirmability, and transferability, as described in qualitative research standards (Lincoln & Guba, 1985).

Credibility was enhanced through careful data collection, prolonged engagement with participants during discussions, and triangulation of information obtained from different participants.

Dependability was ensured through systematic documentation of the research procedures and analytic process.

Confirmability was strengthened by maintaining an audit trail of coding decisions and supporting findings with representative quotations from participants.

Transferability was supported by providing detailed descriptions of the study context and participant characteristics to enable readers to assess the applicability of the findings to similar settings.

Reflexivity

The research team acknowledged that their professional backgrounds in public health could potentially influence the interpretation of findings. To minimize bias, neutral questioning techniques were used during discussions, and reflexive notes were maintained throughout the research process to document assumptions and analytic decisions (Berger, 2015).

Data Saturation

Data collection continued until thematic saturation was achieved. Saturation was defined as the point at which additional focus group discussions no longer generated new themes or meaningful insights related to breastfeeding and complementary feeding practices among working mothers (Guest et al., 2006).

Ethical Considerations

Ethical approval for the study was obtained from the Kano State Ministry of Health Research Ethics Committee. Permission to conduct the study was also obtained from relevant community leaders.

Written informed consent was obtained from all participants prior to the discussions. Participants were assured of confidentiality and anonymity, and all information obtained during the study was used strictly for research purposes. Participants were informed that they could withdraw from the study at any time without consequences.

Results

Overview of Themes

A total of six focus group discussions (FGDs) were conducted among working mothers with children aged 0–24 months residing in Kano Municipal Local Government Area of Kano State. Each focus group consisted of approximately six participants representing mothers engaged in different forms of employment including public

sector work, private employment, trading, and informal economic activities.

Thematic analysis of the discussions generated four major themes reflecting the experiences of working mothers regarding exclusive breastfeeding and complementary feeding practices. These themes were consistently observed across different focus groups with only minor contextual variations. As discussions progressed, participants repeatedly described similar experiences and explanatory narratives, and no new conceptual insights emerged in the later discussions, indicating thematic saturation.

The four major themes identified were:

1. Workplace Barriers to Exclusive Breastfeeding;
2. Cultural and Family Influence on Infant Feeding Practices;
3. Maternal Coping Strategies for Infant Feeding; and
4. Facilitators of Optimal Infant Feeding Practices.

Table 1: Summary of Emergent Themes and Subthemes

Theme	Subthemes	Interpretation
Workplace Barriers to Exclusive Breastfeeding	Inflexible work schedules; Lack of workplace support	Employment demands limit mothers' ability to maintain exclusive breastfeeding.
Cultural and Family Influence	Elder influence; Cultural beliefs about breast milk sufficiency	Cultural norms and family advice influence infant feeding decisions.
Maternal Coping Strategies	Expressing breast milk; Reliance on caregivers	Mothers develop adaptive strategies to balance work and infant feeding responsibilities.
Facilitators of Optimal Infant Feeding	Health education; Family support	Supportive family environments and maternal health education promote recommended feeding practices.

Themes were generated through thematic analysis of focus group discussions.

Theme 1: Workplace Barriers to Exclusive Breastfeeding

Participants frequently described workplace-related challenges as significant barriers to maintaining exclusive breastfeeding. These barriers included inflexible work schedules, limited maternity leave, and lack of breastfeeding-friendly workplace environments.

2.2.1 Inflexible Work Schedules

Many mothers reported that long working hours made it difficult to breastfeed their infants regularly during the day.

One participant explained:

“Because of my work, I leave the house very early and return late in the evening. During that time, my baby cannot breastfeed.”

(Participant 2, FGD 1)

Another participant similarly noted:

“Sometimes I stay at work for many hours without seeing my baby, so other foods have to be given.”

(Participant 5, FGD 3)

These findings suggest that employment demands often interfere with mothers’ ability to adhere to recommended exclusive breastfeeding practices.

2.2.2 Lack of Workplace Support

Participants also highlighted the absence of supportive workplace policies for breastfeeding mothers.

One respondent stated:

“In my workplace there is no place where a mother can express breast milk. Even if you want to do it, there is no privacy.”

(Participant 4, FGD 2)

Another participant added:

“After childbirth, many employers expect mothers to return to work quickly, and there is little time allowed for breastfeeding.”

(Participant 1, FGD 4)

Such workplace constraints were perceived as major challenges affecting mothers’ ability to sustain exclusive breastfeeding.

Theme 2: Cultural and Family Influence on Infant Feeding Practices

Cultural beliefs and family influence emerged as important factors shaping infant feeding practices among working mothers.

2.3.1 Elder Influence on Infant Feeding Decisions

Participants frequently described how advice from older family members influenced decisions regarding breastfeeding and complementary feeding.

