

# Knowledge and Practice of Exclusive Breastfeeding Among Mothers at Urban Maternity, Azare, Bauchi State, Nigeria.

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## ABSTRACT

The study assesses the knowledge and practice of exclusive breastfeeding among mothers attending postnatal clinic at Urban Maternity, Azare, Bauchi State, Nigeria. Exclusive breastfeeding (EBF) is one of the most effective, natural, and evidence-based interventions for promoting infant health, growth, and survival. The study sought to assess the level of mothers' knowledge on EBF, ascertain the extent of its practice, and identify factors influencing adherence among postnatal women in the study area. Descriptive survey was adopted, the target population for the study comprises of all postnatal mothers attending Urban Maternity, Azare, and were 80. The entire population was used as a sample because the population is not large to handle, the instrument used for data collection was structured questionnaire. The instrument used was structured questionnaire developed by the researcher. The validity of the instrument was done by the two experts and errors were corrected. Test and retest were done for the reliability and the score of 0.76 was obtained. The obtained data were analyzed using descriptive statistics and presented in frequency distribution table with percentage. The sociodemographic characteristics of the respondents revealed that majority (96.2%) of the respondents had heard of exclusive breastfeeding, and 89.7% correctly knew that it should be practiced exclusively for the first six months of life. Furthermore, 92.3% of mothers recognized the importance of colostrum and its protective benefits for newborns. However, only 51.3% practiced exclusive breastfeeding for the full recommended six months, indicating a gap between knowledge and actual practice. The study also identified key barriers such as workload (64.1%), cultural beliefs (61.5%), and financial constraints (66.7%) as major hindrances to consistent practice. On the other hand, family support (76.9%) and health education received from healthcare workers (79.5%) were major facilitators of adherence. The study concluded that breastfeeding mothers at Urban Maternity, Azare, possessed adequate knowledge about exclusive breastfeeding, the practice was not fully sustained due to socio-economic and cultural challenges. It is recommended that nurses and midwives should intensify breastfeeding education during antenatal, postnatal, and home visits. Government agencies and policymakers should promote awareness campaigns, provide incentives for breastfeeding mothers, and ensure the establishment of baby-friendly workplace environments. In conclusion, promoting exclusive breastfeeding requires a collective effort from healthcare professionals, families, employers and policymakers.

**Keywords:** Exclusive Breastfeeding, Knowledge, Practice, Mothers, Postnatal Clinic, Nursing, Health Education.

## INTRODUCTION

Breastfeeding is a major determinant of infant health and survival (Koosha, 2018). It is defined as the feeding of an infant or young child with breast milk directly from the female human breast, either directly or through expressed milk, rather than using infant formula or other feeding containers (Await et al., 2014). Breastfeeding has been widely accepted as one of the most vital interventions for reducing infant mortality and ensuring optimal growth and development in children (Gupta & Arora, 2013). As such, the promotion and support of breastfeeding is a global health priority. Despite this, many mothers are unable to practice exclusive breastfeeding. Common

reasons include lack of confidence in their ability to breastfeed, problems with infant suckling, breast pain, perceived insufficient milk production, and other related challenges (Ahmed et al., 2014).

According to the World Health Organization (WHO), breast milk contains all the nutritional requirements needed for a baby's healthy development. Exclusive breastfeeding (EBF) for the first six months of life provides immense health benefits for both infants and mothers, preventing diseases and promoting health in both the short and long term (Stuebe, 2013). It significantly reduces infant morbidity and mortality (WHO, 2013). Globally, only about 44% of infants under six months are exclusively breastfed, and less than 40% of infants in many developing countries receive only breast milk during their first six months (WHO, 2021). Although about 68% of mothers continue breastfeeding for at least one year, the rate drops to 44% by the child's second year of living. In developing regions like Africa, only 38% of infants under six months are exclusively breastfed. Several socio-economic, cultural, and biological factors influence exclusive breastfeeding practices across many African societies (Leshbari et al., 2015). Infants exclusively breastfed for six months tend to fall ill less frequently than those who are not. They experience lower rates of pneumonia, respiratory infections, gastrointestinal diseases, ear infections, and allergies (Stuebe, 2013).

Exclusive breastfeeding (EBF) is defined as feeding infants only breast milk, whether directly or expressed, with the exception of drops or syrups of vitamins, mineral supplements, or medicines. No other liquids or solid substances should be introduced during this period (WHO, 2022).

## METHODOLOGY

**Research Design:** Descriptive survey research design was used.

**Research Setting:** The research was carried out in Urban Maternity, Azare, Bauchi State. Urban Maternity Azare is a primary health care located in Katagum Local Government Area, Bauchi State. It is made up of seven units which are; antenatal clinic, labour ward, immunization unit, laboratory, family planning unit, a pharmacy, outpatient department and general ward. They render antenatal care, immunization service, family planning service, maternal care, newborn care and postnatal care.

**Target Population:** The target population are all breastfeeding mothers (80) attending Urban Maternity PHC, Azare, Bauchi State.

