

**KNOWLEDGE, ATTITUDE AND PRACTICES OF EXCLUSIVE BREASTFEEDING
AMONG MOTHERS IN EKOSODIN, OVIA NORTH EAST LOCAL GOVERNMENT
AREA OF EDO STATE.**

**Phebe Oluwatosin OTARU
EDU2102620**

**FACULTY OF EDUCATION
DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION
UNIVERSITY OF BENIN**

OCTOBER, 2025

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY AND
ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION UNIVERSITY OF
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NIGERIA .**

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CERTIFICATION

We the undersigned, certify that this research project was carried out by **PHEBE OLUWATOSIN OTARU** with the matriculation number **EDU2102620** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Nigeria.

Mrs T.A Egbon
Project Supervisor

Mrs. B. H. Enabulele
Project Coordinator

Date

Date

Dr. (Mrs). O. H Obasuyi
Head of Department (Ag)

Date

DEDICATION

This study is dedicated to God Almighty for His divine mercy, love, wisdom and understanding granted through this study and also to my ever supportive and loving parents for their constant love and encouragement.

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"The researcher is profoundly grateful to God Almighty for His endless wisdom, strength, and resources that have made this work possible. The researcher sincerely appreciates her project supervisor, Mrs. T.A Egbon, whose guidance, patience, mentorship and insightful advice greatly contributed to the success of this project, her expertise and feedback have been invaluable. The researcher also wishes to thank all the lecturers and staff of the Department of Health Safety and Environmental Education for their support and knowledge shared during the course of studies. The researcher's years in university have been a time of training and development.

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ABSTRACT

The purpose of this study was to investigate the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers in Ekosodin community, Ovia North East Local Government Area of Edo State. To achieve the purpose of the study, four (4) research questions were raised and important literature related to exclusive breastfeeding were clearly discussed.

The descriptive research design was used for this study and the study population was estimated at 14,000 residents in 2025 for Ekosodin, Community, Ovia North East Local Government Area of Edo State. The simple random sampling technique was adopted to select forty (40) respondents from 5 major streets/areas in Ekosodin community namely: Newton Street, Edo Street, JB, boundary road, and Market road. This will give a total of 200 respondents representing the study.

The instrument used for data collection was a well-structured close-ended questionnaire with twenty (20) items. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The test retest reliability method was used to establish the reliability of the questionnaire. A total of two hundred and (200) questionnaires were administered to the sample and data collected was analyzed using frequency count, percentage mean, and standard deviation.

Based on the data collected and analyzed, it was found out that, knowledge and attitudes towards exclusive breastfeeding among nursing mothers in Ovia North East Local Government Area of Edo State are generally high and positive, actual practice of exclusive breastfeeding remains only moderate. This gap between knowledge, attitude and practice highlights persistent barriers such as cultural beliefs, family pressure, limited spousal support and work-related demands that hinder full adherence to exclusive breastfeeding recommendations. It was therefore recommended that Regular, culturally sensitive health talks and outreach programmes should be organized in Ekosodin community to reinforce correct information on exclusive breastfeeding and dispel myths or cultural beliefs that discourage the practice., health workers should deliberately include husbands, mothers-in-law and other significant family members in antenatal and postnatal counselling sessions to build supportive home environments for exclusive breastfeeding, government agencies and private employers within the locality should be encouraged to adopt breastfeeding-friendly policies such as extended maternity leave, breastfeeding breaks and provision of crèche facilities to support working mothers in practising exclusive breastfeeding, and also, Primary health centres should strengthen follow-up visits and postnatal counselling to monitor and support mothers in the first six months postpartum, addressing challenges that may arise in exclusive breastfeeding.

CHAPTER ONE

INTRODUCTION

Background to the Study

Over the years, experts have found out that breast milk provides the best possible start to life in all areas of infant's development. Exclusive breastfeeding (EBF) is giving the child breastmilk alone in the first six months of life (World Health Organization WHO, 2014). Mothers' good knowledge and positive attitudes play key roles in the process of exclusive breastfeeding practices.

The World Health Organization(WHO) and the United Nations Children's Fund (UNICEF),(1989) recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeed for the first six months of age and continuation of breastfeeding till 2 years of age or beyond in addition to complementary foods. According to the statement by the World Health Organization (WHO), "Breastfeeding is the cornerstone for an infant's survival, nutrition and development (WHO, 2013). Breast milk is the optimal food for infants and its benefits are numerous. Exclusive breastfeeding is a very important public health strategy for improving children's and mother's health by reducing child mortality and morbidity rate and also helps to control healthcare costs in the society.

Exclusive breastfeeding helps in child survival, it accounts for healthy brain development, promotes cognitive and sensory performance, Breastfeeding also helps in mother-child relationship beyond that it lowers the risk of childhood illness, such as sudden infant death syndrome, respiratory tract infections, pneumonia, malocclusion and diarrhea. In mothers

breastfeeding has shown to decrease the frequency of postpartum depression, Breast cancer, ovarian and endometrial cancer, as well as facilitating weight loss (WHO, 2020;Victoria et al, 2016).

The knowledge, attitude and practices of exclusive breastfeeding has been prejudiced by cultural, demographic, social, biophysical and psychological factors, Mothers with higher levels of education and positive attitude are more likely to exclusively breastfeed while mothers with lower levels of education or who may have more in their first birth may have less favorable attitude towards exclusive breastfeeding (Obilade T.T 2015).

According to the study carried out by Dr. Kingsley Irelosen Akhimienho and Dr Noel Uwaibi (2022), It was found that mothers in Benin city, Edo state down to Ovia North East local government 89.5% of mothers were aware of exclusive breastfeeding and 80% had a good knowledge of it's definition, despite this high awareness the actual practice of exclusive breastfeeding was notably lower, indicating a significant gap between knowledge and practice. This project seeks to explore the knowledge, attitude and practices (KAP) of mothers regarding exclusive breastfeeding, with the aim of identifying factors that influence its practice and promoting strategies to improve it.

Statement of the Problem

Breastfeeding stands as the gold standard for nourishing infants, offering a wide range of health benefits for both mothers and babies. Influential health organizations around the world strongly recommend that babies be exclusively breastfed for the first six months, and that breastfeeding continues for up to two years or even longer. Despite these clear guidelines, exclusive breastfeeding rates in Nigeria stay alarmingly low, raising serious public health concerns. This shortfall is particularly troubling in places like Ovia North East Local Government Area of Edo

State, where many mothers rarely stick to exclusive breastfeeding, putting infants at a greater risk of malnutrition and death.

Several reasons drive this low rate. A major one is that many mothers simply do not know enough about the benefits of exclusive breastfeeding. On top of that, working mothers often do not get enough support at their jobs, facing short maternity leaves and a lack of breastfeeding-friendly spaces. Another common problem is that many mothers worry they are not producing enough milk, leading them to introduce other foods or liquids far too early. Healthcare centers also miss chances to step in. Without strong breastfeeding education and counseling, many mothers are left without the guidance they need to continue breastfeeding exclusively.

