
Research

Exclusive Breastfeeding Practices, Knowledge, Attitudes Among Breastfeeding Mothers In Yenagoa LGA Of Bayelsa State

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Abstract: The traditional feeding practice of African mothers is exclusive breastfeeding and has been so over the past generations, as they were not separated from their babies, but rather stayed at home to take care of them. Exclusive Breast feeding is the feeding of an infant with breast milk alone without giving any other food or drink from birth to 6 months. The study evaluated the level of knowledge and attitude of breastfeeding mothers towards exclusive breastfeeding and the factors influencing mothers to breastfeed their babies exclusively. A descriptive survey design was used, and a convenience sampling technique was used to select the sample frame of 150 respondents. Data were collected using a questionnaire and an interview for the non-educated respondents. The results showed that (24%) are aged between 31-35years, (27.3%) had post-secondary education, (12%) had University education, (46.6%) obtained their information from the health centre, while (5.3%) heard from other sources such as churches, campaigns, and mosques. About (47.3%) breastfed their babies exclusively for 1-2 months, (23.3%) for 3-5 months, (22.6%) for 5 - 6 months, while (6.6%) did not introduce other feeds to their babies at all for over 6 months. The findings therefore showed that mothers' educational level does not bring about a positive attitude and compliance with exclusive breastfeeding, but much is dependent on the ability of the health team to pass down the message to them. The results showed that most mothers have the knowledge of the benefits and are willing to breastfeed their babies exclusively if they are encouraged, and if the health care centers are well educated on exclusive breastfeeding, there would still be high levels of positive response. This will give child survival a chance to succeed; this is the aim of the World Health Organization /

UNICEF. It is therefore recommended that health care providers should organize public health education on exclusive breastfeeding so that people can be aware of it.

Keywords: Exclusive Breastfeeding, Knowledge, Attitude, Practice, and Mothers

Introduction

Exclusive breastfeeding (EBF) is the practice of providing a baby with only breast milk during the first six months of life, without any supplements, not even vitamins or medications (Dukuzumuremyi et al., 2020). The United Nations Children's Fund (UNICEF, 2024) recommends that breastfeeding should start within the first hour of birth and should continue exclusively for the first six months of life, after which adequate home-prepared complementary foods are given to the infant for at least two more years (Gertosio, Meazza, & Pagani, 2015).

Exclusive breastfeeding is the feeding of an infant with breast milk only from birth to 6 months of age. It is the optimal way of feeding infants. The importance and benefits of breastfeeding include protection against infections, ease of digestion, promotion of bonding between mother and child, support for the growth and development of the baby, assistance in family planning in some cases, lower costs, contribution to early recovery from pregnancy and delivery due to the return of the uterus to its non-gravid state, reduced risk of ovarian cysts and breast cancer, encouragement of family planning, less economic strain in purchasing formula (artificial milk), no extra preparation needed, convenience, affordability, and reduced crying from the baby. Despite the benefits of exclusive breastfeeding, most mothers do not exclusively breastfeed their babies; they instead give their babies artificial foods and drinks before the age of 6 months, and many stop breastfeeding before the age of 2 years. This has been attributed to certain attitudes of mothers (CDC, 2021).

Knowledge of Exclusive Breastfeeding is an important public health strategy to help improve the health of mothers and children by reducing child morbidity and mortality and promoting maternal health. Exclusive Breastfeeding promotes healthy brain growth and is associated with improved performance on intelligence tests in children. Furthermore, breastfeeding makes it less likely for mothers to develop ovarian cancer, haemorrhages, endometrial cancer, and breast cancer. It also facilitates weight loss for mothers after childbirth and helps maintain a normal weight (Holtzman & Usherwood, 2018). It is

important to note that women of reproductive age, who are the focus of Exclusive Breastfeeding, have inadequate knowledge of breastfeeding, and this lack of knowledge further contributes to attitudes and behaviours that do not support Exclusive Breastfeeding.

Knowledge, attitude, and practice of mothers towards exclusive breastfeeding; it was observed that mothers often have good knowledge and positive attitudes towards exclusive breastfeeding, even recognising its benefits, but this does not always translate to practice, with many not knowing the correct definition or duration (first 6 months) and breastfeeding rates due to factors such as breastfeeding difficulties, child need for other fluids or foods, and work demands (WHO, 2024). Studies show that there is higher knowledge and attitudes towards breastfeeding, but poor practices, highlighting the need for targeted education, counselling, and addressing barriers such as cost and work to improve real-world outcomes (Hunegnaw, Gezie, & Teferra, 2017).

