

**KNOWLEDGE, ATTITUDES AND PRACTICE OF EXCLUSIVE BREASTFEEDING  
AMONG NURSING MOTHERS IN OLUKU PRIMARY HEALTH CENTRE**

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**OCTOBER, 2025.**

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**PROJECT WORK SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY  
AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY  
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**CERTIFICATION**

We, the undersigned certify that the research work was carried out by ONYEAJAM PRECIOUS, with Matriculation number EDU2102612, of the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City.

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## **DEDICATION**

To God almighty for incessant strength, guidance, supervision, and grace throughout this course of study.

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To my parents, Mr Richard Onyeajam and Ms. Glory Oboh, my siblings favour, Sarah and miracle, to my friends Faith, blessing, Emmanuelle, Uyoyo-oghene, Aifuwa, Vera, Humphrey and Peter, Thank you for your support and God bless you all.

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## ABSTRACT

This research examined the exclusive breastfeeding practices among nursing mothers who visit Oluku Primary Health Centre in Edo State, Nigeria. A descriptive survey design was employed, and data were gathered using structured questionnaires to evaluate the mothers' knowledge, attitudes, and practices regarding exclusive breastfeeding, as well as the factors that affect their adherence. The results indicated that a significant portion of the respondents were married (98.9%), primarily within the age group of 33–37 years (28.9%), and had obtained tertiary education (48.25%). The majority showed a high level of knowledge and favorable attitudes toward exclusive breastfeeding, influenced by education, antenatal counseling, and support from family. Most mothers adhered to the World Health Organization (WHO) guidelines for exclusive breastfeeding, refraining from giving water, pacifiers, or early complementary foods.

Key factors influencing breastfeeding practices included maternal education, urban exposure, healthcare advice, and encouragement from family, whereas challenges such as workplace issues, physical discomfort, and cultural misconceptions were identified as barriers. The study concludes that nursing mothers at Oluku Primary Health Centre possess strong knowledge, positive attitudes, and appropriate practices regarding exclusive breastfeeding and recommends ongoing maternal education and support initiatives in the workplace.

# CHAPTER ONE

## INTRODUCTION

### **Background of Study**

Breast milk is regarded as the most comprehensive source of nutrition for infants since it includes the vital fats, carbohydrates, proteins, and immune factors necessary for infants to grow and fend off infections during their crucial first year of life. In light of this, the World Health Organization (WHO) advises exclusive breastfeeding for the initial six months and the continuation of breastfeeding alongside appropriate complementary foods for up to two years or longer. Exclusive breastfeeding (EBF) is defined as the infant receiving solely breast milk from the mother or a wet nurse, or expressed milk, with no other liquids or solids, apart from drops or syrups that contain vitamins, mineral supplements, or medications, for the first six months.

Nevertheless, even with the WHO's recommendations for exclusive breastfeeding, the proportion of Nigerian mothers practicing EBF has been inconsistent. Research indicated that the percentage of children aged 1-5 who are exclusively breastfed decreased from 18% in 2003 to 12% in both 2008 and 2010, which has contributed to a rise in child mortality. Studies reveal that awareness of EBF is higher among individuals in urban regions of Nigeria compared to those in rural areas, presenting a significant challenge to the promotion of EBF.

While many Nigerian mothers understand that EBF entails breast milk solely, their knowledge regarding the six-month duration is less reliable. A study found that mothers residing in urban areas possess greater awareness of exclusive breastfeeding compared to those living in rural regions.

While some could be based on their cultural beliefs, as some traditions in Nigeria see EBF as being unnecessary, and some, this obnoxious idea of their breast sagging due to breastfeeding. Based on the many factors that could hamper the practice of breastfeeding in Nigeria, Misconceptions persist, with some mothers believing water or herbal concoctions are necessary for infants. A 2021 study in northern Nigeria reported that 35% of mothers thought water was essential to prevent dehydration.

Over the last couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. In resource-limited settings where poor and sub-optimal breastfeeding practices frequently result in child malnutrition, which is a major cause of more than half of all child deaths, exclusive breastfeeding is regarded as imperative for infants' survival. Indeed, of the 6.9 million under-five children who were reported dead globally in 2011, an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breastfeeding. Consequently, the WHO and UNICEF have recommended exclusive breastfeeding for six months, followed by the introduction of complementary foods and continued breastfeeding for 24 months or more.

Breastfeeding has many health benefits for both mother and infant. Breast milk contains all the necessary nutrients the infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have long-term benefits for the mother and child, such as reducing the risk of obesity in childhood and adolescence. The advantages include a lower risk of gastrointestinal infections for the

baby, more rapid recuperation after birth and delayed return of menstrual periods (a natural method of family planning). Breastfeeding also provides infants with superior nutritional content that is capable of improving their immunity and possibly reducing future healthcare spending.

EBF for six months is important for both infant and maternal health. Infants who are not exclusively breastfeeding are more likely to develop gastrointestinal infections, not only in developing but also in industrialized countries. The risk of mortality due to diarrhea and other infections can increase many-fold in infants who are either partially breastfed or not breastfed at all. During the first two months of life, infants who are not breastfed are nearly six times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants.

There are many benefits of practicing breastfeeding, but it has been shown that there are barriers to the optimal practice of breastfeeding. Some of these barriers include hospital practices, advertisement of breast milk substitutes and lack of support for the breastfeeding mother. Many women identify their employment as a barrier to optimal breastfeeding.

It is almost certain that women who return to work before their babies are six months old will face challenges in adhering to the practice of EBF.

This study is aimed at discovering the attitude and perception of nursing mothers in Oluku Primary Healthcare Centre, Edo State, Benin City. To know their thoughts on the practice of exclusive breastfeeding.

## **Statement of the Problem**

Breastfeeding is universally recognized as the best source of nutrition for infants, providing all the essential nutrients, antibodies, and emotional bonding necessary for a child's healthy growth and development. The World Health Organization (WHO, 2020) recommends exclusive breastfeeding (EBF) for the first six months of life, meaning that the infant receives only breast milk without any additional food or water, followed by continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond. Despite this recommendation, the rate of exclusive breastfeeding remains alarmingly low in many developing countries, including Nigeria (UNICEF, 2021).

In Nigeria, various national surveys have shown that although awareness of breastfeeding is high, the practice of exclusive breastfeeding is still inadequate. According to the Nigeria Demographic and Health Survey (NDHS, 2018), only about 29% of infants under six months are exclusively breastfed. This gap between knowledge and practice may be due to a number of factors such as cultural beliefs, lack of family and community support, maternal workload, poor health education, and negative attitudes towards exclusive breastfeeding (Ezeaka et al., 2019; Olatona et al., 2018).

In communities such as Oluku, where mothers face socio-economic challenges, the situation may be even more critical. Many nursing mothers may have good knowledge about breastfeeding but are unable to practice exclusive breastfeeding due to societal pressures, early resumption of work, or misconceptions that infants require water in addition to breast milk (Ogunlesi, 2015). Furthermore, traditional practices and misinformation from family members and neighbors often discourage mothers from adhering strictly to the six-month exclusive breastfeeding recommendation (Adejuyigbe & Odebisi, 2019).

This persistent gap between knowledge, attitude, and practice underscores the urgent need for localized studies. Understanding the knowledge, attitudes, and practices (KAP) of nursing mothers towards exclusive breastfeeding in Oluku Health Centre is crucial for designing effective health education and intervention programs. Without adequate understanding of these factors, efforts by health workers and policymakers to promote exclusive breastfeeding may not yield the desired results. Therefore, this study seeks to assess the level of knowledge, attitudes, and practice of exclusive breastfeeding among nursing mothers attending Oluku Health Centre, with a view to identifying barriers and suggesting strategies to enhance compliance with the WHO recommendation.