**Sample Size:** According to the thumb's rule if the population is less than 100, all the population should be used as sample size, all the population (80) were used as sample size.

**Instrument for Data Collection:** The instrument used for the study was structured questionnaire developed by the researcher.

**Validity of the Instrument:** The face and content validity of the questionnaire was carried out by two experts in the Department of Nursing Science, Federal University of Health Sciences Azare. They examined the items in line with objectives set for the study. They also assessed the language used in developing the instrument, made necessary modifications and their input and suggestions were affected prior to the administration of the instrument to the participants.

**Reliability of the Instrument:** In order to establish the reliability of the instrument, 10% of questionnaires were administered to breastfeeding mothers at Matsango PHC Azare, Bauchi State, using test-retest method within 2 days interval. The instrument was re-administered to the same group of participants after 2 days. The two sets of scores were correlated using Pearson Product Moment Correlation statistics and the coefficient of reliability of 0.76 was obtained which showed a high value. This made the instrument reliable for data collection.

### Method Of Data Collection

The data was collected by the researcher through face-to face method of data administration of the questionnaire and information was obtained from the participants. The researcher went to the Urban Maternity PHC, Azare Bauchi State., met with the participants and distributed the questionnaires to them after informing them about

the study and obtained their consent to participate. A trained research assistant helped in the process of data collection and participants were allowed a period of 30minutes to 1hour to fill the questionnaires before same were retrieved from them. The process of data collection lasted for two days to enable the researcher cover all the participating subjects.

### Data Analysis

The obtained data was analyzed using mean, frequency and percentage presented in tables and frequency.

### Ethical consideration

The principles guiding the conduct of human subjects' research to include confidentiality, autonomy, beneficence, fidelity and justice were complied with.

## RESULTS

Administered questionnaires to the breastfeeding mothers at Urban Maternity, Azare were 80 and 78 were correctly filled and returned, giving a response rate of 97.5%.

**Table .1** Below shows that most of the respondents (35, 44.9%) were between the aged of 25–34 years. Majority (65, 83.3%) were married. Thirty (38.5%) of the respondents had no formal education, while 25 (32.1%) had primary education. Most of the respondents were self-employed (25, 32.1%) and 70 (89.7%) had access to healthcare services.

**Table 1: Demographic Data**

S/N	Variables	Categories	Frequency	Percentage(%)
1.	<b>Age Group</b>	18-24 years	15	19.2
		25-34 years	35	44.9
		35-44 years	20	25.6
		45 years and above	8	10.3
2.	<b>Marital Status</b>	Single	5	6.4
		Married	65	83.3
		Widowed	5	6.4
		Divorced	3	3.9
3.	<b>Educational Level</b>	No formal education	30	38.5
		Primary Education	25	32.1
		Secondary Education	18	23.1
		Tertiary Education	5	6.4
4.	<b>Occupation</b>	Unemployed	22	28.2
		Self-employed	25	32.1
		Civil Servant	18	23.1
		Trader	13	16.6
5.	<b>Number of Children</b>	None	2	2.6
		1-2 children	30	38.5
		3-4 children	28	35.9
		5 or more children	18	23.0
6.	<b>Access to Healthcare</b>	Yes	70	89.7
		No	8	10.3

The table below indicates that 96.2% of respondents reported having heard of EBF, while 89.7% correctly knew that it should be practiced for the first six months of life. In addition, 83.3% understood that EBF involves feeding the infant only breast milk, and 92.3% were aware of the importance of colostrum in early infant nutrition. Furthermore, 94.9% of respondents believed that EBF protects babies from infections.

**Table 2. Knowledge of mothers on Exclusive breastfeeding**

S/N	ITEMS	Yes		No	
		F	%	F	%
1.	Heard of exclusive breastfeeding.	75	96.2	3	3.8
2..	Knows that exclusive breastfeeding should last for 6 months.	70	89.7	8	10.3
3.	Understands that exclusive breastfeeding means only breast milk.	65	83.3	13	16.7
4.	Aware that colostrum is important	72	92.3	6	7.7
5	Believes exclusive breastfeeding protects baby from infection	74	94.9	4	5.1

The table below shows the practice of exclusive breastfeeding among respondents. Although 74.4% initiated breastfeeding within one hour of delivery, only 51.3% breastfed on demand. However, 35.9% still gave water before six months, and only 51.3% practiced exclusive breastfeeding for 4–6 months.

**Table 3. Practice of Exclusive breastfeeding**

S/N	ITEMS	Yes		No	
		F	%	F	%
1.	Initiates breastfeeding within an hour after delivery	58	74.4	20	25.6
2..	Gives baby water before six months of age	25	32.1	53	67.9
3.	Breastfeeds on demand	52	66.7	26	33.3
4.	Gives infant formula within six months	28	35.9	50	64.1
5	Practiced exclusive breastfeeding for 6 months	40	51.3	38	48.7

The table below presents factors influencing exclusive breastfeeding. The table reveals that 79.5% received health education, 64.1% agreed workload affects practice, 76.9% were encouraged by family support, while 66.7% identified cultural beliefs and 69.2% financial conditions as influencing factors.