Some key findings on the knowledge and attitude of mothers towards exclusive breastfeeding include:

- Lack of awareness - most mothers have heard of Exclusive Breastfeeding and its benefits, but do not practise it effectively.
- Knowledge Gaps - most mothers do not have sufficient knowledge of breastfeeding for the
- Positive Attitudes - a good number of the mothers express positive feelings, believe exclusive breastfeeding is important, and intend to breastfeed exclusively.
- Perceived Barriers - some find exclusive breastfeeding so demanding, and the cost of living and work pressures are significant challenges.

Practices of some mothers towards exclusive breastfeeding have been found to include mixing breastfeeding with formula feeding and perceiving breastfeeding as embarrassing and difficult in public, as well as physically painful and uncomfortable. These practices could be influenced by the negative attitudes of family, friends, or partners (Gayawan, Adebayo, & Chitekwe, 2014).

This research is intended to identify whether mothers have knowledge of exclusive breastfeeding and the effect on their compliance, or any other associated reasons. This is because, with the current exposition of the benefits of breast milk, it will be assumed that if mothers have knowledge of the benefits, it will influence their attitudes and practices positively (Yimer, Adem, & Arefayene, 2021).

Benefits of exclusive breastfeeding

Gertosio, Meazza, and Pagani (2015) identified the following benefits of exclusive breastfeeding.

- Saves lives. Exclusive breastfeeding is the single most effective intervention for preventing child mortality. Infants who are not breastfed are six times more likely to die from diarrhoea or acute respiratory infections than those who are breastfed (UNICEF, 2018).
- Protects against illness. Breast milk, especially the first yellow thick milk called colostrum, contains anti-bacterial and anti-viral agents and high levels of vitamin A that protect infants against disease.
- Promotes recovery from illness: Breastfeeding provides a nutritious, easily digestible food as a sick child loses his or her appetite for other foods. Continued breastfeeding during diarrhoea reduces dehydration, severity, and the duration of diarrhoea and the risk of malnutrition.
- Provides total food security. Breastfeeding is a hygienic way of feeding a child with the right amount of energy, protein, fat, vitamins, and other nutrients for infants in the first six months. Breastfeeding is the only safe and reliable source of feeding for infants in an emergency.
- Meets all water requirements. Breastmilk is about 80 per cent water. Studies show that healthy, exclusively breastfed infants under 6 months old do not need additional fluids, even in high temperatures and low humidity. Offering water before 6 months of age reduces breastmilk intake, interferes with full absorption of breastmilk nutrients, and increases the risk of illnesses from contaminated water and feeding bottles (Hossain, Islam, & Kamarul, 2018).
- Optimises a child's physical and mental growth and development. Exclusively breastfed infants show higher developmental scores and higher IQs than those who are not breastfed. Breast milk supplies key nutrients that are critical for health, growth, and development (WHO, 2025).
- Benefits to maternal health. Breastfeeding reduces the mother's risk of postpartum haemorrhage, breast and ovarian cancer. Frequent and exclusive breastfeeding contributes to a delay in the return of fertility (Idris, Tafang, & Elgorashi, 2015).

- Bonds between mother and child. Breastfeeding provides frequent interaction between mother and infant, fostering emotional bonds, a sense of security, and stimulation to the baby's developing brain.

Factors influencing mothers' attitudes towards exclusive breastfeeding

The decline in breastfeeding has led to infant feeding being extensively examined by organisations like UNICEF and WHO (UNICEF, 2018; WHO, 2024), in particular, the reasons for the mother's choice of either breastfeeding or bottle feeding and the subsequent effect on the infant's health. Many factors influence the type of feeding a mother uses, such as support from her husband and family members, previous breastfeeding experience, life and work patterns, pregnancy or birth complications, and the advertisement of formula and baby foods (Idris et al., 2015). Studies have also revealed that there are many false or erroneous ideas (fallacies) that have existed for several decades and have implications for breastfeeding management.

