VOL. 12 NO. 3,
MAY, 2026
E-ISSN 3026-8702
P-ISSN 3026-8745

African Scholar Publications & Research International
www.africanscholarpub.com

Journal of Clinical and Metabolism Studies (JCMS)

Assessment of Inhibiting Factors on the Practices of Exclusive Breastfeeding among Human Immuno Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State

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DOI: https://doi.org/10.70382/ajcms.v12i3.039

Abstract

Breastfeeding may become a source of concern when there is a risk of transmitting infections, such as Human Immunodeficiency Virus (HIV), in the absence of appropriate interventions. This study assessed factors influencing exclusive breastfeeding among HIV-positive mothers attending Specialist State Hospital, Saki, Oyo State. A descriptive cross-sectional survey design was employed. Using a simple random sampling technique, 150 HIV-positive breastfeeding mothers were selected. Data were collected using a structured questionnaire and analyzed using SPSS version 25. Results were presented using descriptive statistics (tables and percentages) and inferential statistics (chi-square test) at a significance level of $p < 0.05$. Findings indicated generally good breastfeeding practices

among respondents. The highest mean scores were observed in the frequency of daily breastfeeding practices (1.60 ± 0.49) and cessation of breastfeeding upon identification of safe alternative feeding options (1.63 ± 0.49). Gender emerged as a significant factor influencing exclusive breastfeeding practices. Additionally, socio-demographic variables such as age, marital status, and occupation showed statistically significant associations with exclusive breastfeeding practices ($\chi^2 = 0.995$, $p < 0.05$). Other factors, including family influence, peer support, and type of delivery, were also significantly associated with breastfeeding practices ($\chi^2 = 0.97$, $p < 0.05$). The study concludes that multiple socio-demographic and contextual factors influence exclusive breastfeeding among HIV-positive mothers. It recommends increased public health awareness, targeted education, and supportive interventions to address identified barriers. Policymakers should develop and implement evidence-based programs to enhance exclusive breastfeeding practices among HIV-positive mothers both in Nigeria and globally.

Key words: Factor, Practice, Exclusive, Breast, Feeding, Mothers ,Human, Immuno-Deficiency, Virus Positive

Introduction

According to World Health Organization [WHO] (2022), Breastfeeding is one of the most effective ways to ensure child health and survival and if exclusive breastfeeding was practiced at 50 percentage all over the world, lives of 823 000 (13.8% of deaths) children under 2 years of age would have been saved every year but, only 40% of infants under six months of age are exclusively breastfed globally. Globally, over 90% of the HIV infections among children are due to mother-to-child transmission (MTCT) and nearly 90% of the HIV-infected children are living in sub-Saharan Africa and based on a point estimate in 2007, 75420 pregnant women and 64000 children under the age of 14 years were estimated to be HIV-positive in the country. And, sadly over 10000 HIV-infected children died in 2007 alone. United Nations Programme on HIV/AIDs (UNAIDS, 2020). In 2017, the Joint United Nations Programme on Hiv and Aids estimated that 36.9 million people were living with the human immunodeficiency virus, most of who were from low- and middle-income countries, mother-to-child transmission can occur during intra-uterine life, delivery or breastfeeding and the risk of transmission through breastfeeding is estimated at 0.064% per ingested liter, and at 0.028% per day of breastfeeding which without intervention to prevent transmission, the risk of infection through breastfeeding varies between 13 and 48% **(**Nordin, Dimitri, Jean & Leila, 2020). Breastfeeding is renowned for being beneficial for the health and survival of children but it has remained a challenge to mothers who are infected with human immunodeficiency virus (HIV). With HIV-

positive mothers, mother-to-child transmission of the virus can occur to their children during pregnancy, delivery, and breastfeeding (Samburu, Kimiywe, Young, Wekesah, Wanjohi, Muriuki, 2021). Despite this, the World Health Organization (WHO) recommends exclusive breast feeding (EBF) by HIV positive mothers during the postnatal period in low- and middle-income countries, the high cost of Exclusive Replacement Feeding (ERF) and lack of adequate clean water and poor sanitation means ERF is not feasible or safe in low- and middle-income countries. While breast milk can be a source of HIV, the risk to infants, particularly those in low-income settings, of malnutrition, diarrhoea, acute respiratory tract infection, and death if they are not breastfed remains higher as they contribute to those factors that limit the practice of exclusive breastfeeding among HIV positive breastfeeding mothers (Ejigayehu, et al, 2022). This study therefore determined factors influencing exclusive breastfeeding among Human Immuno-deficiency Virus Positive breastfeeding mother's attending Specialist State Hospital, Saki.

Annually, in Southern Ethiopia, 700,000 infants acquire HIV infection from their mothers where, 280,000 of which are infected through breastfeeding and in the absence of interventions during pregnancy and delivery, HIV transmission through breastfeeding could be responsible for as high as a third of all childhood HIV infections(Ejigayehu, et al, 2022). Gejo, Weldearegay, Wtinsaie, Mekango, Woldemichael, Buda, Dinsa, Alemayehu, & Goba, (2019) reported that globally, only about 34.8% are breastfed exclusively while exclusive breastfeeding practiced among HIV positive women was noticed to improve in 2016 as compared to what happened in the 90's in most regions, for instance, there was an increase from 22% in 1996 to 30% in 2016 in Sub-Saharan Africa, from 27% to 32% in East Asia.In Nigeria, the practice of EBF is Suboptimal as it was documented to be 23.33% in 2017 (Jama, Gebreyesus, Wubayehu, Gebregyorgis, Teweldemedhin, Berhe, Berhe, 2020). Belay &Wubneh, (2020) reported that the most appropriate and economic way of feeding infant globally is through exclusive breastfeeding as about 1.4 million mortality occurs as a result of failure to exclusively breastfed the children. The risk of HIV transmission increases (25-45%) withthe ageof infant and maternal practice of mixed feeding before 6 months of life as supporting optimal infant feeding practices was a challenge for health systems; in Nigeria, this was influenced by limited number of health facilities, health workers, competing demands on time, inadequate capacity, illiteracy among mothers and poor information sharing (Usman, Olufunmilayo, Magbagbeola, Saheed, 2019). The impact of not carrying out this study to add to the body of knowledge is that it will further increase the morbidity rate of HIV/AIDS in the society, more children will be a victim of the disease and life can be lost if measures are not taken, government will have to release more funds in procurement of antiretroviral drugs which could have been used to develop other sectors.