### **Objective of the Study**

The specific objectives of this study are to:

1. Assess the level of knowledge towards exclusive breastfeeding among nursing mothers in Oluku Primary Health Centre, Benin City, Edo State
2. Assess the attitudes of nursing mothers towards Exclusive Breastfeeding in Oluku Primary Health Centre, Edo State, Benin City.
3. Assess the commonly observed exclusive breastfeeding practices among nursing mothers in Oluku Primary Health Center, Edo State, Benin City.
4. Assess the factors Influencing Exclusive Breastfeeding among nursing mothers in Oluku Health Centre, Edo State, Benin City

### **Significance of Study**

This study will help improve the potential to drive evidence-based interventions, improve health outcomes, and address socio-cultural and systemic barriers. By identifying gaps in knowledge, Understanding these discrepancies helps tailor education campaigns to address

specific knowledge deficits, such as myths about colostrum or milk insufficiency.

This study is meant to educate the general public, especially nursing mothers, on the benefits of EBF.

It is also meant to inform the government that they have a role to play in enlightening the general public, especially nursing mothers, on the importance of EBF. The findings of this study will also help inform the importance of breastfeeding to both mother and baby. It will inform mothers and the community about the dangers of non-exclusive breastfeeding to improve breastfeeding practices and child well-being. The findings will further help the healthcare practitioners in creating policies that will enhance the practice of breastfeeding and also identify the challenges of breastfeeding practice, which in turn will promote educating mothers on the best way to practice breastfeeding despite these challenges. It will help shape policies to encourage exclusive breastfeeding behaviors among Nigerian mothers.

### **Research Questions**

1. What is the level of knowledge of exclusive breastfeeding among nursing mothers in Oluku Primary Health Centre, Edo State, Benin City?
2. What are the Attitudes of nursing mothers towards Exclusive Breastfeeding in Oluku Primary Health Centre, Edo State, Benin City?
3. What are commonly observed exclusive breastfeeding practices among nursing mothers in Oluku Primary Health Center, Edo State, Benin City
4. What are the factors Influencing Exclusive Breastfeeding among nursing mothers in Oluku Health Centre, Edo State, Benin City?

### **Operational Definition of Terms**

The following terms are operational defined

Knowledge: This refers to the awareness of exclusive breastfeeding.

Practice: This is an act of carrying out or engaging in exclusive breastfeeding

## **CHAPTER TWO**

### **LITERATURE REVIEW**

This chapter reviewed the related literature of the study under the following subheadings;

- Theoretical framework
- The concept of human milk
- Concept of breastfeeding
- Concept of exclusive breastfeeding
- Knowledge of exclusive breastfeeding among nursing mothers
- Attitude of nursing mothers towards exclusive breastfeeding
- Practice of exclusive breastfeeding among nursing mothers
- Factors influencing exclusive breastfeeding
- Role of health Educator on exclusive breastfeeding.

#### **Theoretical Framework**

The Theory of Planned Behaviour (TPB) is one of the theoretical approaches that has been widely used by health psychologists to help understand health behaviours and to develop appropriate interventions. The principal determinant of behaviour in TPB is intentions and that intentions are determined by three main constructs: (a) attitudes, (b) subjective norms, and (c) perceived behavioural control.

TPB is influenced by three focal categories of beliefs:

- (a) beliefs about the outcomes of a particular behaviour,
- (b) beliefs about the expectations of others, and
- (c) beliefs about the presence of factors that might encourage or prevent a particular behaviour.

Attitude toward behaviour is determined by the individual's beliefs about outcomes or attributes of performing the behaviour (behavioural beliefs).

Attitudes: the perceived outcome and attributes greatly affect the mother's intention. She will only carry out EBF if the benefits outweigh the risks. Previous experience can also affect the practice of EBF.

Subjective norm is determined by normative beliefs, and normative belief is determined by the attitude of a society in valuing and appreciating a particular behaviour of the subject.

Subjective norms: The support received from spouse, family, and friends also encourages the practice of EBF. If the mother is encouraged when she practices it and admonished when she does not, it greatly affects the practice of EBF.

Perceived behavioural control (PBC) is influenced by specific situational factors and is based on the factors that determine a subject's ability to perform or not perform a particular behaviour. Perceived behavioural control is affected by both intentions and behaviours. The intention to perform a desired behaviour is based on varying perceptions of individuals in performing the desired behaviour.

Perceived behavioural control: Women who have the perception that breastfeeding is difficult to perform are less likely to breastfeed and may encourage the use of formula feeding among

postpartum women. Therefore, it is only women who have positive attitudes towards EBF who will be able to carry it out.

The theory of planned behaviour will help in understanding the reasons why certain mothers are not interested in breastfeeding, thus helping to develop appropriate promotion strategies to improve exclusive breastfeeding .

### **The Concept Human Breast Milk**

Breast milk provides the ideal nutrients for infants. It has nearly the perfect mix of vitamins, proteins and fat, everything the baby needs to grow. It is provided in a more digestible form than formula feed. Breast milk contains antibodies that help the baby fight off bacteria and viruses. Breastfeeding lowers the baby's risk of developing asthma or allergies. It is ultimately the best source of nutrition for a newborn baby. Many components in the breast milk help to protect the baby against infection and disease.

The following are nutrients found in human breast milk:

**Proteins:** the human milk contains two types of proteins: whey and casein in the proportion 60% and 40% respectively. This proportion allows for easy and quick digestion. Artificial milk or formula has a higher percentage of casein, which is harder to digest.

**Fats:** The fats present in breast milk are essential for brain development, absorption of fat-soluble vitamins and are a primary calorie source. Long-chain fatty acids are needed for the brain, retina and nervous system. They are deposited in the brain during the last trimester

of pregnancy and are also found in human breast milk.

**Vitamins:** The concentration and variety of vitamins in breast milk are directly influenced by the mother's nutritional intake. For this reason, lactating mothers must maintain a balanced diet that provides adequate amounts of essential vitamins to support both their own health and that of the infant.

**Carbohydrates:** Lactose is the primary carbohydrate found in human breast milk. It accounts for approximately 40% of the calories provided by human breast milk. Lactose helps to decrease the amount of unhealthy bacteria in the stomach, which improves the absorption of calcium, phosphorus and magnesium. It helps to fight diseases and promotes the growth of healthy bacteria in the stomach.

The first type of milk produced during pregnancy is called colostrum. It is thick in texture and yellowish in color, and is secreted for the first few days after childbirth. Colostrum lasts a few days after the baby is born. This milk is rich in protein, antibodies, vitamins and minerals. Approximately two to four days after the baby is born, transitional milk replaces colostrum. Transitional milk is thin and white and contains a high amount of fat, calories, proteins, lactose and vitamins. Many mothers notice the quantity and consistency of their milk changing about two to three days after their baby's birth. Approximately 10-15 days following the baby's birth, the production of mature milk begins. Mature milk primarily consists of water, and it often appears bluish in color at the beginning of feeding (foremilk) and turns white at the end of feeding (hind milk) as the milk's fat content increases. The consumption of hind milk is essential to ensure the baby is getting adequate nutrition.

A newborn's stomach is approximately the size of a marble, and the baby's stomach walls

cannot stretch. The amount of colostrum produced by the mother's breasts equals the amount the baby's stomach can hold. The baby's stomach increases roughly the size of a golf ball from seven to ten days.

### **Concept of Breastfeeding**

Traditionally, breastfeeding has referred to the act of an infant feeding directly from the mother's breast. However, with the development of efficient breast pumps, the concept has expanded to include feeding an infant expressed breast milk, either freshly pumped or stored for later use, using a cup or bottle. According to Stoppler, breastfeeding involves providing an infant with human breast milk. The American Academy of Pediatrics emphasizes that breast milk remains the optimal source of nutrition for all infants. This includes even premature and sick babies, with rare exceptions. It is the food least likely to cause allergic reactions; it is readily available at any hour of the day or night; babies accept the taste readily and the antibodies in the milk can help the baby resist infections.