Examples of such are:

- Mother's nipples must be toughened to nurse without discomfort.
- Jaundiced babies need water to reduce the bilirubin concentration.
- Lactating mothers' milk does not come in early enough to rely on it.

Other reasons or factors why mothers have hindrances to the practice of exclusive breastfeeding are that a mother's previous experiences can influence whether an infant is breastfed or not. If a mother breastfeeds her first child, most will repeat this decision with subsequent children, while those who artificially feed will repeat that decision (Hawley, Rosen, & Strait, 2015).

- Maternal health status that contraindicates breastfeeding, such as breast cancer and HIV/AIDS in mothers.
- Poor knowledge of the quality of breast milk and proper maintenance of lactation.
- Disapproval of spouses
- Inadequate knowledge of lactation management by health workers affects patient education.
- Availability and accessibility to formula/artificial baby food products

Methods

Research Design

This is a descriptive study aimed at assessing the knowledge, attitude, and practice of breastfeeding mothers towards exclusive breastfeeding in Yenagoa Local Government Area of Bayelsa State.

Study Setting

The study was carried out in Yenizue-Gene, Opolo, and Agudama Primary Health Care Centres in Yenagoa Local Government Area of Bayelsa State. According to the Bayelsa WHO projected population of Bayelsa State, 2024

- Yenagoa LGA has a population of 444,141 people.
- Target population of pregnant women: 22,207
- Children under one population: 17,766.

The LGA is the capital city of Bayelsa State; it is an urban city, and communication in the area is eased with the presence of networks of roads that aid proper coverage of health programmes in the area. The large size of business activities, especially commerce, attracts all shades of people with diverse cultures and religious practices to settle at the headquarters.

- Agudama in Epie 1 (ward) has a total projected population of 31,490.
- Opolo and Yenizue-gene in Epie 11 have a total projected population of 58,454.
- The people are predominantly traders and civil servants; they speak the Epie and Atissa languages.

Sample/Sampling Technique

- Sample size: 150 mothers with babies from birth to 2 years of age participated in the research.
- Sampling technique: The purposive selection based on the convenience of mothers attending the Post Natal Care Clinic at the Health Facilities.

Research Instrument

Questionnaires and interviews were used to elicit the information from respondents. The questionnaire contains 30 items divided into four sections: Sections A, B, C, and D.

- Section A is to elicit demographic information from the respondents.
- Section B is to elicit information on the level of knowledge about breastfeeding.
- Section C is to elicit information on the attitudes of breastfeeding mothers towards breastfeeding and exclusive breastfeeding.
- Section D is to elicit factors influencing the practices of breastfeeding mothers towards breastfeeding.

Method of data collection

The respondents' consents were obtained after some explanations about the nature and purpose of the study. Research assistants were trained on the method of administration and completion of the questionnaires. The questionnaires were administered to the respondents, and the educated respondents filled them in for themselves, while the non-educated were interviewed using the same items on the checklists.

Method of Data Analysis

Both descriptive and inferential statistics were used to analyse the data collected. A frequency distribution table, simple percentages, bar charts, pie charts, and chi-square (X²) were used to test the research hypothesis, with the level of significance set at $P > 0.05$.

Result

Demographic Data

Table 1 shows that 15 (10%) of the mothers are below 20 years, 30 (20%) were between 21 and 25 years, 35 (23%) were between 26 and 30, 36 (24%) were between the age range of 31 and 35, while 34 (23%) are 35 and above. In all, 116 (77%) were between 21 and 35 years of age.

Table 1: The distribution of respondents according to age in years

Variables	Frequencies	%ages
Below 20 years	15	10
21-25 years	30	20
26-30 years	35	23
31-35 years	36	24
35 and above	34	23
Total	150	100

The distribution of respondents according to marital status.

Figure 1 shows that the majority, 90 (60%), are married; 30 (20%) of the mothers are single; 28 (19%) were separated; while 2 (1%) are widowed.