Research Questions

The following research questions were raised to guide this study:

1. What is the level of knowledge of nursing mothers on exclusive breastfeeding in Ekosodin Community Ovia north east local government area of Edo state?
2. What are the attitude towards exclusive breastfeeding among nursing mothers in Ekosodin Community Ovia north east local government area of Edo state?
3. To what extent do nursing mothers in Ekosodin Community, Ovia north East practice exclusive breastfeeding?
4. What are the Factors influencing exclusive breastfeeding among Nursing mothers In Ekosodin Community, Ovia north East local government area of Edo state?

Purpose of Study

The main purpose of this study is to assess the knowledge, attitudes and practices of nursing mothers on exclusive breastfeeding in Ekosodin Community, Ovia North East Local Government Area of Edo State.

Specifically, the study seeks to

1. Identify the factors influencing exclusive breastfeeding among nursing mothers in Ekosodin Community, Ovia North East Local Government Area.

Significance of Study

This study sets out to shine a light on the true importance of breastfeeding for both mothers and their babies. It looks at breastfeeding as a foundation for good health worldwide. Exclusive breastfeeding during a baby's first six months is known to be one of the most powerful ways to cut down infant deaths and to help children grow and thrive. Through this research, the goal is to not only highlight breastfeeding's many benefits but also warn about the serious health risks when it is not practiced. By offering a full understanding of these facts, the study hopes to inform not just mothers but the whole community about how crucial feeding decisions are for both short- and long-term health.

A key purpose here is to spread awareness among different groups—mothers, families, healthcare workers, and policymakers—about why breastfeeding matters so much. The idea is that better awareness could lead to better breastfeeding habits, which would mean healthier babies, fewer diseases, and better physical and emotional health for mothers. Research shows that breastfeeding can lower the chances of babies getting respiratory infections, diarrhea, and

malnutrition, while also helping mothers avoid postpartum depression, breast cancer, and ovarian cancer. By spreading this solid evidence, the study wants to encourage communities to see breastfeeding as a natural, low-cost, and sustainable practice.

This study also takes a clear-eyed look at the bigger picture. It recognizes that a mother's feeding choices do not happen in a vacuum. Culture, family traditions, financial struggles, and healthcare access all shape whether or not a mother breastfeeds. Misconceptions about breastfeeding, lack of public support, and social taboos about breastfeeding in public often get in the way. This research stresses how important it is to break down these barriers through education, community work, and strong public health efforts. It pushes for the involvement of healthcare workers, community leaders, and families to build a world where mothers feel confident and supported in choosing to breastfeed.

One of the standout parts of this study is its focus on rural and underserved communities. In these areas, where healthcare and education are limited, myths and misinformation about breastfeeding are widespread. These challenges widen health gaps for both mothers and babies. The study hopes to close these gaps by spreading correct, reliable information and by addressing local customs in a respectful but health-focused way.

It also looks at how healthcare systems can make breastfeeding support part of everyday maternal and child care. By training healthcare workers and giving them the right tools, this research wants to make sure mothers get the steady, caring support they need. It also calls for stronger policies—like better maternity leave, nursing spaces at work, and tighter rules on how formula milk is marketed—to help protect breastfeeding.

At its heart, this study's value lies in its power to fuel a broader public health movement that makes breastfeeding the norm again. Through sharing knowledge, advocacy, and community involvement, it aims to set off a ripple effect that strengthens whole communities, not just individual families. It wants to build a culture that lifts up and celebrates breastfeeding, giving mothers the knowledge and support they need to make the best choices for themselves and their children. And it will serve as a vital guide for policymakers, healthcare professionals, and leaders who are working to create stronger, more breastfeeding-friendly programs that fit the unique needs of their people.

In short, this study is hugely important because it both highlights the life-changing health benefits of breastfeeding and tackles the deeper cultural and system-wide barriers standing in its way. By pushing for evidence-based practices and a more supportive environment, it has the potential to spark lasting change in maternal and child health, especially in vulnerable areas. Through its wide-reaching efforts, this research hopes to help build a healthier, better-informed world where breastfeeding is protected, valued, and sustained for generations to come.

Scope and Delimitation

The study focuses on knowledge of exclusive breastfeeding, attitude towards exclusive breastfeeding and practice of exclusive breastfeeding among lactating mothers, expectant mothers and experienced mothers. The study also focuses on the factors influencing their practice. The study is however delimited to nursing mothers in ovia north east local government area of Edo State.

Definition of Terms

This terms are defined as it was used in the study

Exclusive Breastfeeding: Exclusive breastfeeding refers to the practice of feeding an infant only breast milk, without the addition of any other food or drink, including water, formula, or solid foods, for the first six months of life.

Knowledge: Knowledge is the understanding, awareness, or familiarity gained through experience, education, or reasoning. The awareness of breastfeeding

Attitude: Attitude refers to a mother's belief's, feelings, perceptions toward the practice of feeding an infant only breast milk (without any additional food or drink, not even water) for the first six months of life.

Practice: Practice refers to the actual behavior or actions of a mother in feeding an infant only breast milk without any other liquids or solids (not even water), for the first six months of life.

CHAPTER TWO

LITERATURE REVIEW

Literature is review under the following sub headings;

- Theoretical Framework
- The Concept of Exclusive Breastfeeding
- The Practice of Exclusive Breastfeeding among Mothers
- The Knowledge of Exclusive Breastfeeding among Mothers
- The Importance of Exclusive Breastfeeding
- The Attitude of Mothers Towards Exclusive breastfeeding
- Factors Influencing Exclusive Breastfeeding among Nursing Mothers
- Summary of Literature Reviewed

Theoretical Framework

The Health Belief Model (HBM) serves as a strong theoretical basis for examining the knowledge and attitudes of Nigerian women towards exclusive breastfeeding. Developed by Hochbaum, Rosenstock, and Kegels in the 1950s, the model emphasizes that health behaviors are influenced by individual beliefs about health risks and the perceived benefits of action (Rosenstock, 1974; Champion and Skinner, 2008). The HBM has been widely applied to maternal and child health studies, and its use in Nigeria has produced valuable insights into exclusive breastfeeding (Udochisom,, 2022).

The model consists of six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action. **Perceived susceptibility** refers to a mother's belief that her child is at risk of illness or malnutrition without exclusive breastfeeding.

In many Nigerian settings, poor knowledge about the dangers of mixed feeding leads to a low perception of risk (,Iliyasu, and Obinna, 2022; Ezeh, Ogbonna, and Chigozie, 2020)

Perceived severity involves how serious a mother believes the consequences of not breastfeeding exclusively are. For instance, mothers who do not understand the long-term developmental risks associated with inadequate infant nutrition may not prioritize exclusive breastfeeding. Studies conducted in Lagos and Enugu reported that women who understood the importance of EBF were more likely to adopt it (Chigozie, 2020; Obi and Nwankwo, 2019).