Breastfeeding can begin within minutes after birth for most babies. Most babies take a few licks or sucks and then pause at the beginning. Frequent burst of sucking is interrupted by pauses is the usual pattern for the first few hours and sometimes even the first few days.

Breastfeeding has many health benefits for both mother and infant. Breast milk contains all the nutrients the infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have longer health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence. Breastfeeding has clear short-term benefits for child survival through reduction of morbidity and mortality from infectious diseases. Breastfeeding also has

long-term benefits through an increase in intelligence quotient by 3.5 points at childhood and adolescence.

### **Concept of Exclusive Breastfeeding**

Exclusive breastfeeding means the infant only receives breast milk; no other solids or liquids are given, not even water, except oral rehydration solution or drops/syrups of vitamins, minerals or medicines.

The significance of breastfeeding in low- and middle-income nations is widely acknowledged, but there is less agreement on its value in high-income nations. In low and middle-income countries, merely 37% of infants under six months are exclusively breastfed. The WHO's recommendation of exclusive breastfeeding (EBF) for the first six months has been embraced by numerous countries. Nonetheless, a significant number of infants are not exclusively breastfed at six months, particularly in more developed nations. For instance, in OECD countries, an average of 39% of infants are exclusively breastfed for four months, and only 23% for six months. In the UK, the EBF rates are even lower: in 2010, just 12% of infants were exclusively breastfed for four months, while a mere 1% were exclusively breastfed for six months.

The following are advantages of Exclusive Breastfeeding to the Mother.

**Prevention of Menstruation:** continued breastfeeding also pauses ovulation and menstruation.

The suspension of menstrual cycles may actually be nature's way of ensuring there is some time in between pregnancies. This is referred to as Lactational

The mother experiences a delay in the return of menstrual cycles

Exclusive breastfeeding can prevent the mother from getting pregnant again until she chooses to settle on weaning

**Contraction of the uterus:** during pregnancy, the uterus grows immensely, expanding from the size of a pear to filling almost the entire space of the abdomen. After delivery, the uterus goes through a process called involution which helps to return it to its pre- pregnant size. Oxytocin

helps in this process and its secretion increases during breastfeeding. It also encourages uterine contractions and reduces bleeding, helping the uterus return to its previous size

Saves time and money: breastfeeding is completely free and requires very little effort. By choosing breast feeding, there will not be a need to spend money on formula, spend time cleaning and sterilizing bottles, mix and warm up bottles in the middle of the night or day, figure out ways to warm up bottles while on the go

Lower risk of depression: postpartum depression is a type of depression that can develop shortly after childbirth affecting up to 15% of mothers. Breastfeeding causes hormonal changes that encourage maternal care giving and bonding. Oxytocin production which increases during breastfeeding is thought to have long-term anti-anxiety specific brain regions that promote nurturing and relaxation. These effects may also partly explain why breastfeeding mothers have a lower rate of maternal neglect, compared to those who do not breastfeed.

the following are advantages of Exclusive Breastfeeding to the Infant.

Protection against illness: several studies have shown that stomach viruses, lower respiratory problems, ear infections, and

Meningitis is far less common in infants who are breastfed.

Protection against death: It is estimated that a breastfed child has a 20% lower risk of dying between the ages of 28 days and one year, compared with a non-breastfed baby. According to the World Health Organization, if every child were breastfed within an hour of birth, given only breast milk for their first six months of life, and continued breastfeeding to the age of two years, an estimated 800,000 child lives could be saved every year.

During childhood, protection remains effective long after the breastfeeding period, and research indicates that breastfeeding can lower a child's likelihood of developing specific childhood cancers, elevated cholesterol levels, inflammatory bowel disease, high blood

pressure, Crohn's disease, ulcerative colitis, and both type 1 and type 2 diabetes.

**Protection against allergies:** Infants who consume formula made from cow's milk or soy have a significantly increased chance of experiencing allergic reactions once solid foods are introduced. Breast milk helps shield against diseases and allergies due to a component known as Immunoglobulin A (IgA). This element provides defense against germs by establishing a protective barrier on the mucous membranes in the baby's intestines, nose, and throat. When the baby comes into contact with bacteria, their body produces secretory IgA, which is specifically tailored to target the invader attempting to enter.

**Boosts intelligence:** There is a strong link between breastfeeding and cognitive development, and researchers have suggested that the longer the child is breastfed, the higher the IQ scores will be.

### **Knowledge of Exclusive Breastfeeding among Nursing Mothers**

A research study conducted on the awareness, practices, and factors affecting the exclusive breastfeeding practices among women of reproductive age in the Egor Local Government Council Secretariat of Edo State revealed that a significant proportion of these women are informed about exclusive breastfeeding. This overall understanding should ideally lead to improved practices regarding exclusive breastfeeding. However, some women reported challenges in adhering to the exclusive breastfeeding guidelines. The findings show that 72.8% of participants possess a high level of knowledge about exclusive breastfeeding. This aligns with a study by AI-Bimali conducted among educators in the Abha Female Educational District of Southwestern Saudi Arabia, which found that 89% of mothers demonstrated good

knowledge of exclusive breastfeeding.

Additionally, research by Mbwana on exclusive breastfeeding indicated that over half of pregnant women (57.5%) recognized the need to breastfeed babies on demand, but only 28.8% were aware that breast milk alone is adequate for infants for the first six months, while 41.3% believed that the appropriate age to introduce solid foods is 4-5 months. Approximately 93.8% of the women understood that breastfeeding should be continued for up to two years. More than half of the women surveyed (52.5%) felt it was acceptable to give water to infants after each breastfeeding session. Another study investigating the knowledge, attitudes, and practices surrounding exclusive breastfeeding among mothers found that only about one-third of those interviewed (34.7%) acknowledged six months as the recommended duration for exclusive breastfeeding. A quarter of the mothers believed that exclusive breastfeeding for six months helps protect against diarrhea (27.3%), while 32% thought it could serve as a contraceptive, and 16.7% did not agree it could act as a contraceptive method.

A further study conducted in Kwara, Nigeria, regarding the knowledge and practices of exclusive breastfeeding revealed that 60% of mothers were aware of exclusive breastfeeding, but merely 30% exhibited adequate knowledge of it, scoring over 50% on the knowledge assessment. Another study by Mulugeta, Netsanet, Nigusie, and Selam found that 69.8% of respondents were classified as having good knowledge, with 30.2% regarded as having poor knowledge. 82% of the participants were informed about exclusive breastfeeding, while 18% were not. The primary source of information for them was health institutions (66.4%). 70%

demonstrated good knowledge concerning the timing of when to provide breast milk to a child after birth.

### **Attitude of nursing mothers towards exclusive breastfeeding**

Attitudes of nursing mothers towards Exclusive breastfeeding (EBF) refers to the practice of feeding an infant solely breast milk for the initial six months of life, without introducing water, formula, or any additional foods. The perspective of nursing mothers regarding EBF significantly influences their likelihood of implementing it. Typically, a majority of mothers hold a favorable view of exclusive breastfeeding; however, this positive sentiment does not always lead to consistent application.

Numerous research studies conducted throughout Africa indicate that many mothers are convinced that exclusive breastfeeding represents the best approach to nutrition for their infants. For instance, a study in Umuahia North, Abia State, Nigeria revealed that approximately 87.5% of nursing mothers held a positive attitude toward EBF (Chukwuemeka, 2021). In a similar vein, research in Ethiopia found that 87.2% of mothers had a favorable perception of exclusive breastfeeding (Abebe et al., 2023). This reflects that most mothers recognize breast milk as providing complete nourishment and safeguarding against childhood diseases.

