



## FEEDING AND WEANING PRACTICES AMONG MOTHERS OF UNDER-FIVE CHILDREN IN SELECTED PRIMARY HEALTH CARE CENTRES IN ADO-EKITI, EKITI, NIGERIA

*Oluwaseyi Akpor, Tunrayo Oluwadare, Omotola Taiwo, Bukola Aladenika, Oghenerobor Akpor*

### ABSTRACT

An appropriate diet is necessary in the growth and health status of children especially in the first two years of life. This study determined the feeding and weaning practices among mothers of children below the age of five years in two selected Primary Healthcare Centres in Ado-Ekiti, Ekiti State, Nigeria. The study design was descriptive and cross sectional using an interviewer-administered questionnaire, 200 mothers who were purposely selected participated in the study. Statistical Package for Social Sciences was used for data analysis. Findings from the study revealed that the main practice of feeding of infants was breastfeeding, the majority of the mothers started to wean their children at about 6 – 7 months. Also, the major type of weaning practiced by mothers was abrupt weaning, majority of the mothers had good knowledge of feeding and weaning including how beneficial exclusive breastfeeding is, though it is just a few of them that practice exclusive breastfeeding. Therefore, complementary feeding education that will involve the use of various media most especially the primary health facilities is paramount for optimal health of infants. Also teaching should focus on the type of weaning and mothers should be educated on the consequences of abruptly weaning a child.

**Keywords:** feeding; weaning; mothers; break-feeding; complementary feeding

### INTRODUCTION

Weaning is the process of gradually introducing an infant to adult foods while gradually withdrawing breast milk. The child is not abruptly taken off breast milk, the process of weaning should be started after the age of 6 months and natural weaning happens as the infant starts to accept increasing amounts and different variety of complementary feedings although still breastfeeding on request (Mohammed, 2014; Ogunsuyi, 2016). Weaning is traditionally described as withdrawal from breast feeding i.e. when breast feeding is gradually replaced by semisolid food. The shift from exclusive breastfeeding to family foods is referred to as complementary feeding and complementary feeding is defined by World Health Organization (WHO) as the addition of energy as well as non-energy containing fluids, non-human milk and semi-solids or solids to children's diet which covers the time from 6 months to 18 – 24 months of age (WHO, 2002; Chaudhry and Humayun, 2007).

The weaning period, which usually corresponds with the eruption of the child's major dentition implies that the child is ready to chew (Aliyu et al., 2019). The weaning period is a very susceptible period, since it is the point in which malnutrition set offs in many infants. Infants are predisposed to malnutrition as a result of poor quality of weaning foods, improper feeding and weaning practices,

which can also predispose the infants to growth retardation, infectious diseases and high mortality rate (Rahul, Mohd and Rakesh, 2014; Mohammed, 2014).

It is indicated that poor infant feeding and their consequences are one of the world's major problems and a serious obstacle to social and economic development. During the first two years of life, poor feeding practices and weaning practices have both instant and long-standing consequences. Inappropriate feeding of infants has long been observed in our society to be one of the global problems responsible for about one-third of the cases of malnutrition worldwide (Anoshirike et al., 2014). According to Mohammed (2014) about ten million children below the age of 5 years old die annually and more than half of the deaths occur because of malnutrition.

In Nigeria, complementary foods are usually semi-solids and they differ in homes but most homes use maize based cereal (Aliyu et al., 2019). Due to introduction of westernized food and other factors like the advertising tactics taken up by most food and beverage companies and the readily preparation of most of these foods, these factors may influence the feeding practices like reducing the age of initiation of complementary feeding and early cessation of breastfeeding. Due to the high prevalence rate of malnutrition, there will be a burden on the economic

development because huge amount of money will be spent towards treating these children (Aliyu et al., 2019).

Among preventive measures that would reduce the excess mortality for children under the age of five years, good quality complementary feeding, proper breastfeeding and complementary feeding practices have been listed as part and about 19% of this death can be prevented (Kavitha, Nadhiya and Parimalavalli, 2014). Improved breastfeeding practices and reduction of artificial feeding is reported to save an estimated 1.5 million children a year (Bhanderi and Choudhary, 2011). This study therefore investigated the feeding and weaning practices among mothers of under five children in selected Primary Health Centres in Ado-Ekiti Local Government Area of Ekiti State, Nigeria.

