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Knowledge, Attitude and Practice of Exclusive Breastfeeding Among Mothers in Ife East Local Government Area, Ile Ife, Osun State. Nigeria

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Abstract

Background: Exclusive breastfeeding (EBF) is a critical public health intervention for improving maternal and child health outcomes. This study evaluated the knowledge, practices, and challenges regarding EBF among mothers in the Ife East Local Government Area (LGA), Osun State. **Methodology:** A cross-sectional survey was conducted among 200 respondents. Data were collected via structured questionnaires administered across various residential areas, including Ita Osa (10.5%) and Ifelodun (9.5%). Statistical analysis was performed to determine the relationship between geographic area and access to healthcare. **Results:** The majority of participants were aged 20–24 years (33.5%), married (79.5%), and of Yoruba ethnicity (80.5%). Approximately 49.0% held tertiary education qualifications. Access to medical facilities varied significantly by area (x^2=32.971, p=0.002), with Ita Osa reporting the highest easy access (10.5%). Regarding knowledge, 48.5% of mothers believed EBF should last 3–6 months, while 40.5% correctly identified the 6-month standard. Healthcare providers were the primary source of EBF information (46.0%). The most recognized benefits included boosting the child's immune system (62.5%) and reducing the mother's risk of breast cancer (74.5%). However, significant barriers persist, notably inadequate nutrition supply (37.0%), pain/discomfort (28.0%), and the return to work (27.5%). Respondents identified emotional support (38.5%) and education (35.5%) as the most desired forms of assistance from family and providers. **Conclusion:** While there is a high level of awareness regarding the benefits of EBF in Ife East LGA, there remains a gap in precise knowledge regarding its recommended duration. Addressing physiological challenges like nutrition and structural barriers, such as workplace re-entry, is essential to improving EBF rates.

Keywords: exclusive breastfeeding; maternal health; Ife east; nutrition; healthcare access

1. Introduction

Exclusive breastfeeding is widely recognised as the optimal form of nutrition for infants, providing numerous health benefits for both mothers and babies (Feldman-Winter et al., 2020). The World Health Organisation (WHO) among students and farmer each, followed by (5.5%) among traders and the least (5.0%) among artisans (Anazonwu et al., 2020). The prevalence of peers (11.5%)

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was highest among student followed by (5.0%) among artisan and the least (3.0%) among traders (Ojeomogha, 2025). The prevalence of village drug hawker (15.0%) was highest among student recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with appropriate complementary foods up to two years of age or beyond (Alao et al., 2024). Exclusive breastfeeding has been shown to reduce the risk of infant mortality, promote healthy weight gain, and enhance cognitive development (Wallenborn et al., 2021; Chade et al., 2024).

Despite these recommendations and benefits, the prevalence of exclusive breastfeeding remains low in many parts of the world (North et al., 2022; Alayón et al., 2022). According to the WHO, only 35% of infants worldwide are exclusively breastfed for the first six months of life (Alao et al., 2024). Understanding the knowledge, attitudes, and practices of mothers regarding exclusive breastfeeding is crucial to promoting and supporting this critical health behaviour. Previous studies have shown that knowledge, attitudes, and practices are influenced by a range of factors, including sociodemographic characteristics, access to healthcare, and cultural beliefs (Woldeamanuel, 2020; Bashir et al., 2022). This study aims to investigate the knowledge, attitude, and practice of exclusive breastfeeding among mothers in Ife East Local Government Area, Osun state with a view to identifying the factors that influence their decisions and behaviours.

2. Materials and Methods

2.1. Ethical Consideration

Before the commencement of the study, verbal informed consents were obtained from all respondents and confidentiality was assured by using codes. This study was approved by the Ethical Committee of the Department of Medical Health and Social Care, Universal College of Health Science and Technology, Ile-Ife, Nigeria. All procedures involving human participants were conducted in accordance with institutional and national ethical standards and the 1964 Helsinki Declaration and its later amendments. Written informed consent was obtained from all participants before data collection. This study involved questionnaire surveys and interviews with adults. The research did not include clinical procedures, biological sampling, or experimentation. Participation was voluntary, and informed consent was obtained from all respondents before data collection. Confidentiality and anonymity of participants were strictly maintained.

2.2. Research Design

Cross-sectional study: 200 mothers surveyed using a structured questionnaire. The collection of data was done at a single point in time.