Lewam, Selamawit, Yadessa, Abraham, & Alemayehu (2020) carried out a study on exclusive breast-feeding practice and associated factors among HIV-positive mothers in Southern Ethiopia and it was reported in their study that when the husbands are not aware of the HIV status of their wives, they will likely impose inappropriate infant feeding practice and if they

refuse they will suspect their wives to have HIV and which in turn results in dispute. The reasons for not disclosing their status were described to be the low economic status and economical dependency of the mothers on their husbands, fear of outcomes like divorce, physical violence, and having to raise a child alone. Disclosing their status also has the benefit of not having to hide while formula feeding and it enables them to have favourable attitude towards EBF. Furthermore, it was reported that 90.3% of the participants exclusively breastfeed their infants and this is due to the higher level of knowledge about MTCT of HIV (83.1% vs. 79.4%) and disclosure of HIV serostatus (90.3% vs. 72.2%). Improved knowledge about MTCT of HIV has been shown to increase the practice of EBF and similarly, disclosure of HIV serostatus has been shown to positively affect EBF practice.

Nordin et al, (2020) in a study among HIV-infected mothers who decide to breastfeed their infants under close supervision in Belgium reported that non-adherence to treatment may be related to many factors including lack of access to treatment, stigma, discrimination, forgetfulness and drug treatment changes, social norms, socio-economic status, and lack of knowledge about the disease and treatment are the main barriers encountered when treating HIV patients in developing countries. Education about transmission, HIV prevention, and efficacy of cART are needed in order to increase adherence to treatment and follow-up. This is especially important in the postpartum period as studies have shown a decrease in adherence to treatment after delivery. Psychological counselling and support for family members, spouses, and the community promote greater participation and adherence to treatment.

Casmir, Janet, Nkiruka, Lovina, and Gladys, (2022) in their study on assessment of exclusive breast-feeding practice among HIV-positive mothers in Abuja, Nigeria revealed that 68% HIV-positive mothers practiced exclusive breastfeeding (EBF) for the first six months of life. 18% of the by HIV-positive mothers had not the privilege of spouse's support as spousal's support had considerable effect on the practice of EBF, majority of the HIV-positive mothers did not initiated breastfeeding immediately following birth as only 31% commenced breastfeeding immediately after birth. Majority (65%)of the HIV-positive mothers had good attitude towards exclusive breastfeeding of babies for the first six months of life. Religious beliefs positively influenced the practice of exclusive breastfeeding in 82% of the HIV-positive mothers. Mother's education status positively influenced exclusive breastfeeding practice in 55% of the HIV-positive mothers. 56.0% of the HIV-positive mothers disagreed that distance to the place of delivery is a barrier to or influences EBF. The result of this study also showed that the practice of EBF by HIV-positive mothers varied in frequency as majority of the HIV-positive mothers breastfeed their child between 5-10 times of per day while only 25% breastfeed more than 10 times per day. Furthermore, in the study, 58.0% of the HIV-positive mothers had good knowledge about exclusive breastfeeding options for HIV-positive mothers.

In a study by Rose and Fabiola (2022) on exclusive breastfeeding practice among HIV infected mothers in the Southern highlands of Tanzania revealed that respondents with adequate knowledge of EBF practice were nearly two times more likely to practice EBF than their

counterparts with inadequate knowledge, the majority of respondents identified insufficient breast milk as a barrier to practicing EBF. The study further indicated that respondents who did not experience breast problems were three times more likely to practice EBF than their counterparts with breast problems.

This study focused on factors influencing exclusive breastfeeding practices among HIV positive mothers in a region of Nigeria where there have been no previous well-established facility-based studies. The study outcomes can be used to help improve services for these women by identifying the main factors which will enhance exclusive breastfeeding practices among HIV positive mothers and reduce the morbidity rate of HIV disease among the children. Hence the needtoinvestigatethefactorsinfluencingexclusivebreastfeedingamongHIV positive mothers attending Specialist State Hospital, Saki, Oyo State.

Broad objective

This study will assess factors influencing exclusive breastfeeding among HIV positive breastfeeding mothers attending Specialist State Hospital, Saki, Oyo-State.

- To assess the level of practice of exclusive breastfeeding among mother's attending Specialist State Hospital, Saki.
- To assess the factors influencing the practice of exclusive breastfeeding among HIV positive breastfeeding mother's attending Specialist State Hospital, Saki.
- To determine the association between the practice of exclusive breastfeeding among HIV mothers and factors influencing the practice.

Hypothesis

H_O: There is no significant relationship between educational level of HIV positive breastfeeding mothers and the practice of exclusive breastfeeding.

Methodology

Research Designn: A descriptive cross-sectional survey design was adopted for this study. This design is considered appropriate because it will capture a cross-section of HIV positive breastfeeding mothers attending Specialist State Hospital, Saki, Oyo State in 3months.