One mother explained:

“My mother advised me to start giving pap early because she believed breast milk alone is not enough.”

(Participant 3, FGD 2)

Another participant reported:

“Grandmothers sometimes insist that the baby should drink water or other foods because that is how they raised their children.”

(Participant 6, FGD 5)

These narratives demonstrate the significant influence of elders in shaping maternal feeding decisions.

2.3.2 Cultural Beliefs About Breast Milk Sufficiency

Some participants described cultural perceptions that breast milk alone may not adequately satisfy infants.

A participant stated:

“In our community people believe breast milk alone cannot satisfy a baby, especially when the weather is very hot.”

(Participant 4, FGD 3)

Such beliefs often contributed to the early introduction of complementary foods.

Theme 3: Maternal Coping Strategies for Infant Feeding

Despite the challenges faced, participants described several strategies they adopted to balance employment responsibilities with infant feeding practices.

2.4.1 Expressing and Storing Breast Milk

Some working mothers reported expressing breast milk before leaving for work.

One participant explained:

“Sometimes I express breast milk before going to work and leave it for the person taking care of my baby.”

(Participant 1, FGD 6)

Another participant noted:

“If I know I will be away for long hours, I express milk and keep it so that my baby can still take breast milk.”
(Participant 5, FGD 2)

2.4.2 Reliance on Caregivers

Participants also relied on family members or house helps to assist with infant feeding while they were at work.

A participant stated:

“My mother helps to take care of my baby during the day and feeds the baby while I am at work.”
(Participant 2, FGD 4)

These coping strategies enabled some mothers to continue breastfeeding despite work-related challenges.

Theme 4: Facilitators of Optimal Infant Feeding Practices

Participants also identified several factors that supported breastfeeding and appropriate complementary feeding practices.

2.5.1 Health Education and Breastfeeding Counselling

Many mothers reported that breastfeeding education received during antenatal care and child welfare clinics improved their understanding of recommended feeding practices.

One participant explained:

“During antenatal clinic, the nurses explained why exclusive breastfeeding is important for the baby.”
(Participant 3, FGD 5)

Another participant added:

“Health workers always advise us to breast-feed our babies for six months before giving other foods.”
(Participant 6, FGD 1)

2.5.2 Family Support

Support from family members, particularly spouses and close relatives, was also identified as an important facilitator of breastfeeding.

One participant stated:

“My husband encourages me to breastfeed the baby and helps with other responsibilities at home.”
(Participant 4, FGD 6)

Another respondent noted:

“When family members understand the importance of breastfeeding, it becomes easier for mothers to follow health advice.”
(Participant 1, FGD 3)

Saturation Statement

Across all focus group discussions, participants consistently described similar experiences relating to workplace constraints, cultural expectations, maternal coping strategies, and the role of health education and family support in shaping infant feeding practices. By the later focus groups, participants repeated similar narratives and explanatory patterns, and no new themes or subthemes emerged, indicating that thematic saturation had been achieved.

Discussion

This study explored the experiences, barriers, and facilitators influencing exclusive breastfeeding and complementary feeding practices among working mothers in Kano Municipal Local Government Area of Kano State, Nigeria. The findings revealed that workplace constraints, cultural and family influences, maternal coping strategies, and health education were important factors shaping infant feeding practices among working mothers. These findings highlight the complex interplay between structural, socio-cultural, and health system factors influencing breastfeeding practices in urban communities.

One of the key findings of this study was that workplace conditions significantly affected mothers' ability to maintain exclusive breastfeeding. Participants reported that long working hours, short maternity leave, and lack of breastfeeding-friendly workplace environments limited their ability to breastfeed their infants regularly. These findings can be explained by the competing demands between maternal employment and childcare responsibilities, which often make it difficult for working

mothers to adhere to recommended breastfeeding practices. Similar findings have been reported in Nigeria where employment-related challenges, including limited maternity leave and inflexible work schedules, were identified as barriers to exclusive breastfeeding among working mothers (Oche et al., 2011; Ogbuanu et al., 2011). Across Africa, studies conducted in Ethiopia and Kenya have also reported that maternal employment and lack of workplace support are major factors affecting breastfeeding continuation among employed women (Kimani-Murage et al., 2011; Setegn et al., 2012). Globally, research has consistently demonstrated that supportive workplace policies such as extended maternity leave, breastfeeding breaks, and workplace lactation facilities significantly improve breastfeeding duration among working mothers (Dinour & Szaro, 2017).