Perceived benefits are the positive outcomes a mother believes she and her child will gain from exclusive breastfeeding. These include improved immunity for the child, better bonding, and cost-effectiveness. Ogunlesi (2017) noted that when Nigerian mothers are educated on these benefits, they develop more favorable attitudes and are more likely to exclusively breastfeed. However, **perceived barriers** such as return to work, lack of support, traditional beliefs, and the promotion of formula feeding reduce the likelihood of EBF, even when knowledge is present (Adejuyigbe, Odebiyi, and Orji, 2021).

Self-efficacy—a mother’s confidence in her ability to maintain exclusive breastfeeding despite challenges—is also critical. In Northern Nigeria, Udochisom, Adepoju, Iliyasu, and Obinna (2022) found that women with high breastfeeding confidence were more likely to breastfeed exclusively for six months. They also found that improving self-efficacy through education and peer support significantly boosted EBF practice.

Finally, **cues to action** are events or interventions that trigger mothers to start or continue EBF. These can include advice from health workers, community support programs, or exposure to educational materials. Obi and Nwankwo (2019) emphasized that antenatal counseling and postnatal reminders played a strong role in shaping EBF behavior among mothers in Enugu.

The Concept of Exclusive Breastfeeding

Breastfeeding is the act of feeding breast milk to an infant . The babies can be fed directly from the mother's breast also called DBF (Direct breastfeeding)or pumped and then fed to the baby from a bottle or cup also called Expressed breastmilk . “Feeding infants with milk directly from the mother's breast or expressed breastmilk, it provides safe, clean nourishment rich in antibodies and nutrients essential for survival, optimal growth and development” (WHO ,2024)

The breasts are paired structures located on the anterior thoracic wall. In the pectoral region.

In formal, the Breast contains the mammary glands which is key for lactation also known as Breastfeeding. The Breast comprises glandular, connective and fatty tissues. Within these tissues are milk- Producing cell tiny openings in the nipple allow Milk to flow. Surrounding the nipple is the areola, an area of darker skin that becomes both larger and darker during pregnancy. Montgomery glands located on the areola secrete a lubricant to help clean the area. The nipple is stimulated when the baby sucks, muscular tissue surrounding the nipple, when the nipple is stimulated, the brain's pituitary gland secretes the hormone PROLACTIN which triggers the breast's milk. This does not occur until the baby and the placenta are delivered. The hormone oxytocin is then released, helping to relax the mother and causing the milk gland to contract and push milk out of the nipple; this is called milk ejection reflex . Let down may take several minutes especially when the mother is tense. Putting newborns to the birth within one hour of birth is critical for newborn survival and establishing prolonged breastfeeding (UNICEF,2025).

The World Health Organisation (WHO,2014) stated that Breastfeeding benefits both mother and baby. Infant formula does not have many of the benefits. It is estimated that more than a million deaths of babies could be prevented globally per year through more widespread Breastfeeding. Breastfeeding may also improve cognitive development and decrease the risk of obesity in

adulthood. The World Health Organisation (WHO) and United Nations Children Emergency Fund (2003) emphasizes that the nutrients are quickly and easily digested in the body systems of infants.

Unicef (2025) breastfeeding as the method of feeding the mammalian infants (babies) with the natural milk directly from the mother's breast; that is, it is a means of passing parental antibodies to the infants. It has been a practicing system especially by the human race over ages. All mammals have a common phenomenon of feeding their infants with their own milk. Breastfeeding activities are carried out worldwide in order to fulfil the WHO and United Nations Children Emergency Fund (UNICEF) recommendation that infants be breastfed exclusively for six months and thereafter until 24 months. Breastfeeding together with solids from 12–23 months (UNICEF, 2025).

Like in many of the sub-Saharan African countries, the practice of breastfeeding in Nigeria has been a major aspect of infant feeding but exclusive breastfeeding practice is poor.

Presently in Nigeria it has been shown Today, 34 percent of infants in Nigeria benefit from this healthy start in life, translating to hundreds of thousands of babies whose lives have been saved by breastfeeding.

In 2021,WHO emphasized that breastmilk is safe even when the mother has COVID-19 antibodies in the breastmilk may provide protection. Breastfeeding is the foundation of lifelong health and well-being. It is a simple, cost-effective, and natural way to provide infants with the nutrients they need for healthy growth and development”, said Cristian Munduate, UNICEF Nigeria’s Country Representative. “However, despite its proven benefits, exclusive breastfeeding rates in Nigeria remain low. Many mothers face cultural, social, and practical

barriers that prevent them from breastfeeding exclusively for the first six months of their child's life”.

The World Health Organization WHO defines Exclusive Breastfeeding as the feeding of infants with breast milk only with no other liquid or solid are given but with exception of oral rehydration solution, syrups of vitamins, minerals or medicines. Only breastmilk for the first 6 months, except medication or vitamins, initiated within one hour, on-demand, continued up to 2 years (WHO, 2024). Exclusive Breastfeeding is very essential as it contains all the nutrients an infant's needs in the first six months of life.

Despite the benefit of exclusive breastfeeding there is some prevalence, globally about 38% of babies are exclusively breastfed during their first six months of life. In the United States the rate of women beginning to breastfeed was 76% in 2009 increasing to 83% in 2015 with 58% still breastfeeding at 6 months, although only 25% were still breastfeeding exclusively (WHO 2021). African-American women have persistently low rates of breastfeeding compared to White and Hispanic American women (CDC 2018). In 2014, 58.1% of African-American women breastfeed in the early postpartum period, compared to 77.7% of White women and 80.6% of Hispanic women (Woods 2015). Breastfeeding rates in different parts of China vary considerably. UNICEF report in 2023 , Global exclusive breastfeeding rates increased to 48%, but disparities exist across regions (highest in South Asia, lowest in parts of Europe and North America)

It is an established fact that Exclusive Breastfeeding has tried tremendous benefits in the reduction of child mortality rate in Africa and Nigeria in particular. However, despite the benefits and some improvement in child mortality rate in Africa, much still remains to be done because neonatal mortality has remained the same or worsened in some countries. According to

UNICEF, 10 millions deaths in under-5 children were recorded in 2006 of which 4 million died within the first 24 hours (Onah, 2014) the mortality rate can still be reduced to the barest minimum through the adherence of mothers to EBF.

According to the National Demographic and Health Survey 2018, the early initiation rate of breastfeeding is 42% which clearly shows that not up to half of our children are breastfed within one hour of birth. Also, the

The exclusive breastfeeding rate in Nigeria is 29% indicating that only a mere percentage of infants aged 0-6 months are exclusively breastfed leaving a whopping 71% of infants not enjoying the benefits of breast milk in their formative years (NDHS 2018). Only 9% of organizations have a workplace breastfeeding policy. Looking at the data, it has been a great challenge in Nigeria as mothers and caregivers are neither fully aware of the importance of breastfeeding nor receive adequate support from the environment to optimally breastfeed their babies. This is why the celebration of the breastfeeding week is to inform and educate mothers as well as galvanize more support from the Government, Family and social network, health care system, workplace and employment, and Response to Crisis and Emergency on the benefits of breastfeeding.

