

Breastfeeding Knowledge, Attitudes and Practices among Mothers in Yenagoa Lga of Bayelsa State

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ABSTRACT

Breastfeeding is a process of nourishing an infant with human milk directly from the breast, involving the provision of essential nutrients, antibodies, and bioactive factors that support optimal growth, development, and health outcomes. The study sought to assess the level of knowledge and attitude of breastfeeding mothers towards breastfeeding and the factors influencing mothers' breastfeeding their babies. A descriptive survey design was used and a convenient sampling technique to select the sample frame of 150 respondents. Data were collected using a questionnaire and interview for the non-educated respondents. Result showed that (24%) are aged between 31-35years, (27.3%) had post-secondary education while (12%) had University education, and (46.6%) obtained their information from the health centre while (5.3%) heard from other sources such as churches, campaigns, and mosques. Also, 71 (47.3%) agreed that they breastfed their babies for 1-2 months, 35 (23.3%) for 3-5 months, 34 (22.6%) for 5 - 6 months while 10 (6.6 %) did not introduce other feeds to their babies at all for over 6 months. The findings therefore showed that mothers' educational level do not bring about a positive attitude and compliance with breastfeeding but much is dependent on the ability of the health team to pass down the message to them. Result also shown that most mothers have the knowledge of the benefits of breastfeeding and are willing to breastfeed their babies if they are encouraged and if the health care centres are well educated on breastfeeding there would still be high levels of positive response. This will give child survival, a chance to succeed; this is the aim of the World Health Organization / UNICEF. It is therefore, recommended that health care providers should organize public health education on exclusive breastfeeding so that people can be aware of it.

KEYWORDS

Knowledge, Attitude, Practice, Breastfeeding, and Mother

I. INTRODUCTION

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers, it is the single most effective intervention for preventing child deaths, yet less than 40% of infants under 6 months old, only receive the benefits of exclusive breastfeeding. The United Nations Children's Fund (UNICEF, 2024), recommend that breastfeeding should start within the first hour of birth and should continue exclusively for the first six months of life, after which, an adequate home prepared complementary foods are given to the infant for at least two more years.

Knowledge of Breastfeeding is an important public health strategy to help improve the health of mothers and children in reducing child morbidity and mortality and promoting maternal health. Breastfeeding promotes healthy brain growth and is associated with improved performance on intelligence tests in children and breastfeeding also makes it less likely for mothers to have ovarian cancer, haemorrhages, endometrial and breast cancer. It also makes it easier for mothers to lose weight after child birth and maintain a normal weight. It is important to note that women of reproductive age, who are the focus of breastfeeding, have inadequate knowledge of breastfeeding and this lack of knowledge further contributes to attitudes and behaviours that do not support breastfeeding.

Knowledge, Attitude and Practice of mothers towards Breastfeeding, it was observed that mothers often have good knowledge and positive attitudes towards exclusive breastfeeding, even recognizing its benefits, but this doesn't always translate to practice, with many not knowing the correct definition or duration (first 6 months) and breastfeeding rates due to factors like breastfeeding difficulties, child need for other fluids or foods and work demands (WHO, 2024). Studies shows that there is higher knowledge and attitudes towards breastfeeding, but poor practices, highlighting the need for targeted education, counselling, and addressing barriers like cost/work to improve real-world outcomes.

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

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

Attitude of some mothers not breastfeeding their infants exclusively due to some social factors practices in the health care facilities, like advertising and promotion of infant feeding products, they believe that breast milk alone was thought not to be sufficient nourishment for the child. With the advent of artificial milk, women attitudes towards breastfeeding changed. Most women before their babies are born decides whether or not to breastfeed exclusively, to the detriment of the baby.

Practices of some mothers towards exclusive breastfeeding have been found that mothers mix breastfeeding with formula feeding and thinks that breastfeeding was embarrassing and difficult in public and physically painful and uncomfortable. These practices could be influenced by the negative attitudes of family/friends or partner/husband.

This research is intended to identify whether or not mothers have knowledge of breastfeeding and the effect on their compliance or any other associated reasons. This is because with the current exposition of the benefits of breast-milk, it will be assumed that if mothers have knowledge on the benefits it will influence their attitude and practices positively.

A. Factors influencing mother's attitude towards exclusive breastfeeding:

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

Examples of such are:

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

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

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

This study assesses the level of knowledge of breastfeeding of breastfeeding mothers in Yenagoa LGA; determine the attitude of women of breastfeeding; and determine the factors influencing the practices of breastfeeding mothers.

II. METHODOLOGY

Research Design: This is a descriptive study aimed to assess the knowledge, attitude and practice of breastfeeding mothers towards exclusive breastfeeding in Yenagoa Local Government Area of Bayelsa State

Study Setting: The study was carried out in Yenizue-Gene, Opolo and Agudama Primary Health Care Centers in Yenagoa Local Government Area of Bayelsa State.