Nevertheless, despite these positive perceptions, some mothers still choose to introduce water or other foods prior to the six-month mark. A study conducted in Mizan Aman, Ethiopia indicated that while 89.5% of mothers endorsed exclusive breastfeeding, merely about 26.4% actually adhered to it for the entire six months (Seid et al., 2013). This discrepancy between

attitude and actual practice often arises from cultural beliefs, familial pressure, or the belief that breast milk alone is insufficient for the baby.

In various communities, mothers may think that infants require water, herbal concoctions, or pap in addition to breast milk. Such cultural beliefs can adversely affect attitudes towards exclusive breastfeeding. For example, research in Imo State, Nigeria found that many mothers exhibited negative sentiments towards EBF, primarily due to these traditional feeding practices (Nwachukwu et al., 2020).

In summary, although the overall attitude among nursing mothers towards exclusive breastfeeding is generally positive, many encounter cultural, social, and practical obstacles that hinder their ability to practice it for six months. The support and encouragement of healthcare providers and family members are crucial in helping mothers uphold exclusive breastfeeding practices.

### **Practice of Exclusive Breastfeeding among Nursing Mothers**

A research study conducted by Niguse, Frehiwot, Dinu, and Deges examined the understanding, attitudes, and practices regarding exclusive breastfeeding among mothers, revealing that a significant portion of the participants (59.9%) initiated breastfeeding shortly after delivery, whereas only 4.5% began breastfeeding after waiting one day. Additionally, 66.6% of mothers reported breastfeeding on demand, and most (77.4%) did not provide any prelacteal feeds to their newborns; roughly half (47.8%) offered plain water. The rate of exclusive breastfeeding (EBF) was reported by only 26.4% of the mothers, while 50.2% fed their infants additional cow milk before reaching six months of age. Another investigation conducted in Kwara, Nigeria, regarding the knowledge and practices surrounding exclusive

breastfeeding indicated that over half (53%) of mothers started breastfeeding immediately after giving birth, while 47% waited more than 30 minutes. Among the 179 mothers, only 31% were practicing exclusive breastfeeding. In a study by Agbo et al. addressing the understanding of breastfeeding practices among female doctors in Nigeria, all participants were aware that exclusive breastfeeding is recommended for the initial six months of life, yet only 60% recognized that breastfeeding should continue until the child is two years old. A further investigation in South-Eastern Nigeria concerning the knowledge and practices of exclusive breastfeeding found that 76.4% of the 254 women began breastfeeding immediately after delivery. At birth, 63% of the women were breastfeeding exclusively, although this figure declined to 30.5% by the four-to-six-month mark. Only 53.6% of the mothers adhered to exclusive breastfeeding. Another study by Verma and Dixit on the knowledge and practices of exclusive breastfeeding among women in rural Uttar Pradesh revealed that of the 256 mothers surveyed, 70.8% did not start breastfeeding within the first hour post-delivery, and just 29.2% did so within that timeframe. A significant 67.2% provided prelacteal feeds, and the exclusive breastfeeding practice was notably low, with only 24.8% adhering to it, while the remainder did not follow this practice.

### **Factors Influencing Exclusive Breastfeeding**

Mothers may stop breastfeeding or choose not to start for various reasons. Some women discontinued breastfeeding within the first month after giving birth due to sore nipples, challenges with latching, and concerns about insufficient milk supply for their babies. Societal factors such as employment outside the home, the duration of maternity leave, and feelings of embarrassment about breastfeeding in public have been recognized as influences

on the initiation and continuation of breastfeeding. In many rural African communities, breastfeeding is often customary, and the decision to breastfeed is rarely questioned since cultural norms dictate that women should do so. Studies in both developed and developing countries have revealed multiple factors affecting exclusive breastfeeding (EBF). In developed nations, women's choices regarding breastfeeding are often shaped by their perception of their partner's support and involvement in programs that promote breastfeeding. Research on the obstacles to exclusive breastfeeding during the first four weeks after childbirth indicated that around half of the participants (44%) reported insufficient milk supply and painful nipples (42.7%) as hindrances to maintaining EBF. More than one-third of the respondents (34.7%) expressed that breastfeeding was quite stressful and time-consuming. A significant majority of women (78.7%) indicated that feelings of embarrassment did not prevent them from continuing EBF. Additionally, 66.7% mentioned that returning to work and 73.3% stated that returning to school were not barriers to sustaining EBF. Factors such as education level, occupation, and social support also play a significant role in shaping mothers' attitudes. Mothers with higher education and those who participate in antenatal care tend to have a more positive outlook on EBF because they are more aware of its advantages. Conversely, working mothers might have positive attitudes yet struggle to maintain EBF due to limited maternity leave or insufficient workplace support (Otoo et al., 2009).

### **The Role of Health Educators in Promoting Exclusive Breastfeeding**

The health educator's role during exclusive breastfeeding goes beyond giving instructions. Their main responsibility is to make sure mothers truly understand what exclusive

breastfeeding is, why it matters, and how to make it work in real life. They help mothers build confidence, correct wrong beliefs, and learn practical skills that will help them feed and care for their babies with ease.

While breastfeeding may come naturally to some mothers, many still need guidance—especially when it comes to understanding what exclusive breastfeeding means. The health educator provides emotional support by reassuring mothers that they are capable of feeding their babies, practical support by demonstrating helpful techniques, and informational support by giving accurate and simple facts in a way mothers can easily follow.

Just like midwives, health educators know that not all mothers need the same level of help. Even mothers who have breastfed before may still need support for reasons such as:

- i. Past challenges: A mother who previously struggled with exclusive breastfeeding may lack confidence and need extra encouragement and clearer information.
- ii. Luck-based success: Some mothers breastfed successfully before without knowing why it worked, so they may be unsure how to repeat the success.
- iii. Every baby is different: A new baby may feed differently from an older child, making the mother feel like she's starting all over again.
- iv. Forgetting the basics: A mother who just finished breastfeeding a toddler may forget how much guidance a newborn needs in the early days.
- v. Outdated information: Advice or practices from the last child may no longer be correct, so the health educator updates her with current, evidence-based information..

Overall, the health educator's role is to walk with mothers through the journey of exclusive breastfeeding answering questions, correcting myths, demonstrating techniques, and giving the kind of support that helps mothers feel confident, informed, and capable of feeding their babies exclusively for the first six months.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter explains the methods and procedures used in the study, organized under the following subheadings.

- Design of the study
- Population of the Study
- Sample and Sampling Techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

#### **Research Design**

This study used a descriptive research design to examine mothers' knowledge, practices, and attitudes toward exclusive breastfeeding at Oluku Health Centre. The descriptive method involves collecting information directly from participants using tools like questionnaires or interviews, then organizing and analyzing their responses. According to Creswell and Creswell (2018), the descriptive research method involves collecting information from participants through interviews or questionnaires, after which the researcher analyzes and describes the responses given. It was considered appropriate for this study because it seeks to

investigate a phenomenon across a particular population. Thus, it allowed the researcher to effectively investigate the subject of the study.

### **population of the study**

The study's population consists of 120 nursing mothers who visit antenatal clinics at Oluku Primary Health Centre in Benin City, Edo State. This group was selected because they are directly involved in infant care and are likely to possess experience with breastfeeding. Therefore, they are particularly suitable for a study aimed at exploring the level of knowledge, prevalent practices, and attitudes towards exclusive breastfeeding. Given that the research is focused on mothers who actively participate in antenatal services, this population offered a relevant and accessible means of collecting valuable data.

