

**PERCEIVED EFFECTS OF BREASTFEEDING ON MATERNAL WEIGHT
MANAGEMENT
AMONG WOMEN ATTENDING EKOSODIN PRIMARY HEALTH CARE
CENTER**

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MANAGEMENT AMONG WOMEN ATTENDING POSTNATAL CLINIC IN
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**A RESEARCH SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY
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CERTIFICATION

We, the undersigned, certify that this project work was carried out by Grace Nwanneka OBEAGU, with matriculation number of Edu2102596 in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City in partial fulfillment of the requirements for the award of Bachelor of Science degree (B.Sc/ED) in Health Education.

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DEDICATION

This research work is dedicated to God Almighty

Acknowledgement

The completion of this research project is owed to numerous persons to whom the researcher feels profound gratitude.

Most importantly, the researcher is particularly grateful to God for His unfailing love towards her and for enabling her to complete her degree programme.

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TABLE OF CONTENTS

CERTIFICATION	iii
DEDICATION	iv
Acknowledgement	v
TABLE OF CONTENTS	vii
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION	1
Background to the Study	1
Statement of the Problem	3
Research Question	4
Hypothesis	5
Purpose of the Study	5
Significance of the Study	6
Scope and delimitation of the study	7
Definition of the Term	7
Chapter two	8
Literature Review	8
Concepts of Breastfeeding and Maternal Weight Management	8
Physiology of Breastfeeding	13
Maternal Weight Management	15
Lifestyle and Behavioural Interventions	17
Nutritional Composition of Breast Milk	19
Breastfeeding and Maternal Health	21
Maternal perceptions and breastfeeding	23
Maternal Age	27
Parity (the number of times a woman has given birth)	28
Socioeconomic Status (SES) and Education	28
Marital and Cultural Influences	29

Regional and Urban–Rural Differences	29
Intersectionality of Influences	30
Breastfeeding practices and post partum weight management strategies	30
Empirical Review on the Perceived Effect of Breastfeeding on Maternal Weight Management	31
Summary of Related Literature	33
CHAPTER THREE	36
METHODOLOGY	36
Design of the Study	36
Population of the Study	37
Sample and Sampling Technique	37
Research Instrument	37
Validity of the study	38
Reliability of the instrument	38
Method of Data collection	38
Method of Data Analysis	39
CHAPTER FOUR	40
PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS	40
Hypotheses Testing	44
Discussion of Findings	46
CHAPTER FIVE	48
SUMMARY, CONCLUSION AND RECOMMENDATIONS	48
Summary	48
Findings	49
Conclusion	49
Recommendations	50
Suggestions for Further Studies	50
REFERENCE	51

LIST OF TABLES

Table 1: Perceived effects of breastfeeding on maternal weight	40
Table 2: One way Anova Analysis on Age/Maternal weight management	44
Table 3: One way Anova Analysis on Parity/Maternal weight management	45

ABSTRACT

This study was carried out to explore the perceived effects of breastfeeding on maternal weight management among women attending the postnatal clinic at Ekosodin Primary Health Centre (PHC), Ovia North-East Local Government Area, Benin City, Edo State. Three research questions were raised to guide the study, and relevant literature related to the topic was extensively reviewed.

The descriptive research design was adopted for the study. The population consisted of 80 postnatal attendees at Ekosodin Primary Health Centre, Ovia North-East Local Government Area. A census sampling technique was used for the study. The instrument used for data collection was a questionnaire on the perceived effects of breastfeeding on maternal weight management among women attending the postnatal clinic in Ekosodin PHC. The questionnaire was validated by the project supervisor and two other lecturers from the Department of Health, Safety, and Environmental Education. The test-retest reliability method was adopted. Data obtained from the instrument were analyzed using frequency counts, percentages, and chi-square statistics. Findings from the study revealed that the majority of the respondents perceived breastfeeding as having an influence on maternal weight. Age and parity were found to significantly affect maternal weight management among women attending the postnatal clinic in Ekosodin PHC.

Based on the findings, the researcher recommends that practical diet plans, culturally acceptable exercises, and weight-tracking activities should be included in routine postnatal visits for all mothers. Breastfeeding promotion should also be intensified by reinforcing education in postnatal clinics on the benefits of exclusive and prolonged breastfeeding for both infant health and maternal weight control. Furthermore, the study suggests that future research should focus on assessing the knowledge and attitudes towards maternal weight management among women attending postnatal clinics at Ekosodin Primary Health Centre.

CHAPTER ONE

INTRODUCTION

Background to the Study

Breastfeeding is a vital aspect of maternal and infant health, offering numerous benefits for both. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, with continued breastfeeding up to two years or beyond (WHO, 2020). According to the WHO, breastfeeding can reduce the risk of infant mortality by up to 14% and lower the risk of infections and chronic diseases, such as diarrhea and respiratory infections (Victora et al., 2016).

In addition to its benefits for infant health, breastfeeding also has numerous benefits for maternal health. For example, breastfeeding can reduce the risk of breast and ovarian cancer, as well as type 2 diabetes (Stuebe et al., 2018). Despite these benefits, many women face challenges and misconceptions that may hinder breastfeeding practices and postpartum weight management.

Maternal obesity is a growing concern globally, with associated health risks, including gestational diabetes, hypertension, and complications during delivery (Poston et al., 2016). Postpartum weight management is essential for women's health, and breastfeeding has been identified as a key factor in achieving a healthy weight after childbirth (Kramer et al., 2016). Mothers' perceptions of breastfeeding's impact on their weight can influence their feeding choices, highlighting the need to

explore the perceived effects of breastfeeding on maternal weight, Pregnancy is one of the life stages during which women are expected to gain weight, typically around 12–12.5 kilograms by the end of the term. Research conducted in the United States has shown that many pregnant women tend to gain more weight than expected. This often results from an increase in food intake during pregnancy, which is driven by the higher nutritional needs of the developing fetus. Excessive weight gain during pregnancy has been linked to both short-term and long-term health risks for both mothers and their babies. For mothers, these risks may include hypertension, pre-eclampsia, gestational diabetes, the need for labor induction or caesarean delivery, stillbirth, and later-life obesity, which raises the likelihood of developing various non-communicable diseases. In infants, excessive maternal weight gain can lead to complications such as macrosomia, polycythemia, hyperbilirubinemia, and an increased risk of obesity during childhood (Catalano & Shankar, 2017).

Several studies have explored the various factors contributing to obesity and weight gain among women of reproductive age after childbirth. National surveys indicate that women who gained a significant amount of weight during pregnancy were more likely to retain extra weight postpartum compared to those who gained moderately. Additionally, between 6 and 18 months after delivery, approximately 14–20% of women weighed over 11 pounds (4.9 kg) more than their pre-pregnancy weight (Zanotti, Capp, and Wender, 2019).

In a similar vein, cultural beliefs have been shown to play a major role in excessive weight gain during pregnancy in Nigeria. The notion of "eating for two" often

encourages increased food consumption during pregnancy. Moreover, several studies have highlighted how perceptions and attitudes towards obesity and overweight can influence pregnant women's motivation to gain weight. It has also been found that individuals who underestimate their body weight are less likely to perceive their size as a health concern, reducing their motivation to pursue weight loss or healthy behaviors (Post et al., 2018).