The theoretical framework for this study is the Health Belief Model (HBM), which is a psychological model that endeavours to describe and forecast human behaviours (Janz and Becker, 1984). The HBM is an intrapersonal theory used in health promotion to design intervention and prevention programs, it is based on personal beliefs or perceptions about a disease and the schemes available to diminish its occurrence. The model proposes that people's viewpoints about health problems, perceived benefits of action and barriers to action, and self-efficacy enlightens commitment or lack of commitment in health promoting behaviour. A motivation, or cue to action must be present in order to set off the health-promoting behavior (Figure 1).

For the purpose of this study five concepts of the Health Belief Model are used. This study is based on the feeding and the weaning practices of mothers of under-five

children; it involves the practices adopted by mothers to feed their children, the timing of feeding and weaning, and also the food used. Therefore, these concepts will explain how the theory is related to the study. The Health Belief Model is a framework for motivating people to take positive health actions that uses the desire to avoid a negative health consequence as the prime drive. For example, inappropriate feeding and weaning has many negative health consequences, and the desire to avoid the consequences can be used to motivate mothers into practicing safe and appropriate feeding and weaning.

Perceived severity is described as the severity an individual attach to a disease which can be as a result of the beliefs a person has about the complications that can arise as a result of the disease or its outcome on his or her health, in this case on the child's health. The main component of infant feeding is breast feeding; studies have shown that infants who are not exclusively breastfed develop some long-term medical consequences. If mothers understand the degree of health challenges that may occur due to inappropriate infant feeding and weaning, it is likely they will change for the benefit of the health of their child.

After understanding the severity of the illness that may likely occur i.e. malnutrition, mothers tend to engage in health promotion and illness prevention. And for those that are already affected they tend to find solutions before it is too late.

Perceived benefits involve one's opinion of how useful an action is in reducing the risks of developing a disease. In relation to this study, the perceived benefits include, benefits of breast-feeding, benefits of other options of infant feeding and of weaning, for example, it is

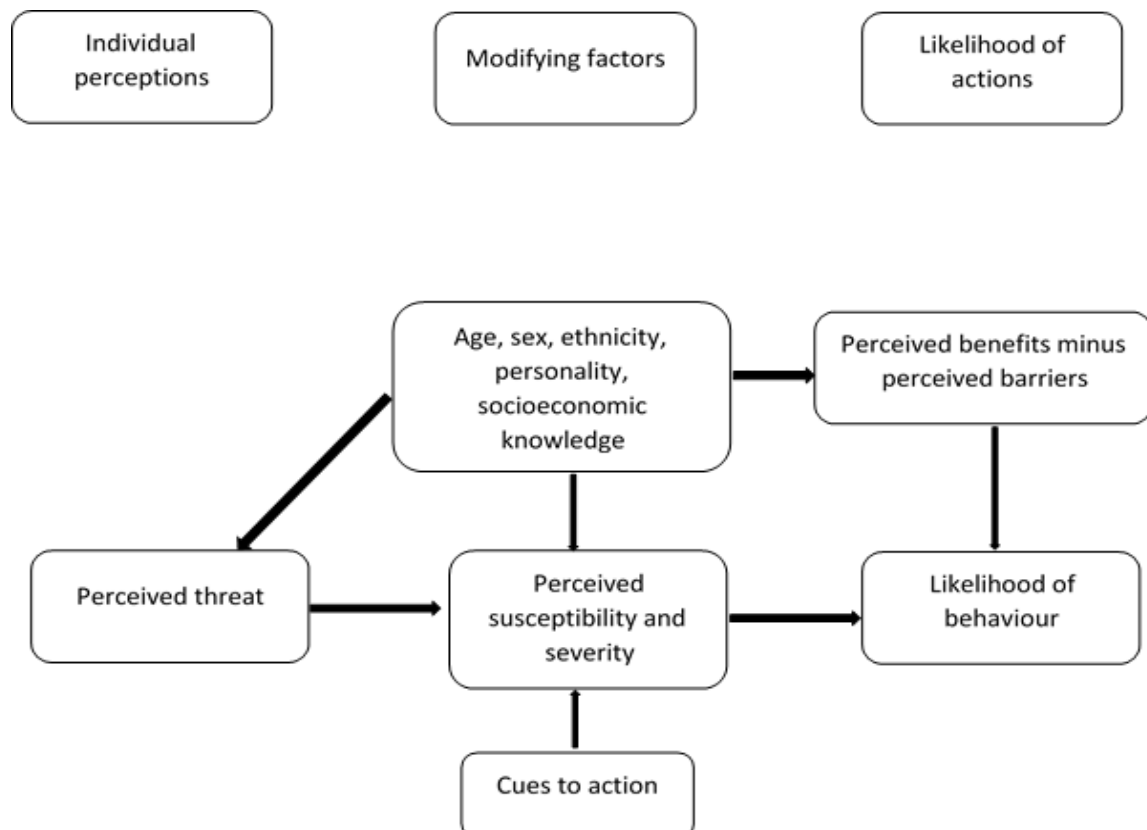


Figure 1 Diagrammatic representation of the health belief model (Glanz, Rimer and Lewis, 2002).