Target population: The target study was HIV positive mothers that are breastfeeding and attending Specialist State Hospital, Saki. About 150 nursing mothers do visit the hospital within three months.

Sampling size and sampling technique: the researcher select 109 sample size from 150 respondent visiting the hospital by adopting Taro Yamane's technique with 10% attrition rate to sum a total number of 119 HIV positive breastfeeding mothers. Sample of 119 respondnets were selected using simple random sampling technique.. the tool for data collection was a structured questionnaire with reliability alpha cronbach co-efficient of 0.824 after the tool was thoroughly independently review by peers and experts in the field of nursing. The completed questionnaires was analysed in percentages using the SPSS format version 20.1.2 and presented in the table's frequency distribution, percentages and chart as appropriate.

Ethical Consideration

A letter of permission given to the medical director of the hospital inclusive of the Chief Nursing Officer.and permission to carry out the research was given by the ethical committees of facilities before approaching the participant at the health facilites. The respondents were clearly informed about the purpose of the study in order to gain their informed consent. All information from the respondents were treated with utmost confidentially and equality, detailed explanation was given on the goals and objectives of the study and they were informed of their right to participate or refuse, and the name of the respondents were not required for the study.

The Socio demographic data of respondent.

Table 1 shows Socio –demographic data of respondent on Factors Influencing Exclusive Breastfeeding Among Human Immuno-deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State.(N=150)

Variables	Sub variables	Frequency	Percentage
Age:	a. 15 – 19	4	2.7
	b. 20 – 24	31	20.7
	c. 25 – 29	83	55.3
	d. 30 – 34	20	13.3
	e.35 and above	12	8.0
Religion:	a. Islam	116	77.3
	b. Christianity	34	22.7
Marital Status	a. Single	50	33.3
	b. Married	96	64.0
	c. Widowed	4	2.7
Tribes:	a. Yoruba	123	82.0
	b. Hausa	12	8.0
	c. Igbo	11	7.3
	d. Others specify	4	2.7
level of Education	b Primary	4	2.7
	c. Secondary	8	5.3
	d. Tertiary	138	92.0
Occupation:	a. House wife	19	12.7
	b. Self-employed	39	26.0
	c. Civil Servant	42	28.0
	d. Others specify	50	33.3
	Total	150	100.0

From the table 1 above on Age of respondents shows that those of 15 – 19years were 4(2.7%) while those of 20 – 24 years were 31(20.7%), followed by those within 25 – 29 years of age

were 83(55.3%), also those of 30 – 34year were 20(13.3%) then those of 35 and above were 12(8.0%) .Also, on religion as seen above shows that majority 116(77.3%) were Islam , while Christians were 34(22.7%). On ethnicity of respondent shows that Yoruba were 123(82.0%), Hausa were 12(8.0%) and Igbo 11(7.3%) and others(specify) 4(2.7%).On the marital status of respondents showed that 50(33.3%) were Single,then 96(64.0%) were married and 4(2.7%) were widowed. Further, the findings show that education level of respondent denoted those who have Primary certificate were 4(2.7%), those with Secondary education were 8(5.3%) and those with Tertiary education were 138(92.0%).Finally, findings from the table above on occupation. The response shows that those house wife were 19(12.7%) while those that self-employed were 39(26.0%), followed civil servants were 42(28.0%) and those that had other occupation not mentioned were 50(33.3%).

Table 2 showing level of Practice of exclusive breastfeeding among HIV mother's (n=150)

Variables	Sub variables	Frequency	Percent	x	SD	REMARK
1.Do you practice exclusive breasting as a mother in respective of your health status?	YES	112	74.7			
	NO	38	25.3	1.25	0.44	Poor practice
2. If yes, how often do you practice per day	1-3 Times	60	40.0			
	4-6 times	90	60.0	1.60	0.49	Practice
3.Do you exclusively breastfeed your infants for the first 6 months of life, before introducing appropriate complementary foods?	YES	143	95.3			
	NO	7	4.7	1.05	0.21	Poor practice
4.Do you exclusively breastfeed your infants for the first 6 months of life, before introducing appropriate complementary foods thereafter and continue breastfeeding	YES	147	98.0			
	NO	3	2.0	1.02	0.14	Poor practice
5.Do you restrict the duration of breastfeeding for your baby due to your status?	YES	73	48.7			
	NO	77	51.3	1.51	0.50	Practice
6.If yes then pick the time duration of your practice of exclusive breasting	YES	14	9.3			
	NO	136	90.7	1.91	0.29	Practice
7.Do you stop breastfeeding once your baby is nutritionally adequate	YES	77	51.3			
	NO	73	48.7	1.49	0.50	poor practice
8.Do you stop breastfeeding your baby when you identified a safe diet without breast milk?	YES	56	37.3			
	NO	94	62.7	1.6267	0.49	Practice
	Total	150	100.0			

Percentage of poor to good practice of exclusive breasting among respondent with HIV

Classifiction	Frequency	Percentage
Poor practice	5	50%
Good practice	5	50%

At average mean of 1.5 and above is good practice while below is poor practice of exclusive breasting measures among respondent with HIV.