Statement of the Problem

Postpartum weight retention is a significant concern among women following childbirth, with long-term implications for maternal health and well-being. In many cases, the inability to return to pre-pregnancy weight contributes to the rising prevalence of obesity and related non-communicable diseases such as type 2 diabetes, hypertension, and cardiovascular conditions. While several biological, social, and lifestyle factors influence postpartum weight management, breastfeeding has often been highlighted as a potential natural mechanism for facilitating maternal weight loss.

Breastfeeding is known to require substantial energy expenditure, and some studies suggest that it may contribute to faster uterine involution and mobilization of fat stores accumulated during pregnancy. However, findings from various studies remain inconclusive and are often influenced by differences in duration, exclusivity, maternal dietary intake, physical activity levels, and socioeconomic factors. Moreover, in many low- and middle-income settings such as Nigeria, there is a lack of awareness and understanding among mothers regarding the physiological benefits

of breastfeeding beyond infant nutrition, especially concerning maternal weight outcomes.

In Ekosodin Primary Health Centre (PHC), which serves a peri-urban population with diverse socio-economic backgrounds, anecdotal reports and informal interactions with postpartum women suggest varied beliefs and perceptions about the role of breastfeeding in postpartum weight management. Some mothers report weight loss while breastfeeding, while others experience weight gain or no noticeable change. These conflicting experiences, combined with cultural perceptions, misinformation, and a possible lack of structured health education on the subject, may influence breastfeeding practices and maternal health outcomes.

Despite the potential relevance of this issue, there is a paucity of empirical data in the local context to understand how women perceive the effects of breastfeeding on their body weight after childbirth. This knowledge gap makes it difficult for healthcare providers to tailor appropriate health education and support interventions in postnatal clinics.

Therefore, this study seeks to investigate the perceived effects of breastfeeding on maternal weight management among women attending the postnatal clinic in Ekosodin.

Research Question

The following Research Questions have been raised to guide the study

1. What are the perceived effect of breastfeeding in maternal weight among women attending postnatal clinic in Ekosodin primary health center
2. Does age of the mother influence maternal weight management among women attending postnatal clinic in Ekosodin PHC
3. Does parity influence maternal weight management among women attending postnatal clinic in Ekosodin

Hypothesis

The following hypothesis were formulated and tested at 05 level of significance

1. Age does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC
2. Parity does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC

Purpose of the Study

The purpose of this study is to explore the perceived effects of breastfeeding on maternal weight management among women attending postnatal clinics in Ekosodin PHC.

Specifically, the study seeks to

- 1, Examine, If age influence maternal weight management among women attending postnatal clinic in Ekosodin PHC

2, Investigate, if parity influence maternal weight management among women attending postnatal clinic in Ekosodin

Significance of the Study

This study is significant as it explores the perceived effect of breastfeeding on weight management among women attending the postnatal clinic at Ekosodin Primary Health Centre (PHC). Postpartum weight management is a common concern among new mothers, and understanding how breastfeeding is perceived in relation to this issue is essential for promoting both maternal and infant health. Breastfeeding has well-documented benefits for infants, but its role in maternal weight regulation is often misunderstood or underestimated. By focusing on women's perceptions, this study aims to uncover beliefs, attitudes, and possible misconceptions about breastfeeding as a means of managing postnatal weight. The findings will provide valuable insights into how these perceptions influence breastfeeding practices, especially in a local context such as Ekosodin. The study also has practical implications for healthcare delivery. The information gathered can assist healthcare providers and public health officials in designing better postnatal education and counseling programs. If women perceive breastfeeding positively in relation to weight control, this can be leveraged to encourage exclusive breastfeeding. On the other hand, if there are negative or inaccurate perceptions, targeted education can help correct them, ultimately improving breastfeeding rates and outcomes.

Moreover, the research addresses two critical public health goals simultaneously, promoting optimal infant feeding practices and supporting maternal health. It adds to the body of knowledge in maternal and child health and offers localized data that can inform interventions specific to the Ekosodin community. In doing so, it also lays a foundation for future research and potential policy development aimed at improving postnatal care and health education in similar settings

Scope and delimitation of the study

The scope of this study is perceived effect of breastfeeding on maternal weight management, the study is delimited to women attending Postnatal clinic in Ekosodin PHC.

Definition of the Term

Key terms used in this study include:

Breastfeeding: The act of feeding a baby with breast milk.

Postnatal: The period after childbirth.

Perceived effects: The perceived impact of breastfeeding on maternal weight.

Maternal weight: The weight of a mother during the postpartum period.

Chapter two

Literature Review

1. Concepts of breastfeeding
2. Breastfeeding and maternal health
3. Maternal perceptions and breastfeeding
4. Socio-demographic influencers on maternal weight management (age, parity, socioeconomic Status e.t.c
5. Breastfeeding practices and post partum weight management strategies
6. Empirical Review
7. Summary of related Literature

Concepts of Breastfeeding and Maternal Weight Management

According to world health organization , 2023 Breastfeeding is widely acknowledged as the optimal method of infant feeding, providing essential nutrients, immunological protection, and fostering mother-infant bonding. The World Health Organization (WHO, 2023) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods for up to two years or beyond. Breast milk contains a dynamic composition of macronutrients, micronutrients, and bioactive compounds that adapt to the infant's

changing developmental needs (Victora et al., 2016). Numerous studies have demonstrated that breastfeeding reduces the risk of infections, sudden infant death syndrome, obesity, and certain chronic diseases later in life (Rollins et al., 2023). For mothers, breastfeeding is associated with a lower risk of breast and ovarian cancers, type 2 diabetes, and postpartum depression (Chowdhury et al., 2022). Despite its documented advantages, global breastfeeding rates remain below recommended levels due to cultural, socioeconomic, and workplace barriers, highlighting the need for supportive policies and public health initiatives (Perez-Escamilla et al., 2019). Continued research and advocacy are essential to improve breastfeeding practices and ensure that all infants have equitable access to its life-saving benefits.

According to the Nigerian evidence base, it confirms that exclusive breastfeeding is a highly effective, safe, and physiologically natural way for mothers to return to their pre-pregnancy body composition while safeguarding their nutritional health. The current low rates of EBF in Nigeria represent a missed opportunity not only for child survival but also for maternal health enhancement. Bridging the gap between science and practice will require reframing breastfeeding promotion to speak to both mother and child as beneficiaries.

The concepts of breastfeeding and maternal weight management in Nigeria can be understood most fully when we weave together three strands of evidence:

(1) Nigeria-specific peer-reviewed research on physiological and anthropometric outcomes of breastfeeding,

(2) national survey and policy data that situate these findings within the country's public health landscape, and

(3) the broader global scientific context that explains the underlying biological mechanisms

1. Nigeria-specific scientific evidence

Postpartum weight change and breastfeeding practices

The most robust Nigerian data on breastfeeding and maternal weight management come from controlled observational studies comparing exclusive breastfeeding (EBF), complementary breastfeeding (CBF), and no breastfeeding (NBF).

Owerri Postpartum Study (2014, International Journal of Medicine and Health Development)

This short-term (6-week) follow-up showed clear gradients in postpartum weight loss:

EBF mothers lost 6.86 kg on average, with a BMI reduction of 2.63 kg/m² and thigh circumference reduction of over 1 cm.

CBF mothers lost 5.22 kg, BMI reduction 2.06 kg/m².

NBF mothers lost 3 kg, BMI reduction 1.13 kg/m².

The differences were statistically significant ($p < 0.05$), confirming that the greater energy expenditure from exclusive breastfeeding accelerates postpartum weight loss.

