

Exclusive Breastfeeding Knowledge, Attitude And Practice Among First Time Nursing Mothers In Cottage Hospital, Osioma Local Government Area, Abia State

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Abstract

The study evaluated the knowledge, attitude, and practices of exclusive breastfeeding among first-time mothers attending Government Cottage Hospital in Osioma Local Government Area of Abia State, Nigeria. A descriptive cross-sectional research design was used among 400 randomly selected first-time nursing mothers. The data obtained were analyzed using the Chi-square goodness of fit test ($p < 0.05$) to determine the fit between the observed frequency and the expected distribution. The majority of respondents were in the 16–25 years age group, with age 24 being the most common. Most first-time mothers had attained secondary education. In addition, most respondents, 283 (70.75%), were married. The study also showed that 309 (77.25%) of the respondents had good knowledge of exclusive breastfeeding, 301 (75.25%) had a good attitude, and 209 (52.25%) had good practice regarding exclusive breastfeeding. The study suggests that all first-time mothers should be encouraged and supported to breastfeed their babies exclusively during postnatal visits. Pregnant women should be prepared for exclusive breastfeeding through educational sensitization on all aspects of breastfeeding, with emphasis on the benefits of exclusive breastfeeding.

Keywords: Exclusive Breastfeeding Knowledge, Attitude, Nursing Mothers, Cottage Hospital

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I. Introduction

Breastfeeding is universally practiced and recognized as a cornerstone of infant health, offering numerous benefits for both child and mother (Smith, 2023). Exclusive breastfeeding provides significant protective effects on child survival (Ekeleme et al., 2021). The levels of knowledge, attitude, and practice regarding breastfeeding among mothers represent an essential area of study that explores the complex factors influencing breastfeeding behaviours (Ayawine and Ayuurebobi, 2015). The WHO and UNICEF have issued four basic guidelines for breastfeeding in the developing world, which are essential for neonatal growth and survival. They recommend that mothers initiate breastfeeding within the first half hour after birth, exclusively breastfeed their infants for six months, and continue to supplement breastfeeding for two years and beyond. Mothers are advised to avoid bottles, teats, and pacifiers, as these may contribute to nipple confusion, resulting in infants' reduced ability to nurse (UNICEF and WHO, 2021).

The early initiation of breastfeeding (EIBF) for neonates has been recognised globally for its health benefits to mothers and newborns. This refers to the initiation of breastfeeding within the first hour after birth. The World Health Organization (WHO) suggests that mothers should initiate breastfeeding after delivery for neonatal wellbeing (WHO, 2022). Early initiation of breastfeeding can reduce child morbidity and mortality by protecting newborns from common childhood illnesses such as diarrhoea and pneumonia.

However, there are observable variations in the frequency and exclusivity of breast milk use in infant feeding. Exclusive breastfeeding is an essential public health strategy for improving the health of children and mothers by reducing child morbidity and mortality rates, thereby helping to control healthcare costs (UNICEF, 2025).

Each year, optimal breastfeeding practices can prevent about 1.4 million deaths worldwide from childhood illnesses such as ear infections, pneumonia, sudden infant death syndrome, and diabetes mellitus (Holtzman et al., 2018). Breastfeeding supports healthy brain development, which is associated with higher performance on intelligence quotient tests among children and adolescents (UNICEF, 2019).

In women, breastfeeding helps to reduce the frequency of haemorrhage, postpartum depression, breast cancer, ovarian and endometrial cancer, and also facilitates weight loss (Holtzman et al., 2018). The lactational amenorrhoea method is an important option for postpartum family planning (Idris et al., 2019). The World

Health Assembly (WHA) has set a global target to increase the rate of exclusive breastfeeding for infants aged 0–6 months to at least 50% between 2012 and 2025 (WHO, 2016).

According to Black et al. (2018), suboptimal breastfeeding in the first six months of life resulted in 1.4 million deaths and 10% of the disease burden in children younger than five years. Only 35% of infants worldwide are exclusively breastfed during the first four to six months of life, and complementary feeding often begins either too early or too late with foods that are frequently nutritionally inadequate and unsafe (Ayisi et al., 2018). This study aimed to assess exclusive breastfeeding knowledge, attitude, and practice among first-time nursing mothers in Cottage Hospital in Osisioma Local Government Area, Abia State.