From table 2. Shows the level of Practice of exclusive breastfeeding among HIV mother's.it shows that respondent had good level of practice of exclusive breasting measures in four items variable 2,6,7 and 8 where the average mean was greater than 1.5.with exception of variable item 1,3,4, and 5 with mean score less than 1.5 while number of time often do you practice per day(1.60±0.49) and Do you stop breastfeeding your baby when you identified a safe diet without breast milk(1.6267±0.49) as practicing measures with highest mean among all the variable items with good practices of breast feeding among HIV Mothers.Theover all level of practice of exclusive breasting among HIVmothers shows50% good practice same as 50% poor practice of practice of exclusive breasting among HIV mothers. From table 2. shows the following good practices such as frequency often time practice per day, the time duration of your practice of exclusive breasting, stop breastfeeding once your baby is nutritionally adequate, stop breastfeeding your baby when you identified a safe diet without breast milk while other identified variable were not practiced since X<1.5

Table 3. Showing Factors influencing the Practice of exclusive breastfeeding among HIV mother's (n=150)

VARIABLES	YES	NO	Total	X	SD	RMK
1. Age does affect the practices of exclusive breastfeeding	87(58.0%)	63(42.0%)	150	1.42	0.50	Not factor
2 .Educational level does affect the practices of exclusive breast feeding	111(74.0%)	39(26.0%)	150	1.26	0.44	Not a factor
3. The knowledge of my health status with exclusive breastfeeding also has an affect	89(59.3%)	61(40.7%)	150	1.41	0.49	Not a factor
4. Beliefs of mothers have great effect on exclusive breasting feeding.	131(87.3%)	19(12.7%)	150	1.13	0.33	Not a factor
5. Health worker advice and supporter have a great influence on exclusive breast feeding	143(95.3%)	7(4.7%)	150	1.05	0.21	Not factor
6. Friends and Family do influence the practice of exclusive breasting.	111(74.0%)	39(26.0%)	150	1.26	0.44	Not a factor
7. Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding.	85(56.7%)	65(43.3%)	150	1.43	0.50	Not a factor
8. The gender of the child does affect exclusive breastfeeding	64(42.7%)	86(57.3%)	150	1.57	0.50	Factor
9. Maternal intentions such as motivation do affect breasting feeding.	112(74.7%)	38(25.3%)	150	1.25	0.44	Not factor
10. Quality and quantity of the breast milk do affect exclusive breast feeding	90(60.0%)	60(40.0%)	150	1.40	0.49	Not factor

x>1.5= factors ;<2.5 =not factors

From table 3 findings shows out of 10 variable items, Nine (9) 1. Age does affect the practices of exclusive breastfeeding,2 .Educational level does affect the practices of exclusive breast feeding,3. The knowledge of my health status with exclusive breastfeeding also has an affect,4. Beliefs of mothers have great effect on exclusive breasting feeding.,5. Health worker advice and supporter have a great influence on exclusive breast feeding,6. Friends and Family do influence the practice of exclusive breasting.,7. Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding.,9. Maternal intentions such as motivation do affect breasting feeding.,10. Quality and quantity of the breast milk do affect exclusive breast feeding are not barrier factor to practice of exclusive breasting feeding among HIV mothers has an average mean score <1.5 which indicate they are not factors affecting the practice of exclusive breast feeding measures among respondent while variable item 8. The gender of the child does affect exclusive breastfeeding was the only identified barrier since the mean score is greater than 0.5.

Determine effect of factors influencing the practice of exclusive breastfeeding among HIV mothers on the practice level of exclusive breastfeeding among HIV mothers

Table 4 shows the summary of the findings Determine effect of factors influencing the practice on the practice of exclusive breastfeeding among HIV mothers in Attending Specialist State Hospital, Saki, Oyo State using Multi-variate Tests analysis. (N=150)

N=150 Factors influencing practices	Sub-variables	Level of practice per day 1-3 Times	 4-6 times	Total	X	Df	P	Remark
15. Age does affect the practices of exclusive breastfeeding	YES	32	55	87	.894a	1	0.344	No effect
	NO	28	35	63				
16.Educational level does affect the practices of exclusive breastfeeding	YES	40	71	111	2.795a	1	0.095	No effect
	NO	20	19	39				
17. The knowledge of my health status with exclusive breastfeeding also has an affect	YES	32	57	89	1.492a	1	0.222	No effect
	NO	28	33	61				
18. Beliefs of mothers have great effect on exclusive breasting feeding	YES	52	79	131	.040a	1	0.841	No effect
	NO	8	11	19				
19. Health worker advice and supporter have a great influence on exclusive breastfeeding	YES	56	87	143	.899a	1	0.343	No influence
	NO	4	3	7				
20. Friends and Family do influence the practice of exclusive breasting.	YES	36	75	111	10.187a	1	0.001	Influenced
	NO	24	15	39				
21. Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding.	YES	28	57	85	4.072a	1	0.044	Influenced
	NO	32	33	65				
22. The gender of the child does affect exclusive breastfeeding	YES	20	44	64	3.561a	1		

N=150 Factors influencing practices	Sub-variables	Level of practice per day 1-3 Times	 4-6 times	Total	X	Df	P	Remark
	NO	40	46	86			0.059	No influence
23. Maternal intentions such as motivation do affect breasting feeding.	YES	40	72	112	3.383a	1	0.066	no influence
	NO	20	18	38				
24. Quality and quantity of the breastmilk do affect exclusive breastfeeding	YES	32	58	90	1.852a	1	0.174	No inlfence
	NO	28	32	60				
Total		60	90	150				

Interpretation of Tables 3.

The findings from table 3 showed the factors identified that influencing the level of practice of exclusive breastfeeding among HIV mothers in Attending Specialist State Hospital, Saki, Saki,

The result obtained showed the factored variables influencing the level of practice of exclusive breastfeeding among HIV mothers with a significant level at P.<0.05 which indicates that the factored variables such as Friends and Family do influence the practice of exclusive breasting and Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding does play a significant role in shaping the level of practice of exclusive breastfeeding among HIV mothers with P-value <0.05 respectively while others such as Age does affect the practices of exclusive breastfeeding, Educational level does affect the practices of exclusive breast feeding, The knowledge of my health status with exclusive breastfeeding also has an affect, Beliefs of mothers have great effect on exclusive breasting feeding, Health worker advice and supporter have a great influence on exclusive breast feeding, The gender of the child does affect exclusive breastfeeding, Maternal intentions such as motivation do affect breasting feeding, Quality and quantity of the breast milk do affect exclusive breast feeding with P values >0.05 which indicate no relationship with practice of breastfeeding among respondent.