Six-Month Matched Cohort Analysis Extending the time frame, another study showed that EBF mothers lost 4.13 kg over six months compared to only 1.06 kg among non-EBF mothers. Triceps skinfold thickness and mid-arm circumference decreased more in the EBF group, but all measurements remained within healthy ranges. This shows that breastfeeding supports balanced recovery rather than rapid depletion of maternal reserves.

Maternal nutrition, body composition, and lactation performance

A smaller but informative study (Nigerian Journal of Nutritional Sciences, Umuahia, Abia State) investigated whether maternal body size predicts milk production.

Findings:

Average milk volume was 867 g/day and did not correlate with BMI or body fat.

Milk output was positively correlated with dietary energy intake ($p < 0.05$).

Mothers began postpartum overweight (BMI ~ 27.9 kg/m²) and remained so over six months, indicating that adequate diet during lactation prevents excessive weight loss.

2. National context: NDHS and policy framework

The Nigeria Demographic and Health Survey (NDHS 2018) reports:

Only 29% of infants under six months are exclusively breastfed.

Median duration of EBF is just 3.4 months,

well below the WHO recommendation of six months.

Maternal characteristics (education, residence, wealth quintile) strongly predict EBF likelihood—urban, wealthier, and more educated mothers often have lower EBF rates due to work constraints and social norms. Policy documents such as the Infant and Young Child Feeding (IYCF) Policy and Baby-Friendly Hospital Initiative (BFHI) implementation guidelines promote EBF as the national standard. However, messaging focuses primarily on infant benefits (e.g., immunity, growth, survival), with less emphasis on maternal health gains like postpartum weight normalization and reduced chronic disease risk.

By not integrating maternal weight management benefits into counselling, an important motivational lever may be underused. This is particularly relevant in Nigeria, where body shape, post-pregnancy physique, and perceptions of attractiveness can influence breastfeeding choices.

3. Biological and global evidence connections

Globally, studies like Victora et al. (2016, *The Lancet*) and Chowdhury et al. (2015, *Acta Paediatrica*) have established that Breastfeeding increases energy expenditure by 450–500 kcal/day. Mobilization of pregnancy fat stores occurs preferentially in the hip and thigh regions to support lactation. Long-term breastfeeding is associated

with reduced risk of obesity, type 2 diabetes, metabolic syndrome, and certain cancers.

Physiology of Breastfeeding

Breastfeeding is not just a mechanical process of milk production—it’s a living, adaptive system that connects a mother’s body, mind, and environment in remarkable ways. At the heart of it are two key hormones: prolactin and oxytocin. Prolactin, often called the “milk-making hormone,” surges after each feed, nudging the milk-producing cells to assemble a nutrient-rich blend of lactose, proteins, and fats (StatPearls, 2023–2025; Geddes & Perrella, 2019). Oxytocin, sometimes called the “love hormone,” triggers the tiny muscle cells around the milk sacs to contract, sending milk flowing toward the nipple (Prime et al., 2019). New imaging techniques have revealed the intricate firing patterns of oxytocin neurons and how stress or exhaustion can mute this reflex (Burbidge et al., 2025), giving scientific depth to what many mothers already know—emotions and milk flow are deeply linked

Once breastfeeding is established, much of milk supply is managed locally in the breast. A small whey protein called the Feedback Inhibitor of Lactation (FIL) acts as a signal—if milk is not removed often enough, FIL builds up and tells the milk-making cells to slow down (Geddes & Perrella, 2019; StatPearls, 2023–2025). This explains why frequent, thorough milk removal—either through feeding or pumping—keeps supply steady. Ultrasound studies even show that incomplete

drainage can shrink duct diameters and reduce how efficiently milk is released over time (Kent et al., 2021). Modern imaging has also revealed the beautiful choreography of milk ejection. With each let-down, ducts expand to carry milk forward, a process first captured in detail by Geddes et al. (2009). Pump technology has advanced in step with this research: designs that mimic a baby's natural suck-swallow-breathe pattern tend to produce more milk and greater comfort for mothers (Prime et al., 2019). Lactation also transforms a mother's metabolism. Her body subtly shifts into a coordinated metabolic state—a form of healthy insulin resistance that prioritizes sugars and fats for milk production without causing harmful blood sugar spikes (Khondkar et al., 2022; Gila-Dor et al., 2022). These adaptations help explain why milk composition can vary in mothers with conditions like gestational diabetes or higher BMI (Erickson et al., 2024/2025). Beyond basic nutrition, human milk is a biochemical treasure chest. It contains human milk oligosaccharides (HMOs)—special carbohydrates that babies can't digest but that nourish good gut bacteria, train the immune system, and block harmful microbes (Ayechu-Muruzabal et al., 2021). Tiny exosomes in milk carry microRNAs that can survive digestion, acting like molecular messengers that shape a baby's immune and metabolic development (Zhou et al., 2021; Al-Saleh et al., 2025).

But the mind is just as involved as the body. Stress changes hormone levels, with higher maternal cortisol sometimes linked to reduced milk volume or altered composition (Višnjić et al., 2024). Emotional states can even alter oxytocin release, explaining why some mothers experience a fleeting wave of sadness during let-

down—a phenomenon called dysphoric milk ejection reflex (Burbidge et al., 2025). In recent years, scientists have begun viewing lactation as a system, where hormonal signals, breast mechanics, metabolic shifts, milk bioactivity, and emotional well-being all work together (Kent et al., 2021). Practical applications are emerging—like timing milk removal to match hormonal peaks, promoting skin-to-skin contact to boost oxytocin, and tailoring nutrition advice to each mother’s metabolic profile (Erickson et al., 2024/2025). Even pharmaceutical supports, such as galactagogues, are now framed as secondary aids, not first-line solutions (Rameez et al., 2018). In short, between 2018 and 2025, research has deepened our view of breastfeeding from a simple feeding task into a finely tuned, whole-body process—triggered by hormones, balanced by local breast signals, supported by metabolic adjustments, enriched by molecular messengers, and influenced by a mother’s emotional state.

Maternal Weight Management

Maternal weight regulation is increasingly conceptualized as a continuum spanning the preconception period, pregnancy, and postpartum years, rather than discrete, unrelated phases (Hanson et al., 2019; WHO, 2021). The pre-pregnancy period sets metabolic and behavioural baselines that influence gestational weight gain (GWG) and postpartum weight retention (PPWR). Excessive GWG is one of the most robust predictors of both short- and long-term PPWR. Meta-analyses pooling over 200,000 women across 20+ countries find that women exceeding the Institute of Medicine (IOM) guidelines retain, on average, 3–5 kg more at 6–12 months postpartum compared to those within recommendations (Goldstein et al., 2018;

Voerman et al., 2019). Longitudinal studies such as Project Viva (USA), the ROLO trial (Ireland), and the Chinese Birth Cohort report higher BMI trajectories persisting for 5–10 years post-delivery among women with excessive GWG (Kominiarek & Peaceman, 2021; Rong et al., 2020). Evidence is consistent in low- and middle-income countries (LMICs) as well (Santos et al., 2022). Mechanistically, excessive GWG reflects positive energy balance, with increased fat mass deposition exceeding physiologic requirements for fetal growth and lactation (Butte & King, 2020). Once stored, this adiposity is resistant to mobilization due to hormonal and metabolic adaptations in the postpartum period, particularly among women with pre-existing overweight/obesity.

Breastfeeding and Postpartum Weight Regulation.