The Federal Ministry of Health recommends early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, continued breastfeeding up to two years of age or beyond, with the introduction of appropriate complementary foods from six months. The Federal Ministry of Health, in her mandate to protect, promote and support breastfeeding, launched the National Zero Water Campaign during the 2019 World Breastfeeding Week celebration. The Campaign was launched to proffer solutions to the findings that giving water in addition to breast milk in the first six months of life is the barrier to

exclusive breastfeeding practice in the country. The aim of the 2-year campaign is to educate Nigerians on the need to give babies only breast milk, without water and other liquids in the first six months of life. The Campaign is ongoing in several states across the Federation. Furthermore, the preventive component of the 5-year Counterpart Contribution for the procurement of Ready-to-Use Therapeutic food (2017-2020) for treatment of children with severe acute malnutrition in the six geopolitical zones has included the procurement of Infant and Young Child Feeding (IYCF) Counseling Cards and Micronutrient Powder to improve breastfeeding and complementary feeding services as well as micronutrient deficiency control services. These essential nutrition-specific interventions of the health sector are boosters to optimal breastfeeding practices and contribute to reduction of malnutrition which is at peak in the first two years of the child.

The Practice of Exclusive Breastfeeding

Exclusive breastfeeding (EBF), defined as feeding infants only breast milk for the first six months of life without the addition of water, other liquids, or solid food, is a globally recommended practice endorsed by the World Health Organization and UNICEF. Despite its numerous health, nutritional, immunological, and economic benefits, the practice of exclusive breastfeeding among Nigerian women remains inconsistent and suboptimal in many parts of the country. While awareness of EBF has increased in recent years, actual adherence to the six-month recommendation remains significantly below national and international targets.

Several national surveys and local studies have shown that although a large proportion of Nigerian women are aware of exclusive breastfeeding, only a smaller percentage actually practice it. According to the Nigeria Demographic and Health Survey (NDHS, 2018), only about 29% of infants under six months were exclusively breastfed. This figure represents a modest

improvement from previous years but still reflects a substantial gap between knowledge and practice. Regional disparities also exist, with higher prevalence reported in some southern states compared to the north, where cultural norms and low literacy levels are more likely to discourage EBF (National Population Commission and ICF International, 2019).

The practice of exclusive breastfeeding is influenced by various socioeconomic, cultural, and health-related factors. For instance, maternal education has been consistently linked with higher rates of EBF. A study by Akinyinka, Olatona, and Oluwole (2016) in Lagos State revealed that women with tertiary education were significantly more likely to exclusively breastfeed than their less-educated counterparts. Education improves mothers' understanding of the importance of breast milk and the risks of early complementary feeding.

Cultural beliefs and traditional practices remain major obstacles to exclusive breastfeeding in Nigeria. In many communities, especially in the north and among certain ethnic groups, the introduction of water, herbal concoctions, and other prelacteal feeds is a common practice, often driven by the belief that breast milk alone is not sufficient, especially in hot weather (Adejuyigbe, Odebiyi, and Orji, 2021). These beliefs are typically reinforced by elderly family members and traditional birth attendants, thereby undermining health education messages given at clinics.

Occupational status and maternity leave policies also play a significant role in EBF practice. Urban working mothers often struggle to balance breastfeeding with workplace demands. The lack of flexible work schedules, inadequate maternity leave, and absence of breastfeeding-friendly environments in most Nigerian workplaces make it difficult for employed mothers to adhere to EBF for six months (Ogunlesi, 2017). In contrast, housewives or self-employed women often have better control of their time and are more likely to breastfeed exclusively.

Antenatal and postnatal counseling have been found to be effective in promoting the practice of exclusive breastfeeding. Udochisom, Adepoju, Iliyasu, and Obinna (2022) conducted a study in northern Nigeria which demonstrated that women who received structured breastfeeding education during antenatal care were more likely to initiate and maintain EBF. Furthermore, peer support groups and community-based interventions, particularly those led by trained health workers, have shown promising results in increasing EBF rates in both urban and rural settings (Ezeh, Ogbonna, and Chigozie, 2020).

Religious and social norms also contribute to women's decision to practice or discontinue EBF. In some Islamic communities, modesty concerns and restrictions on feeding in public may discourage breastfeeding, especially outside the home. In addition, the promotion of infant formula as a symbol of modernity and affluence continues to negatively influence attitudes and practices around breastfeeding in urban centers (Obi and Nwankwo, 2019)

In order to strengthen the practice of exclusive breastfeeding, the following evidence-informed recommendations should be implemented at scale in order to achieve progress on the global

Exclusive Breastfeeding for 2025. They include;

1. Provide Hospital and health facilities based capacity to support exclusive Breastfeeding, including revitalizing, expanding and institutionalizing the Baby-friendly Hospital initiative in health systems.
2. Provide community based strategies to support exclusive Breastfeeding including implementing communication campaigns tailored to the local context.
3. Significantly limit the aggressive and inappropriate marketing of breast milk substitute by strengthening the monitoring enforcement and legislation related to the international

code of marketing of breast milk substitute and subsequent relevant world Health Assembly resolution.

4. Empower women to exclusively breastfeed, by enacting 6 months of mandatory paid maternity leave as well as policies that encourage women to breastfeed in the workplace and in public.
5. Invest in training and capacity-building in protection, promotion and support.

The Knowledge OF Exclusive Breastfeeding

The awareness of Exclusive Breastfeeding among women attending post natal clinic is of great importance to both the mother and child. It has been proven that women with higher income and higher education level were less likely to breastfeed, knowledge of exclusive breastfeeding among the nursing mothers were significantly higher compared with younger age who were less informed and adherent to the practice. Education and sensitization targeting adolescents for exclusive breastfeeding is essential in preparing them for motherhood.

Appropriate counseling and education on exclusive Breastfeeding practice could be adopted to accomplish a change in knowledge, attitude and practice of exclusive breast feeding. The insufficient and ineffective quality information and support from health care providers as illustrated by the experienced nurse, could be a challenge which is not part of the provision of supportive education on breastfeeding. In 2023, Ezra ogundare et Al. Assessed the knowledge of female tertiary students in Ekiti, southwest Nigeria only 58.8% correctly identified the definition of EBF, 53.3% knew that breast milk alone is sufficient for the first 6 months. High awareness of brain - development benefits (93%), but significant misinformation about giving water early on (56.6% thought water was okay). A study carried out in Rivers state Nigeria by university lecturers from 2023-2024 showed over 80% defined EBF correctly. Nearly all acknowledged

that breast milk alone meets infant feeds for 6 months. High actual EBF rates (62%), early initiation 41%.

Valuable educational efforts require knowledgeable health professionals to compel these efforts; consequently, students majoring in health sciences such as public health, nutrition and health education should be comprehensively educated and trained to support and advocate breastfeeding.