advantageous to give thick porridge to infants above 6 months because they provide a lot of energy to the infant. Also, if a mother knows the benefit of breastfeeding for both her and her child, she is more likely to practice it. Most women do not practice the appropriate infant feeding and weaning because they are ignorant of the health risks associated, therefore, adequate enlightenment will go a long way in helping them.

Perceived barriers are the perceived obstacles that prevent an individual from taking a particular health action. It is a way of an individual assessing the barriers that will prevent him or her from adopting the new lifestyle.

There are so many obstacles encountered by women during the period of breast feeding that prevents the practice of exclusive breast feeding such as husband refusal, painful nipple, infants' refusal to suck and career. These obstacles might prevent the woman from achieving the new lifestyle, encountering difficulties with breastfeeding may cause a woman to wean her child off breast milk earlier than recommended or expected. Poverty is also a major obstacle to good weaning practices as it affects the quality and quantity of food fed to infants. Other barriers in relation to this study include, lack of education, tradition and lack of social support.

Cues to action is always essential for commitment in health promoting activities; it indicates one's willingness to assess a health facility. People who are at risk of a disease, after seeing public display on the condition tend to remember they have appointment with a medical practitioner, alarms, and reminders can also be used to keep to date. Psychological cues such as pain also serves as a reminder. The cues to action in this study include health education and counseling by the nurse. The nurse acts as a teacher, counselor and communicator to the woman which helps to promote the performance of health related behaviours such as the practice of exclusive breastfeeding.

### Scientific hypothesis

Hypothesis 1: There is no significant relationship between respondents' level of education with feeding and weaning practices.

Hypothesis 2: There is significant relationship between respondents' age with feeding and weaning practices.

## MATERIAL AND METHODOLOGY

### Study design and setting

The study design was descriptive and cross sectional. Purposive sampling technique was used to select two Primary Health Care centres in Ado-Ekiti Local Government Area of Ekiti State, Nigeria. To maintain anonymity, the PHC were referred to as 'PHC A' and 'PHC B'.

The 'PHC A' is made up of a waiting room, examination room, labour ward and an admission ward. The services rendered in the Centre include antenatal services, delivery, circumcision, family planning, treatment of childhood diseases and immunization services. It is operated by four registered nurses and fifteen community health extension

workers (CHEWS) with an average patient patronage of 744 per month.

The settings for 'PHC B' was similar to PHC A with five registered nurses and fifteen CHEWS. Services rendered in the clinic include, family planning, antenatal clinic, delivery, circumcision, treatment of childhood diseases, infant growth monitoring and immunization services. It has an average monthly patient patronage of 132.

Study population, sampling technique and sample size. The target population for this study comprised of women in the selected PHC centres whose confinement was not more than five years to avoid recall bias. Inclusion criteria included attending one of the selected PHC centres, have children below the age of five years who are being fed (bottle feeding or breastfeeding) or weaned. Potential participants had to be willing to participate in the study.

Purposive sampling technique was used to select 238 mothers that participated in the study while only 200 mothers returned fully completed questionnaire. The sample size was calculated, using the Fischer's formula for descriptive study. Although the calculated sample size of 217 and obtained, deliberate over-sampling was done to the tune of 10% (21.7) to make up for incomplete responses. Therefore, a sample size of 238 was used but only 200 questionnaires were fully completed.

### Instrument and data collection

A semi-structured interviewer-administered questionnaire was used for data collection. The research instrument was developed by checking previous articles done on weaning and feeding practices and deducing questions from most of them. The questionnaire was divided into four sections, sections A and B contained the demographic data and the feeding practices applied by the participants, respectively. Section C assessed the weaning practices and foods used in weaning off the children, while Section D assessed the knowledge of mothers on feeding and weaning. The questionnaire was written in English language and participants were informed about the purpose of the study. Furthermore, pre-testing of the questionnaire was carried out using five participants that had similar characteristics with the study population but the findings were not included in the final data.

Mothers of children below the age of five were asked to participate in the study during their visit to the health care centres for ante-natal and post-natal services (booking, immunization) or family planning. Data was collected from March to April 2017. Guidelines for completion of the questionnaire was explained to the participants, questionnaires were collected and collated.