According to the Bayelsa WHO Projected population of Bayelsa State, 2024

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

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

Agudama in Epie 1 (ward) has a total projected population of 31,490.

Opolo and Yenizue-gene in Epie 11 has a total projected population of 58,454

The people are predominantly traders and civil servants, they speak Epie and Atissa languages

A. Sample/ Sampling Technique

Sample size: Respondents of 150 mothers with babies from birth to 2 years of age participated in the research.

Sampling technique: Is the purposive selection based on convenience on mothers attending Post Natal Care Clinic at the Health Facilities

B. Research Instrument

Questionnaires and interviews were used to elicit the information from respondents. The questionnaire contains 30 items divided into 4 sections. Sections A, B, C and D.

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

C. Method of data collection

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

D. Method of Data Analysis

Both descriptive and inferential statistics were used to analyze the data collected. Using frequency distribution table, simple percentage, bar charts, pie charts and chi-square (X^2) was used to test the research hypothesis with level of significance set at $P > 0.05$.

E. Result

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

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

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

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

Single	Married	Seperated	Widowed
30	90	28	2

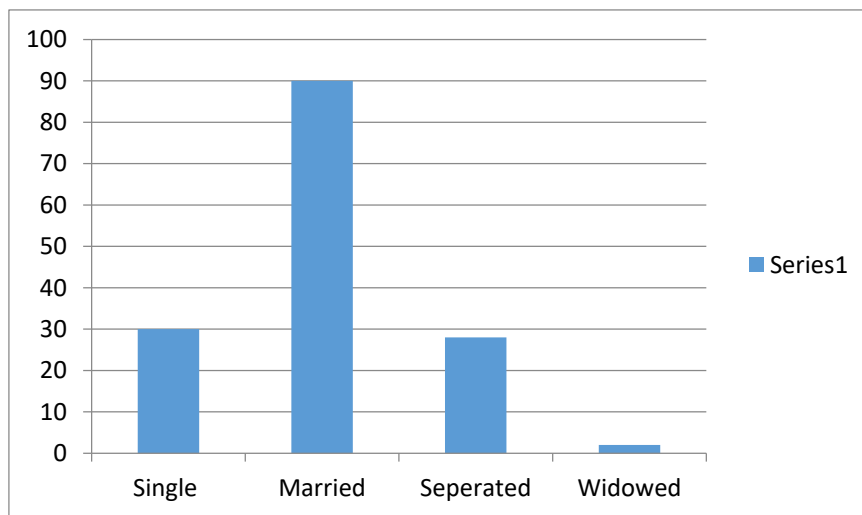


Figure 1: The distribution of respondents according to marital status

Table two shows that majority 146 (97%) are Christians while 4 (3 %) practice Islam

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

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

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

Table 3: The distribution of respondents according to educational qualification

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

Table four shows that 36 (24%) of the respondents are traders, civil servant 50 (33.3%), unemployed 33 (22%) while 31 (20.7%) of the respondents are housewife.

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

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

The table five shows that out of the 150 respondents 15 (10%) had not delivered at all but expecting their first babies, 23 (15.3%) had one delivery, 39 (26%) had two deliveries, 25 (16.6%) had delivered three times while 20 (13.3%) had delivered 4 times and above.

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

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

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

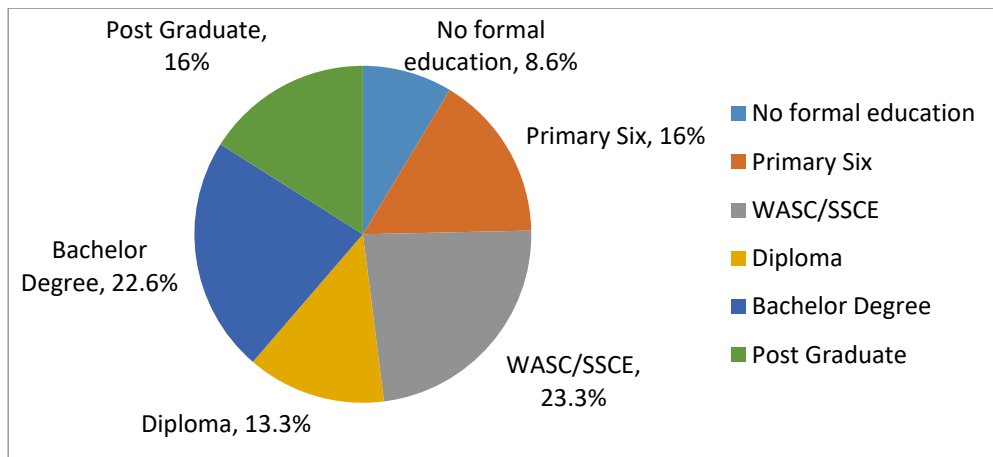


Figure 2: Pie chart showing respondents spouse highest qualification

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

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

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

Table seven shows that 71 (47.3%) agreed that they breastfed their babies for 1-2 months, 35 (23.3%) for 3-5 months, 34 (22.6%) for 5 - 6 months while 10 (6.6 %) did not introduce other feeds to their babies at all for over 6 months.