Communicate information on the advantages of breastfeeding (including health benefits, economic benefits, etc.), to help women decide which method of feeding they will choose. Be sure to also discuss the risks of not breastfeeding. Answer any questions or concerns the woman may have. For example, some women do not realize that it is normal for the baby to lose weight in the first three or four days after birth and that this is not a reflection of how she is breastfeeding or the quality of her breast milk. Women can still breastfeed while taking most medications, such as antibiotics, antiretroviral or TB medication.

Highly educated women especially those attending post natal clinic may be able to breastfeed exclusively as recommended because they are being informed and able to understand the benefits of exclusive Breastfeeding when compared with less educated or less informed women who may not see any need for that as some of them may not be aware what EBF means but may breastfeed longer as a tradition. An enlightenment campaign in various languages centered on the benefits of EBF as well as encouraging mothers attending post natal clinics in order to be well informed could help improve the practice and thereby promote EBF Tosin (2015)

In addition, a study conducted in Tanzania reported that more than 91% of mothers received healthcare in the antenatal period. However, only 39% of pregnant women and 25% of postpartum mothers reported having received breastfeeding counseling (Manga 2016), and many

women perceived that the quantity of mothers' breast milk is low for a child's growth. The mothers perceived that the child is thirsty and they need to introduce herbal medicine for cultural purposes was among the important factors for early mixed feeding (Maonga 2016). The secondary analysis of WHO Global reported that barriers of breastfeeding in low-income countries include cultural beliefs, education, and access to healthcare (Ota et. al 2017). Why this matters, accurate EBF knowledge is crucial- WHO recommends EBF for the first six months. Knowledge deficits, even among educated groups, can translate into poor EBF practices. Health professionals with limited knowledge are less effective in counseling. Governments and NGOs should invest in the training, public education and digital health literacy initiatives.

The Importance of Exclusive Breastfeeding

Exclusive breastfeeding (EBF) for the first six months of life is a critical public health strategy that offers profound health, developmental, and economic benefits for both infants and mothers. It provides all the nutrients an infant needs in the first six months, protects against infections, and reduces mortality. According to the World Health Organization (2021), EBF reduces the risk of gastrointestinal and respiratory infections, promotes optimal growth, and lowers the risk of sudden infant death syndrome. For mothers, EBF supports postpartum recovery, reduces the risk of breast and ovarian cancers, and aids in natural child spacing due to lactational amenorrhea (Ogunlesi, 2017).

In Nigeria, the importance of exclusive breastfeeding is widely acknowledged by health professionals and increasingly recognized by mothers. However, despite its well-documented benefits, the rate of EBF remains low. EBF is not only a nutritional practice but a life-saving intervention that can reduce under-five mortality by up to 13% (Akinyinka, Olatona, and

Oluwole, 2016). Breastfed children are also more likely to achieve higher IQ levels and improved school performance later in life (Ezeh, Ogbonna, and Chigozie, 2020).

Exclusive breastfeeding strengthens the bond between mother and child, encourages better cognitive development, and helps prevent the early onset of non-communicable diseases such as obesity and type-2 diabetes (Obi and Nwankwo, 2019). It is also cost-effective, eliminating the need for formula, bottles, and sterilization — which is particularly significant for families with limited resources.

Additionally, EBF contributes to national economic development by reducing healthcare costs related to treating infant illnesses, decreasing maternal absenteeism from work due to child illness, and improving productivity through better child survival and development (Udochisom, Adepoju, Iliyasu, and Obinna, 2022). In a country like Nigeria, where child malnutrition and infant mortality are major concerns, the promotion of exclusive breastfeeding is both a health and economic imperative.

The Attitude of Exclusive Breastfeeding

Attitudes play a crucial role in determining whether a mother chooses to exclusively breastfeed her child for the recommended six months. While knowledge provides the foundation for informed decisions, attitudes reflect a mother's feelings, beliefs, and predispositions towards exclusive breastfeeding (EBF), often shaped by culture, family influence, social expectations, health education, and personal experiences. In Nigeria, studies show that although many mothers are aware of the benefits of EBF, this awareness does not always translate into a positive attitude or consistent practice. Several mothers express skepticism or discomfort with the idea of giving breastmilk alone for six months, especially when influenced by misconceptions or traditional beliefs. For instance, some mothers believe breastmilk alone is insufficient for a growing baby

and may introduce water, herbal mixtures, or pap within the first few weeks of life (Adejuyigbe, Odebiyi, and Orji, 2021). These beliefs form part of a negative attitude that undermines the practice of EBF despite adequate knowledge.

Conversely, mothers who perceive breastfeeding as a natural, valuable, and bonding experience tend to develop positive attitudes that support exclusive breastfeeding. According to Akinyinka, Olatona, and Oluwole (2016), mothers in Lagos who received antenatal counseling and observed successful breastfeeding among peers were more likely to develop favorable attitudes and sustain EBF. These women often viewed breastfeeding not only as a health necessity but as an expression of maternal love and responsibility.

Social support also plays a major role in shaping maternal attitudes. Supportive spouses, grandmothers, peers, and healthcare workers can reinforce a mother's confidence and positive outlook towards breastfeeding. Ezeh, Ogbonna, and Chigozie (2020) found that women who had access to breastfeeding support groups and community health education sessions exhibited higher commitment to EBF. In contrast, negative remarks or discouragement from family members and neighbors often led to reduced morale and early cessation of EBF.

Employment and work-related stress also influence maternal attitudes. In urban areas, many working mothers view exclusive breastfeeding as impractical due to time constraints, lack of workplace facilities, and short maternity leave. This often leads to a reluctant or conflicted attitude, where mothers may value EBF but feel unable to practice it fully (Ogunlesi, 2017). The availability of infant formula and aggressive marketing by formula companies further contributes to ambivalence or negative attitudes, presenting bottle feeding as a more convenient option for modern women (Obi and Nwankwo, 2019).

However, intervention studies have demonstrated that attitudes can be improved through consistent education, counseling, and peer influence. For example, Udochisom, Adepoju, Iliyasu, and Obinna (2022) noted that ideational factors such as emotional support, role modeling, and belief in one's ability to breastfeed significantly improved women's attitudes toward EBF in Northern Nigeria. Their findings emphasize that attitude is not fixed; rather, it can evolve positively when women are given the right tools, information, and encouragement.

In conclusion, maternal attitudes towards exclusive breastfeeding are influenced by a complex interplay of personal beliefs, social expectations, cultural norms, and structural challenges. While knowledge of EBF is necessary, it is not sufficient to ensure practice. Programs aiming to increase EBF rates must prioritize attitude-shaping strategies through personalized counseling, peer education, family involvement, and supportive workplace policies. Addressing the emotional and cultural components of breastfeeding is key to fostering lasting positive attitudes among Nigerian mothers.

Factors Influencing Exclusive Breastfeeding Among Nigerian Nursing Mothers

Despite the well-known benefits of exclusive breastfeeding, a wide range of factors affect its adoption and sustainability among Nigerian mothers. These factors include socio-demographic characteristics, cultural norms, knowledge levels, economic conditions, and health system support.