### Ethical consideration

Before the commencement of the study, the research proposal was submitted to the Research and Ethics Committee of Afe Babalola University, Ado-Ekiti (ABUAD) for reviewed and permission to conduct the study was given. Likewise, an official letter was written to the two selected PHC centres and permission letters were obtained from the facility managers. Prior to data collection, each participant's right was explained and inform consent were obtained. The participants were assured that information provided will not be used against

them, no remuneration was offered and they were informed of the opportunity to withdraw at any stage of the research.

mothers have 2 children, with only 1.0% of them having six children. Over 40% of the mothers had at least secondary school education (Table 1).

### Statistic analysis

Data analysis was done with the aid of Statistical Package for Social Sciences (SPSS) version 20 and Microsoft Office Excel (2016) to generate figures and graphs. Descriptive statistics such as frequencies, percentages, mean were presented on tables, or charts.

## RESULTS AND DISCUSSION

### Socio-demographic characteristics of participants

With respect to the socio-demographic characteristics of participants, of the 200 participants, 50.5% of them were between the ages of 31 – 40. A total of 70.5% of the mothers were married. The vast majority (48.0%) of the

### Feeding practices of participants

As shown in Table 2, more than half of the respondents (59.5%) fed their infants at least 6 times a day, 88.0% of the mothers breastfed their children and 63.0% did not give their children anything to drink other than breast milk in the first 3 days after delivery. Of the 37.0% of mothers who gave their infants anything other than breast milk in the first 3 days after delivery, more than half (54.1%) gave their baby glucose water.

Most mothers (60.0%) gave their children only breast milk and the minority. Almost half (42.0%) of the mothers fed their children with only breast milk till when they were 5 – 6 months, and 61.0% of the children were satisfied with only breast milk in the first 6 months.

Table 1 Socio-demographic characteristics of the participants.

Socio-demographic data	Frequency (n = 200)	%	
Age distribution	20 – 30	77	38.5
	31 – 40	101	50.5
	41 – 50	22	11.0
Marital status	Single	52	26.0
	Married	141	70.5
	Divorced	7	3.5
Ethnicity	Yoruba	106	53.0
	Hausa	48	24.0
	Igbo	6	3.0
	Igbira	40	20.0
Number of children	1	35	17.5
	2	96	48.0
	3	55	27.5
	4	7	3.5
	5	5	2.5
	6	2	1.0
Educational level	No formal education	13	6.5
	Primary	34	17.0
	Secondary	83	41.5
	Tertiary	70	35.0
Occupation	Student	3	1.5
	Teacher	90	45.0
	Trader	67	33.5
	Health care worker	3	1.5
	Civil servant	27	13.5
	Unemployed	10	5.0
Age of infant	1 – 3 months	16	8.0
	4 – 6 months	40	20.0
	7 – 9 months	65	32.5
	10 – 12 months	54	27.0
	1 – 3 years	24	12.0
	4 – 6 years	1	0.5
Sex of infant	Male	87	43.5
	Female	113	56.5
Monthly income	5000	38	19.0
	6000 – 1 000	62	31.0
	11000 – 20000	52	26.0
	21000 – above	48	24.0

**Table 2** Feeding practices of participants.

Feeding practice		Frequency	%
How many times do you feed your infant per day	3 Times	16	8.0
	4 Times	20	10.0
	5 Times	45	22.5
	6 Times	119	59.5
Feeding is usually?	On demand	120	60.0
	On schedule	41	20.5
	Whenever I feel like	39	19.5
Feeding method practiced	Breastfeeding	176	88.0
	Bottle feeding	8	4.0
	Spoon and cup	16	8.0
Anything to drink other than breast milk in the first 3 days after delivery?	Yes	74	37.0
	No	126	63.0
If YES, what?	Plain water	16	21.6
	Glucose water	40	54.1
	Powdered milk	12	16.2
	Infant formula	6	8.1
Which one of these milk feeding did you practice?	Breast milk only	120	60.0
	Breast milk with water	48	24.0
	Breast milk with other foods	24	12.0
	Any food available	8	4.0
How many months did you feed with only breast milk?	1 – 2 months	48	24.0
	3 – 4 months	46	23.0
	5 – 6 months	84	42.0
	6 – 7 months	22	11.0
Was your baby satisfied with breast milk in the first 6 months?	Yes	122	61.0
	No	78	39.0
How many months did you breastfeed in total?	6 months	121	60.5
	1 year	38	19.0
	1 year and above	31	15.5
	2 years and above	10	5.0
Do you practice night feeding?	Yes	162	81.0
	No	38	19.0
How frequently do you feed the child at night?	2 times	52	32.1
	3 times	41	25.3
	4 times	6	3.7
	On demand	63	38.9

Majority (60.5%) of the mothers breastfed for about 6 months, also vast majority (81.0%) of the mothers practice night feeding and close to one- third (38.9%) of the night feeding was on demand.