Breastfeeding, especially when exclusive for the first 3–6 months, contributes to postpartum weight loss through the mobilization of fat stores to meet energy demands of milk production (estimated at 450–500 kcal/day) (Most et al., 2021). However, effects are variable and context-dependent. A 2021 systematic review (Dalrymple et al.) and meta-analysis (Chowdhury et al., 2022) found average differences of 0.5–2.0 kg less weight retention in exclusively breastfeeding women compared to formula feeders at 6–12 months postpartum. The magnitude is greater when:

GWG was within recommended ranges (Butte et al., 2019) Women had normal pre-pregnancy BMI Lactation was sustained beyond 6 months (Jarlenski et al., 2020)

Conversely, among women with excessive GWG or obesity, breastfeeding's weight-loss effect is attenuated, likely due to compensatory increased caloric intake and lower physical activity (Most et al., 2021). In Nigeria, Okafor et al. (2023) and Adamu et al. (2024) report breastfeeding prevalence is high at initiation but declines steeply by 3–4 months postpartum. Barriers include early return to work, cultural perceptions of milk insufficiency, and family pressure to introduce complementary feeding early.

Lifestyle and Behavioural Interventions

Evidence from 2019–2024 shows that multi-component lifestyle interventions — combining dietary counseling, physical activity, and behavioural strategies — can effectively limit GWG and reduce PPWR.

Notable trials:

LIMIT Trial (Dodd et al., 2018): Counselling during pregnancy reduced the proportion exceeding GWG recommendations by ~20%. SNAP-PP Study (Ferrara et al., 2022): Postpartum lifestyle program (diet + activity + behavioural support) produced 2.8 kg lower PPWR at 12 months and increased odds of achieving $\geq 5\%$ weight loss. GLOWING Intervention (Olander et al., 2020): Behaviour-change techniques delivered via midwives improved diet quality and limited GWG in rural UK populations. Digital health approaches — mobile apps, SMS coaching, telehealth — have expanded reach in both high- and low-resource contexts (Van Dammen et al., 2019; Nicklas et al., 2021). These modalities show small-to-moderate effects (-0.8 to -2.5 kg PPWR at 6–12 months) but benefit from

scalability and lower cost. Meta-analyses (Nascimento et al., 2021; Dalrymple et al., 2023) confirm effectiveness is greatest when programs start in early pregnancy and continue into at least 6–12 months postpartum are embedded in routine maternal care (home visits, antenatal clinics) Determinants and Moderators of Weight Outcomes.

Weight trajectories and intervention success are influenced by:

Socioeconomic status: Lower SES predicts higher GWG, lower exclusive breastfeeding rates, and greater PPWR (Amugsi et al., 2022).

Pre-pregnancy BMI: Women with overweight/obesity often require higher-intensity or individualized approaches (Deputy et al., 2018).

Psychosocial factors: Poor sleep, high stress, and low social support are linked to higher PPWR (Hartley et al., 2022). **Cultural beliefs:** In Nigerian and Kenyan contexts, the “eat for two” norm and early introduction of high-calorie traditional foods post-birth undermine intervention messages (Wanjohi et al., 2021).

Nigeria and Sub-Saharan Africa: Contextual Insights Sub-Saharan African studies confirm excessive GWG and postpartum weight challenges are rising with urbanization and dietary shifts toward ultra-processed foods (Okop et al., 2019; Abubakar et al., 2021). Nigeria-specific findings are Prevalence of excessive GWG in urban antenatal attendees: 30–40% (Okafor et al., 2023). Overweight/obesity at first antenatal visit: ~35% in Lagos and Abuja cohorts (Amugsi et al., 2022).

Nutritional Composition of Breast Milk

Bravi and colleagues (2021) conducted a systematic review showing how maternal diet influences the nutritional profile of breast milk, highlighting the role of nutrient-rich foods in optimizing milk quality. Floris et al. (2020) expanded on this by identifying extracellular vesicles in human milk as important contributors to infant immune development. Gibson et al. (2020) provided a global comparison of DHA and ARA levels in milk, demonstrating significant variation by maternal diet. Hormonal influences have also been explored—Gridneva et al. (2019) linked milk hormone profiles to maternal and infant characteristics, while Khan et al. (2022) found that maternal BMI significantly affects milk macronutrient composition. Immunological aspects remain key, as shown by Le Doare et al. (2018), who documented milk's protective role from birth through weaning. In the area of bioactive carbohydrates, Mohan et al. (2022) discovered that specific human milk oligosaccharides (HMOs) are associated with reduced respiratory infections in infants, complementing earlier findings by Samuel et al. (2019) and Seferovic et al. (2020) on genetic and environmental influences on HMO composition. Vitamin content remains a concern—Oliván et al. (2020) and Pilz et al. (2023) reported widespread vitamin D insufficiency in lactating women without supplementation. Prentice et al. (2021) documented variations in milk macronutrients across lactation stages, while Rai et al. (2023) reviewed the multifunctional nature of lactoferrin. Hormonal research continues with Rodriguez-Carrio et al. (2023) linking breast milk hormones to infant growth patterns. The microbiome of milk, as Ruiz et al.

(2023) and Soto et al. (2018) describe, contains a core set of bacterial species that may be influenced by maternal health. Timby et al. (2021) demonstrated that supplementation with milk fat globule membrane (MFGM) can enhance neurodevelopmental outcomes, while Victora et al. (2023) offered a global perspective on breastfeeding trends and benefits. Fatty acid profiles remain variable, as noted by Yuhas et al. (2019), and proteomic analyses by Zhang et al. (2020) have expanded understanding of milk's protein complexity. Lastly, Zhou et al. (2019) found that preterm milk differs from term milk in protein, mineral, and HMO content, reflecting adaptive changes for vulnerable infant

Breastfeeding and Maternal Health

Cardiometabolic health. Nigerian studies echo global evidence that breastfeeding contributes to maternal metabolic recovery. For instance, a cross-sectional study among women in Lagos teaching hospitals reported significantly lower postpartum BMI and improved lipid profiles among those who practiced exclusive breastfeeding compared with mixed-feeding mothers (Oni et al., 2020, *Nigerian Journal of Clinical Practice*). A prospective cohort in Ibadan similarly found lower fasting glucose levels at 6 months postpartum in women who exclusively breastfed (Adeyemi et al., 2021, *West African Journal of Medicine*). These findings are critical as Nigeria faces a growing epidemic of hypertension and type 2 diabetes (Uloko et al., 2018, *International Journal of Diabetes in Developing Countries*).

Cancer risk. Case–control studies in Enugu and Lagos confirm breastfeeding’s protective effect against breast cancer. Nwafor et al. (2019, *Nigerian Journal of Clinical Practice*) reported that women who breastfed for at least 12 months cumulatively had a 30–40% reduced risk of breast cancer compared with those with shorter durations. A multi-center study in Northern Nigeria (Yusuf et al., 2021, *African Journal of Reproductive Health*) found similar associations, highlighting breastfeeding duration as a modifiable risk factor in populations where breast cancer incidence is rising. Although less data exist for ovarian and endometrial cancer, smaller hospital-based studies (Okeke et al., 2020, *Nigerian Medical Journal*) suggest a trend toward reduced risk with longer breastfeeding.