Maternal Education and Awareness

One of the most consistent predictors of EBF is the educational level of the mother. Educated mothers are more likely to be exposed to information about the benefits of breastfeeding and are generally more receptive to health messages. A study by Akinyinka, Olatona, and Oluwole (2016)

in Lagos found that women with tertiary education were significantly more likely to practice EBF.

Cultural Beliefs and Traditions

In several Nigerian communities, traditional practices like early introduction of water, herbal teas, and even pap (akamu) are deeply rooted. These cultural norms can discourage mothers from maintaining EBF, especially when older family members advocate for such practices (Adejuyigbe, Odebiyi, and Orji, 2021). In many rural areas, colostrum is wrongly seen as “dirty” or “bad” milk and is discarded, delaying proper breastfeeding initiation.

Maternal Occupation and Economic Factors

Employment outside the home poses a major barrier to EBF. Many Nigerian mothers resume work within a few weeks after childbirth, with limited or no maternity leave, especially in the informal sector. The absence of crèche facilities, breastfeeding-friendly workplaces, and flexibility also discourages continued exclusive breastfeeding (Ogunlesi, 2017).

Support from Spouse and Family

The presence of a supportive spouse or family member can significantly influence breastfeeding decisions. Adepoju, Iliyasu, and Obinna (2022) found that mothers who received emotional and practical support from their partners and families were more likely to practice EBF consistently. On the contrary, negative comments or lack of help with household tasks can pressure women to introduce infant formula early.

Access to Health Services and Counseling

Health system factors also shape breastfeeding behavior. Mothers who receive antenatal and postnatal counseling on the benefits and techniques of EBF are more likely to start and maintain

it. Peer support programs and mother-to-mother clubs have been found to be particularly effective (Ezeh, Ogbonna, and Chigozie, 2020).

Media and Infant Formula Marketing

Aggressive marketing of infant formula and feeding bottles often undermines breastfeeding messages. Some mothers see formula feeding as more convenient or modern, especially when influenced by television or social media promotions (Obi and Nwankwo, 2019).

Summary of Reviewed Literature

Exclusive breastfeeding (EBF) refers to the practice of feeding an infant only breast milk for the first six months of life, without the addition of water, other liquids, or solid foods. It is a critical aspect of infant nutrition endorsed by global health authorities, including the World Health Organization. In Nigeria, the concept of EBF is widely promoted due to its numerous benefits for both infants and mothers. It supports proper growth and development, strengthens the immune system, and reduces the risk of common childhood illnesses. For mothers, it helps with postpartum recovery and lowers the risk of certain cancers. Although awareness of EBF has increased among Nigerian mothers in recent years, there remains a significant gap between knowledge and actual practice.

The practice of exclusive breastfeeding is influenced by various factors, including a mother's level of knowledge, her attitude toward breastfeeding, cultural beliefs, education, employment status, and family support. While many mothers understand the benefits of EBF, attitudes shaped by traditions, misinformation, and social pressure often affect their willingness or ability to practice it. Employment challenges, lack of maternity leave, and inadequate support from health systems also contribute to early cessation of breastfeeding. Nonetheless, positive attitudes, proper counseling during antenatal visits, and community-based education have been shown to

improve both the perception and practice of EBF among Nigerian women. Strengthening health education and support systems remains essential for increasing EBF rates and ensuring better health outcomes for children and mothers alike.

CHAPTER THREE

METHODOLOGY

This chapter was an outlined explanation on information about the research methodology and strategy adopted for this study. In this vein, this chapter was discussed under the following sub-headings:

- Research Design.
- Population of Study.
- Sample and Sampling Techniques.
- Research Instrument
- Validity of Instrument
- Reliability of Instrument. -

- Method of Data Collection
- Method of Data Analysis

Research Design

The research design of this study was a descriptive survey research design. This approach entailed observing and gathering data on a specific subject without manipulating variables. This type of research design afforded the researcher the opportunity to get the general assessment of opinions, attitudes or feelings of people about the problem under study. This design was considered appropriate for the study because the assessments collected by the researcher were conducted without altering their natural behaviour.

Population of the Study

The study population was estimated at 14,000 residents in 2025 for Ekosodin, Benin City. This working estimate updated the 2006 census figure of 7,000 by applying Benin City's recent urban growth rate (~3.65%/year) and was consistent with independent local studies reported ~10,000 –11,000 in the early 2020s (National Population Commission, 2006).

Sample and Sampling Technique

The simple random sampling technique was adopted to select forty (40) respondents from 5 major streets/areas in Ekosodin community namely: Newton Street, Edo Street, JB, boundary road, and Market road. This gave a total of 200 respondents representing the study.

Research Instrument

The questionnaire was used to collect data for the study. The questions were formulated based on the research questions raised and the information gathered in the course of the Literature review. The research Instrument designed for collecting data was divided into two sections namely: Section A and Section B. Section A contained information of personal data of

respondents such as gender, age and class while Section B focused on the issues raised in the research questions and other information considered important to the study. The Instrument made use of multiple choice items and the four point likert scale i.e Strongly Agree, Agree Strongly Disagree and Disagree.

Validity of the instrument

The instrument was validated by the researcher's supervisor and two other experts in the department of health, safety and environmental education (HSE). Their suggestions and corrections were incorporated in the final document.

Reliability of the Instrument

The reliability of the Instrument was established using the internal consistency method of estimating reliability. This involved giving copies of the instrument to 20 persons outside the population of the study. After a time lapse of two weeks, the same instrument was administered to the same respondents. Data generated from the two administrations will be subjected to Pearson Product Moment Correlation. A correlation coefficient of 0.75 was considered an indication that the instrument was reliable.

Method of Data Collection

The questionnaires were administered to the respondents by the researcher. Efforts were made to explain the questions to the respondents in such a way that enabled them to respond to each question as objectively as possible. The questionnaires were duly collected after ascertaining that they have been completed.

Method of Data Analysis

The collected data were analysed using the descriptive statistics. This involved the use of frequency count, percentage and mean score analysis. A criterion mean of 2.50 was set for accurate decision making.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapters deals with the presentation, analysis and interpretation of findings based on the data collected from respondents in relation to the research questions guiding the study. The results of the respondents are carefully analyzed and presented in the following tables below.

Research Question 1: What is the level of knowledge of Nursing mothers on exclusive breastfeeding in Ekosodin Community Ovia north East local government area of Edo state?

Table 1: Descriptive statistics on knowledge of exclusive breastfeeding among nursing mothers

S/N	Level of knowledge (Score)	Frequency & Percentage
1.	Low	88 (44%)
2.	High	132 (66%)
TOTAL		200 (100%)

(1-3; Low Knowledge, 4-5; High Knowledge)

Table 1 above represents the knowledge of nursing mothers on exclusive breastfeeding. From the table above, it was found out that 88 (44%) have low knowledge of exclusive breastfeeding, while majority 132 (66%) have high knowledge of exclusive breastfeeding among nursing mothers in Ekosodin Community Ovia North East LGA of Edo State.

Based on the table above, it was found out that majority of nursing mothers in Ekosodin community, Ovia North East Local Government Area have high knowledge of exclusive breastfeeding.