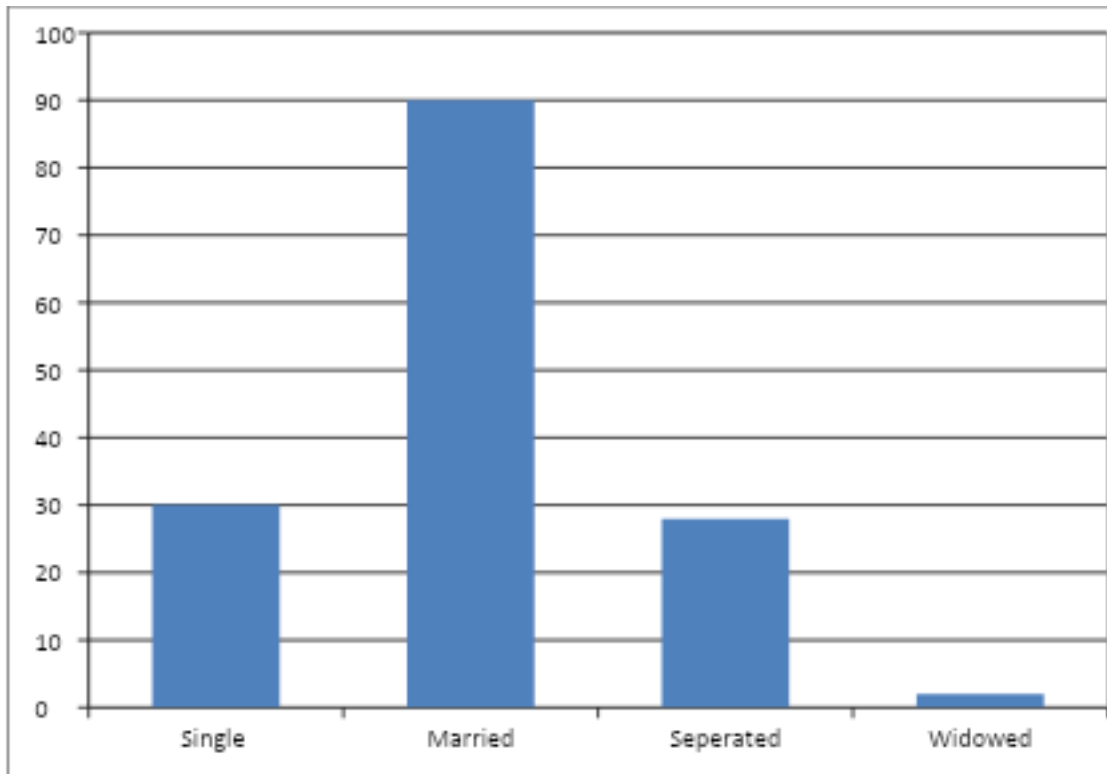


Table 2 shows that the majority, 146 (97%), are Christians, while 4 (3%) practise Islam.

Table 2: The distribution of respondents according to their religious practices

Religion	Frequencies	%ages
Christian	146	97
Islam	4	3
Total	150	100

Table 3 shows that 29 (19.3%) had no formal education, 24 (16%) had full primary education, 38 (25.3%) had full secondary education, 41 (27.3%) had post-secondary education, and 18 (12%) had university education.

Table 3: The distribution of respondents according to educational qualification

Variables	Frequencies	%ages
No formal education	29	19.3
Primary education	24	16
Secondary education	38	25.3
Post-Secondary	41	27.3
University	18	12
Total	150	100

Table 4 indicates that 36 (24%) of the respondents are traders, 50 (33.3%) are civil servants, 33 (22%) are unemployed, while 31 (20.7%) of the respondents are housewives.

Table 4: The distribution of respondents according to occupation/profession

Variables	Frequencies	%ages
Trading	36	24
Civil servant	50	33.3
Unemployed	33	22
House wife	31	20.7
Total	150	100