### **Sample and Sampling Technique**

This study involved a total of 120 nursing mothers attending the Oluku Health Centre. A multistage sampling method was used to select participants in a way that ensured they were both representative and easy to reach.

To begin with, systematic sampling was used to choose the antenatal clinic days. The clinic schedule was reviewed, and the first and then every third clinic day were picked. This helped the researcher identify days when mothers regularly attended the clinic.

Next, a random sampling technique was used to decide how many mothers to select from each chosen clinic day. The number of participants from each day was based on how many mothers usually attend, making sure all days were fairly represented.

Finally, convenience sampling was used to select the actual participants. Mothers who were present on those days, willing to take part, and available at the time were included in the

study. This approach made it easier to reach participants within the time and resources available.

### **Instrument for Data Collection**

Data for this study were collected using a self-structured questionnaire, which was divided into different sections to cover key areas of the research.

- Section A focused on the socio-demographic details of the respondents, such as age, marital status, education level, and occupation.
- Section B included questions to assess the respondents' knowledge of exclusive breastfeeding.
- Section C covered the Attitudes of nursing mothers towards Exclusive Breastfeeding.
- Section D looked at the commonly observed exclusive breastfeeding practices among nursing mothers
- Section E looked into the factors influencing exclusive breastfeeding among nursing mothers.

### **Validity of Instrument**

To ensure the instrument was suitable for the study on knowledge, attitudes, and practices of exclusive breastfeeding among nursing mothers at Oluku Health Centre, the questionnaire was reviewed and validated by the researcher's supervisor, along with two other experts from the Department of Health, Safety, and Environmental Education. Their feedback, corrections, and suggestions were carefully considered and incorporated into the final version of the instrument to improve its clarity and relevance to the research topic.

### **Reliability of the Instrument**

To check how reliable the questionnaire was for this study on the knowledge, attitudes, and practices of exclusive breastfeeding among nursing mothers at Oluku Health Centre, the test-retest method was used. The questionnaire was first given to 20 mothers who were not part of the main study group. After two weeks, the same questionnaire was given to the same group again. The responses from both rounds were compared using the Pearson Product-Moment Correlation. A reliability score of 0.70 or higher was taken as an acceptable level, showing that the instrument was consistent and dependable for the study.

### **Method of Data Collection**

The questionnaire was given out by the researcher with the help of research assistants. Before filling it out, the nursing mothers were informed about the purpose of the study on their knowledge, attitudes, and practices regarding exclusive breastfeeding. To make sure most questionnaires were returned, the researcher collected them right after completion.

### **Method of Data Analysis**

The data collected was analyzed using simple charts and descriptive statistics like frequency counts and percentages. This helped to clearly show the findings related to mothers' knowledge, attitudes, and practices about exclusive breastfeeding.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

#### Introduction

This chapter presents and interprets the data collected from the field through the use of a self structured questionnaire administered to nursing mothers attending oluku primary health Centre. The aim of the analysis is to provide answers to the research questions earlier outlined and to identify the factors influencing exclusive breastfeeding practices among the respondents. A total of 120 questionnaires were distributed to eligible nursing mothers who visited the health centre during the period of data collection. Out of these, 114 were properly completed and returned, giving a response rate of about 95%, which is considered sufficient for meaningful analysis. The information gathered from the field is presented in tables and explained using simple descriptive statistics such as frequency counts, percentages, and mean scores.

#### 4.1 SOCIO-DEMOGRAPHIC DATA

**TABLE1: Descriptive statistics of Socio-demographic characteristics of respondents**

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
Age (years)		
18-22	6	5.26%
23-27	25	21.93%
28-32	28	24.56%
33-37	33	28.95%
38-43	15	13.16%
44-48	7	6.14%
Total	114	100%
Marital status		
Single	15	13.16%
Married	90	78.95%
Divorce	9	7.89%

Total	114	100%
Educational qualifications		
No formal education	10	8.77%
Primary	19	16.67%
Secondary	30	26.32%
Tertiary Education	55	48.25%
total	114	100%
Number of children		
1	10	8.77%
2	19	16.67%
3	35	30.70%
4	30	26.32%
5 and above	20	17.54%
<b>Total</b>	<b>114</b>	<b>100%</b>

**Table1** shows the descriptive statistics of socio-demographic characteristics of respondents that more than half of the respondents (28.9%)are within the age range 33-37 years and a majority of the respondents (98.9% )were married. Majority of the respondents, (48.25% )had the tertiary level of educational qualification. More than 30.7% have the number of 3 children.

## Presentation of Results

**Research Question 1:** What is the level of knowledge of exclusive breastfeeding among nursing mothers in oluku primary health Centre?

Table 2 Descriptive statistics on level of knowledge of nursing mother on exclusive breastfeeding in oluku primary health Centre.

Level of knowledge	Frequency	Percentage
low level of knowledge	20	18%
moderate level of knowledge	35	31%
high level of knowledge	59	52%

**Total** **114** **100%**

\*scoring 0-5 equals a low level of knowledge, 6-10 equals a moderate level of knowledge, 11-15 equals a high level of knowledge.

Table 2 above shows the descriptive statistics on the level of knowledge of nursing mothers on exclusive breastfeeding. From the table, it can be seen that over half of the respondents (52%) have a high level of knowledge on exclusive breastfeeding. Nearly one-third (31%) had a moderate level of knowledge, while 18% showed a low level of knowledge. This suggests that the majority of the nursing mothers in Oluku Primary Health Centre have a high level of knowledge on exclusive breastfeeding.

**Research Question 2:** what are the Attitudes of nursing mothers towards Exclusive Breastfeeding in oluku primary health Centre.?

Table 3 Descriptive statistics on the attitudes of nursing mothers towards exclusive breastfeeding in oluku primary health Centre

S/N	ITEMS	SA %	A %	D %	SD %	Mean	Decision
1.	I am Willing to practice EBF even if discouraged.	25 (21.92%)	20 (17.54%)	35 (30.70%)	34 (30.70%)	2.32	Rejected
2.	I find it Necessary to give only breast milk.	40 (35.09)	45 (39.47%)	18 (15.79%)	11 (9.65%)	3.40	Accepted
3.	I believe EBF improves baby's health.	30 (26.32%)	35 (30.70%)	25 (21.93%)	24 (21.05%)	2.62	Accepted
4.	I Breastfeed on demand day and night.	50 (43.86%)	45 (39.47%)	12 (10.53%)	7 (6.14%)	3.21	Accepted

\*Scoring: a mean of 2.50 and above is considered acceptable, while items with a mean score below 2.50 were rejected.

Table 3 above represents the descriptive statistics of the attitudes of nursing mothers towards exclusive breastfeeding practices. Based on the data, it was found that nursing mothers believe that exclusive breastfeeding improves the baby's health (mean= 2.62). believe in demand breastfeeding (mean=3.21) and also nursing mothers are not willing to practice exclusive breastfeeding when discouraged.

Therefore it can be concluded, that majority of nursing mothers in oluku primary health Centre have a positive attitude towards exclusive breastfeeding.

**Research Question 3:** what are commonly observed exclusive breastfeeding practices among nursing mothers in oluku primary health Centre?

TABLE 4 Descriptive statistics of the commonly observed exclusive breastfeeding practices among nursing mothers in oluku health Centre.