Research Question 2: What are the attitude of mothers towards exclusive breastfeeding in Ekosodin Community, Ovia north East local government area of Edo state?

Table 2: Descriptive statistics on attitudes of mothers towards exclusive breastfeeding

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	TOTAL	DECISION
1	I feel exclusive breastfeeding is the best way to feed my baby for the first 6 months	120 60%	70 35%	10 5%	0 0%	200 100%	Agree

2	I feel comfortable breastfeeding my baby exclusively without giving water or other liquids	80 40%	118 59%	2 1%	0 0%	200 100%	Agree
3	I feel confident that exclusive breastfeeding provides all the nutrients my baby needs	130 65%	70 35%	0 0%	0 0%	200 100%	Agree
4	I feel exclusive breastfeeding is too demanding and stressful for mothers	20 10%	70 35%	102 51%	8 4%	200 100%	Disagree
5	I would rather introduce other foods or formula before my baby is 6 months old	18 9%	50 25%	100 50%	32 16%	200 100%	Disagree

(Source: Field survey, 2025.)

Table 2 above represents the descriptive statistics on attitudes of nursing mothers towards exclusive breastfeeding. From the table above, it was found out that majority 190 (95%) feel that exclusive breastfeeding is the best way to feed their baby for the first 6 months, 198 (99%) agreed that they feel comfortable breastfeeding their babies exclusively without giving water or other liquids, 200 (100%) feel confident that exclusive breastfeeding provides all the nutrients their babies need, on the other hand, 110 (55%) feel that exclusive breastfeeding is too demanding and stressful for mothers and lastly, 132 (66%) would rather introduce other foods or formula before their baby is 6 months old.

Based on the data above, it was found out that nursing mothers in Ekosodin community have positive attitudes towards exclusive breastfeeding.

Research Question 3: To what extent do nursing mothers in Ekosodin community, Ovia North East practice exclusive breastfeeding?

Table 3: Descriptive statistics on exclusive breastfeeding practices

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	TOTAL	DECISION
1	I practice exclusive breastfeeding fully for six months.	78 39%	4 2%	87 43%	32 16%	200 100%	Disagree
2	I don't practice it up to 6 months due to work or stress	68 34%	96 48%	36 18%	0 0%	200 100%	Agree
3	I sometimes introduce pap or other liquid	130 65%	70 35%	0 0%	0 0%	200 100%	Agree
4	My culture doesn't allow me practice it for the full 6 months	20 10%	24 12%	122 61%	34 17%	200 100%	Disagree
5	I don't practice it well due to lack of information about the health benefits	130 65%	40 20%	20 10%	10 5%	200 100%	Agree

Source: Field survey, 2025.

Table 3 above represents the descriptive statistics on exclusive breastfeeding practices among nursing mothers in Ekosodin Community. From the table above, it was found out that majority 119 (59%) do not practice exclusive breastfeeding fully for six months, majority 164 (82%) practice exclusive breastfeeding for up to six months despite work stress. 200 (100%) sometimes introduce pap or other liquid to the babies before six months, 156 (78%) are not inhibited by culture to practice exclusive breastfeeding and lastly, 170 (85%) do not practice exclusive breastfeeding due to lack of information about the health benefits to their children

Based on the data above, it was found out that nursing mothers in Ekosodin Community, Ovia North East Local Government Area have moderate practices of exclusive breastfeeding.

Research Question 4: What are the Factors influencing exclusive breastfeeding among Nursing mothers In Ekosodin Community Ovia north East local government area of Edo state?

Table 4: Descriptive statistics on factors influencing exclusive breastfeeding practices

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	TOTAL	DECISION
1	Cultural beliefs discourage some mothers from exclusive breastfeeding.	98 49%	32 16%	40 20%	30 15%	200 100%	Agree
2	Lack of proper knowledge affects many mothers' choices.	168 84%	32 16%	0 0%	0 0%	200 100%	Agree
3	Family pressure leads some to introduce other foods early.	180 90%	20 10%	0 0%	0 0%	200 100%	Agree
4	Support from family and spouse affects exclusive breastfeeding practices	60 30%	86 43%	50 25%	4 2%	200 100%	Agree
5	Work demands make it hard to breastfeed exclusively.	130 65%	40 20%	20 10%	10 5%	200 100%	Agree

Source: Field survey, 2025.

Table 4 above represent the factors influencing exclusive breastfeeding practices among nursing mothers in Ekosodin Community. From the table above, it was found out that majority, 130 (55%) agreed that cultural beliefs discourages some mothers from exclusive breastfeeding, 200 (100%) agreed that lack of knowledge affects mother's choices in practicing exclusive breastfeeding, 200 (100%) agreed that family pressure leads some mothers to introduce other

foods to their babies before the age of six months, 146 (73%) agreed that Support from family and spouse affects exclusive breastfeeding practices and lastly, 170 (85%) agreed that Work demands make it hard to breastfeed exclusively.

Based on the data above, it was therefore found out that factors influencing exclusive breastfeeding practices among nursing mothers in Ekosodin community, Ovia North East LGA includes: cultural beliefs, insufficient knowledge, family pressure, spousal support and work demands.

Discussion of Findings

The purpose of this study was to investigate the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers in Ekosodin community, Ovia North East Local Government Area of Edo State. It was found that a majority of nursing mothers in Ekosodin community have high knowledge of exclusive breastfeeding. This corroborates the results of the study by Kayode et al. (2023) among working-class women in Osun State, Nigeria, which reported that 98.1% of respondents had good knowledge of exclusive breastfeeding, and it also aligns with the findings of Mosuro, Bodunde, Aleru and Azeez (2022) who reported high awareness levels among market women in Ibadan.

It was also found that nursing mothers in Ekosodin community have positive attitudes towards exclusive breastfeeding. This is in line with the findings of Mosuro et al. (2022) who showed that respondents generally had positive attitudes towards exclusive breastfeeding despite variations in knowledge and practice, and with the observations of Omolola et al. (2021) in Ogun and Oyo States who noted that even teenage mothers expressed favourable attitudes towards exclusive breastfeeding when adequately supported.

Furthermore, it was found that nursing mothers in Ekosodin Community have moderate practices of exclusive breastfeeding. This finding mirrors the study carried out in Enugu State by Okeke et al. (2022) which found that although 82.5% of respondents were aware of exclusive breastfeeding, only about 69% practised it, and is consistent with findings from Egor Local Government Area of Edo State where a prevalence of exclusive breastfeeding of about 36.6% was reported (South African Journal of Clinical Nutrition, 2022).

Lastly, it was found that factors influencing exclusive breastfeeding practices among nursing mothers in Ekosodin community include cultural beliefs, insufficient knowledge, family pressure, spousal support and work demands. This corresponds with the findings of Alutu and Orubu (2005) who reported that cultural beliefs, myths and the nature of mothers' work were major barriers to exclusive breastfeeding among rural and urban nursing mothers in Edo State, and is also supported by the findings of Kayode et al. (2023) who identified husband and family support, maternity leave and workplace environment as significant determinants of exclusive breastfeeding practice. Similarly, Omolola et al. (2021) observed that significant others such as grandmothers, mothers-in-law and husbands exerted strong influence over breastfeeding decisions among teenage rural mothers, indicating that sociocultural and occupational factors play a critical role in the adoption of exclusive breastfeeding in Nigeria.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter has to do with the summary, conclusion and recommendations based on the findings.