### Weaning practices of the participants

As revealed in the study, more than one- third (39.5%) of mothers weaned their child within the age range of 6 – 7 months which is also the same age most of the mothers stopped breastfeeding their children. Close to half (44.0%) of the participants weaned their children because they had reached the weaning age, while 44.0% weaned their child off breast milk abruptly. Pap and milk (64.0%) were the food used the most by mothers during the period of weaning (Table 3).

The use of bitter substance (39.0%) was used by mothers the most as a method to take their child off breastmilk. More than half (57.5%) of the mothers gave their weaning food with a spoon and cup. A high percentage (70.0%) of

the children was not selective of weaning food, 71.0% of the mothers responded that the weaning method affected the baby's weight. Majority (88.5%) of the mothers did not take drugs when they were pregnant (Table 3).

### Knowledge on feeding and weaning practices

As shown in Table 4, about half (51%) of the mothers obtained their knowledge on feeding and weaning of their infants from health care workers and 82% of the mothers were familiar with the right meaning of exclusive breastfeeding (Table 4).

Almost half (51%) of the participants indicated that their knowledge on breast feeding was shown to have come from health workers (Figure 2). Generally, a vast majority (70%) of the participants were observed to have ideal knowledge of breastfeeding and weaning (Figure 3).

The majority of mothers in the study breastfed their children for at least six times daily, and breastfeeding was given for about six months in total.

Table 3 Weaning practices of participants.

Weaning practices		Frequency	%
At what age did you wean your child?	6 – 7 months	79	39.5
	8 – 9 months	66	33.0
	10 – 12 months	55	27.5
Reason for weaning child	Reached weaning age	90	45
	Not enough milk	22	11
	New pregnancy	4	2.0
	Mother/father’s desire	60	30.0
	Return to work	24	12
Type of weaning practiced	Sudden	88	44.0
	Gradual	50	25
	Natural	36	18
	Mother led	26	13
Food used for weaning	Home-made food	28	14
	Ready prepared food	6	3
	Family food	82	41
	Infant formula	84	42
Type of weaning food	Pap and milk	128	64
	NAN	24	12
	Any food available	12	6
	Cerelac	14	7
	Amala	22	11
Method of weaning practiced	Use of bitter substance	78	39
	Separate mother from child	67	33.5
	Both	55	27.5
Is your baby selective of weaning food?	Yes	60	30
	No	140	70
Do you think weaning method affected baby’s weight?	Yes	58	29
	No	142	71
Did you take any drug while weaning your child?	Yes	23	11.5
	No	177	88.5
If yes, mention the drug	Paracetamol	9	39.1
	Ampliclox	6	26.1
	Multi- vitamin	8	34.8