Cultural beliefs and family influence also emerged as important determinants of infant feeding practices in this study. Participants reported that advice from elders, particularly grandmothers, often influenced decisions regarding early introduction of complementary foods. This finding reflects the strong role of family structures and cultural norms in shaping maternal childcare practices in many African societies. In Nigeria, similar findings have been reported where family members, especially older women in the household, influence breastfeeding decisions and sometimes encourage early introduction of water or complementary foods (Agunbiade & Ogunleye, 2012). Studies from other African countries such as Ghana and Uganda have similarly shown that traditional beliefs and community norms play a significant role in infant feeding decisions (Ickes et al., 2015; Issaka et al., 2015). Globally, socio-cultural influences have been identified as important determinants of breastfeeding behaviour, particularly in communities where traditional knowledge and social expectations shape maternal practices (Victora et al., 2016).

Another important finding of this study was the use of coping strategies by working mothers to balance employment responsibilities with infant feeding practices. Some participants reported expressing breast milk before leaving for work, while others relied on caregivers such as family members to feed their infants during working hours. These strategies reflect adaptive responses by mothers attempting to maintain breastfeeding despite structural challenges. Similar coping mechanisms have been documented in previous Nigerian studies where mothers adopted alternative feeding strategies to sustain breastfeeding while working (Sholeye & Abosedo, 2014). Across Africa, studies in South Africa

and Tanzania have also shown that mothers rely on extended family networks and informal childcare arrangements to support infant feeding practices when they return to work (Kavle et al., 2017). Globally, research suggests that maternal coping strategies are often influenced by available social support systems and workplace policies that either facilitate or hinder breastfeeding continuation (Rollins et al., 2016).

The study also identified health education and breastfeeding counselling as important facilitators of optimal infant feeding practices. Participants reported that advice received from healthcare workers during antenatal and child welfare clinics helped them understand the importance of exclusive breastfeeding and appropriate complementary feeding. This finding highlights the critical role of healthcare providers in promoting recommended infant feeding practices. Similar findings have been reported in Nigeria where breastfeeding counselling during antenatal care significantly improved maternal knowledge and breastfeeding practices (Ogbo et al., 2018). Across sub-Saharan Africa, health education interventions delivered through primary healthcare services have been shown to improve breastfeeding behaviours among mothers (Sinha et al., 2015). Globally, evidence from systematic reviews indicates that breastfeeding education and counselling are among the most effective interventions for increasing exclusive breastfeeding rates (Rollins et al., 2016).

Conclusion

This study explored the experiences, barriers, and facilitators influencing exclusive breastfeeding and complementary feeding practices among working mothers in Kano Municipal Local Government Area of Kano State, Nigeria. The findings revealed that workplace constraints, cultural and family influences, maternal coping strategies, and health education play important roles in shaping infant feeding practices among working mothers. In particular, long working hours, lack of workplace breastfeeding support, and cultural beliefs regarding infant feeding were identified as key barriers to exclusive breastfeeding. At the same time, maternal coping strategies, supportive family environments, and breastfeeding counselling from healthcare workers were identified as important facilitators of optimal infant feeding practices.

These findings highlight the need for multi-level interventions that address structural workplace challenges, strengthen breastfeeding education, and engage families and communities in promoting recommended

infant feeding practices. Improving workplace support and enhancing community awareness may significantly contribute to improving exclusive breastfeeding and appropriate complementary feeding practices among working mothers.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. **Strengthening workplace breastfeeding support:** Employers should adopt breastfeeding-friendly workplace policies, including provision of maternity leave, breastfeeding breaks, and safe spaces for expressing breast milk.
2. **Enhancing maternal health education:** Health-care providers should intensify breastfeeding counselling during antenatal care and child welfare clinics to improve maternal knowledge of recommended infant feeding practices.
3. **Community engagement and awareness:** Community-based health promotion programs should address cultural misconceptions about breastfeeding and complementary feeding while promoting positive infant feeding behaviours.
4. **Family involvement in breastfeeding promotion:** Programs promoting breastfeeding should involve family members, particularly spouses and older relatives, to create supportive environments for breastfeeding mothers.
5. **Policy implementation and enforcement:** Government and health authorities should strengthen policies that protect and support breastfeeding among working mothers, particularly in formal and informal employment sectors.

Strengths and Limitations of the Study

This study has several strengths. The use of focus group discussions allowed in-depth exploration of mothers' experiences and perceptions regarding breastfeeding and complementary feeding practices. The inclusion of participants from different occupational backgrounds also

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provided diverse perspectives on the challenges faced by working mothers.

However, the study also had some limitations. The findings are based on self-reported experiences of participants and may be subject to recall bias or social desirability bias. Additionally, the study was conducted in an urban setting, which may limit the generalizability of the findings to rural communities with different socio-cultural contexts. Despite these limitations, the study provides valuable insights into the contextual factors influencing infant feeding practices among working mothers.

Data Availability Statement

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Authors' Contributions

All authors conceived and designed the study. Data collection, data analysis, interpretation of findings, and manuscript preparation were carried out collaboratively by the authors. All authors reviewed and approved the final manuscript.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this study.

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