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Exploring knowledge, Attitudes, and Practices of Exclusive Breastfeeding Among Mothers in Daboase, Wassa East District of Ghana

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Abstract
This study investigates the knowledge, attitudes, and practices related to exclusive breastfeeding (EBF) among mothers in Daboase, Wassa East District, Ghana. A cross-sectional design was employed, involving 390 lactating mothers selected via simple random sampling from health facilities. Data were collected through structured questionnaires and analyzed using descriptive and inferential statistics. Findings reveal high levels of awareness about EBF, with 95.2% of mothers knowing that breast milk is sufficient for the first six months, yet actual exclusive breastfeeding practices lag behind, influenced by sociodemographic factors such as occupation, education, and age. The study underscores the need for targeted educational interventions to bridge the gap between knowledge and practice, ultimately improving child health outcomes.
Keywords: *exclusive breastfeeding, knowledge, attitudes, practices, Ghana, maternal health*

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I. Introduction

Breastfeeding remains a cornerstone of infant nutrition and health worldwide, with exclusive breastfeeding (EBF) for the first six months recommended by the World Health Organization (WHO) (WHO, 2020). EBF not only provides optimal nutrition but also confers immunological benefits, reduces infant morbidity and mortality, and fosters mother-child bonding (UNICEF, 2019). Despite these benefits, global adherence to EBF remains suboptimal, especially in developing countries due to cultural beliefs, socioeconomic factors, and maternal knowledge gaps (Adeyinka et al., 2008).

In Ghana, although awareness campaigns have increased knowledge about EBF, actual practice persists at below-recommended levels. Previous studies indicate that maternal occupation, education, age, and sociodemographic background significantly influence breastfeeding behaviors (Kumar et al., 2014). The Wassa East District, in the Western Region of Ghana, is a predominantly rural area with limited data on breastfeeding practices. An understanding of local knowledge, attitudes, and practices (KAP) is essential for designing culturally appropriate interventions.

This study aims to assess the levels of knowledge, attitudes, and practices of EBF among mothers in Daboase, focusing on how sociodemographic variables influence these factors. Findings will inform policymakers and health practitioners aiming to improve infant health through enhanced breastfeeding programs.

II. Methods

Study Design and Setting
A descriptive cross-sectional study was conducted in Daboase, Wassa East District, Ghana. The district is characterized by rural settlements and growing community health initiatives.

Population and Sample Size
The target population consisted of breastfeeding mothers with children aged less than 24 months. Using Yamane's formula (1964), a sample size of 390 mothers was determined from a population of approximately 15,000 lactating mothers. A simple random sampling technique was employed to select participants from health facility records.

Data Collection Instruments and Procedures
Data were collected using a structured questionnaire adapted from existing validated tools. The questionnaire comprised sections on sociodemographic data, knowledge of EBF, attitudes towards EBF, and breastfeeding practices. Trained interviewers administered questionnaires after obtaining verbal informed consent.

Variables and Measures

- **Knowledge:** Assessed through questions on the importance of EBF, initiation, sufficiency of breast milk, and age of complementary feeding.
- **Attitudes:** Explored via Likert-scale items measuring perceptions and beliefs about EBF.

- **Practices:** Determined by self-reported exclusivity of breastfeeding for six months and reasons for discontinuation if applicable.

Data Analysis

Data were entered into SPSS version 25. Descriptive statistics summarized sociodemographics and KAP levels. Chi-square tests analyzed associations between sociodemographic factors and KAP variables, with a significance threshold of $p<0.05$.

Ethical Considerations

Approval was secured from the Ghana Health Service and Kwame Nkrumah University of Science and Technology Ethical Review Committee (CHRPE/AP/040/19). Participation was voluntary, with confidentiality assured.

III. Results

Table 1. Sociodemographic characteristics of participants
Table 2. Knowledge, attitudes, and practices regarding EBF
Table 3. Associations between sociodemographic variables and EBF knowledge and practice

Sociodemographic Characteristics

Participants (N=390) had a mean age of 34.2±6.8 years, with the majority aged 30-39 years (36.4%). Most were traders (56.4%), married (54.9%), and educated up to secondary school level (44.1%) (Table 4.1).

Table 1

Variables	Frequency	Percentage (%)
Mother's Age group (years)		
Less than 20	55	14.1
20-29	37	9.5
30-39	142	36.4
40 and above	156	40.0
Mother's Occupation		
Wage earner	46	11.8
Farmer	79	20.3
Trading	220	56.4
None	45	11.5
Mother's education		
None	38	9.7
Primary/JHS	116	29.7
SHS	172	44.1
Tertiary	64	16.4
Marital status		
Married	214	54.9
Single	86	22.1
Co-habiting	57	14.6
Divorced	20	5.1
Widowed	13	3.3
Child's gender		
Male	153	39.2
Female	237	60.8
Child's age (months)		
1-3	3	0.8
4-6	21	5.4

7-9	86	22.1
10 and above	280	71.8

Maternal Knowledge of EBF

A high proportion (95.2%) recognized that breast milk alone is sufficient during the first six months. Additionally, 82.7% knew that complementary foods are introduced at six months (Table 2). Knowledge levels varied significantly with occupation, with wage earners and unemployed mothers demonstrating higher awareness compared to farmers and traders.