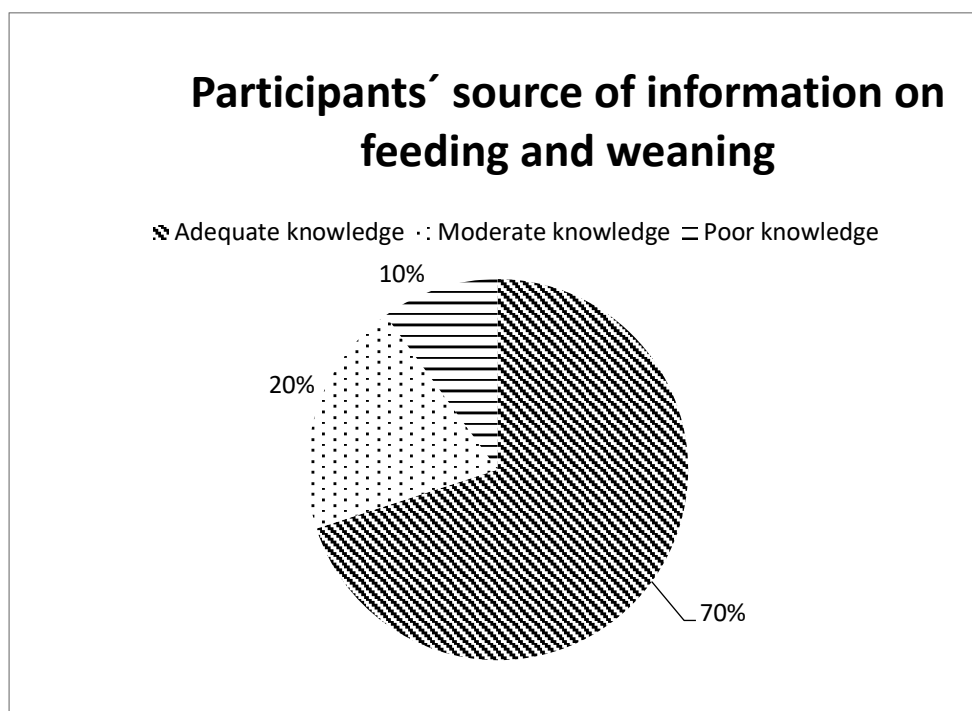
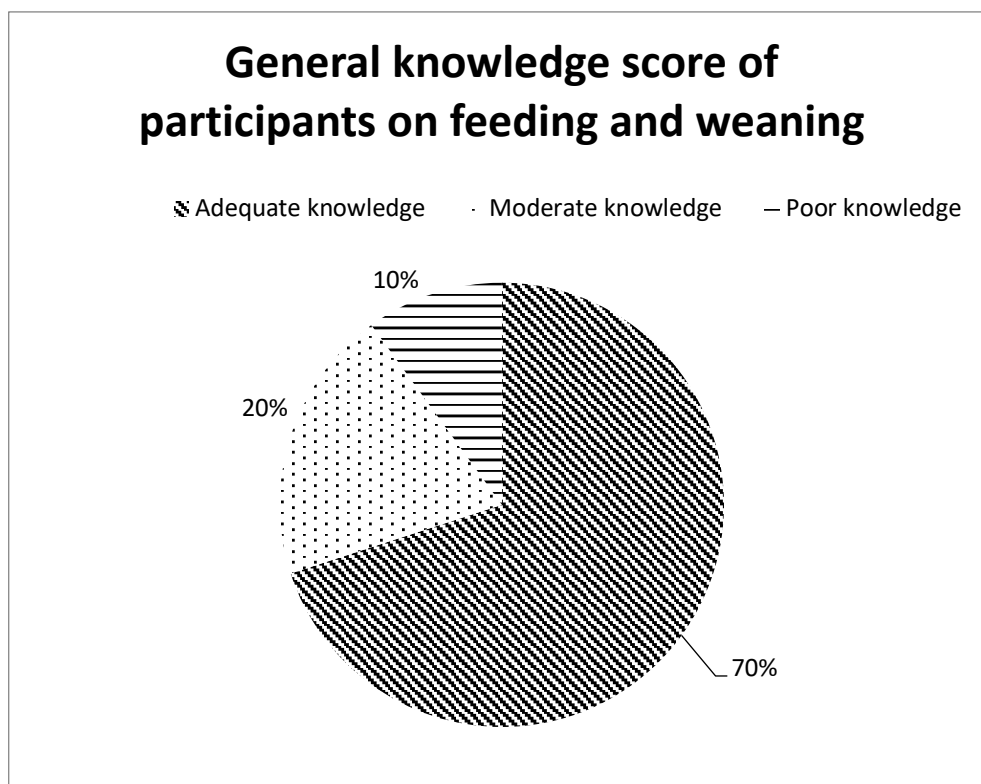


Figure 2 Participants’ source of information on feeding and weaning.

**Table 4** Knowledge of mothers on the feeding and weaning practices.

Items	Yes		No	
	Freq.	%	Freq.	%
Weaning is the practice of slowly introducing a baby to adult foods while slowly withdrawing breast milk	160	80.0	40	20.0
Feeding is the process of supplying food and nourishment to a baby	180	90.0	20	10.0
Exclusive breastfeeding is when only breast milk is given to a child from birth to six months of age	164	82.0	36	18.0
Exclusive breastfeeding is beneficial to the child.	156	78.0	44	22.0
Infants should be fed whenever they are hungry.	151	75.5	49	24.5
Weaning should start at 9 months.	68	34.0	132	66.0
Poor weaning practices can cause malnutrition.	164	82.0	36	18.0
Do you think colostrum is dirty, unclean?	111	55.5	89	44.5
After 6 months, it is good to only breastfeed.	37	18.5	163	81.5
Young children should be breastfed at least 2 years?	94	47.0	106	53.0
Infant formula is as good as breast milk.	72	36.0	128	64.0



