Assessment of Knowledge and Attitude on Exclusive Breastfeeding Practices among Mothers in Ibadan North Local Government Area

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Abstract

Exclusive breastfeeding (EBF) is vital for infant health, yet its practice remains suboptimal in many settings. This study examined the knowledge, attitudes, practices, and the influence of spousal support on EBF among mothers in Ibadan North, Oyo State, Nigeria. A cross-sectional descriptive study was conducted among 406 breastfeeding mothers aged 15-49 with infants aged 0-6 months, recruited from three Primary Healthcare Centers. Data were collected using structured questionnaires and analyzed with SPSS version 21, employing descriptive statistics, chi-square tests, logistic regression, and multiple regression analysis. Awareness of EBF was high (93.8%), largely influenced by healthcare providers (66.7%). Positive attitudes toward EBF were reported by 73.2% of mothers, though adherence was lower (64.3%), hindered by barriers such as cultural beliefs (24.4%) and public discomfort (33.6%). Spousal support was underutilized; only 40.1% of mothers received support, predominantly financial (52.2%), while emotional support was least available (71.4% lacked it). Socio-demographic factors such as age ($p = 0.001$), marital status ($p = 0.000$), education ($p = 0.003$), and income ($p = 0.001$) were significantly associated with attitudes and knowledge. Logistic regression revealed that knowledge (OR = 3.338, $p = 0.000$) and attitudes (OR = 2.237, $p = 0.000$) significantly influenced EBF, while practices did not. Attitudes ($p = 0.008$) and spousal support ($p = 0.050$) were identified as significant predictors of EBF outcomes. Enhancing EBF rates requires spousal involvement, culturally sensitive public health campaigns, and stronger community and workplace support systems. Future studies should explore the impact of different spousal support types and digital media on breastfeeding practices.

Keywords: Exclusive Breastfeeding, Knowledge, Attitudes, Practices, Spousal Support
Word Count: 254

Introduction

Breastfeeding is widely recognized as the ideal means of providing nutrition to infants, offering numerous benefits for healthy growth and development (Nixarlidou *et al.,* 2024). Exclusive breastfeeding (EBF) for the first six months of life is particularly significant, as it supports infants' sensory and cognitive development, protects against infections, and reduces the risk of chronic diseases (Hörnell & Hanna, 2024). In addition, EBF contributes to economic and environmental sustainability, reduces healthcare costs, and enhances maternal health by lowering the risk of certain cancers and helping to space pregnancies (Nasir, 2024). Despite these benefits, global adherence to EBF remains suboptimal, with only 47% of mothers practicing it for the recommended duration (Iddrisu, 2024). Regional disparities in EBF prevalence are evident, with Africa reporting a rate of 41.7%, compared to Asia (55.2%), Europe (43.7%), and the Americas (43.9%) (Wu *et al.,* 2021).These variations reflect complex sociocultural and structural barriers to breastfeeding practices, particularly in resource-limited settings.

Breastfeeding is nearly universal, yet adherence to EBF is alarmingly low In Nigeria (Ibitoye, 2024). Suboptimal breastfeeding practices contribute significantly to neonatal and infant mortality rates in the country, where only 29% of mothers adhere to EBF for the first six months (Khatib *et al.,* 2023). Barriers such as cultural beliefs, poor socio-economic conditions, and inadequate support systems undermine EBF (Khatib *et al.,* 2023). Spousal support, in particular, has been identified as a critical yet underutilized resource for promoting breastfeeding, as mothers receiving emotional and practical support from their partners are more likely to sustain EBF (Ekholuenetale, 2024). Despite national policies and public health campaigns emphasizing breastfeeding, implementation gaps persist in Nigeria (Otorkpa *et al.,* 2024). Many workplaces lack facilities such as lactation rooms, maternity leave lasted 3 months and awareness campaigns often fail to address practical breastfeeding challenges in Nigeria (Xu *et al.,* 2024). This indicated the need for targeted interventions to address the cultural, structural, and informational barriers hindering EBF practices in Nigeria.