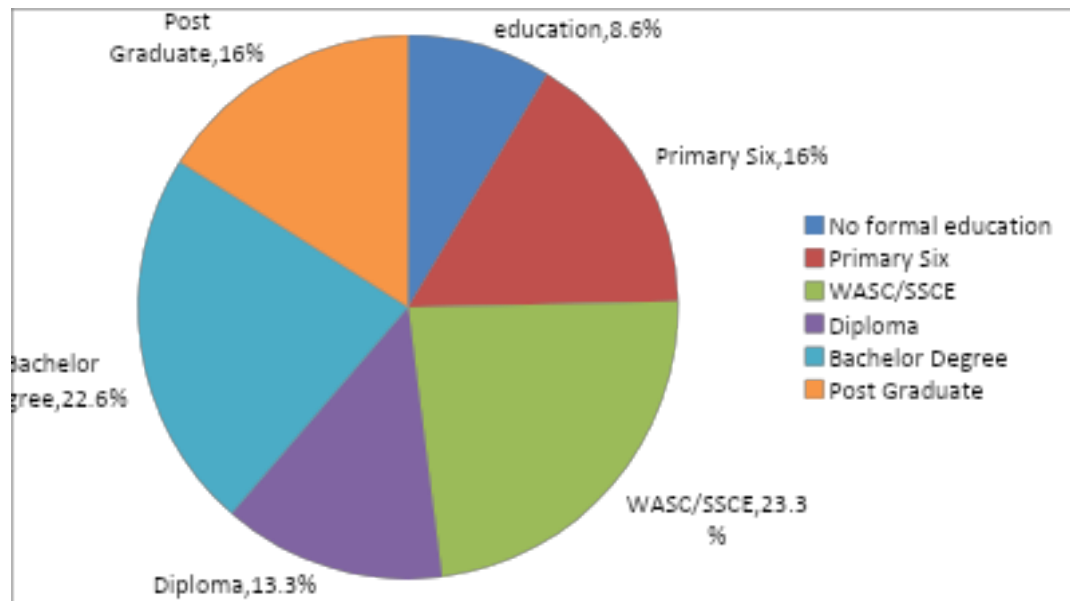
Table 5 shows that out of the 150 respondents, 15 (10%) had not delivered at all but were expecting their first babies, 23 (15.3%) had one delivery, 39 (26%) had two deliveries, 25 (16.6%) had delivered three times, while 20 (13.3%) had delivered four times or more.

Table 5: The distribution of respondents according to the number of children

Variables	Frequencies	%ages
None	15	10
None but pregnant	23	15.3
One	28	18.6
Two	39	26
Three	25	16.6
Four and above	20	13.3
Total	150	100

Figure 2 shows that 13 (8.6%) of the husbands had no formal education, 24 (16%) had a primary six certificate, 35 (23.3%) had WASC/SSCE, 20 (13.3%) had a diploma (OND & HND), 34 (22.6%) had a Bachelor's Degree, while 24 (16%) had a postgraduate degree.

Figure 2: Pie chart showing respondents' spouses' highest qualification



Knowledge on Exclusive Breastfeeding

Table 6 shows that 40 (26.6%) of the respondents indicated that information was obtained from the mass media, 32 (21.3%) got their information from family and friends, 70 (46.6%) obtained their information from the health centre, while 8 (5.3%) heard from other sources such as churches, campaigns, and mosques.

Table 6: The distribution of respondents according to where information about exclusive breastfeeding was obtained

Variables	Frequencies	%ages
Mass Media	40	26.6
Friends/Family	32	21.3
Health Centre	70	46.6
Others	8	5.3
Total	150	100

Table 7 shows that 71 (47.3%) agreed that they breastfed their babies exclusively for 1-2 months, 35 (23.3%) for 3-5 months, 34 (22.6%) for 5-6 months, while 6.6% did not introduce other feeds to their babies at all for over 6 months.

Table 7: The distribution of respondents according to their practice and duration of exclusive breastfeeding

Duration	Frequencies	%ages
1-2 Months	71	47.3
3-5 Months	35	23.3

5 - 6 Months	34	22.6
6 months and above	10	6.6
Total	150	100

Table 8 shows that out of the 112 respondents, 13 (11.6%) breastfed their last babies with breast milk and artificial milk, 20 (17.8%) of the respondents' babies had breast milk with water most times, 5 (4.5%) gave their babies artificial milk exclusively, while 74 (66%) breastfed their last babies exclusively.

Table 8: Showing the pattern of breastfeeding of respondents' last babies

Variables	Frequencies	%ages
A combination of BM and artificial milk	13	11.6
Breastmilk with water most of the time	20	17.8
Artificial feeding only	5	4.5
Breastmilk alone	74	66
Total	112	100

Note: 38 respondents had no previous child

Table 9 shows that the majority of mothers made time to breastfeed their babies during working hours. 0 (0%) breastfed once, 0 (0%) fed twice, 4 (3%) fed three times, 134 (89%) fed their babies four times or more during working hours, while 12 (8%) made no response.