Mental health. Nigerian maternal mental health literature increasingly addresses postpartum depression (PPD). A study from Ibadan (Ogunyemi et al., 2020, BMC Pregnancy and Childbirth) reported lower PPD symptom scores among mothers who exclusively breastfed, while unmet breastfeeding intentions correlated with higher depression risk. In Enugu, Okafor et al. (2022, Journal of Mental Health and Psychosocial Support in Africa) confirmed that successful breastfeeding was associated with reduced maternal distress, reinforcing global findings on breastfeeding's bidirectional relationship with mood. Postpartum recovery. Evidence from Nigerian tertiary hospitals highlights breastfeeding's role in uterine involution and hemorrhage prevention. A study in Port Harcourt (George et al., 2019, Nigerian Journal of Medicine) observed faster uterine involution among women who initiated breastfeeding within the first hour postpartum. Another Lagos study (Chukwuma et al., 2021, Annals of African Medicine) documented significantly lower rates of postpartum hemorrhage in mothers who practiced early and frequent breastfeeding.

Bone and nutritional health. While long-term fracture data are scarce, smaller Nigerian clinic-based studies note that lactating women can maintain calcium balance when supported by diets rich in local staples and fortified foods. A nutrition study in Northern Nigeria (Hassan et al., 2022, African Journal of Nutrition and Metabolism) highlighted inadequate maternal micronutrient intake as a barrier to bone recovery post-lactation, suggesting a role for supplementation programs.

Fertility and spacing. Several Nigerian family planning studies confirm the

lactational amenorrhea method (LAM) as an effective temporary contraceptive. Research in rural Oyo State (Owolabi et al., 2019, African Journal of Reproductive Health) found that exclusive breastfeeding prolonged birth intervals, while another community-based study in Kaduna (Ibrahim et al., 2021, Nigerian Journal of Family Practice) showed that correct LAM use reduced unintended pregnancies within the first 6 months postpartum. Barriers and equity. Nigerian scholars consistently highlight structural and cultural barriers. A national policy review (Federal Ministry of Health Nigeria, 2019) noted gaps in workplace protections, especially for women in the informal economy. A Lagos-based qualitative study (Ezeh et al., 2020, International Breastfeeding Journal) found that formula marketing and inadequate maternity leave policies undermined exclusive breastfeeding rates. Conversely, traditional support in rural areas often encourages breastfeeding but lacks biomedical guidance on managing complications like mastitis (Abimbola et al., 2022, PLOS Global Public Health).

Maternal perceptions and breastfeeding

Research and national surveys in Nigeria have consistently shown that maternal perceptions strongly shape breastfeeding practices. A recurring theme is maternal anxiety about milk sufficiency in the early postpartum period. Many mothers interpret infant crying, frequent feeding, or soft breasts as signs of “not enough milk,” often leading to early supplementation with water, herbal teas, pap (akamu), or formula. These practices are frequently reinforced by influential family members—particularly grandmothers and mothers-in-law—when antenatal

counseling is brief or inconsistent (National Population Commission [NPC] & ICF, 2019; UNICEF & NBS, 2021; Alive & Thrive, 2020). Perceptions around colostrum also vary across regions. In parts of southern Nigeria, particularly urban centers, colostrum is increasingly valued as “first milk.” However, in some northern communities it is still discarded as “dirty” or “old,” with prelacteal feeds such as honey, goat’s milk, or glucose water offered instead. This practice continues to delay breastfeeding initiation (NPC & ICF, 2019; UNICEF & NBS, 2021). A related belief—that infants in hot climates require water to survive—is among the most deeply entrenched and remains one of the strongest predictors of non-exclusive breastfeeding (Global Breastfeeding Collective, 2018–2022). Mode of delivery also influences maternal expectations. Mothers who undergo cesarean sections often experience delayed initiation due to pain, fatigue, or separation from their newborns. In such cases, health workers sometimes introduce formula as a temporary measure, which undermines maternal confidence in their milk supply (BMC Pregnancy & Childbirth, 2019–2024; NPC & ICF, 2019). Similarly, mothers working in urban and informal sectors struggle to sustain exclusive breastfeeding despite strong intentions, as they face limited maternity leave, lack of childcare, and inadequate workplace lactation support (UNICEF & NBS, 2021).

Social networks play a critical role. Grandmothers frequently encourage mixed feeding or early introduction of water, while supportive husbands are consistently associated with higher rates of exclusive breastfeeding. Community health workers, peer counselors, and mother-to-mother groups have shown success in reframing

infant cues and countering myths (Alive & Thrive, 2019–2022; African Journal of Reproductive Health, 2018–2023). At the same time, infant formula is sometimes perceived as a marker of modernity or prosperity, a narrative reinforced by aggressive marketing in urban and peri-urban settings, despite regulations aligned with the International Code on the Marketing of Breast-milk Substitutes (WHO/UNICEF, 2018–2022). The COVID-19 pandemic briefly disrupted breastfeeding practices. Early in the outbreak, uncertainty about viral transmission through breastmilk led to maternal hesitation and, in some facilities, mother–infant separation. As WHO guidance clarified that breastfeeding remained safe with proper hygiene, maternal confidence gradually returned (WHO, 2020–2021; UNICEF Nigeria, 2021). These perceptions are reflected in national data. While early initiation of breastfeeding within one hour of birth has improved over previous decades, it remains below global targets, with cesarean delivery and inconsistent facility practices acting as barriers. Exclusive breastfeeding under six months is uneven across regions, with the “water in hot climates” belief repeatedly cited as a cultural driver of early supplementation (NPC & ICF, 2019; UNICEF & NBS, 2021). Barriers commonly reported by Nigerian mothers include cultural myths (e.g., “milk dries up after three months” or “boys need solid food earlier”), biomedical challenges such as cracked nipples, mastitis, and fatigue after cesarean birth, as well as structural constraints like short maternity leave and lack of lactation rooms. Aggressive marketing of breast-milk substitutes and household power dynamics—where grandmothers or husbands may override maternal decisions—further

complicate breastfeeding practices (WHO/UNICEF, 2018–2022; Alive & Thrive, 2020).

At the same time, several facilitators have been shown to improve outcomes. Immediate skin-to-skin contact and hands-on support at birth enhance maternal confidence and reduce the use of prelacteals. Peer networks, digital interventions such as WhatsApp or SMS counseling, and programs engaging husbands have demonstrated measurable benefits in sustaining exclusive breastfeeding (Alive & Thrive, 2019–2022; *Journal of Human Lactation*, 2020–2024). Workplace reforms, such as extended maternity leave and provision of lactation rooms, have shown positive effects where implemented, though coverage remains uneven (UNICEF & NBS, 2021). Stronger enforcement of the Code has also reduced in-facility promotion of formula (WHO/UNICEF, 2018–2022). Taken together, these findings highlight that breastfeeding in Nigeria is shaped by a complex interplay of maternal perceptions, cultural narratives, family influence, health system practices, and socio-economic realities. Successful interventions are those that combine cultural sensitivity with practical support, reframing exclusive breastfeeding as both a traditional and modern, health-savvy practice. From 2018 to 2025, the evidence converges on a few high-leverage insights: the entrenched belief that infants need water, maternal doubts about milk sufficiency, and challenges associated with cesarean births are the main barriers undermining exclusive breastfeeding.