Therefore the only factors such as Friends and Family were found to influence the practice of exclusive breasting.likewise Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding and the practice of exclusive breastfeeding among HIV mothers with P-value <0.05 respectively

Hypothesis test

Ho. There is no significant relationship between Socio-demographic of HIV positive breastfeeding mothers and the practice of exclusive breastfeeding.

Table 5 shows the summary of the findings Hi -there is no significant relationship between Socio-demographic of HIV positive breastfeeding mothers and the practice of exclusive

breastfeeding in Attending Specialist State Hospital, Saki, Oyo State using chi sqaure test analysis. (N=150)

Using Chi square Tests with statistically significant level at P<0.05.

		Level of practice of exclusive breast feeding per day		Total	Value	Df	P-value	Remark
		1-3 Times	4-6 times					
1. Age:	a. 15 – 19 ( )	0	4	4	18.235a	4	0.001	Sig
	b. 20 – 24 ( )	20	11	31				
	c. 25 – 29 ( )	24	59	83				
	d. 30 – 34 ( )	8	12	20				
	35 and above( )	8	4	12				
2; Religion:	a. Islam ( )	44	72	116	.913[a]	1	0.339	Not sig
	b. Christianity( )	16	18	34				
3.Marital Status	a. Single ( )	20	30	50	6.250a	2	0.044	Sig
	b. Married( )	36	60	96				
	c. Widowed( ) __	4	0	4				
4 .Tribes:	a. Yoruba ( )	48	75	123	0.136	1	0.712	Not sig
	b. Hausa ( )	4	8	12				
	c. Igbo ( )	8	3	11				
	d. Othersspecify( )	0	4	4				
"5.level of Education:	b Primary( )	0	4	4	3.019a	2	0.221	Not sig
	c. Secondary( )	4	4	8				
	d. Tertiary( )	56	82	138				
Occupation:	a. House wife( )	0	19	19	16.132a	3	0.001	Sig
	b. Self-employed( )	20	19	39				
	c. Civil Servant( )	16	26	42				
	d.Others specify_____ ____	24	26	50				
Total		60	90	150				

Interpretation of Tables 5

The findings from table 5 Ho -there is no significant relationship between the between Sociodemographic variables of HIV positive breastfeeding mothers and the practice of exclusive breastfeeding in Attending Specialist State Hospital, Saki,, Saki,

The hypothesis tests of the sociodemographic data on practice of exclusive breastfeeding among HIV mothers. Result showed a significant relationship at P<0.05 for Age, Marital status and Occupation of respondent to practice of exclusive breast finding among respondents which indicates that the Sociodemographic data variables such as age, marital status and occupation does play a significant role in shaping the practice of exclusive breastfeeding

among HIV mothers.therefore we accept the alternate hypothesis that stated that sociodemographic data such as age, marital status and occupation do have a significant relationship with practices of exclusive breasting among respondent and reject the null hypothesis.

While religion, tribe and level of education do not have a significant relationship nor impact on the practice since the P>0.05. thus we accept the null hypothesis there is no significant relationship between the between Socio-demographic variables such as Religion, tribe and level of education of HIV positive breastfeeding mothers and the practice of exclusive breastfeeding in Attending Specialist State Hospital, Saki, Saki but reject the alternate hypothesis

DISCUSSION

From table 1above on the age of respondents, majority 83(55.3%) were of those within 25 – 29 years of age. however, it was observed that highest 123(82.0%) ethnic group of respondents were Yoruba with majority 116(77.3%) been Islam while majority 138(92.0%) respondent had Tertiary education.

From table 2. the result obtained shows the following good practices such as frequency number often time practice breast feeding per day, the time duration of your practice of exclusive breasting, stop breastfeeding once your baby is nutritionally adequate, stop breastfeeding your baby when you identified a safe diet without breast milk while other identified variable were not practiced since X<1.5.This is supported byAboubacar (2017)stated that Incomplete understanding of the nature and duration of exclusive breastfeeding were identified as barriers to EBF in a number of studies. However, high maternal knowledge of breastfeeding and its benefits did not always translate into the intention to exclusively breastfeed. A study from Nigeria revealed that despite women's high awareness of EBF and that breast milk alone is sufficient for the baby for the first six months, few knew when to wean the baby as this is a well-established principle in social and behavioural change: knowledge alone is not enough to trigger changes in behaviours. Interestingly, some women who thought they were exclusively breastfeeding were actually not doing so, leading to possible over-reporting of the practice.

Therefore, there is need to always assess educational level of mother which will help to identify the practice type and how to health educate them on good practice of Exclusive Breastfeeding in Human Immuno-Deficiency Virus Positive Breastfeeding Mothers

From table 3 only factor that influence practice is variable item 8 which stated The gender of the child does affect exclusive breastfeeding (x>1.5)while other itemized factor variables does not influence the practice of exclusive breastfeeding.finding is disagrees with Agani et al.,(2017) who stated that in Studies from Nigeria and Cameroon found that if the child was male, the infant was less likely to be exclusively breastfed. Further disagrees by Okafor et al.,(2018), who stated that This could be related to the practice of initiating complementary feeding before age six months to help the baby grow bigger, which could be perceived as a sign of good health In a qualitative study involving 60 breastfeeding mothers in rural areas of Enugu State Nigeria,

Okafor and colleagues found that most mothers were of the opinion that breast milk was not enough, especially for male infants

Therefore, When taking measures to further enhance practices of exclusive breastfeeding among HIV positive breastfeeding mothers, by puttingFriends and Family and Type of delivery such as preterm, multiple delivery into consideration towards encouraging practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State as this will increase prevention and reduce infant mortality and morbidity that arises from neglect of the identified factors Influencing the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers.