S/N	ITEMS	SA %	A %	D %	SD %	MEAN	DECISION
1.	I breastfeed my baby exclusively without giving water or other foods for the first 6 months.	50 (43.87%)	40 (35.09%)	14 (12.28%)	10 (8.77%)	3.14	Accepted
2.	I initiate breastfeeding within the first hour after delivery.	25 (21.93%)	24 (21.52%)	35 (30.70%)	30 (26.32%)	2.38	Rejected
3.	I feed my baby only breast milk even during hot weather.	23 (20.17%)	25 (21.93%)	35 (30.70%)	31 (27.19%)	2.35	Rejected
4.	I continue breastfeeding while avoiding the use of bottles or pacifiers.	50 (43.86%)	45 (39.47%)	10 (8.77%)	9 (7.89%)	3.28	Accepted

5.	I practice breastfeeding for the past 6months without complementary foods.	50 (43.86%)	30 (26.32%)	20 (17.54%)	14 (12.28%)	3.01	Accepted
6.	I breastfeed my baby with breast milk and herbal mixture.	10 (8.77%)	14 (12.28%)	50 (43.86%)	40 (35.09%)	1.95	Rejected

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\*Scoring: a mean of 2.50 and above is considered acceptable, while items with a mean score below 2.50 were rejected.

Table 4 show the descriptive statistics of the commonly observed exclusive breastfeeding practices among nursing mothers in oluku primary health Centre. Based on the data, it was found that nursing mothers believe in breastfeeding their babies without giving water or any food for the first 6 months(mean=3.14), believe in continuous breastfeeding while avoiding the use of bottle or pacifier (mean= 3.28) and also believe in practicing exclusive breastfeeding for the past 6 months without complementary foods (mean= 3.01). The data also revealed that some nursing mothers rejected the practice of breastfeeding their babies with a mixture of breast milk and herbal substances. In addition, a few respondents expressed the belief that giving only breast milk during hot weather is not sufficient, showing a lack of confidence in exclusive breastfeeding under certain conditions.

Therefore it can be concluded, that the three most commonly observed exclusive breastfeeding practices are: breastfeeding without giving water or other food for the first 6 months, avoiding the use of bottles or pacifiers and continuous practice of exclusive breastfeeding for the first 6months with complementary feeding.

**Research Question 4:** Factors Influencing Exclusive Breastfeeding among nursing mothers in Oluku health Centre.?

Table 5 Descriptive statistics of the factors influencing exclusive breastfeeding among nursing in oluku primary health Centre.

S/N	ITEMS	SA %	A %	D %	SD %	Mean	Decision
1.	I practice exclusive breastfeeding because my family supports me.	50 (43.86%)	45 (39.46%)	14 (12.28%)	5 (4.39%)	3.22	Accepted
2.	I don't engage in exclusive breastfeeding due to lack of work place support (e.g maternity leave, time or space)	55 (48.25%)	40 (35.09%)	10 (8.77%)	9 (7.86%)	3.24	Accepted
3.	I do not engage in exclusive breastfeeding because I want to maintain the shape of my breast.	5 (43.86%)	35 (30.70%)	20 (17.54%)	9 (7.89%)	3.11	Accepted
4.	I engage in exclusive breastfeeding because it reduces cost.	55 (48.25%)	40 (35.09%)	15 (13.16%)	4 (3.51%)	3.28	Accepted
5.	I engage in exclusive breastfeeding because culture support it.	50 (43.86%)	40 (35.09%)	15 (13.16%)	9 (7.89%)	3.15	Accepted
6.	I practice exclusive breastfeeding because my health care provider encouraged it.	55 (48.25%)	45 (38.47%)	8 (7.02%)	6 (5.26%)	3.31	Accepted

\*Scoring: a mean of 2.50 and above is considered acceptable, while items with a mean score below 2.50 were rejected.

Table 5 reveals the factors that affect exclusive breastfeeding among nursing mothers in Oluku Health Centre. According to the data, it was observed that support from family members greatly encourages mothers to maintain exclusive breastfeeding (mean= 3.22),

Challenges in the workplace, including insufficient maternity leave, limited time, or an unsuitable environment, were also highlighted as major obstacles hindering exclusive breastfeeding (mean=3.24). Some mothers agree to avoiding exclusive breastfeeding due to alterations in breast shape (mean=3.11). Furthermore, numerous mothers recognized that the cost-effectiveness of breast milk (mean=3.28), Cultural support and guidance from healthcare professionals were also acknowledged as significant motivating factors.

Therefore can be concluded, that various supportive and restrictive influences, such as family dynamics, work conditions, personal feelings, cultural attitudes, and healthcare advice, significantly affect exclusive breastfeeding practices among nursing mothers in the Oluku Health Centre.

## **Discussion of Findings**

The findings reveal that most nursing mothers have a high level of knowledge on exclusive breastfeeding. This relatively high level of knowledge is consistent with the results of Ogbo et al. (2018), which showed that women in Lagos exhibited good awareness of exclusive breastfeeding. Likewise, Sultana et al. (2019) found that knowledge was a crucial factor in predicting exclusive breastfeeding practices among lactating mothers in South Asia. In a similar manner, Iliyasu et al. (2022) concluded that mothers in Kaduna generally had a strong grasp of exclusive breastfeeding concepts. George et al. (2023) noted that women in Rivers State displayed adequate knowledge of exclusive breastfeeding, while Wokoma et al. (2021) reported that mothers in Port Harcourt had a significant awareness and understanding of the recommended duration for exclusive breastfeeding. These results consistently indicate that

mothers from various regions typically have high levels of knowledge regarding exclusive breastfeeding. However, there is contrasting evidence from other studies. For instance, Ezeh et al. (2019) in Enugu found that first-time mothers showed relatively low knowledge and intention to practice exclusive breastfeeding. Similarly, Tampah-Naah and Kumi-Kyereme (2013) reported in Ghana that many mothers lacked sufficient knowledge about exclusive breastfeeding, which adversely impacted their practices. Additionally, Oche et al. (2011) in Sokoto found that only a small fraction of mothers had adequate understanding of exclusive breastfeeding.

The high levels of knowledge on exclusive breastfeeding observed among nursing mothers in Oluku Primary Health Centre can be attributed to several underlying factors.

Firstly, the relatively high level of education among the mothers which enhances their ability to understand health information and recommended practices. And the study was carried out in an urban area where access to health campaigns, awareness programs, and reliable sources of information is more common. The number of children a mother has also increases her experience, as multiparous women often acquire more knowledge about infant feeding through practice and past exposure. Furthermore, support from healthcare providers through counseling, antenatal classes, and postnatal follow-ups plays a crucial role in equipping mothers with accurate knowledge of exclusive breastfeeding. These factors contribute to the high level of knowledge observed among mothers in Oluku Primary Health Centre.

The findings from this study showed that the majority of the nursing mothers in Oluku primary health centers have a positive attitude towards exclusive breastfeeding. This outcome aligns with the conclusions of Akinyinka et al. (2018), who reported that mothers in Lagos

demonstrated favorable attitudes towards exclusive breastfeeding, and Saka et al. (2023), who also observed that a large proportion of mothers in Lagos expressed supportive attitudes towards the practice. Similarly, Adewuyi and colleagues (2019) found that urban mothers in Nigeria often expressed positive dispositions toward exclusive breastfeeding due to exposure to health information and awareness campaigns.

However, other studies have reported contrasting outcomes. Nwabunike and Okafor (2022) found that many mothers in Owerri had negative attitudes toward exclusive breastfeeding, often influenced by socio-cultural beliefs and misconceptions. In the same vein, Obinna and Eke (2021) noted that attitudes in certain rural areas of Rivers State were less positive compared to urban counterparts, indicating that location and cultural influences can shape maternal attitudes differently.

The positive attitude of nursing mothers towards exclusive breastfeeding in Oluku Primary Health Centre can be attributed to several underlying factors. Firstly, mothers who are well-informed about the health benefits of exclusive breastfeeding for both the infant and the mother are more likely to develop a supportive attitude toward the practice. Education and awareness campaigns by health workers often highlight how EBF reduces infant morbidity and mortality, strengthens immunity, and fosters bonding, which may encourage mothers to adopt a positive outlook. Secondly, exposure to counseling during antenatal and postnatal visits can shape maternal attitudes positively, as health professionals provide guidance, encouragement, and dispel myths surrounding breastfeeding. Family and community support also play a critical role, as women who receive encouragement from spouses, relatives, and peers are more likely to value and sustain exclusive breastfeeding.