Addressing these through skin-to-skin care, consistent counseling across the continuum of care, family and peer engagement, workplace protections, and firm regulation of formula marketing can shift both perceptions and behaviors in favor of optimal breastfeeding practice

Socio-Demographic Influencers on Maternal Weight Management (2018–2025)

Maternal Age

A large body of scholarship highlights maternal age as a crucial determinant of both gestational weight gain (GWG) and postpartum weight retention. Younger mothers, particularly adolescents and women under 25, are more likely to experience inadequate GWG due to limited nutritional resources and reduced access to quality antenatal care (Okafor et al., 2020; Olatona et al., 2019). For instance, Olatona and colleagues (2019) found in a Lagos cohort that adolescent mothers had significantly higher rates of undernutrition compared to older counterparts. Conversely, women aged 30 and above are more susceptible to excessive GWG and postpartum obesity, reflecting both physiological metabolic changes and lifestyle shifts (Akinyemi & Thompson, 2021; Deputy et al., 2019). A multi-country analysis published in *Maternal & Child Nutrition* (Akinyemi & Thompson, 2021) demonstrated that older Nigerian mothers in urban settings were at particularly high risk of retaining more than 5 kg beyond six months postpartum

Parity (the number of times a woman has given birth)

Parity has been consistently linked to maternal weight trajectories. Multiparous women tend to show higher risks of excessive weight gain and postpartum weight retention than primiparous women (Ezeh et al., 2021; Dibaba et al., 2020). Evidence from the African Journal of Reproductive Health (Ezeh et al., 2021) indicates that each additional pregnancy is associated with a measurable increase in body mass index (BMI), particularly among urban mothers in southern Nigeria. Similar findings have been reported in Ethiopia and Ghana, suggesting that parity-related risks are not only biological but also cumulative, shaped by repeated exposure to pregnancy, reduced physical activity, and childcare responsibilities (Dibaba et al., 2020; Boateng et al., 2022).

Socioeconomic Status (SES) and Education

Socioeconomic status remains one of the strongest socio-demographic predictors of maternal weight outcomes. In Nigeria, as in many low- and middle-income countries (LMICs), there is a dual burden of malnutrition. Wealthier, urban mothers are more likely to experience overweight and obesity during and after pregnancy, whereas poorer, rural mothers are more vulnerable to undernutrition and inadequate GWG (Ogunjimi et al., 2019; Ajayi et al., 2021). A Lagos-based study by Ogunjimi et al. (2019) reported that higher household income correlated with excessive GWG, while a northern Nigerian study found persistent underweight among women in lower-income households (Ajayi et al., 2021). Education plays a complex role: higher education levels are associated with better knowledge of nutrition (Lawal et

al., 2020), yet women with more education are often employed in formal sectors, returning to work earlier postpartum and facing challenges in maintaining healthy routines (Ezeh & Abubakar, 2023).

Marital and Cultural Influences

Beyond individual factors, maternal weight management is embedded within marital and cultural contexts. Husbands and mothers-in-law play a decisive role in influencing dietary intake and activity during pregnancy (Ogunyemi & Olabisi, 2020). Cultural expectations that equate larger body size with prosperity and maternal success often discourage intentional weight control (Afolabi et al., 2019). Qualitative work in the *African Journal of Reproductive Health* (Afolabi et al., 2019) found that some Nigerian women were pressured by family members to eat more during pregnancy to ensure “a big, healthy baby,” inadvertently increasing their risk of excessive GWG.

Regional and Urban–Rural Differences

Regional disparities further complicate maternal weight outcomes. Urban Nigerian women, especially in southern cities, face higher rates of obesity due to dietary transitions toward processed foods and sedentary lifestyles (Onubi et al., 2020). Rural women, particularly in the North, remain at risk of underweight and micronutrient deficiencies (Olawuyi & Adeoye, 2022). These findings mirror regional contrasts seen across sub-Saharan Africa, where urbanization is strongly associated with rising maternal obesity (Popkin et al., 2020).

Intersectionality of Influences

Recent scholarship emphasizes that maternal weight management cannot be explained by single demographic factors in isolation. Instead, age, parity, SES, and cultural influences intersect in complex ways. For example, an older, multiparous, urban, high-income mother faces heightened risks of postpartum obesity, while a younger, low-income, rural primiparous woman may struggle with inadequate GWG and malnutrition (Shirima et al., 2021; Ezeh & Abubakar, 2023). Intersectional analyses in Public Health Nutrition and Maternal & Child Nutrition (Shirima et al., 2021) stress that effective interventions must account for these layered realities rather than relying on one-size-fits-all dietary counseling.

Breastfeeding practices and post partum weight management strategies

Researchers in Nigeria has consistently emphasized the importance of breastfeeding as a foundation for child survival and maternal health, while also exploring its role in postpartum weight management. Evidence shows that exclusive breastfeeding rates have improved modestly but remain below national and global targets, with early initiation within the first hour of birth still suboptimal due to cultural practices such as prelacteal feeding and misconceptions about breast milk adequacy (NPC & ICF, 2019; Agho et al., 2019; Ezeh et al., 2021). Socioeconomic disparities persist: urban and educated mothers are more likely to practice exclusive breastfeeding compared to rural and low-income women, who face structural barriers such as limited workplace support and access to professional counseling (Akinyinka et al., 2019; Udo et al., 2022). Interventions using health worker counseling and mobile

health platforms have demonstrated improvements in exclusive breastfeeding uptake (Okafor et al., 2020; Balogun et al., 2021).

In parallel, postpartum weight management strategies in Nigeria remain underdeveloped. Cultural practices such as postpartum “fattening” often encourage the consumption of calorie-dense diets to promote recovery and lactation, contributing to excessive weight retention (Onubi et al., 2020; Abegunde et al., 2023). Conversely, food insecurity in some communities negatively affects maternal recovery and breastfeeding outcomes (Agbozo et al., 2020). Studies reveal that physical activity is limited by cultural expectations, lack of childcare support, and inadequate infrastructure, though pilot programs integrating nutrition counseling, exercise, and breastfeeding support show positive outcomes (Ogunjimi et al., 2021; Adewuyi et al., 2022; Ezeh et al., 2024).

Recent scholarship highlights the dual benefit of breastfeeding, both for infant survival and maternal postpartum weight regulation. Exclusive breastfeeding, when combined with balanced nutrition and moderate physical activity, supports gradual maternal weight loss, pointing to the need for culturally sensitive, community-based interventions that integrate infant feeding and maternal health (Ogunjimi et al., 2021; Abegunde et al., 2023; Ezeh et al., 2024).

Empirical Review on the Perceived Effect of Breastfeeding on Maternal Weight Management

The relationship between breastfeeding and maternal weight management has been extensively studied in recent years, with varying conclusions on its effectiveness.

Several empirical studies suggest that breastfeeding may contribute to postpartum weight reduction through increased energy expenditure and mobilization of fat stores. For instance, Stuebe et al. (2019) found that women who exclusively breastfed for at least three months experienced significantly greater weight loss compared to those who did not, highlighting the metabolic benefits of lactation. Similarly, Neville and Andrews (2020) reported that breastfeeding mothers were more likely to return to their pre-pregnancy body mass index (BMI) within one year postpartum.

However, the evidence is not entirely consistent. According to Nguyen et al. (2021), although breastfeeding was associated with modest weight loss during the first six months postpartum, lifestyle factors such as diet quality, physical activity, and socioeconomic status exerted a stronger influence on long-term weight management. This aligns with the findings of Olagunju et al. (2022), who emphasized that cultural perceptions and maternal self-efficacy also shape how women view the role of breastfeeding in weight regulation.

More recent longitudinal research continues to shed light on this complex relationship. Kim et al. (2023) observed that extended breastfeeding beyond 12 months was associated with sustained reductions in visceral adiposity, suggesting potential long-term metabolic advantages. On the other hand, a randomized trial by Duarte and Silva (2024) found no statistically significant differences in maternal weight loss between breastfeeding and non-breastfeeding groups when dietary

interventions were controlled, raising questions about the independent effect of breastfeeding.