Additionally, in Oyo State, a significant contributor to Nigeria's population mirrors the national challenges in EBF (Abubakar, 2024). While exclusive breastfeeding is generally practiced, adherence to the recommended six months of EBF remains suboptimal

in Oyo State (Ogundairo, et al., 2024). Moreover, in Ibadan North Local Government Area (LGA), one of Oyo State's most urbanized regions; the prevalence of EBF is also suboptimal (Ogunlesi, 2024). Although breastfeeding knowledge and practices have been explored in other areas, there is limited research specifically focused on Ibadan North Local Government Area. The primary objective of this study is to determine breastfeeding mothers' knowledge, attitudes, practices, and the influence of spousal support on EBF in Ibadan North LGA, Oyo State. Objectives are to:

1. Determine breastfeeding mothers' knowledge level regarding exclusive breastfeeding in Ibadan North, Oyo State.
2. Determine breastfeeding mothers' attitudes towards exclusive breastfeeding in Ibadan North, Oyo State.
3. Determine the exclusive breastfeeding practices commonly adopted by breastfeeding mothers in Ibadan North, Oyo State.
4. Determine the roles of spousal support in promoting exclusive breastfeeding among breastfeeding mothers in Ibadan North, Oyo State.

Thus, by addressing these objectives, this study contributes to the development of targeted interventions that enhance EBF prevalence and improve breastfeeding experiences in Ibadan North.

Methodology

This study employed a cross-sectional descriptive design to assess the knowledge, attitude, and practice (KAP) of exclusive breastfeeding (EBF) and the role of spousal support as a determinant of EBF in three selected Primary Healthcare Centres (PHCs) in Ibadan North Local Government Area (LGA), Oyo State, Nigeria: Idi Ogungun PHC (Agodi Gate), Sango Patako PHC, and Sabo PHC. The study population comprised breastfeeding mothers aged 15–49 years with infants aged 0–6 months who were attending post-natal clinics at the selected PHCs. The study utilized a simple random sampling technique to select participants. Respondents were grouped into three based on their post-natal clinic attendance days, and selection was made randomly to ensure representativeness.

The sample size was calculated using the formula for the estimation of a single proportion according to Naing, $n = \frac{Z^2 P(1-P)}{d^2}$.

A suitable sample size of 406 breastfeeding mothers with infants 0-6 months were applicable using the formula mentioned earlier to estimate a single proportion.

Where n = Sample size

Z = Z statistic for a level of confidence (1.96)

P = Expected prevalence or proportion (0.362)

d = Level of Precision (in proportion of one; if 5%, d = 0.05).

In Ibadan, it was estimated that the prevalence of Exclusive Breastfeeding was 36.2%, a proportion lower than the minimum 60% recommended by the World Health Organization and UNICEF (Adebayo *et al.,* 2021) Thus, Ibadan reports sub-optimal practice of exclusive breastfeeding among breastfeeding mothers. However, the expected prevalence or proportion was based on the estimated 36.2% (0.362).

$$n = \frac{1.96^2 0.362(1-0.362)}{0.05^2}$$

n= 369

Therefore, the required sample size is approximately 369 breastfeeding mothers between the age of 15-19 years with new born babies 0-6 months old. To account for potential non-response and incomplete data, the sample size was increased by 10%, resulting in a final sample size of approximately 406 breastfeeding mothers. Thus, n = 406

Data Collection Tool

The primary data collection tool for this study was a structured questionnaire designed to analyze various dimensions of exclusive breastfeeding among mothers in Ibadan North. The questionnaire incorporated both closed-ended and open-ended questions, aligning with the quantitative research approach. The data collection tool (Questionnaire) was specifically structured based on the research objectives rather than being adopted from any source, thus aligning closely with the unique aspects of the research focus. Each section was crafted based on the specific research objectives, encompassing demographic details, knowledge levels, attitudes, breastfeeding practices, and the role of spousal support.