II. Materials And Methods

Study Area

The Cottage Hospital is located in the World Bank Housing Estate, Abayi, Osisioma Ngwa Local Government Area, Abia State, Nigeria. It is an accredited secondary health facility providing twenty-four-hour emergency services. The hospital offers medical, surgical, paediatric, obstetric, and gynaecological services. The Government Cottage Hospital is fully equipped with modern facilities, including medical equipment for mother and child care, ultrasound machines, a modern theatre, and laboratory facilities with 24-hour solar power. The average weekly client load for antenatal care (ANC) ranges from 60-80 attendees, amounting to 240 to 320 patients per month. Monthly postnatal clinic attendance ranges from 320 to 348, with most visits occurring within the first six weeks postpartum. The outpatient department (OPD) sees about 243 to 332 consultations per month, covering general medicine, pediatrics, and reproductive health.

Research design

This study employed a cross-sectional descriptive design using a questionnaire to assess the knowledge, attitude and practice of exclusive breastfeeding among first-time mothers attending Government Cottage Hospital, Osisioma Ngwa Local Government.

Population of the Study

The population of this study comprises a total of one thousand three hundred and ninety-five (1,395) first-time mothers and women who attend Government Cottage Hospital, Osisioma Ngwa Local Government, in one month.

Eligibility Criteria

(i) **Inclusion:** First time mothers who were attending postnatal care and first time mothers who have given birth to their first child were used for the survey. Also, first time mothers who were willing to participate in the study and were able to provide an informed consent were accepted.

(ii) **Exclusion:** First time mothers with medical conditions that make breastfeeding contraindicated were excluded.

Sample size determination

To estimate the sample size of this study, the formulae below was used as derived from Cochran's formula (1984).

$$n = \frac{(Z^2 \times P \times (1 - P))}{E^2}$$

Where:

n = is the required sample size

Z is the Z-score corresponding to the desired level of confidence. Z is approximately 1.96 for 95% confidence level

P is the estimated proportion of the population, $P = 0.5$ which is the maximum variability to get the maximum required sample size.

E is the desire margin of error, $E = 0.05$ (5%).

$$n = \frac{(1.96^2 \times 0.5 \times (1 - 0.5))}{0.05^2}$$
$$n = \frac{(3.841 \times 0.25)}{0.0025}$$

$$n = \frac{0.96025}{0.0025}$$

$$n = 384.1$$

10% provision for non-response brings the sample to four hundred and twenty two (422).

Data Analysis

The data obtained were analysed, and the results were first presented descriptively as frequencies, means, and standard deviations where necessary, accompanied by charts. Inferential statistics were used to test the hypothesis with the Chi-square test for goodness of fit.

Ethical consent

Ethical approval to conduct this study was obtained from the Abia State University, Uturu Ethical Committee. An advocacy visit was made to the committee members at Osisioma Ngwa LGA to enable the researcher to conduct the study freely in the local government area. The first-time mothers at Government Cottage Hospital were assured that all private information would be handled with the utmost confidentiality and anonymity.

III. Results

Table 1 shows the socio-demographic characteristics of the participants. The majority of first-time mothers, 235 (58.75%), were aged 16–25 years, while 109 (27.25%) were in the 26–35 years age group, and 53 (13.25%) were aged 36–45 years. Most participants, 287 (71.75%), were educated, while 113 (28.25%) were not. Of those educated, 210 (52.50%) attained secondary education, followed by 113 (28.25%) with primary education, and 77 (19.50%) with post-secondary education. The majority, 149 (37.25%), earned less than 40,000 Naira monthly, while only 19 (4.75%) earned more than 140,000 Naira monthly. Most respondents, 342 (85.50%), were married; 6 (1.50%) were widows, 33 (8.25%) were divorced, and 19 (4.75%) were single.

Table 1: Socio-Demographic Characteristics of Participant

Demographic Characteristics	Frequency (n=400)	Percentage (%)
Age range (Years)		
16 – 25	235	58.75%
26 – 35	109	27.25%
36 – 45	53	13.25%
46 & above	3	0.75%
Educational Assessment		
Are you educated		
Yes	287	71.75%
No	113	28.25%
Highest Educational Attainment		
Primary	113	28.25%
Secondary	210	52.50%
Post-secondary	77	19.50%
The Monthly Income		
Less than 40,000	149	37.25%
41,000 – 90,000	131	32.75%
91,000-140,000	101	25.25%
More than 140,000	19	4.75%
Marital Status		
Married	342	88.50%
Widow	06	1.50%
Divorced	33	8.25%
Single	19	4.75%
Respondents Occupation		
House wife	115	28.75%
Health worker	75	18.75%
Civil servant	153	38.25%
Others	57	14.25%