Taken together, these findings suggest that while breastfeeding may aid postpartum weight loss and confer metabolic benefits, its perceived and actual effects are moderated by lifestyle, socioeconomic, and cultural factors. Future studies, particularly those published after 2025, may provide greater clarity on whether breastfeeding should be promoted primarily for maternal weight management or emphasized for its well-established infant health benefits.

Summary of Related Literature

The reviewed literature underscores the multifaceted relationship between breastfeeding and maternal weight management, highlighting physiological, psychosocial, cultural, and socio-demographic dimensions. Theoretical perspectives rooted in cognitive-behavioral, biopsychosocial, and socio-ecological frameworks emphasize that maternal perceptions of breastfeeding are central in shaping health behaviors, weight trajectories, and breastfeeding outcomes. Positive perceptions are shown to promote exclusive breastfeeding, healthier dietary choices, and sustained physical activity, while negative or ambivalent beliefs often correlate with poor adherence, psychological distress, and suboptimal outcomes.

Empirical evidence establishes breastfeeding as a process with measurable energy expenditure (400–700 kcal/day), modestly contributing to postpartum weight reduction. However, results remain inconsistent due to moderating influences such

as pre-pregnancy BMI, dietary practices, and socio-structural barriers. Nigerian studies further reveal that cultural traditions, “lactation foods,” social narratives, and family influence significantly shape both maternal perceptions and weight outcomes. While some mothers view breastfeeding as a weight-loss strategy, others perceive it as increasing appetite and weight gain, especially within carbohydrate-heavy traditional diets.

Beyond weight management, breastfeeding has documented health benefits for mothers, including cardiometabolic recovery, reduced cancer risk, improved mental health, enhanced uterine involution, and fertility regulation through lactational amenorrhea. Yet, barriers such as milk insufficiency anxieties, cesarean delivery, workplace constraints, and formula marketing persistently undermine exclusive breastfeeding in Nigeria.

Socio-demographic factors—age, parity, socioeconomic status, education, and regional context—further complicate maternal weight management. Younger and low-income mothers often face undernutrition, while older, urban, and multiparous women are more prone to excessive gestational weight gain and postpartum obesity. These disparities illustrate an intersectional reality where cultural norms, structural inequities, and family dynamics intersect with biological predispositions.

Postpartum weight management strategies remain underdeveloped in Nigeria, with cultural practices such as postpartum “fattening” promoting calorie-dense diets, while structural barriers limit opportunities for balanced nutrition and physical

activity. Emerging interventions combining breastfeeding promotion, dietary guidance, and exercise counseling have shown promise but remain limited in scale.

Overall, the literature reveals that while breastfeeding contributes positively to maternal health and can support gradual postpartum weight loss, its effectiveness as a weight management tool is mediated by maternal perceptions, cultural practices, and structural conditions. Interventions that are culturally sensitive, context-specific, and supported by strong health systems and workplace policies are necessary to optimize both breastfeeding practices and maternal health outcomes in Nigeria and beyond.

CHAPTER THREE

METHODOLOGY

This chapter portrays the structure, method and procedures used by the researcher in conducting this study. It is presented under the following sub headings;

Design Of The Study.

Population Of The Study.

Sample / Sampling Technique.

Research Instrument.

Validity Of The Instrument.

Reliability Of The Instrument.

Method Of Data Collection

Design of the Study

This study will employ a descriptive cross-sectional survey design, which is appropriate for collecting data from postnatal women at a single point in time. This design is particularly suitable as it allows the researcher to assess women's perceptions of the effect of breastfeeding on maternal weight management without manipulating any variables.

The descriptive survey approach enables the documentation, analysis, and interpretation of the existing views and experiences of women attending the postnatal clinic in Ekosodin. Its cross-sectional nature ensures data collection is both time-efficient and capable of providing a representative snapshot of the target population.

Population of the Study

The population of this study is 80 comprising postnatal attendees in Ekosodin Primary Health Care

Sample and Sampling Technique

The sample size is 80 postnatal attendees and census sampling technique will be used for the study.

Research Instrument

Data for this research will be collected through the use of questionnaire, developed by the researcher after reviewing relevant literature on breastfeeding, maternal weight management, parity, and age-related factors in postpartum women. The questionnaire was designed to collect both demographic information and respondents' perceptions in a simple, clear, and quantifiable format suitable for statistical analysis.

The instrument consists of 10 items, organized into two main sections: Section A, section B

1. Section A: Demographic and Background Information (5 items)

Section A, will seek to Elicit response on the socio demographic characteristics of the respondents

2. Section B:

Section B will seek response on the research variables

Validity of the study

The face and content validity were ascertain in order to determine the validity of the instrument, this instrument was given to experts in the area under study, this includes my supervisor and two other lecturer in the department of Health safety and environmental education.

Reliability of the instrument

The test -retest reliability method was adopted to ascertain the reliability of the research instrument, the Instrument will be giving to 20 respondents who are not part of the research and after two weeks re administered to the same respondents , their scores will be collected using Pearson products moment correlation coefficient.

Method of Data collection

The instrument was administered with the aid of two research assistants after a careful explanation of the objective of the instructions

The instrument was retrieved immediately upon completion to ensure 100% return rate

Method of Data Analysis

The data collected will be analyzed using frequency counts , percentage and ch-square.

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.

Research Question 1: What are the perceived effects of breastfeeding on maternal weight among women attending postnatal clinics in Ekosodin?

Table 1: Perceived effects of breastfeeding on maternal weight

S/N	ITEMS	SA	A	D	SD	MEAN	S.D	DECISION
		(%)	(%)	(%)	(%)			
1	Breastfeeding helps me loss weight after childbirth	52 65%	20 25%	8 10%	0 0%	3.55	.673	Accepted
2	Since I started breastfeeding, I have noticed changes in body fat or abdominal size	68 85%	12 15%	0 0%	0 0%	3.85	.359	Accepted
3	Mothers who breastfeed exclusively return to their pre-pregnancy size faster.	46 58%	24 30%	6 7%	4 5%	3.40	.836	Accepted

4	Counseling during antenatal or postnatal care improved my belief in breastfeeding for weight control.	57	13	10	0			
		71%	17%	12%	0%	3.59	.706	Accepted
5	I believe breastfeeding, when combined with healthy diet and exercise, helps achieve faster weight loss.	74	6	0	0			
		92%	8%	0%	0%	3.93	.265	Accepted
6	First-time mothers (primiparous) are less confident about breastfeeding's role in weight loss compared to experienced mothers.	48	21	11	0			
		60%	26%	14%	0%	3.46	.728	Accepted
7	Support from family and friends encourages me to see breastfeeding as beneficial for weight management.	45	35	0	0			
		56%	44%	0	0%	3.56	.499	Accepted
8	My previous breastfeeding experience	59	11	10	0			

	shaped how I view breastfeeding and weight management.	74%	14%	12%	0%	3.61	.702	Accepted				
9	Older mothers (35 years and above) experience slower weight loss from breastfeeding	35	20	15	10	44%	25%	19%	12%	3.00	1.07	Accepted
10	Younger mothers (below 25 years) benefits more in terms of weight loss from breastfeeding	58	18	4	0	73%	22%	5%	0%	3.68	.569	Accepted
CLUSTER MEAN										3.56		

(Cluster mean; 3.56, Benchmark mean; 2.50)

Source: Field survey,

2025.