From table 5 the result of test of hypothesis shows that the Result showed a significant relationship at $P<0.05$ for Age, Marital status and Occupation of respondent to practice of exclusive breast finding among respondents which indicates that the Sociodemographic data variables such as age, marital status and occupation does play a significant role in shaping the practice of exclusive breastfeeding among HIV mothers.therefore we accept the alternate hypothesis that stated that sociodemographic data such as age, marital status and occupation do have a significant relationship with practices of exclusive breasting among respondent and reject the null hypothesis. This findings is supported by Dhakal, Sarita, Tae, &Eun(2017) stated stated that the socio-demographic attributes of mothers that were found to be statistically associated with improved exclusive breastfeeding practices included being married.

While from table 5 religion, tribe and level of education do not have a significant relationship nor impact on the practice since the $P>0.05$. thus we accept the null hypothesis there is no significant relationship between the between Socio-demographic variables such as Religion, tribe and level of education of HIV positive breastfeeding mothers and the practice of exclusive breastfeeding in Attending Specialist State Hospital, Saki,, Saki but reject the alternate hypothesis .findings disagrees with Dhakal, Sarita, Tae, & Eun (2017) who stated that the socio-demographic attributes of mothers that were found to be statistically associated with improved exclusive breastfeeding practices included: higher levels of maternal and paternal education, maternal literacy and being married.

From table 4. the result of test of hypothesis shows that the null hypothesis showed a significant level at $P.<0.05$ which indicates that the factored variables such as Friends and Family do influence the practice of exclusive breasting and Type of delivery such as preterm, multiple delivery do have effect on practices of exclusive breastfeeding does play a significant role in shaping the practice of exclusive breastfeeding among HIV mothers with P-value <0.05 respectively while others factors variables such as Age does affect the practices of exclusive breastfeeding, Educational level does affect the practices of exclusive breast feeding, The knowledge of my health status with exclusive breastfeeding also has an affect, Beliefs of mothers have great effect on exclusive breasting feeding, Health worker advice and supporter have a great influence on exclusive breast feeding, The gender of the child does affect

exclusive breastfeeding, Maternal intentions such as motivation do affect breasting feeding, Quality and quantity of the breast milk do affect exclusive breast feeding with P values >0.05 which indicate no relationship with practice of breastfeeding among respondent. this study disagrees with Ejara, Mulualem, & Gebremedhin(2018).who said Various factors influencing exclusive breastfeeding among HIV positive breastfeeding mothers. Include Demographic and socio-economic factors, maternal knowledge and attitude towards mother to child transmission of HIV. Some other personal and environmental factors also hinder the mother's from carrying out the practice of their choice and occasionally force them to practised mixed feeding. While breastfeeding is the best for the baby, most HIV positive mother would prefer formula feeding in order to protect their babies from HIV infection through breast milk. The risks associated with the breastfeeding depend on the environment and individual circumstances including their education and economic status. Lack of funds can lead to the mother's inability to afford sufficient food supply, which in form leads to low breast milk production.

CONCLUSION

The negative influence created by the Friends and Family and Type of delivery factor on practice of Exclusive Breastfeeding to health provider could create a negative impact on the Human Immuno-Deficiency Virus Positive Breastfeeding Mothers public who have not heard about the effect on health of mother and new born. The effect of the impact cannot be overemphasized; therefore, it will encourage health providers to foster a healthier health care environmental and relationship between healthcare providers and Human Immuno-Deficiency Virus Positive Breastfeeding Mothers and the childs . It will also bring about better health behavior during breast feeding period putting Friends and Family and Type of delivery into consideration.

The entire healthcare system needs nursing and midwifery practice to provide health teachings towards developing means to help mothers meet the demand of identified factors that negatively influence the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers. Therefore, there must be a collaboration to enhanced outcome positively thereby promoting their skills and minimize future consequence on the new borns especially multiple gestation. The study was designed to assess Factors Influencing Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State.

A questionnaire consisting socio demographic section, practice, Factors Influencing Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers was used for data collection and data collected were analyzed using tables and percentages, ANOVA, Multiply regression analysis. This study was designed to assess the Factors Influencing Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State. The research shows Friends and Family and Type of delivery was the only Factor identified to Influencing

Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State

Adequate professional awareness is pivotal to promoting skills and knowledge of means to prepared mothers towards the identified Factor that Influencing Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers in practice as well as in higher institutions of Education and Clinical practices. This will aid in the advancement of skills and practices of healthcare providers to render an efficient healthcare delivery services as well as prepare nurses and midwifes as well as the general public on their professional duty and health awareness respectively.

A robust collaboration and relationship should be established amongst healthcare institutions, tertiary institutions of learning and healthcare providers including Community health Nurses on the child gender which was the only Factor identified to Influencing Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers in clinical practices so as create a solid framework that can encourage healthcare provider preparedness at rendering optimal healthcare to the general public through health education and campaigns focusing on the influence of Friends and Family and Type of delivery on the practice in view.