Sections of the Questionnaire:

1. **Demographic Information (Section A)**:
    - **Objective**: Gather baseline demographic data to understand socio-economic and cultural backgrounds.
    - **Questions (1-10)**: Focus on age, marital status, education, employment, and income level.
2. **Level of Knowledge regarding Exclusive Breastfeeding (Section B)**:
    - **Objective**: Assess mothers' knowledge about exclusive breastfeeding to identify gaps and sources of information.
    - **Questions (11-20)**: Include inquiries on definitions, recommended practices, benefits, and dietary precautions.
3. **Attitudes towards Exclusive Breastfeeding (Section C)**:
    - **Objective**: Examine mothers' personal beliefs and comfort levels regarding breastfeeding.
    - **Questions (21-30)**: Address perceived benefits, confidence, public breastfeeding comfort, and cultural influences.
4. **Breastfeeding Practices (Section D)**:
    - **Objective**: Investigate actual breastfeeding behaviors and challenges faced by mothers.
    - **Questions (31-40)**: Cover practices of exclusive breastfeeding, frequency, challenges, and management strategies.
5. **Spousal Support (Section E)**:
    - **Objective**: Evaluate the impact of spousal support on breastfeeding practices.
    - **Questions (41-50)**: Explore types of support provided by spouses, including emotional, financial, and participation in household responsibilities.

Validity of the Research Instrument

Validity refers to the extent to which the research instrument accurately measures the intended variables. In this study, the questionnaire was developed to comprehensively

assess knowledge, attitudes, practices, and spousal support related to exclusive breastfeeding and its influence among mothers in Ibadan North Local Government. To ensure content validity, the questionnaire was based on key research objectives rather than adopted from any pre-existing source, and it was rigorously tested with a small group in a pilot study to confirm clarity, coverage, and suitability of questions. Results from the pilot test were compared with results from another validated instrument to confirm the accuracy of the new questionnaire in measuring exclusive breastfeeding measures, reinforcing that it reflects the realities of the target population.

Reliability of the Research Instrument

Reliability, which assesses the consistency of the instrument, was tested through repeated administration. The questionnaire was given to a small group twice, with a set time interval of two weeks between each administration, and responses were analyzed for consistency. This repeated testing confirmed that the questionnaire reliably yielded similar results over time, strengthening confidence in its consistency as a research tool.

Reliability Measures

To ensure the reliability of the questionnaire, a reliability test was conducted. Based on the analysis, the **Cronbach's alpha score** was found to be **0.85**. This score indicates a high level of internal consistency among the items in the questionnaire, confirming its reliability in capturing the targeted information effectively.

Data Analysis

Quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS) version 21. Descriptive statistics, including frequencies and percentages, were employed to summarize knowledge, attitudes, practices, and spousal support related to exclusive breastfeeding (EBF).

Ethical Approval

Ethical approval was obtained from Lead City University, Ibadan. (Project Number: LCU-REC/24/215), Oyo State Primary Healthcare Board (Reference No. AD, 072/Vol. 1/303)

and Oyo State Ministry of Health (NREC Reference No. NHREC/OYOSHRIEC/10/11/12). Also, informed verbal consent was obtained from all participants after explaining the study's objectives, potential benefits and confidentiality measures.

Results

Table 1a: Knowledge about Exclusive Breastfeeding

Variables	**Yes** **n (%)**	**No** **n (%)**
Have you heard about exclusive breastfeeding?	381 (93.8)	25 (6.2)
Where did you hear about it? Healthcare provider	271 (66.7)	135 (33.3)
Where did you hear about it? Media (TV, Radio, Internet)	100 (24.6)	306 (75.4)
Where did you hear about it? Friends/Family	100 (24.6)	306 (75.4)
Where did you hear about it? Community programs	51 (12.6)	355 (87.4)
Where did you hear about it? Others	1 (0.2)	405 (99.8)

Source: Fieldwork, 2024

The study revealed that 93.8% of participants reported awareness of exclusive breastfeeding. The main source of information was healthcare providers (66.7%), followed by media (24.6%) and friends/family (24.6%). Only 12.6% cited community programs, and just 0.2% referred to other sources. Meanwhile, 6.2% did not know about exclusive breastfeeding, highlighting the crucial role of healthcare providers in raising awareness.

Table 1b: Level of Knowledge on Exclusive Breastfeeding

Variables	Frequency	Percentages
Knowledge		
Good	231	56.9
Poor	175	43.1
Total	406	100

Source: Fieldwork, 2024

The level of knowledge on exclusive breastfeeding was assessed via a questionnaire using a binary scoring system. Respondents earned one point for each correct answer and zero points for incorrect responses. Total scores were then calculated based on the number of correct responses. To categorize knowledge levels, a threshold score of 75% of the total possible points was established. Participants who scored 75% or higher were classified as having good knowledge, while those scoring below this threshold were designated as having poor knowledge. In the resulting analysis, 56.9% of the 406 respondents demonstrated "Good Knowledge," while 43.1% were categorized as having "Poor Knowledge." This method provides a clear framework for evaluating knowledge levels on the subject.