Table 9: The distribution of respondents according to the baby's demand

Numbers of times	Frequencies	%ages
Once	0	0
Twice	0	0
Three times	4	3
Feeding on demand	134	89
No response	12	8
Total	150	100

Attitude towards Exclusive Breastfeeding

Table 10 indicates that the majority of respondents, 107 (69.3%), disagreed that colostrum should be clear before breastfeeding, while 17 (11.3%) agreed with this fact. The majority disagreed that the breastfeeding rate, 127 (84%), should be reduced so as not to ruin the firm contour of the breast. Additionally, 132 (88%) disagreed that maternal health status should be considered before breastfeeding, while 9 (6%) agreed with that fact.

Table 10: Showing respondents' attitude on EBF

Variables	Agreed	Neutral	Disagreed	No response
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1. The first milk (colostrum) should be clear before breastfeeding	F	%	F	%	F	%	F	%
	17	11.3	14	9.3	107	69.3	12	8
2. Availability of formula products reduces the rate of breastfeeding.	73	48.6	17	11.3	40	26.6	20	13.3
3. Breastfeeding rate should be reduced so as not to ruin the firm contour of the breast.	10	6.6	9	6	127	84.6	4	2.6
4. It is not possible to feed only on breastmilk for up to 4-6 months.	19	12.6	11	7.3	112	74.6	8	5.3
5. Maternal health status should be considered before breastfeeding.	9	6	4	2.6	132	88	5	3.3
6. Suckling of the baby causes pain in the breast.	45	30	0	0	100	66.6	5	3.3

Discussion

The result shows that most of the respondents obtained their knowledge of breastfeeding and exclusive breastfeeding from the health centres. This indicates that the health care centres are the main source of information about breastfeeding for almost half of the mothers (46.6%). This demonstrates that the majority of the mothers' good knowledge of exclusive breastfeeding stems from their antenatal and postnatal care. In a prior survey by Cascone, Tomassoni, and Napolitano (2019), participants reported that they learned most of their knowledge about breastfeeding from health care professionals (51.6%). As a result, it is important to offer prenatal, early postpartum, and ongoing breastfeeding counselling in order to improve mothers' knowledge, attitudes, and breastfeeding practices. In the previous multivariate analysis findings, the factor most significantly associated with the practice of breastfeeding was receiving a recommendation to breastfeed during clinical discharges. These findings demonstrate the critical role that health care professionals play in promoting breastfeeding. The crucial importance and impact of accurate breastfeeding recommendations provided by health care professionals have been supported by other previous studies in the *International Breastfeeding Journal* by Dun-Dery and Laar (2016) on exclusive breastfeeding among city-dwelling professional working mothers in Ghana.

Over 53% of the respondents continue Exclusive Breastfeeding for 3 months and above, while 47.3% breastfeed for less than three months. This was supported by UNICEF and WHO definitions, which state that Exclusive Breastfeeding is feeding the baby with

breast milk alone from birth to 6 months and on demand, without the introduction of any fluid or food before the age of 6 months (UNICEF, 2018; WHO, 2024). It also states that other foods should begin from 6 months of age. The compliance rate was higher than the negative responses. However, this proves that there is an appreciable level of compliance among mothers who exclusively breastfeed their babies before the age of 6 months. Therefore, the level of knowledge of the mothers of childbearing age towards breastfeeding and Exclusive Breastfeeding is high.

Some of the significant factors of breastfeeding practices were education level, occupation, awareness of breastfeeding practices, good knowledge, positive attitude towards breastfeeding, and other supports. Mothers with a tertiary education, civil servants, those with breastfeeding knowledge, a positive attitude towards demand, and those who received encouragement from their spouses and family members were more likely to practise it. Hence, it is likely that those with tertiary education are mostly civil servants and are more likely to visit health facilities. As a result, they gained a better understanding of the benefits, leading to more positive attitudes towards breastfeeding and increased involvement in its practice (Abu Sharour, Al-Ghabeesh, & Suleiman, 2017). A previous study in Nigeria reported that the type of health care workers, age of the index child, type of birth, and breastfeeding knowledge were significant predictors of the practice (Iliyasu, Galadanci, & Emokpae, 2019). These findings concur with earlier research in Africa, where higher maternal education, better knowledge, and positive attitudes towards breastfeeding were found to be significantly associated with its practices (Gewa & Chepkemboi, 2016).