**Table 4. Factors influencing the practice of exclusive Breastfeeding.**

S/N	ITEMS	Yes		No	
		F	%	F	%
1.	Received health education on exclusive breastfeeding	62	79.5	16	20.5
2..	Workload affects ability to breastfeed	50	64.1	28	35.9
3.	Family support encourages exclusive breastfeeding	60	76.9	18	23.1
4.	Cultural beliefs affect practice	48	61.5	30	38.5
5	Financial situation affects practice	52	66.7	26	33.3

### Research Question

**Research Question 1:** What is the level of knowledge of exclusive breastfeeding among mothers? Findings show that majority of respondents demonstrated a high level of knowledge about exclusive breastfeeding. Nearly all mothers (over 90%) knew its definition, duration, and benefits. This implies that health education during postnatal and antenatal visits was effective in creating awareness.

**Research Question 2:** What is the practice of exclusive breastfeeding among mothers? Despite high awareness, the practice level was moderate. Only half (51.3%) of the respondents practiced exclusive breastfeeding for the recommended six months. This indicates a gap between knowledge and practice.

**Research Question 3:** What are the factors influencing exclusive breastfeeding among mothers? The study found that workload, cultural beliefs, and financial constraints were the main barriers to exclusive breastfeeding. However, family support and adequate health education positively influenced practice.

## DISCUSSION

### Knowledge of Exclusive Breastfeeding

This study assesses the level of knowledge of exclusive breastfeeding among mothers at Urban Maternity, Azare, Bauchi State. The findings revealed that almost all respondents (96.2%) had heard of exclusive breastfeeding (EBF), and 89.7% knew that it should be practiced for six months. Similarly, 83.3% correctly understood that exclusive breastfeeding involves feeding infants only breast milk, and 92.3% were aware that colostrum is important. These findings indicate that the majority of mothers possess a high level of knowledge regarding EBF.

This agrees with the findings of Ekambaram, Bhat, Asif, and Ahmed (2015), who reported that most mothers understood the benefits of EBF and the importance of colostrum. Likewise, Labbok and Taylor (2018) found that increased maternal education and consistent health education improved breastfeeding knowledge. The high awareness among mothers in the present study can be attributed to effective health education given by nurses and midwives during antenatal and postnatal visits.

However, the persistence of a small proportion (10.3%) who are unaware of the correct duration of EBF suggests that occasional misconceptions still exist. Peterside, Onyaye, and Duru (2013) also noted similar gaps in awareness among Nigerian mothers. This finding highlights the need for continuous reinforcement of breastfeeding education, particularly among uneducated mothers in rural and semi-urban.

### Practice of Exclusive Breastfeeding

The findings revealed that only 51.3% of respondents within one hour of delivery, about 35.9% introduced infant formula before six months, and 32.1% gave water to their babies. These findings suggest that while knowledge is high, consistent practice remains moderate.

This corresponds with findings by Ally (2013) in Tanzania, who reported that although 94% of mothers were aware of EBF, less than one-quarter practiced it for the recommended six months. Solomon (2013) also found that many mothers discontinued EBF early due to social and cultural factors. The moderate practice observed in this study can be linked to maternal workload, cultural beliefs, and financial limitations.

The Theory of Planned Behavior by Ajzen (1991) explains that an individual's behavior is influenced by attitudes, subjective norms, and perceived behavioral control. In this context, mothers' positive attitudes toward EBF may be undermined by perceived difficulties such as returning to work early or lack of support. Strengthening women's perceived control through community and workplace support could therefore improve EBF adherence.

### Factors Influencing Exclusive Breastfeeding

The study identified factors influencing exclusive Breastfeeding as workload (64.1%), cultural beliefs (61.5%), and financial challenges (66.7%) as barriers to EBF, while health education (79.5%) and family support (76.9%) were facilitators. This agrees with Ogbonna and Daboer (2014), who found that socio-cultural and economic factors greatly influence breastfeeding practices. Ryan (2016) also noted that mothers employed full-time were less likely to maintain EBF for six months. Similarly, Adeyinka (2015) found that traditional beliefs, especially the notion that infants require water in addition to breast milk, negatively affected adherence to EBF. On the positive side, supportive family structures and counseling during postnatal visits enhanced compliance. This reinforces the importance of nurses and midwives as key educators and advocates for exclusive breastfeeding.

## Limitations of the Study

The study was limited to small sample size of 80 respondents, which may not represent all postnatal women in Azare.

## CONCLUSION

The study concludes that breastfeeding mothers at Urban Maternity, Azare, possessed good knowledge of exclusive breastfeeding, the practice remains suboptimal. Barriers such as cultural beliefs, work pressure, and economic hardship hinder adherence.

## RECOMMENDATION

Effective community-based nursing interventions, continuous education, and supportive policies are essential to improve breastfeeding practices and enhance maternal and child health outcomes and create breastfeeding-friendly workplaces by the government.

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