2.3. Study Area

The study was conducted in Ife East Local Government Area in Ile-Ife, Osun State. The State (Figure 1) covers an area of approximately 14,875 sq km and lies between latitude 7° 30′ 0″ N and longitude 4° 30′ 0″ E, and it is situated in the tropical rain forest zone. It has an area of 172 km2 and a population of 188,087 at the 2006 census. Ife East is one of two LGAs in Ile-Ife, along with Ife Central. Modakeke was part of Ife North, but was transferred to Ife East during the creation of new local councils in the late 1990s. The major sub-ethnic groups in Ọsun State are Ife, Ijesha, Oyo, Ibolo and Igbomina of the Yoruba people, although there are also people from other parts of Nigeria. Yoruba and English are the formal languages. People of Osun State practice Christianity, Islam and their ancient religion, the traditional faith. Ile-Ife is an ancient city where agriculture is a predominant occupation. It has a mean relative humidity of 75% to 100%, and the average rainfall of 1,000–1,250 mm is usually from March to October.

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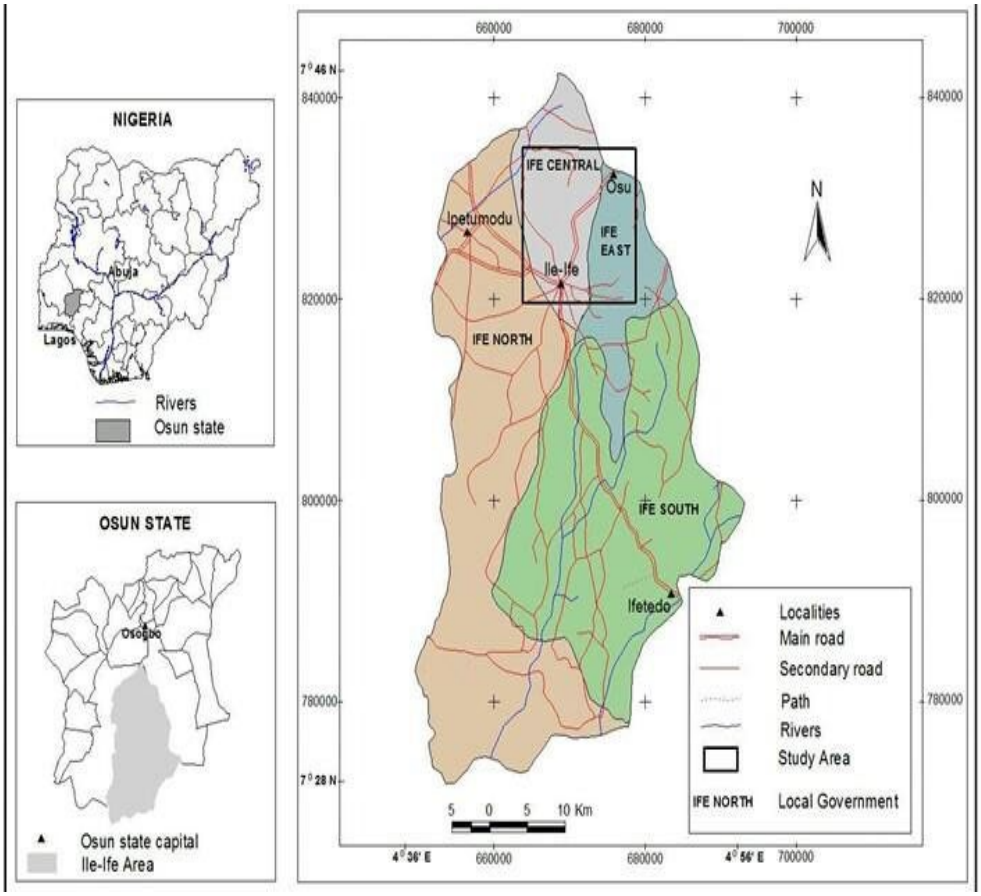

Figure 1. Map showing Ife East Local Government Area, Ile Ife. Osun State (Research Gate).

2.4. Study Population

The study population consisted of mothers residing in Ife East Local Government Area of Osun State, Nigeria. These mothers were selected from both community settings and health facilities within the local government area. A total of 200 mothers participated in the study. Participants included women of reproductive age who had at least one child aged 0–10 years. Mothers were recruited from primary healthcare centres and through community outreach within residential areas. This ensured a diverse and representative sample of breastfeeding experiences and practices. Each participant responded to a single questionnaire, resulting in 200 completed questionnaires used for data analysis.

2.5. Data Collection Methods

Data for this study were collected through the use of a **structured, interviewer-administered questionnaire.** The questionnaire was designed to gather information on the **socio-demographic characteristics** of the respondents as well as their **knowledge, attitude, and practice (KAP)** concerning exclusive breastfeeding.