Regarding mothers' attitudes toward EBF, a high proportion of mothers (70.7%) believe that EBF is more demanding than infant formula, and the majority of mothers (78.0%) believe that supplementary fluids such as water and other liquids should be given to the babies during exclusive breastfeeding. According to a prior study conducted in Nigeria, 68.1% of respondents agreed that working mothers should not exclusively breastfeed their children, and 62% of the mothers supported providing babies with additional food very early after birth in order to prevent them from being hungry (Dudu, Okoro, & Otto, 2016). Also, in a recent systematic review, only 23% of mothers believed that exclusive breastfeeding was enough for a child for up to 6 months, and 45.8% believed that formula feeding was more convenient than breastfeeding, despite the fact that exclusive breastfeeding and breastfeeding in general have benefits, for it to be practised in Nigeria (Dudu et al., 2016).

Most mothers disagreed with the fact that giving newborn colostrum immediately and within an hour is important. The results of this study indicate that mothers had the lowest level of attitude towards exclusive breastfeeding, and the findings were similar to the studies conducted in Vietnam (Singh & Bhardwar-Kumr, 2018, on "Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers: A descriptive cross-sectional study," *International Journal of Medical and Dental Sciences*). The previous studies conducted in East Africa by Maonga, Mahande, and Damian (2016) on "Factors affecting exclusive breastfeeding among women in Muheza district, Tanga, northeastern Tanzania: A mixed-method community-based study," *Matern Child Health*, reported that other cultural beliefs mentioned that "baby boys" need solid foods immediately because they make them strong and healthy, and if a child is breastfed on breast milk alone for six months, the bones become weak. This barrier was probably the consequence of inadequate knowledge and awareness of ensuring that mothers should exclusively breastfeed during the first six months of their babies' lives. It is so important to change their attitude from negative to positive.

Mogre, Dery, and Gaa (2016) on knowledge, attitudes, and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers found that families see breastfeeding as their traditional mode of feeding. This was confirmed by a study carried out by UNICEF (2018) with their series of studies, including Nigeria. The findings from this survey were that there was an increased indication of breastfeeding among all the African mothers, irrespective of whether they were from urban, economically advantaged, educated families or from the poor. Women may also have conscious or unconscious attitudes towards breastfeeding, which may interfere with their ability to produce milk. Negative attitudes may be due to their upbringing. If the mother has much social engagement, it may be impossible for her to be at home promptly at feeding times. An artificial formula may be substituted periodically for breastfeeding. Some mothers also believe that breastfeeding ruins the firm contour of their breasts and makes them look older than they are.

Conclusion

The findings therefore showed that mothers' educational level does not bring about a positive attitude and compliance with breastfeeding and exclusive breastfeeding, but much is dependent on the ability of the health team to pass down the message of the programmes and a good follow-up, because most of the respondents received more

awareness on breastfeeding from the health care centres. The programme of exclusive breastfeeding has gained public awareness due to its unquoted benefits to the child, mother, family, and the community at large. Results have also shown that most mothers have the knowledge of the benefits of breastfeeding and are willing to breastfeed their babies exclusively if they are encouraged. Also, results have shown that if the health care centres are encouraged, there would still be high levels of positive response. This will give child survival a chance to succeed; this is the aim of the World Health Organization/UNICEF.

Recommendations

- Governments should put a provision in place to allow mothers to practise exclusive breastfeeding, even when working.
- Public seminars should be conducted to teach older women who have not been to school about breastfeeding practices. In addition to the health education, this will enable them to advise their younger daughters about the correct practices of breastfeeding. Educating both the father and mother will improve the chances of practising exclusive breastfeeding.
- Some local breastfeeding practices are potentially harmful to infants; therefore, health education programmes should address these beliefs and practices in culturally sensitive ways. Cultural beliefs have a significant influence on breastfeeding practices, e.g., wasting the colostrum, giving water to the child before 6 months, and giving other foods before 6 months of age.
- The media can also be used to offer the exact message to the mothers and the rest of the community.
- There should be a technical focus on early initiation of breastfeeding, exclusive breastfeeding, and timely complementary feeding.

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