RECOMMENDATION

- Increase public awareness on the influence of family, friends, and type of delivery on exclusive breastfeeding among HIV-positive mothers.
- Develop targeted education programs to help mothers effectively cope with social and delivery-related factors affecting breastfeeding practices.
- Create appropriate platforms and communication channels to disseminate accurate information on exclusive breastfeeding in the context of HIV.
- Design and implement intervention strategies aimed at addressing identified barriers to optimal breastfeeding practices.
- Encourage the adoption of evidence-based methods to improve exclusive breastfeeding outcomes among HIV-positive mothers.
- Advocate for government policies that reflect the identified influencing factors and support exclusive breastfeeding practices.
- Promote the development and implementation of sustainable programs and interventions to enhance exclusive breastfeeding among HIV-positive mothers in Nigeria and globally.

SUGGESTIONS FOR FURTHER STUDY

Further studies should be carried out on:

i. investigating the effect of Friends and Family and Type of delivery on the practice Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers.

ii. Investigating should be carried out on assess strategies to copy with Friends and Family and Type of delivery factors influence on Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers Attending Specialist State Hospital, Saki, Oyo State.

THE LIMITATION OF THE STUDY

Bureaucratic bottle-necks and red tapes, were certainly the topmost challenge during the course of conducting this research, I was literarily frustrated and had to wait for months before we could collect the data base on reliability test of the instruments for data collection.

Other limitations encountered by the researchers were bureaucracy bottle neck, transportation stress, and sourcing of necessary research materials.

IMPLICATION FOR NURSING

1. Nursing/Midwifery Practices: The findings on assessment shows Friends and Family and Type of delivery as the only factor influencing the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers while education level does not enhance the practices. This shows that nurses and midwifes needs to equip themselves towards managing Human Immuno-Deficiency Virus Positive Breastfeeding Mothers by putting their mothers Friends and Family and Type of delivery into consideration as well as their educational level of mothers. Also, educating the public especially couples and pregnant women on the need to practice Exclusive Breastfeeding and knowledge in order to reduce the mortality rate and complications on baby associated with not practicing it putting gender in view.

Furthermore, this finding will spur nursing and midwifery professionals to build enhanced collaboration with other healthcare providers towards identifying means to enhance the mothers capacity towards the Friends and Family and Type of delivery factors on practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers .

2. Nursing Education: Consequentially, the result obtained will help Nursing Education to make room to develop teachings and measures that can be adopted to control the identified factors that hinder the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers and enhance knowledge via education to promote more practice among mothers . This will help in Training Nurses for professional advancement practices, through education in promoting students' skills to provide better care for the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers with their newborns being prepared especially base on type of delivery. Human Immuno-Deficiency Virus Positive Breastfeeding Mothers in collaboration with health providers can reduce complication that arises from not practicing exclusive breasting on their new born. The findings of this research work are detailed, and it will help the government at various level on policy formulation; as-well-as management of various private

institutions on how to increase proficiency by improving the education and skill of students on care of practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers putting identified factors in view, using the developed means of controlling the effect of factor and enhancing knowledge through health education.

3. Public: The finding of the study will help health providers to develop enlightenment campaigns and health education for the teeming public population on the Friends and Family and Type of delivery factor influencing the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers especially with the type of delivery of mothers put into consideration.

4. Nursing Research: The finding of this research work provides the necessary platform for further research, therefore increasing the body of knowledge of the profession and Researchers. It adds to the body of knowledge by increasing measures available at encouraging mother to practice irrespective of Friends and Family and Type of delivery factor influences on the practice of Exclusive Breastfeeding Among Human Immuno-Deficiency Virus Positive Breastfeeding Mothers by enhancing their knowledge during antenatal clinic visit .

Acknowledgements of all authors that contributed to this work.
No conflict of interest

REFERENCES

Aboubacar, S. (2017). Etude de base sur la situation nutritionnelle et les pratiquesd'alimentation du nourrisson et du jeune enfant dans les régions du Kanem, Mayo Kebi Est Et Mayo Kebi Ouest. 3.

Adda, B.&Valinda, R.N. (2020). 11 Benefits of Breastfeeding for Both Mom and Baby. Healthline.com

Agani, Afaya, Karim, J. F., Judith, A. A., Solomon, M. S., Peter, A., Richard, A. A. (2017). Family belief systems and practices that influence exclusive breastfeeding in Sagu, Ghana. NUMID 32-39.

Belay, G. M., &Wubneh, C. A. (2019). Infant Feeding Practices of HIV Positive Mothers and Its Association with Counselling and HIV Disclosure Status in Ethiopia: A Systematic Review and Meta-Analysis [Review Article]. AIDS Research and Treatment; Hindawi.

Casmir, F. C., Janet, A., Nkiruka, F. I., Lovina, N. U., Gladys, A. I. (2022). Assessment of Exclusive Breast-Feeding Practice among HIV-Positive Mothers in Abuja, Nigeria.

Coetzee, Bronwynè, Mark, T., Sophia, O., Alash'le, A., Ashraf, K., Rosenthal, K. L., Abimiku, A., Gray, C. M., Cameron, D. W., Ball, T. B., Jaspan, H., Burgener, A., Blackburn, J., Kagee, A., Tomlinson, M., Singer, J., Kiravu, A., Osawe, S., & Datong, P.(2017). Barriers to and Facilitators of Adherence to Exclusive Breastfeeding Practices Among HIV Infected and Non-Infected Women in Jos, Nigeria. Maternal and Child Health Journal 21(4):953-60.

Doherty, T., Micky, C., Lungsiwa, N., Debra, J., Lars-Ake, P. (2017). A longitudinal qualitative study of infant feeding decision making and practices among HIV-positive women in South Africa. J. Nutri. 2006;136(9):2421-2426.