**Figure 3** General knowledge score of participants on feeding and weaning.

**Table 5** Relation of respondents' educational status with feeding and weaning practices.

		Practice grading			Total
		Adequate practice	Moderate practice	Poor practice	
Level of education	No formal education	13	0	0	13
	Primary	18	16	0	34
	Secondary	59	24	0	83
	Tertiary	30	20	20	70
Total		120	60	20	200

**Table 6** Chi-Square Tests.

	Value	Df	p-value
Pearson Chi-Square	53.298 <sup>a</sup>	6	.000
Likelihood Ratio	61.272	6	.000
Linear-by-Linear Association	21.628	1	.000
N of Valid Cases	200		

Note: <sup>a</sup> – p-value <0.05.

**Table 7** Relationship of respondents' age with feeding and weaning practices.

		Practice grading			Total
		Adequate practice	Moderate practice	Poor practice	
Age	20 – 30	35	27	15	77
	31 – 40	73	28	0	101
	41 – 50	12	5	5	22
Total		120	60	20	200

**Table 8** Chi-Square Tests.

	Value	Df	p-value
Pearson Chi-Square	27.167 <sup>a</sup>	4	.000
Likelihood Ratio	34.900	4	.000
Linear-by-Linear Association	5.543	1	.019
N of Valid Cases	200		

Note: <sup>a</sup> – p-value <0.05.

This study agreed with the findings of **Akeredolu et al. (2014)** and **Olatona, Odozi and Amu (2014)**, who asserted in their studies that majority of the mother's breastfed their children. In a related study, **Katepa-Bwalya et al. (2015)**, it was also observed that majority of mothers breastfed their children for varying periods of time. As revealed in the study, of the majority that practiced breastfeeding, only few (14.7%) breastfed exclusively. This is similar to the findings of **Mohammed (2014)** and **Katepa-Bwalya et al. (2015)**, where only 30.1% and 6.8% of mothers practiced exclusive breastfeeding respectively. Despite the fact that breast feeding is known to be a highly recommended and beneficial way to feed infants as it provides psychological and health benefit to both the mother and the child. Globally there has been a common decline in the practice of breastfeeding both in terms of occurrence and interval in the past few decades (**Berra, 2013**).

The study further revealed that about 40.0% of the mothers in addition to breastfeeding included complementary foods for their children at 4 – 6 months of age. This contrast with the results obtained from some studies conducted in South-West, South-South and North-West regions of Nigeria where 76.7%, 79.9% and 80.1%

respectively introduced complementary feeding before the expected 6 months of age (**Akeredolu et al., 2014; Osie-Efetie, Oyibo and Okperi, 2011; Matthew et al., 2009**).

When breast milk is no longer adequate to meet the nutritional needs of the infant, complementary foods should be added to the diet of the child (**Kavitha, Nadhiya and Parimalavalli, 2014**). Proper breastfeeding practices are effective ways for reducing childhood morbidity and mortality. While many mothers understand the significance of breastfeeding, others are less informed on the benefits of breastfeeding and weaning. **Anoshirike et al. (2014)** stated that, malnutrition in Nigerian infants is found to be as a result of inappropriate child feeding practices such as late introduction of complementary foods, small energy and nutrient density of foods offered, feeding in little quantity at meals, food limitations due to cultural beliefs, low birth-weight and high morbidity.

### Hypothesis testing

#### Hypothesis 1:

From the chi-square test (Table 6), the null hypothesis of no significant relationship between respondents' level of education and deeding and weaning practices is rejected. Consequently, the alternative hypothesis of a significant



relationship between respondents' level of education with feeding and weaning practice accepted (Table 5).

#### Hypothesis 2:

As shown in Table 2, there was no significant relationship between respondents' age and feeding and weaning practices, hence the null hypothesis of a significant relationship between respondents' age with feeding and weaning practices was rejected (Table 7 and Table 8).