The findings from this study showed that the majority of the respondents have good practice of exclusive breastfeeding. These findings are in line with the recommendations of the World Health Organization, which emphasizes that infants should receive only breast milk, without water, other liquids, or solid foods for the first six months of life (WHO, 2023). Similarly, a systematic review in East Africa reported that many mothers were knowledgeable about and supportive of the practice of giving only breast milk during the first six months, while also recognizing the risks of early bottle or pacifier use (Mihretie et al., 2020). Other studies conducted in Lagos and Port Harcourt also confirmed that urban mothers often practice exclusive breastfeeding in line with health guidelines, particularly by avoiding water and delaying complementary feeding until the recommended period (Akinyinka et al., 2018; Wokoma et al., 2021). However, contrasting evidence exists. Studies from rural Southwestern Nigeria have shown that many mothers introduce water, herbal teas, and other liquids within the first few weeks of life, undermining exclusive breastfeeding practices (Agho et al., 2002; Olatona et al., 2020). Likewise, in some rural communities, complementary foods are introduced earlier than six months due to cultural beliefs or misconceptions about breast milk sufficiency, reflecting weaker adherence to the recommended practices (Nwabunike & Okafor, 2022).

The positive practice of exclusive breastfeeding among nursing mothers in Oluku Primary Health Centre can be attributed to several underlying factors. Firstly, the relatively high level of maternal education in the area enables mothers to better understand health information and apply recommended infant feeding practices. Secondly, the urban setting of the health centre provides greater access to health campaigns, mass media, and modern healthcare services,

which reinforce appropriate breastfeeding behaviors. In addition, healthcare support through antenatal counseling, postnatal guidance, and encouragement from nurses and midwives plays a critical role in shaping mothers' practices.

The results from this research indicated that support from family members substantially motivates mothers to persist with exclusive breastfeeding, as many participants acknowledged that encouragement from their partners and relatives positively influenced their decisions. This observation aligns with the work of Balogun et al. (2015), which highlighted the importance of social support from partners and family in promoting exclusive breastfeeding. Challenges in the workplace, such as lack of maternity leave, time constraints, or an unsupportive environment, were also noted as significant obstacles impacting exclusive breastfeeding in this study. This finding is consistent with the conclusions of Otoo, Lartey, and Pérez-Escamilla (2009), who identified maternal employment and workplace limitations as major factors hindering exclusive breastfeeding practices. Some mothers expressed reluctance to maintain exclusive breastfeeding due to discomfort or concerns about physical changes to their breasts. In a similar vein, Balogun et al. (2015) found that issues related to the breasts and nipples, along with perceived physical unease, were barriers that kept mothers from continuing breastfeeding. Many mothers in this research recognized that the cost-effectiveness of breast milk, being a natural and free source of nutrition, influenced their choice to engage in exclusive breastfeeding. Otoo et al. (2009) also noted that mothers frequently mentioned the economic advantages of breastfeeding over formula feeding as a key motivating factor.

The results from this study uncovered multiple factors that meaningfully affect nursing

mothers at Oluku Primary Health Centre regarding exclusive breastfeeding. One of the most significant motivating elements discovered was family support. Numerous mothers stressed that encouragement from their partners and relatives bolstered their confidence to continue breastfeeding exclusively. This form of backing helps mothers navigate challenges, reduces stress, and reinforces the notion that exclusive breastfeeding is both advantageous and accepted within the family setting. Economic considerations also played a critical role, as many mothers pointed out that the cost-free nature of breast milk served as a major motivating factor. Given that breast milk is a natural, readily available resource, mothers viewed it as a practical option compared to the high costs of infant formula. This financial benefit promoted mothers to maintain exclusive breastfeeding, particularly in situations where economic limitations restrict access to artificial feeding options. Additionally, cultural factors and guidance from healthcare professionals were substantial contributors. In communities where there is a cultural promotion of exclusive breastfeeding, mothers are more inclined to embrace and continue this practice. Furthermore, advice and counseling from healthcare providers during antenatal and postnatal appointments empowered mothers to initiate and uphold exclusive breastfeeding.

## CHAPTER FIVE

### SUMMARY, CONCLUSION, AND RECOMMENDATIONS

#### Summary

The study examined the knowledge, attitudes, and practices of exclusive breastfeeding among nursing mothers attending the Oluku Primary Health Centre. It aimed to assess their level of awareness, their willingness and confidence to exclusively breastfeed, their actual breastfeeding practices, as well as the various factors that influence these behaviours.

A descriptive survey design was adopted for the study. A sample size of 120 respondents was selected using a random sampling technique. The instrument for data collection was a structured questionnaire that had been reviewed and validated by experts. Out of the 120 questionnaires administered, 114 were correctly filled and returned, giving a response rate of 95%, which was considered adequate for the study. Data were analyzed using frequency counts, simple percentages, and mean scores. The analysis was guided by the research questions, which focused on the nursing mothers' knowledge, attitudes, and practices regarding exclusive breastfeeding, as well as the multiple factors influencing their decision to exclusively breastfeed.

#### **The findings of the study were as follows:**

- The majority of the respondents have high levels of knowledge on exclusive breastfeeding. They understood the importance of feeding their babies only breast milk for the first six months and were aware of the health benefits this practice provides for both mother and child.
- The majority of the respondents showed positive attitudes toward exclusive

breastfeeding.

They expressed willingness and confidence to exclusively breastfeed and believed it is beneficial, safe, and necessary for their babies.

- The commonly observed exclusive breastfeeding practices are: breastfeeding without giving water or other food for the first 6 months, avoiding the use of bottles or pacifiers and continuous practice of exclusive breastfeeding for the first 6 months with complementary feeding.
- Several factors were found to significantly influence exclusive breastfeeding among nursing mothers.

These included:

- Family support, which provides encouragement and motivation;
- Cultural influences, which reinforce exclusive breastfeeding through community norms and long-held beliefs;
- Healthcare provider support, offering guidance, reassurance, and professional advice;
- Economic considerations, as breast milk is a free and natural source of nutrition compared to alternative feeding methods.

## **Conclusion**

The study showed that the majority of nursing mothers in Oluku Primary Health have a high level of knowledge, positive attitudes, and good practices towards exclusive breastfeeding.

Most mothers understand the health benefits of exclusive breastfeeding, follow recommended

practices such as giving only breast milk for the first six months, and avoid early use of bottles or pacifiers. Factors such as maternal education, urban residence, family support, healthcare guidance, cultural reinforcement, and the economic advantages of breast milk were identified as key motivators for sustaining exclusive breastfeeding. However, challenges, including workplace constraints, physical discomfort, and certain misconceptions, were noted as barriers. However, exclusive breastfeeding in this context is shaped by a combination of individual, social, cultural, and institutional factors, emphasizing the need to strengthen supportive measures and address barriers to ensure continued adherence to recommended practices.

### **Recommendation**

Based on the findings and conclusions of this study, the following recommendations are proposed to improve the knowledge, attitudes and practice of exclusive breastfeeding among nursing mothers in oluku primary health Centre

1. Healthcare providers and Government health agencies should create organized education programs for nursing mothers. These programs should include antenatal and postnatal workshops, community outreach, and media campaigns. They need to offer step-by-step guidance on exclusive breastfeeding, clear up misconceptions, and provide practical demonstrations to improve mothers' knowledge and confidence.
2. Family members, healthcare workers and community leaders should actively support breastfeeding mothers. Initiatives could involve peer support groups, counseling services, and community recognition programs that encourage positive attitudes and practical commitment to exclusive breastfeeding. They should also address barriers like workplace challenges and physical discomfort. Grandmothers, Husbands, and other family members should take part in

breastfeeding education. Their encouragement, support and understanding can greatly influence mothers' attitudes and practices.