Table 2a Attitudes towards Exclusive Breastfeeding

Variable	Response	Frequency	Percent
How important do you think exclusive breastfeeding is for a baby's health?	Important	113	27.8
	Very important	167	41.1
	Not important	24	5.9
	Neutral	102	25.1
What are your feelings towards breastfeeding support from healthcare providers?	Negative	50	12.3
	Neutral	76	18.7

	Positive	163	40.1
	Very Positive	117	28.8
How likely are you to recommend exclusive breastfeeding to other mothers?	Very unlikely	2	0.5
	Unlikely	40	9.9
	Neutral	78	19.2
	Likely	174	42.9
	Very likely	112	27.6
Do you believe that cultural beliefs affect attitudes toward exclusive breastfeeding?	Disagree	55	13.5
	Neutral	66	16.3
	Agree	167	41.1
	Strongly agree	118	29.1
Do you believe that exclusive breastfeeding is more beneficial than formula feeding?	Disagree	51	12.6
	Neutral	62	15.3
	Agree	154	37.9
	Strongly agree	139	34.2

Source: Fieldwork, 2024

The survey on attitudes towards exclusive breastfeeding revealed that 41.1% of respondents view it as very important for a baby's health, with 40.1% expressing positive feelings toward healthcare provider support. A significant 42.9% would likely recommend it to others, while 41.1% agree that cultural beliefs affect attitudes towards it. Regarding its benefits compared to formula feeding, 37.9% agreed it is more beneficial, showing an overall positive perception of exclusive breastfeeding.

Table 2b: Attitude Level towards Exclusive Breastfeeding

Variables	Frequency	Percentages
Attitude		
Bad	158	38.9
Good	248	61.1
Total	406	100

Source: Fieldwork, 2024

The attitude towards exclusive breastfeeding was assessed using a scoring mechanism. Respondents indicated their feelings as "Good" or "Bad," with one point awarded for each positive attitude response and zero points for negative responses. A threshold score of 60% was established, allowing categorization into two levels: those scoring 60% or higher were classified as having a "Good" attitude, while those scoring below this threshold were designated as having a "Bad" attitude. In the analysis, 61.1% of the 406 respondents displayed a "Good" attitude, while 38.9% fell into the "Bad" category. Thus, the scoring mechanism effectively captures attitudes towards exclusive breastfeeding.

Table 3: Breastfeeding Practices among Mothers

Variables	Yes n (%)	No n (%)
Did you practice exclusive breastfeeding for your youngest child?	261 (64.3)	145 (35.7)
What other food or drink did you give to your baby? Water	105 (25.9)	301 (74.1)
What other food or drink did you give to your baby? Formula milk	155 (38.2)	251 (61.8)
What other food or drink did you give to your baby? Juices	24 (5.9)	382 (94.1)
What other food or drink did you give to your baby? Solid foods	29 (7.1)	377 (92.9)
What other food or drink did you give to your baby? Others	3 (0.7)	403 (99.3)

Source: Fieldwork, 2024

The table summarizes breastfeeding practices among mothers regarding their youngest child, revealing that 64.3% (n=261) practiced exclusive breastfeeding, while 35.7% (n=145) did not. Additionally, some mothers supplemented breastfeeding with other foods or drinks: 25.9% (n=105) introduced water, 38.2% (n=155) used formula milk, while very few added juices (5.9%, n=24), solid foods (7.1%, n=29), or other items (0.7%, n=3). The findings demonstrate a strong commitment to exclusive breastfeeding among the majority, though a notable proportion also relied on formula milk and water alongside breast milk.