Table 1 above represents the descriptive statistics on the perceived effects of breastfeeding on maternal weight. From the table above, it was found out that respondents accepted the statement “Breastfeeding helps me loss weight after childbirth” with a mean score of 3.55, respondents accepted the statement “Since I started breastfeeding, I have noticed changes in body fat or abdominal size” with a mean score of 3.85, respondents accepted the statement “Mothers who breastfeed exclusively return to their pre-pregnancy size faster” with a mean score of 3.40, respondents accepted the statement “Counseling during antenatal or postnatal care

improved my belief in breastfeeding for weight control” with a mean score of 3.59, respondents accepted the statement “I believe breastfeeding, when combined with healthy diet and exercise, helps achieve faster weight loss” with a mean score of 3.93, respondents accepted the statement “First-time mothers (primiparous) are less confident about breastfeeding’s role in weight loss compared to experienced mothers” with a mean score of 3.46. Furthermore, respondents accepted the statement “Support from family and friends encourages me to see breastfeeding as beneficial for weight management” with a mean score of 3.56, respondents accepted the statement “My previous breastfeeding experience shaped how I view breastfeeding and weight management” with a mean score of 3.61, respondents accepted the statement “Older mothers (35 years and above) experience slower weight loss from breastfeeding” with a mean score of 3.60 and finally, respondents accepted the statement “Younger mothers (below 25 years) benefits more in terms of weight loss from breastfeeding” with a mean score of 3.68.

Based on the data represented above, it was found out that the cluster mean is 3.56 which is above the benchmark mean of 2.50 used in making decisions, hence, it was found out that majority of women attending postnatal clinics in Ekosodin have positive perception of the effects of breastfeeding on maternal weight management. This showed that breastfeeding will positively affect maternal weight management among nursing mothers in Ekosodin community.

Hypotheses Testing

Research Question 2: Does age of the mother influence maternal weight management among women attending postnatal clinic in Ekosodin PHC?

Hypotheses: Age does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC

Table 2: One way Anova Analysis on Age/Maternal weight management
ANOVA

One way Anova_Age/Maternal_weight_management

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	251.581	2	125.790	3.403	.038
Within Groups	2846.407	77	36.966		
Total	3097.988	79			

Table 2 above represents the one way anova analysis on “: Age does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC”, based on the table above, it was found out that the degree of freedom (df) is = 79; F = 3.403 and the level of Significance is 0.038 which is lesser than the set alpha value of 0.05 hence the null hypotheses which states that “Age does not significantly influence maternal weight management among women attending

postnatal clinic in Ekosodin PHC” is rejected. This showed that age will significantly affect maternal weight management among women attending postnatal clinic in Ekosodin PHC.

Research Question 3: Does parity influence maternal weight management among women attending postnatal clinic in Ekosodin?

Hypotheses: parity does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC

Table 3:One way Anova Analysis on Parity/Maternal weight management ANOVA

One way Anova_ Parity/Maternal_weight_management

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2000.043	2	1000.021	71.012	.000
Within Groups	1056.175	75	14.082		
Total	3056.218	77			

Table 2 above represents the one way anova analysis on “parity does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC”, based on the table above, it was found out that the degree of freedom (df) is = 77; F = 71.012 and the level of Significance is < 0.001 which is lesser than

the set alpha value of 0.05 hence the null hypotheses which states that “parity does not significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC” is rejected. This showed that Parity will significantly influence maternal weight management among women attending postnatal clinic in Ekosodin PHC.

Discussion of Findings

The purpose of this study is to explore the perceived effects of breastfeeding on maternal weight management among women attending postnatal clinics in Ekosodin PHC. Based on the data collected and analyzed, it was found out that majority of women attending postnatal clinics in Ekosodin have positive perception of the effects of breastfeeding on maternal weight management. This is in line with the findings of the study carried out by Iheukwumere & Anyaehie in Owerri, Nigeria, which found that women practising exclusive breastfeeding lost significantly more postpartum weight (about 6.86 kg) than those who did mixed or no breastfeeding. Also, a systematic review of postpartum weight retention among African women reported that breastfeeding (especially more prolonged or exclusive) was among the factors associated with less weight retention in several studies.

It was also found out that age will significantly affect maternal weight management among women attending postnatal clinic in Ekosodin PHC. This finding is in corroboration with the findings of the study carried out by Ibadan post-partial women study in which mothers aged over 30 years had significantly higher prevalence of postpartum overweight compared to younger mothers. Also, the same

systematic review among African women (Factors Associated with Postpartum Weight Retention in African Women) found that older age was one of the demographic factors that often correlated with greater postpartum weight retention.

Lastly, it was found out that parity will significantly affect maternal weight management among women attending postnatal clinic in Ekosodin PHC. This finding is in contrast with the finding of the study carried out by Meta-analysis by Nehring et al. (2017) (“The Role of Parity in Gestational Weight Gain and Postpartum Weight Retention”) which reported that parity was not directly associated with postpartum weight retention in many cohorts when adjusting for other variables. Additionally, the same systematic review “Factors Associated with Postpartum Weight Retention in African Women” noted that while some studies show parity increases retention, others did not find statistically significant effects or found the effects attenuated when considering confounders (e.g. pre-pregnancy weight, breastfeeding, socioeconomic status).

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 perceived effects of breastfeeding on maternal weight management among women attending postnatal clinics in Ekosodin PHC. To achieve the purpose of the study, three (3) research questions were raised and important literature related to breastfeeding and maternal weight management were clearly discussed. The descriptive research design was used for this study and the study population consisted of eighty (80) Women attending postnatal in Ekosodin PHC. The census sampling technique was used to select all eighty (80) women attending postnatal in Ekosodin Primary Health Centre. This is due to the relatively small population. The instrument used for data collection was a well-structured close-ended questionnaire with ten (10) 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 eighty (80) 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:

- Majority of women attending postnatal clinics in Ekosodin perceived breastfeeding to influence maternal weight.
- Parity will significantly affect maternal weight management among women attending postnatal clinic in Ekosodin PHC.
- Age will significantly affect maternal weight management among women attending postnatal clinic in Ekosodin PHC.

Conclusion

This study explored the perceived effects of breastfeeding on maternal weight management among women attending postnatal clinics in Ekosodin PHC. Based on the findings, it was concluded that most of the respondents had a positive perception of the impact of breastfeeding on weight management, indicating awareness of its potential benefits for maternal health. The study also established that age significantly influences postpartum weight management, with older mothers more likely to experience challenges in returning to pre-pregnancy weight. In addition, parity was found to significantly affect maternal weight management, suggesting that women with multiple births face greater difficulties in controlling postpartum weight.

Recommendations

1. Intensify breastfeeding promotion by reinforcing education in postnatal clinics on the benefits of exclusive and prolonged breastfeeding for both infant health and maternal weight control.
2. Provide tailored nutrition and exercise counselling for older mothers who face more challenges with postpartum weight management.
3. Offer targeted weight-management advice and follow-up for mothers with multiple births.
4. Include practical diet tips, culturally acceptable exercise, and weight-tracking in routine postnatal visits for all mothers.

Suggestions for Further Studies

- Knowledge and attitudes towards maternal weight management among women attending postnatal in Ekosodin Primary Health Centre.
- Barriers to exclusive breastfeeding practices among nursing mothers in Ekosodin Primary Health Centre.
- Factors affecting the perceived effects of breastfeeding on maternal weight management among women attending postnatal in Ekosodin Primary Health Centre.

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