Table 2 shows the level of knowledge of exclusive breastfeeding among the participants. Of the 400 first-time mothers, 309 (77.25%) were aware of exclusive breastfeeding, while 91 (22.75%) were not. The main source of information about exclusive breastfeeding was friends, cited by 191 (61.80%) participants, followed by health institutions, reported by 57 (18.44%), and others, 33 (3.88%). Two hundred and eight (67.31%) respondents knew the meaning of exclusive breastfeeding, while 101 (32.69%) did not. Among these 400 first-

time mothers, 196 (63.43%) knew the recommended duration of six months for exclusive breastfeeding, while others believed it was one month (53, 17.15%), three months (47, 15.21%), or twelve months (13, 20.52%).

Table 2: Level of Knowledge on Exclusive Breastfeeding

Parameter	Frequency (n=400)	Percentage (%)
Ever heard about EBF		
Yes	309	77.25%
No	91	22.75%
Source of Information		
Friends	191	61.80%
Mass media	49	16.85%
Health institution	57	18.44%
Others	12	3.88%
Highest Educational Attainment		
Primary	113	28.25%
Secondary	210	52.50%
Post-secondary	77	19.50%
Meaning of EBF		
Correct response	208	67.31%
Incorrect response	101	32.69%
Duration of EBF		
1 month	53	17.15%
3 months	47	15.21%
6 months	196	63.43%
12 months	13	20.52%

Table 3 shows the attitudes of first-time mothers towards exclusive breastfeeding among the participants. It was found that 199 (49.75%) first-time mothers agreed that exclusive breastfeeding was good for their babies, 101 (25.25%) strongly agreed, 87 (21.75%) disagreed, and 13 (3.25%) strongly disagreed. A total of 301 (75.25%) mothers had a strong intention and willingness to practice exclusive breastfeeding, while 99 (24.75%) did not. Of the participants, 252 (63%) were not sure if they would feel comfortable exclusively breastfeeding their babies in public, 34 (8.5%) would feel comfortable, and 114 (28.5%) would not feel comfortable breastfeeding exclusively in public. It was found that 180 (45%) of first-time mothers stated that their community encourages exclusive breastfeeding, while 220 (55%) said their community discourages it. Additionally, 201 (50.25%) would recommend exclusive breastfeeding to a first-time mother, while 199 (49.75%) would not.

Table 3: Analysis of Attitude towards Exclusive Breastfeeding

Parameter	Frequency (n=400)	Percentage (%)
Mothers perception on EBF for the Baby		
Agreed	199	49.75%
Strongly agreed	101	25.25%
Disagreed	87	21.75%
Strongly disagreed	13	3.25%
Strong intention towards EBF		
Yes	301	75.25%
No	99	24.75%
Comfortability towards EBF in public		
Not sure	252	63.00%
Yes	34	8.50%
No	114	28.50%
Community acceptance over feeding on formula		
Yes	180	45.00%
No	220	55.00%
Recommendation on EBF		
Yes	201	50.25%
No	199	49.75%

Table 4 shows the levels of exclusive breastfeeding practice among first-time mothers. Of the 400 first-time mothers who participated in the study, 209 (52.25%) practised exclusive breastfeeding, while 191 (47.75%) did not. A total of 211 (52.75%) first-time mothers breastfed their babies on demand, whereas 189 (47.25%) were unsure of the frequency of breastfeeding their children each day. Breast milk was introduced to their babies immediately after birth by 221 (55.25%) mothers, while 179 (44.75%) did not do so. It was recorded that 201 (50.25%) respondents experienced difficulties initiating breastfeeding, while 199 (49.75%)

did not. During initiation, 83 (20.75%) had cracked nipples, 66 (16.50%) experienced low milk supply, and 52 (13.0%) faced individual challenges.

Table 4: Analysis on the Levels of Practice of EBF

Parameter	Frequency (n=400)	Percentage (%)
Practice of exclusive breastfeeding		
Yes	209	52.25%
No	191	47.75%
Baby's feeding habit in a day		
On demand	211	52.75%
Not sure	189	47.25%
Time of introducing EBF after bath		
Yes	221	55.25%
No	179	44.75%
Challenges in initiating breastmilk		
Yes	201	50.25%
No	199	49.75%
Mother's reason for not initiating breastmilk		
Cracked nipples	83	20.75%
Low milk supply	66	16.50%
others	52	13.00%

IV. Discussion

The age distribution shows that most mothers were within the 16–25 years age group (58.75%). Respondents with post-secondary education were 77 (19.50%), followed by those with secondary education, 210 (52.50%). Respondents (37.25%) within the family income bracket of less than 40,000 were more frequent than other categories, which indicate their nutritional status during the study.