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

Duration	Frequencies	%ages
1-2 Months	71	47.3
3-5 Months	35	23.3
5 - 6 Months	34	22.6
6 months and above	10	6.6
Total	150	100

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

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

Variables	Frequencies	%ages
Combination of BM and artificial milk	13	11.6
Breastmilk with water most times	20	17.8
Artificial feeding only	5	4.5
Breastmilk alone	74	66
Total	112	100
38 respondents had no previous child		

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

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

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

In table ten, majority of the respondents 145 (96.6%) disagree that their husbands disapprove exclusive breastfeeding while 5 (3.3%) were not sure, 10 (6.6%) agreed that Cultural beliefs affects breastfeeding while 140 (96.6%) disagree. 135 (90%) of the respondents confirms that religious belief has no effect on breastfeeding. 50 (33.3%) accepts that work schedule affects breastfeeding while 100 (66.6%) disagrees.

Table 10: Distribution of practices of breastfeeding mothers towards breastfeeding

S/N	Questions	Yes	%	No	%
1	Does your husband disapprove exclusive breastfeeding?	5	3.3	145	96.6
2	Does your Cultural beliefs/taboo disagree with exclusive breastfeeding?	10	6.6	140	93.3
3	Does your Religious belief affect exclusive breastfeeding?	15	10	135	90
4	Are there misconceptions on exclusive breastfeeding?	10	6.6	140	93.3
5	Do your previous experiences affect your exclusively breastfeeding the present baby?	30	20	120	80
6	Do you have the knowledge of the quality of breast milk?	20	13.3	130	86.6
7	Does your work schedule affect exclusive breastfeeding?	50	33.3	100	66.6

III. DISCUSSION

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

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

Most mothers disagreed with the fact that giving breast milk for new-born colostrum immediately and within an hour is important. The results of this study indicate that mothers had the lowest level of attitude about exclusive breastfeeding and the findings were similar to the studies conducted in Vietnam. The previous studies conducted in East Africa by Maonga, Mahande and Damian (2016) on the Factors affecting exclusive breastfeeding among women in Muheza district Tanga north-eastern Tanzania, a mixed method community based study. Matern Child Health reported that other cultural beliefs mentioned "baby boy" need solid foods immediately because they make them strong and healthy, and if a child is breastfed on breast milk alone for six months, the bones get weak. This barrier was probably the consequence of inadequate knowledge and awareness of ensuring that mothers should exclusively breastfeed during the first six months of their babies' lives. It is so important to change their attitude from negative to positive.

Mogre, Dery and Gaa (2016) on knowledge, attitudes and determinants of breastfeeding practice among Ghanaian rural lactating mothers, found that families see breastfeeding as their traditional mode of feeding. This was confirmed by study carried out by UNICEF, (2018)

with their series of studies including Nigeria, the findings from these survey were that there was increased indication of breastfeeding among all the African mothers irrespective of whether they were from urban, economically advantaged, educated families or from the poor. Women may also have conscious or unconscious attitudes towards breastfeeding which may interfere with their ability to produce milk. Negative attitude may be due to their upbringing. If the mother has much social engagement, it may be impossible for her to be at home promptly at feeding times. An artificial formula may be substituted periodically for breast feeding. Some mothers also believe that breastfeeding ruins the firm contour of their breast and make them look older than they are.

IV. CONCLUSION

The findings therefore showed that mothers' educational level do not bring about a positive attitude and compliance with breastfeeding but much is dependent on the ability of the health team to pass down the message of the programmes and a good follow up, because most of the respondents received more of the awareness on breastfeeding from the health care centres. The programme of breastfeeding has gained public awareness due to its unquoted benefits to the child, mother, family and the community at large. Results have also shown that most mothers have the knowledge of the benefits of breastfeeding and are willing to breastfeed their babies exclusively if they are encouraged. Also results have shown that if the health care centres are encouraged there would still be high levels of positive response. This will give child survival, a chance to succeed; this is the aim of the World Health Organization / UNICEF.

RECOMMENDATION

1. Public seminars should be conducted to teach the old women who have not been to school, about breastfeeding practices. In addition to the health education this will enable them to advise their younger daughters about the right practices of breastfeeding. Educating both the father and mother to improve the chances of practicing breastfeeding.
2. Some local breastfeeding practices are potentially harmful to infants, therefore, health education programmes should address these beliefs and practices in culture sensitive ways. Cultural beliefs have a significant influence on breastfeeding practices, such as wasting the colostrum, giving water to the child before 6months, giving other foods before 6months of age
3. The media can also be used to offer the exact message to the mothers and the rest of the community.
4. There should be technical Focus on early Initiation of Breastfeeding, exclusive Breastfeeding and timely complementary feeding.

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