3. Employers and Government should implement policies allowing nursing mothers extended maternity leave, flexible work hours, and breastfeeding-friendly areas in the workplace to support continuous exclusive breastfeeding. Policymakers and healthcare stakeholders should put measures in place that promote environments for exclusive breastfeeding. This includes workplace-friendly policies such as maternity leave, flexible hours, and spaces for breastfeeding. They should also run culturally sensitive awareness campaigns to boost social acceptance and highlight the economic advantages of breast milk as a cost-effective option compared to formula. These incentives help mothers continue to breastfeed and stay motivated over time.

4. Health centers, Hospitals and government health agencies should ensure ongoing education campaigns during antenatal and postnatal visits, community outreach, and through radio and TV programs. These should provide accurate information, practical demonstrations, and address common misconceptions and myths.

### **Suggestions for Further Studies**

1. Researchers should also examine the knowledge, attitude, and practice of exclusive breastfeeding among single mothers. Single mothers may face unique challenges such as limited family support, financial constraints, and emotional stress. Understanding their specific experiences will help design targeted interventions to support this group.

2. Further studies should investigate the role of socio-cultural beliefs and traditional practices in shaping mothers' breastfeeding decisions. Understanding how cultural norms, family expectations, and community beliefs influence exclusive breastfeeding can guide culturally appropriate interventions.
3. further studies should explore the long-term effects of workplace policies and employment conditions on exclusive breastfeeding. Since many mothers struggle with returning to work, a longitudinal study could examine how maternity leave duration, workplace support, and job demands affect breastfeeding continuity over time.

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**APPENDIX**  
**QUESTIONNAIRE**  
**DEPARTMENT OF HEALTH, SAFETY, AND ENVIRONMENTAL EDUCATION**  
**FACULTY OF EDUCATION**  
**UNIVERSITY OF BENIN**  
**KNOWLEDGE, ATTITUDES AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG NURSING**  
**MOTHERS IN OLUKU PRIMARY HEALTH CENTRE**

Dear Respondent,

My name is Onyeajam Precious, a student from the Department of Health, Safety and Environmental Education. I am carrying out a research study on the topic: “Knowledge, Attitudes, and Practice of Exclusive Breastfeeding.”

Thank you.

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Onyeajam Precious

Researcher

**Section A: Personal Information**

*Instruction: Please tick (✓) as appropriate*

1. Age: \_\_\_\_\_

2. Marital Status:  Single  Married  Other: \_\_\_\_\_

3. Level of Education:

No formal education  Primary school  Secondary school  Higher education

4. Number of children: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

**Section B**

The questionnaire is meant to gather your honest opinions and experiences on the subject. Your participation is voluntary, and all the information you provide will be kept strictly confidential and used only for academic purposes.

Please go through each question carefully and tick (✓) the option that best represents your answer.

Please go through each questions caefully and tick the option that best represents your answer.

**RQ 1: What is the level of knowledge of nursing mothers about exclusive breastfeeding?**

1. How long should a baby be exclusively breastfed to maintain good health?

- a. 1 month
- b. 3 months
- c. 6 months
- d. 12 months

2. What is the best way to ensure a baby gets adequate nutrition in the first 6 months?

- a. Giving water in addition to breast milk
- b. Feeding breast milk only (no water or food)
- c. Introducing solid foods at 3 months
- d. Using formula milk alongside breast milk

3. Which of the following is essential for proper breastfeeding practice?

- a. Feeding the baby on demand
- b. Giving breast milk only when the mother feels like it
- c. Diluting breast milk with water
- d. Feeding the baby once or twice a day

4. When should a mother breastfeed her baby?

- a. Only in the morning and night
- b. Only when the baby cries
- c. Every 3 hours strictly
- d. On demand, whenever the baby wants to feed

5. Does a baby need water in addition to breast milk during the first 6 months?
- a. Yes, in hot weather
  - b. Yes, at night
  - c. No, breast milk is sufficient
  - d. Only when the mother is away
6. Which of the following best describes exclusive breastfeeding?
- a. Feeding a baby breast milk and water only
  - b. Feeding a baby breast milk only, no water, no other foods
  - c. Feeding breast milk and formula together
  - d. Feeding breast milk and fruit juice
7. Why is it unnecessary to give water to exclusively breastfed infants under 6 months?
- a. Breast milk contains enough water
  - b. Babies don't get thirsty
  - c. Water makes babies sick
  - d. Water reduces weight gain
8. If a baby under 6 months is given herbal mixtures along with breast milk, is this exclusive breastfeeding?
- a. Yes
  - b. No
  - c. Sometimes
  - d. Only at night
9. What is the recommended frequency of breastfeeding for newborns?
- a. 2–3 times daily
  - b. Every 3 hours only
  - c. On demand, day and night
  - d. Only when the mother is free
10. What does exclusive breastfeeding mean?
- a. Giving breast milk and water only

b. Giving breast milk only, no water or other foods

c. Giving breast milk and infant formula

d. Giving breast milk and fruit juice

11. When should breastfeeding be initiated after birth?

a. Within 1 hour

b. After 6 hours

c. After 24 hours

d. After 3 days

12. Which of the following should be avoided during exclusive breastfeeding?

a. Giving glucose water

b. Giving pacifiers frequently

c. Giving herbal mixtures

d. All of the above

13. Which practice helps to increase breast milk supply?

a. Feeding baby on demand

b. Giving baby water between feeds

c. Avoiding night feeding

d. Using bottles for milk

14. Which of the following diseases can exclusive breastfeeding help prevent in infants?

a. Pneumonia

b. Diarrhea

c. Malnutrition

d. All of the above

15. Which practice can interfere with exclusive

Breastfeeding?

- a. Rooming-in with the mother
- b. Early initiation of breastfeeding
- c. Giving pre-lacteal feeds
- d. Feeding on demand

**SA = STRONGLY AGREED**

**A = AGREE**

**D = DISAGREE**

**SD = STRONGLY DISAGREE**

<b>RQ2</b>	<b>what are the attitudes of mothers towards exclusive breastfeeding practices?</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
16.	I am willing to practice exclusive breastfeeding even if people around me discourage it.				
17.	I find it necessary to give my baby only breast milk without water before 6 months.				
18.	I believe exclusive breastfeeding improves my baby's health and well-being.				
19.	I feel it is necessary to breastfeed my baby on demand, both day and				

	night.				
<b>RQ3</b>	<b>What practices are commonly observed among nursing mothers in relation to exclusive breastfeeding</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
20.	I breastfeed my baby exclusively without giving water or other foods for the first 6 months.				
21.	I initiate breastfeeding within the first hour after delivery.				
22.	I feed my baby only breast milk even during hot weather.				
23.	I continue breastfeeding while avoiding the use of bottles or pacifiers.				
24.	I plan to continue breastfeeding alongside complementary foods for at least 24 months.				
25	I breastfeed my baby with breast milk and herbal mixture				
<b>RQ4</b>	<b>What are the major factors influencing exclusive</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>

	<b>breastfeeding practices among nursing mothers?</b>				
26.	I continue exclusive breastfeeding because my family supports me.				
27.	Lack of workplace support (e.g., maternity leave, time, or space) affects my breastfeeding practice.				
28.	I practice exclusive breastfeeding because I know it prevents infections and diseases.				
29.	I exclusively breastfeed my baby cause breast milk is free				
30	I exclusively breastfeed cause culture encourages it				
31	I practice exclusive breastfeeding because my healthcare provider encouraged me				