Table 4: Spousal Support in Promoting Exclusive Breastfeeding

Variables	Response	Frequency	Percent
How important do you think spousal support is for successful exclusive breastfeeding?	Important	63	15.5
	Very important	272	67.0
	Neutral	42	10.3
	Not important	22	5.4
	Not at all important	7	1.7
How often does your spouse discuss breastfeeding with you?	Never	75	18.5
	Rarely	190	46.8
	Occasionally	75	18.5
	Frequently	66	16.3
How does the presence or absence of spousal support affect your breastfeeding experience?	Negatively	225	55.4
	No effect	99	24.4
	Positively	82	20.2
What additional support would you like from your spouse regarding breastfeeding?	Financial support	68	16.7

Emotional support	335	82.5
Social support	3	0.7

Source: Fieldwork, 2024

The table presents data on spousal support in promoting exclusive breastfeeding. A significant majority (67.0%, n=272) of respondents view spousal support as "Very important," while 15.5% (n=63) consider it "Important." However, discussions about breastfeeding with spouses are infrequent, with 46.8% (n=190) reporting "Rarely" engaging in such conversations. The lack of spousal support negatively impacts breastfeeding experiences for 55.4% (n=225) of mothers, while 24.4% (n=99) feel there is no effect and 20.2% (n=82) report positive experiences. When asked about additional support, a striking 82.5% (n=335) desire emotional support, compared to only 16.7% (n=68) seeking financial support. The findings underscore the critical role of emotional backing from partners in fostering a positive breastfeeding experience.

Discussion of Findings

This study examined knowledge, attitudes, practices, and spousal support in relation to exclusive breastfeeding (EBF) among mothers in Ibadan North, Oyo State. The findings highlight a high level of awareness of EBF (93.8%), with healthcare providers serving as the primary source of information. However, the relatively limited role of mass media, community programs, and social networks underscores gaps in public health communication strategies (Sanusi, Ifedolapo and Ayinde, 2025). This suggests the need for multipronged communication approaches that integrate media, community-based education, and healthcare engagement to strengthen awareness and uptake.

Positive attitudes toward EBF were widespread, with most mothers recognizing its benefits and expressing confidence in their ability to breastfeed exclusively. Nonetheless, a proportion of mothers reported low self-efficacy, discomfort with public breastfeeding, and strong cultural influences on feeding practices, indicating the importance of culturally sensitive and confidence-boosting interventions. These findings supported that breastfeeding self-efficacy status and associated factors among postpartum mothers are

mostly associated to physical discomfort (Nigussiee *et al.,* 2025). Although more than half (64.3%) practiced EBF, significant deviations were observed, with many introducing water or formula before six months. Reported barriers included breast pain, perceived insufficient milk supply, and latching difficulties, reflecting a disconnect between awareness and sustained practice. Family and spousal support were notably limited, with emotional and practical assistance being particularly scarce. While financial contributions from spouses were more common, the absence of consistent emotional and caregiving support undermined optimal breastfeeding practices. This supported that family and spousal support limitations are contributing factors to low adherence to exclusive breastfeeding practice (Hermawati, Irawati and Zulfa, 2025).

Conclusion

In conclusion, the study demonstrates that EBF in Ibadan North is shaped by a complex interplay of individual, cultural, and structural factors. While knowledge and positive attitudes are widespread, persistent barriers—ranging from physical challenges and cultural stigma to inadequate spousal and family support—limit sustained practice. Interventions should therefore be comprehensive and context-specific, emphasizing culturally sensitive education, improved public health communication, and targeted engagement of spouses in emotional and practical support. Additionally, workplace and policy-level interventions are essential to address structural constraints. Strengthening these dimensions can significantly improve EBF adherence, thereby enhancing maternal and child health outcomes.

Recommendations

1. Expand the use of diverse media, including social and traditional platforms, to disseminate culturally relevant breastfeeding information and normalize breastfeeding practices.
2. Incorporate fathers into prenatal and postnatal education sessions, emphasizing their critical role in emotional, practical, and financial support for breastfeeding mothers.
4. Establish dedicated lactation support programs, including peer mentoring, lactation consultants, and support groups, to address common breastfeeding challenges.

5. Partner with community leaders and organizations to address cultural barriers, reduce stigma, and foster community-level support for breastfeeding.
6. Advocate for breastfeeding-friendly workplace policies such as lactation rooms, flexible schedules, and breastfeeding breaks to help employed mothers maintain exclusive breastfeeding.
7. Develop awareness campaigns targeting men, educating them on the benefits of exclusive breastfeeding and their supportive roles.
8. Provide hands-on breastfeeding techniques and peer mentoring for new mothers during antenatal classes and community programs.

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