Dhakal, Sarita, Tae, H. L.,&Eun, W. N. (2017). Exclusive Breastfeeding Practice and Its Association among Mothers of under 5 Children in Kwango District, DR Congo. *International Journal of Environmental Research and Public Health 14(5):455.*

Dun-Dery, Elvis, J., & Amos, K. L. (2018). Exclusive breastfeeding among city-dwelling professional working mothers in Ghana. *International breastfeeding journal 11(1):23.*

Ejara, D., Mulualem, D., & Gebremedhin, S. (2018). "Inappropriate infant feeding practices of HIV-positive mothers attending PMTCT services in Oromia regional state, Ethiopia: a cross-sectional study," *International Breastfeeding Journal*, vol. 13, p. 37, 2018.

Ejigayehu, T. B., Elias, M. R., Tsedeke, W., & Llili, F. R.(2022). Factors influencing exclusive breast feeding among children born to HIV positive mothers attending public health facilities in western Ethiopia: Cross-sectional study.

Federal Ministry of Health (2018). Guidelines for Prevention of Mother-to-Child Transmission of HIV in Ethiopia, Federal HIV/AIDS Prevention and Control Office, Addis Ababa, Ethiopia.

Gejo, N. G., Weldearegay, H. G., W/tinsaie, K. T., Mekango, D. E., Woldemichael, E. S., Buda, A. S., Dinsa, L. H., Alemayehu, M., &Goba, G. (2019). Exclusive breastfeeding and associated factors among HIV positive mothers in Northern Ethiopia. PLoS ONE, 14(1).

Jacdonmi, I., Muhamad, S. S., Ismail, B. S., Ayuba, I. Z., Gbubemi, R. J. (2018). Determinants of Exclusive Breastfeeding Continuity among Mothers of Infants Under Six Months in Plateau State, Nigeria. International Journal of Health Sciences (4):9.

Jama, A., Gebreyesus, H., Wubayehu, T., Gebregyorgis, T., Teweldemedhin, M., Berhe, T., &Berhe, N. (2020). Exclusive breastfeeding for the first six months of life and its associated factors among children age 6-24 months in Burao district, Somaliland. International Breastfeeding Journal, 15(1), 5.

Joint United Nations Programme on HIV/AIDS, UNAIDS. (2018). Global HIV/AIDS statistics-2018 fact sheet.2018.

Kathi, V. & Lauren S. (2021). What is Breastfeeding. Verywellhealth.com.

Lewam, M., Selamawit, M., Yadessa, T., Abraham, A., & Alemayehu, T. (2020). Exclusive Breast-Feeding Practice and Associated Factors among HIV-Positive Mothers in Governmental Health Facilities, Southern Ethiopia.

Negeso, G. G., Haftom, G. W., Kidisti, T. W., Dejene, E. M., Ermias, S. W., Alula, S. B., Leta, H. D., Mussie, A., &Gelila, G.(2019). Exclusive breastfeeding and associated factors among HIV positive mothers in Northern Ethiopia.

Nnorom, R. M., Felix, C. P., Ibebuike, J. E., Nwokike, G. I., Ogoke, O. J. (2018). Variables predisposing to non-compliance with exclusive breastfeeding among nursing mothers attending immunization clinic at imo state university teaching hospital, orlu.

Nordin, B., Dimitri, V. L., Jean, C. M., & Leila B. (2020). HIV- infected mothers who decide to breastfeed their infants under close supervision in Belgium: About two cases.

Okafor, A. E., Agwu, P. C., Okoye, U. O., Uche, O. A., Oyeoku. E. K. (2018) Factors Associated with Exclusive Breastfeeding Practice among Nursing Mothers in rural areas of Enugu State and its Implications for Social Work Practice in Nigeria. Social Work in Public Health 33(2):140–148.

Oladokun, R. E., Brown, B. J., &Osinusi, K. (2018). Infant feeding pattern of HIV positive women in a Prevention of Mother to Child Transmission programme (PMTCT). AIDS Care. 2010;22(9):1108-1114.

Rose, F.& Fabiola, V. M. (2022). Exclusive breastfeeding practice among HIV infected mothers in the Southern highlands of Tanzania; assessing the prevalence and factors associated with the practice, an analytical cross-sectional survey.

Rosenstock, Irwin (1974). "Historical Origins of the Health Belief Model". *Health Education &Behavior*. 2 (4): 328–335.

Samburu, B. M., Kimiywe, J., Young, S. L., Wekesah, F. M., Wanjohi, M. N., &Muriuki, P. (2021). Realities and challenges of breastfeeding policy in the context of HIV: a qualitative study on community perspectives on facilitators and barriers related to breastfeeding among HIV positive mothers in Baringo County, Kenya. Int Breastfeed J.2021; 16(39): 1746-4358.

UNAIDS (2020). "Country fact sheet," 2020, https://www.unaids.org/en/regionscountries/ countries/ethiopia2020.

United Nations Programme on HIV/AIDS (2017). 'Start free, Stay free, AIDS free: 2017 progress report'.

Usman, A. B., Olufunmilayo, I. F., Magbagbeola, D. D., &Saheed, G. (2019). Factors Influencing Infant Feeding Choices of HIV Positive Mothers in Southwestern, Nigeria.

World Health Organisation (2018). *Fact File. 10 Facts on Breastfeeding*, WHO, Geneva, Switzerland, 2018, http://www.who.int/features/factfiles/breastfeeding/en/.

World Health Organisation (2018) "WHO guidelines on HIV and infant feeding. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence.

Yalcin, B. A. &Yalcin, S. (2019). Determinants of Exclusive breast feeding in Sub-Saharan Africa: A multilevel Approach. *Paediaatrperinat Epidemiol*;30(5):439–49.