Adequate nutrition during infancy and early childhood is essential to ensure the development, health, and growth of children to their full potential. As stated by **Mohammed (2014)**, gradual weaning period should be introduced first which allows the child to receive the benefits from breastfeeding while also consuming necessary nutrients from complementary foods. This is contracts with the result obtained in this study where about 45% of mothers abruptly weaned their children from breast milk. According to **Razia and Naheed (2007)**, complete weaning can be introduced at about 2 – 4 years of age, and this is the total withdrawal from breast milk. The findings of the study showed that 39.5% of the mothers weaned their children at about 6 – 7 months and 45% of mothers weaned because they were of the opinion that the child is old enough. This is similar to the results obtained by **Kikafunda, Walker and Tumwine (2003)**, **Mohammed (2014)**, **Olatona, Odozi and Amu (2014)** and **Ogunsuyi (2016)**, where 42%, 91.6%, 48.4% and 55.6% respectively started the weaning process between ages 4 – 6 months. Feeding and weaning are important components for the physical and psychological well-being of a child. Feeding a child which involves breast feeding is a complex approach while weaning is a critical approach. According to **Kavitha, Nadhiya and Parimalavalli (2014)**, displacement of breast milk and increased risks of infections such as diarrhoea which further contributes to weight loss and malnutrition can be as a result of untimely introduction of complementary feeds before the age of six months. Thus, it is important that weaning should be gradual and not done abruptly. In addition, the findings revealed that during weaning, homemade food, infant formula and family food were given to the infants by the mothers.

The present study revealed that the majority of participants had good knowledge (70%) on feeding and weaning of their infants, with most indicating their knowledge came from the information provided by health workers. Poor infant feeding and their consequences are one of the world's major problems and a serious obstacle to social and economic development, therefore adequate knowledge on the feeding and weaning practices of the children is very essential. Nurses can assess the knowledge of mothers attending post-natal clinic towards feeding and weaning, certain educational programmes can be conducted for the mothers based on the needs which will help improve the mother's knowledge regarding feeding and weaning. Since health care workers serve as a strong means of disseminating health information to the community; they too need to be abreast of information (**Kambli, 2012**).

#### CONCLUSION

This study assessed mother's feeding practices, their weaning practices and also their knowledge on the feeding and weaning practices. The findings from the result showed that the vast majority of the mothers have good knowledge about feeding and weaning of their infants.

The practices of mothers on the feeding of their children were good based on the fact that breastfeeding was the major practice by mothers and also the knowledge of mothers on feeding and weaning their children was good. Specifically, the results of this study provide a baseline data on the importance of establishing standard indigenous nutrition education programme for mothers of young children in Nigeria. Emphasis should be placed on including pregnant women and women of child bearing age as the target audience. This will facilitate the mothers understanding of nutrition which will in turn enhance the feeding practices and nutritional status of their children. There is need concerning health education program aimed at educating mothers on commencement of breastfeeding within one hour after birth, exclusive breastfeeding till six months of age and the value of night feed and the benefits of giving infants colostrum.

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#### Contact address:

\*Oluwaseyi Akpor, Afe Babalola University, College of Medicine and Health Sciences, Department of Nursing Science, Federal Polytechnic Road, PMB 5454, Ado-Ekiti, 360231, Ekiti State, Nigeria, Tel.: +2347068531599,

E-mail: [akporoa@abuaad.edu.ng](mailto:akporoa@abuaad.edu.ng)

ORCID: <http://orcid.org/0000-0002-3465-135X>

Tunrayo Oluwadare, Afe Babalola University, College of Medicine and Health Sciences, Department of Community Medicine, Federal Polytechnic Road, PMB 5454, Ado-Ekiti, 360231, Ekiti State, Nigeria, Tel.: 2347068531599,

E-mail: [oluwadaret@abuaad.edu.ng](mailto:oluwadaret@abuaad.edu.ng)

ORCID: <https://orcid.org/0000-0003-4294-3827>

Omotola Taiwo, Afe Babalola University, College of Medicine and Health Sciences, Department of Community Medicine, PMB 5454, Ado-Ekiti, 360231, Ekiti State, Nigeria, Tel.: +234803487092,

E-mail: [omotolat@abuaad.edu.ng](mailto:omotolat@abuaad.edu.ng)

ORCID: <https://orcid.org/0000-0002-9745-5233>

Bukola Aladenika, Afe Babalola University, College of Medicine and Health Sciences, Department of Nursing Science, PMB 5454, Ado-Ekiti, 360231, Ekiti State, Nigeria, Tel.: +2348034123381,

E-mail: [aladenikab@gmail.com](mailto:aladenikab@gmail.com)

ORCID: <https://orcid.org/0000-0002-3377-9597>

Oghenerobor Akpor, Landmark University, College of Pure and Applied Sciences, Department of Microbiology, Ipetu Road, PMB 1001, Omu-Aran, 251101, Kwara State, Nigeria, Tel: +2348168920716,

E-mail: [akpor.oghenerobor@lmu.edu.ng](mailto:akpor.oghenerobor@lmu.edu.ng)

ORCID: <http://orcid.org/0000-0002-4256-1549>

Corresponding author: \*