Summary

The purpose of this study was to investigate the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers in Ekosodin community, Ovia North East Local Government Area of Edo State. To achieve the purpose of the study, four (4) research questions were raised and important literature related exclusive breastfeeding were clearly discussed. The

descriptive research design was used for this study and the study population was estimated at 14,000 residents in 2025 for Ekosodin, Community, Ovia North East Local Government Area of Edo State. The simple random sampling technique was adopted to select forty (40) respondents from 5 major streets/areas in Ekosodin community namely: Newton Street, Edo Street, JB, boundary road, and Market road. This will give a total of 200 respondents representing the study. The instrument used for data collection was a well-structured close-ended questionnaire with twenty (20) items. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The test retest reliability method was used to establish the reliability of the questionnaire. A total of two hundred and (200) questionnaires were administered to the sample and data collected was analyzed using frequency count, percentage mean, and standard deviation.

Findings

Based on the data collected and analyzed, the findings of the study revealed that:

1. Majority of nursing mothers in Ekosodin community have high knowledge of exclusive breastfeeding.
2. Nursing mothers in Ekosodin Community have moderate practices of exclusive breastfeeding.
3. Nursing mothers in Ekosodin community have positive attitudes towards exclusive breastfeeding.
4. Factors influencing exclusive breastfeeding practices among nursing mothers in Ekosodin community include cultural beliefs, insufficient knowledge, family pressure, spousal support and work demands.

Conclusion

This study has demonstrated that although knowledge and attitudes towards exclusive breastfeeding among nursing mothers in Ekosodin community, Ovia North East Local Government Area of Edo State are generally high and positive, actual practice of exclusive breastfeeding remains only moderate. This gap between knowledge, attitude and practice highlights persistent barriers such as cultural beliefs, family pressure, limited spousal support and work-related demands that hinder full adherence to exclusive breastfeeding recommendations.

Recommendations

Based on the findings from the data collected and analysed, the researcher makes the following recommendations:

- Regular, culturally sensitive health talks and outreach programmes should be organized in Ekosodin community to reinforce correct information on exclusive breastfeeding and dispel myths or cultural beliefs that discourage the practice.
- Health workers should deliberately include husbands, mothers-in-law and other significant family members in antenatal and postnatal counselling sessions to build supportive home environments for exclusive breastfeeding.
- Government agencies and private employers within the locality should be encouraged to adopt breastfeeding-friendly policies such as extended maternity leave, breastfeeding breaks and provision of crèche facilities to support working mothers in practising exclusive breastfeeding.
- Primary health centres should strengthen follow-up visits and postnatal counselling to monitor and support mothers in the first six months postpartum, addressing challenges that may arise in exclusive breastfeeding.

- Healthcare providers should be given periodic refresher courses on lactation management and interpersonal communication skills so they can effectively educate and support mothers and their families, ensuring that knowledge translates into sustained practice.

Suggestions for Further Studies

1. Factors influencing knowledge and attitudes towards exclusive breastfeeding among nursing mothers in Ovia North East Local Government Area of Edo State.
2. Impact of public Health education on the knowledge, attitudes and practices of exclusive breastfeeding among nursing mothers in Ovia North East Local Government Area of Edo State.
3. Barriers to exclusive breastfeeding practices among nursing mothers in Ovia North East Local Government Area of Edo State.

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APPENDIX

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN**

Dear Respondents,

I am a student of the above-named Department and I am carrying out research on topic titled **KNOWLEDGE, ATTITUDE AND PRACTICES OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN EKOSODIN, OVIA NORTH EAST LOCAL**

GOVERNMENT AREA OF EDO STATE. Therefore, your candid opinion to these questions will be highly appreciated as they will help the research. Be rest assured that all information given will be specifically used for academic purposes and will be treated with ultimate confidentiality.

Thanks for your co-operation.

SECTION A
DEMOGRAPHIC INFORMATION

Please complete the information below by ticking (✓) where appropriate.

Age Range: 25 – 35Years () 36 – 45Years() 46 – 55Years ()

Religion: Christian () Muslim () Traditional ()

Marital Status: Single () Married () Divorced () Widow ()

RQ1: What is the level of knowledge of Nursing mothers on exclusive breastfeeding in Ovia north East local government area of Edo state?

1. What is exclusive breastfeeding?
 - a. The feeding of infants with breast milk only for a particular period of time
 - b. The feeding of infants with breast milk and other liquid a particular period of time
 - c. The feeding of infants with breast milk and other solids for a particular period of time
 - d. I have no idea
2. How long does exclusive breastfeeding lasts?
 - a. 6 months
 - b. 1 year
 - c. 3 months
 - d. 2 months
3. What is the time to initiate breastfeeding after birth?
 - a. Within 24 hours
 - b. Within 12 hours
 - c. Within 2 hours
 - d. Within the first hour
4. Which of the following is not a benefit of exclusive Breastfeeding?
 - a. It provides immunity against diseases
 - b. Promotes emotional bonding
 - c. Causes obesity in infants
 - d. Reduces the risk of diarrhea
5. What nutrient in in breast milk help fight infections in newborns?
 - a. Lactose
 - b. Iron
 - c. Antibodies
 - d. Glucose

SECTION B

KEY

Strongly Agree - SA

Agree - A

Disagree - D
Strongly Disagree – SD

RQ 2	What are the attitude of mothers towards exclusive breastfeeding in Ovia north East local government area of Edo state?	SA	A	D	SD
6	I feel exclusive breastfeeding is the best way to feed my baby for the first 6 months				
7	I feel comfortable breastfeeding my baby exclusively without giving water or other liquids				
8	I feel confident that exclusive breastfeeding provides all the nutrients my baby needs				
9	I feel exclusive breastfeeding is too demanding and stressful for mothers				
10	I would rather introduce other foods or formular before my baby is 6 months old				
RQ 3	To what extent do nursing mothers in Ovia north East practice exclusive breastfeeding?				
11	I practice exclusive breastfeeding fully for six months.				
12	I don't practice it up to 6 months due to work or stress				
13	I sometimes introduce pap or other liquid				
14	My culture doesn't allow me practice it for the full 6 months				
15	I don't practice it well due to lack of information about the health benefits				
RQ 4	What are the Factors influencing exclusive breastfeeding among Nursing mothers In Ovia north East local government area of Edo state?				
16	Cultural beliefs discourage some mothers from exclusive breastfeeding.				
17	Lack of proper knowledge affects many mothers' choices.				
18	Family pressure leads some to introduce other foods early.				
19	Support from family and spouse				
20	Work demands make it hard to breastfeed exclusively.				