Table 2

EBF Knowledge Variable	Frequency	Percentage (%)
Heard of EBF		
Yes	360	92.3
No	10	2.6
Who educated you on EBF		
Health worker	371	95.1
Relatives	12	3.1
Friend	3	0.8
Source of EBF education		
Hospital/Clinics	382	97.9
Others	8	2.1
Which age to introduce CF		
Less than 1 month	25	6.4
1-3 month (s)	37	9.5
4-5 months	37	9.5
6 months and above	285	73.1
Number of times to breastfeed per day		
3-4 times	110	28.2
5-6 times	19	4.9
On demand	230	59.0
Breastmilk is sufficient for first 6 months		
Yes	319	81.8
No	48	12.3

CF- Complementary feeding, EBF- Exclusive Breastfeeding

Attitudes Toward EBF

Mothers generally held positive attitudes, perceiving EBF as beneficial for infant health. Most agreed that EBF enhances immunity and fosters maternal-infant bonding.

Breastfeeding Practices

Despite high knowledge levels, only 67.8% of mothers practiced exclusive breastfeeding for six months. Factors influencing practice included maternal occupation, education, and age. Mothers engaged in wage employment and with higher education levels showed higher adherence compared to farmers or less educated mothers.

Associations Between Sociodemographics and KAP

Significant associations were observed between maternal occupation and both knowledge and practice levels. Mothers aged 30-39 years exhibited greater knowledge and better practices than adolescent mothers.

Tabe 3

Table 4.4. Relationship between exclusive breastfeeding knowledge and mother's age group

	Mother's Age group (years)					
EBF Knowledge Variable	**Less than 20**	**20-29**	**30-39**	**≥40**	**X^2**	**P value**
Heard of EBF						
Yes	51(98.1)	34(97.1)	131(97.8)	144(96.6)	0.475	0.924ǂ
No	1(1.9)	1(2.9)	3(2.2)	5(3.4)		
Who educated on EBF						
Health worker	52(96.3)	37(100.0)	131(92.9)	151(98.1)	16.071	**0.013**ǂ
Relatives	0(0.0)	0(0.0)	9(6.4)	3(1.9)		
Friend	2(3.7)	0(0.0)	1(0.7)	0(0.0)		
Source of EBF education						
Hospital/Clinics	55(100.0)	33(89.2)	139(97.9)	155(99.4)	16.829	**0.001**ǂ
Others	0(0.0)	4(10.8)	3(2.1)	1(0.6)		
Which age to introduce CF						
Less than 1 month	1(1.8)	11(29.7)	2(1.4)	11(7.1)	48.796	**<0.001**ǂ
1-3 month (s)	6(10.9)	1(2.7)	20(14.1)	16(10.3)		
4-5 months	10(18.2)	2(5.4)	12(8.5)	13(8.3)		
6 months and above	38(69.1)	23(62.2)	108(76.1)	116(74.4)		
Number of times to breastfeed per day						
3-4 times	11(22.9)	14(53.8)	36(26.1)	59(33.8)	11.853	0.065ǂ
5-6 times	2(4.2)	0(0.0)	7(5.1)	10(6.8)		
On demand	35(72.9)	12(46.2)	95(68.8)	88(59.5)		
Breastmilk is sufficient for the first 6 months						
Yes	40(78.4)	24(77.4)	126(92.0)	129(87.2)	8.776	**0.032**¥
No	11(21.6)	7(22.6)	11(8.0)	19(12.8)		

Data are presented as frequency (percentage), ǂ- Fisher's exact test, ¥- Chi-square P value, EBF-Exclusive Breastfeeding, CF- Complementary Feeding

IV. Discussion

The study reveals a strong knowledge base regarding EBF among mothers in Daboase, paralleling findings from other Ghanaian studies [T6, T7]. However, a gap exists between knowledge and actual practice, with only two-thirds practicing EBF as recommended. Similar trends have been documented elsewhere, emphasizing that knowledge alone is insufficient to change behaviour (Kumar et al., 2014).

Sociodemographic factors significantly influence breastfeeding behaviour. Mothers engaged in wage employment and with higher educational attainment demonstrate better adherence, consistent with prior research. This underscores the need for targeted educational interventions focusing on farmers and less-educated mothers, emphasizing cultural barriers and workplace policies affecting breastfeeding.

The positive attitude toward EBF suggests readiness among mothers to adopt recommended practices but highlights the necessity for supportive environments, including health education, community engagement, and workplace accommodations.

Limitations include potential recall bias and social desirability bias. Nonetheless, findings highlight critical areas for policy action to bridge knowledge-practice gaps and improve infant nutrition outcomes.

V. Conclusion

While awareness of EBF benefits is high among mothers in Daboase, practice adherence remains suboptimal. This is because mothers who had no education did not practice excusive breastfeeding. It is also shown rom the studies that, unemployed mothers did not practice complementary feeding. Sociodemographic variables influence KAP, indicating targeted interventions are necessary. Enhancing community awareness, providing breastfeeding support, and integrating breastfeeding education into routine health services are vital strategies to promote EBF and improve child health in the district.

VI. Recommendations

- Strengthen health education programs emphasizing practical aspects of EBF.
- Implement community-based awareness campaigns that address cultural beliefs.
- Develop supportive policies for working mothers, including workplace breastfeeding facilities.
- Engage community leaders to advocate for optimal infant feeding practices.

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