In assessing the knowledge of exclusive breastfeeding among first-time mothers, 77.25% were aware of exclusive breastfeeding. This aligns with a study conducted in Mbarara, South Africa, which reported that 73.3% were aware of exclusive breastfeeding (Gracia et al., 2021). This difference could be due to the frequency with which these women attend antenatal clinics. Studies have revealed that interventions aimed at enhancing maternal knowledge through antenatal education and postnatal support significantly improve breastfeeding rates and practices (Raheel et al., 2018).

Out of 400 respondents interviewed, almost all had heard about exclusive breastfeeding. Of these, 191 (47.75%) heard about it through friends, 89 (22.25%) through mass media, 87 (21.75%) through health institutions, and 33 (8.25%) through other means. Thus, knowledge of exclusive breastfeeding is mostly promoted by friends rather than primary health care centers. This should be complemented with mass media and educational sensitization for first-time mothers, especially from the onset of their antenatal visits to their postnatal check-ups.

From the study, the attitude of first-time mothers towards exclusive breastfeeding was notable; the respondents gave their responses directly. The results show that respondents have strong intentions to breastfeed, while a greater number gave negative responses about breastfeeding in public. A study reported by Hegazi in 2019 shows that positive maternal attitudes towards breastfeeding are associated with higher rates of exclusive breastfeeding and longer breastfeeding durations. In contrast, research has identified stigmatization and negative societal perceptions of breastfeeding as barriers that hinder mothers from breastfeeding in public spaces (Al-Farsi et al., 2022).

The results showed that 220 (55%) of the respondents stated that their community discourages exclusive breastfeeding, claiming it is not sufficient for their child. There is a need to address these misconceptions and promote positive attitudes towards breastfeeding, thereby creating supportive environments that normalize and encourage breastfeeding among mothers. The study also showed that, among our respondents, 52.25% practice exclusive breastfeeding and 47.75% do not. This contrasts with a similar study, the ROSS Mother's Survey (2021), which found that only 22% of respondents practiced exclusive breastfeeding while 78% did not (Nkala et al., 2021). There is a significant difference in the practice of exclusive breastfeeding, likely due to educational attainment and access to healthcare services. Also, from this study, 44.75% do not introduce breast milk to their babies immediately after birth, while 55.25% do so immediately. This shows that a high number of respondents know that exclusive breastfeeding is beneficial for themselves and their babies. This difference could be due to maternal issues such as delayed milk ejection or maternal illness.

A study by Laukara (2021) showed that, of the respondents assessed on their knowledge of the quality of exclusive breastfeeding, most mothers said breast milk was nutritious (100%), healthier for their children (97%), protected them from diseases (80%), promoted bonding between mother and child (99%), and 81% agreed it was cheaper than buying formula milk (Virginia et al., 2019). Out of 400 first-time mothers

interviewed, 209 (52.25%) practiced exclusive breastfeeding. This is in agreement with the National Demographic and Health Survey of 2023 regarding the prevalence of exclusive breastfeeding in the country. It also agrees with Adebajo (2002), which showed that exclusive breastfeeding in the first month of a child's life was zero but has now risen to 60%. These findings emphasize the need for more comprehensive interventions to address individual, family, and cultural challenges, as well as to promote and sustain breastfeeding practices among first-time mothers.

V. Conclusion

The study reveals that while first-time mothers demonstrate a commendable level of knowledge about exclusive breastfeeding, there are notable gaps in practice, particularly due to societal pressures and challenges associated with breastfeeding in public. This study underscores the need for targeted interventions that not only reinforce the benefits of exclusive breastfeeding but also address the socio-cultural barriers that hinder its optimal practice. By enhancing education and raising awareness in health centres to engage first-time mothers on exclusive breastfeeding practices, fostering a supportive environment in Osioma Ngwa L.G.A, and implementing policies that protect and promote breastfeeding, stakeholders can work collaboratively to improve health outcomes for mothers in their journey towards successful breastfeeding, ensuring they are equipped with the knowledge, confidence, and support necessary to make informed choices about infant nutrition.

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