2.6. Development of the Instrument

The questionnaire was developed based on a review of relevant literature and previous studies on exclusive breastfeeding. It was divided into four sections: **Socio-demographic information** (age, marital status, education level, occupation, number of children); **Knowledge** of exclusive breastfeeding (awareness, sources of information, benefits, and recommended duration); **Attitude** toward exclusive breastfeeding (beliefs, cultural influences, and support systems); and **Practice** of exclusive breastfeeding (initiation, duration, challenges faced, and adherence).

2.7. Administration of the Questionnaire

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The final questionnaire was administered by trained research assistants who were fluent in both **English** and **Yoruba**, the predominant local language. This ensured proper understanding of the questions and accurate responses. Mothers were approached at **Health facilities** such as primary health centres and hospitals during routine immunisation and antenatal/postnatal visits, and **Community locations**, including markets, households, and community centres. Each questionnaire was filled out during face-to-face interviews to minimise non-response and enhance the accuracy of the data.

2.8. Data Analysis Methods

After data collection, all completed questionnaires were checked for completeness, consistency, and accuracy. The data were then coded and entered into **Statistical Package for the Social Sciences (SPSS)** version **[23]** for analysis. Descriptive statistics such as **frequencies and percentages ar**e used to summarise the socio-demographic characteristics of the respondents as well as their levels of knowledge, attitude, and practice regarding exclusive breastfeeding.

3. Results

The majority of questionnaires were administered in Ita Osa (10.5%), Ifelodun (9.5%), and 17 (8.5%). (Figure 1). Participants primarily consisted of individuals aged 20-24 years (33.5%). A significant proportion of the respondents were married (79.5%), Christians (67.5%), and civil servants (40.5%). Nearly half (49.0%) had a tertiary school education, and the overwhelming majority (80.5%) were of Yoruba ethnicity. (Tables 1 and 2). Table 3 shows the Access to Medical Health Facilities in relation to the Area of Respondents in Ife East Local Government Area. Access to medical facilities varied across the sampled areas. Ita Osa (10.5%) reported the highest easy access, followed by Shasha (8.0%) and Abeigi (7.5%). The least easy access was recorded in Laisi ese (2.5%). Conversely, Ifelodun (3.0%) reported the highest difficult access to medical facilities, followed by Laisi Ese (2.5%), with the least difficulty in Ita Faaji and Apata 2 (0.5% each). A statistically significant difference was observed between the area of correspondence and access to medical health ($\chi^2 = 32.971$, p=0.002).

Table 4, shows respondent knowledge on how long should a mother exclusively breastfeed her baby in relation to area in Ife East Local Government Area, the total highest prevalence of how long should a mother exclusively breastfeed her baby 97 (48.5%) was recorded in 3-6months, followed by 81 (40.5%) in 6 months and the least 1 (0.5%) was in 9 months in the study**.** Moore had the highest prevalence (5.5%) in 6months, Safejo had (6.5%) in 6 months, Apata 2 had (0.5%) in 9 months, Ifelodun and Moore had 1.0% each in less than 3 months, and Apata had (1.0%) in I don't know.

Table 5 shows respondents' knowledge of exclusively breastfeeding by the mothers in relation to the area in Ife East Local Government Area. The primary source of mothers' knowledge regarding exclusive breastfeeding was healthcare providers, accounting for 46.0% (92 out of 200) of responses. Awareness programs were the second most common source (28.0%, 56 out of 200), while cultural practices were the least reported source (10.0%, 20 out of 200). Area-specific data revealed that Lagere had the highest prevalence (4.5%) for awareness programs, Ita Osas (6.0%) for cultural practice, Ifelere (3.5%) for family education, and Safejo (5.5%) for healthcare providers.

Table 6 shows respondent knowledge of the benefits of exclusive breastfeeding by the mothers in relation to area in Ife East Local Government Area. Mothers' knowledge of the benefits of exclusive breastfeeding was most prevalent through healthcare providers (62.5%, 125 out of 200). This was followed by knowledge regarding improved cognitive development (29.5%, 59 out of 200). The least known benefit (0.5%, 1 out of 200) was "make child only want to be with the mother." Among specific areas, Lagere had the highest prevalence (6.5%) for "boost immune system," Ita osa (4.5%) for "improve cognitive development," Ilode (0.5%) for "make child to want to be with the mother," and Moore (5.5%) for "reduce risk of infection."

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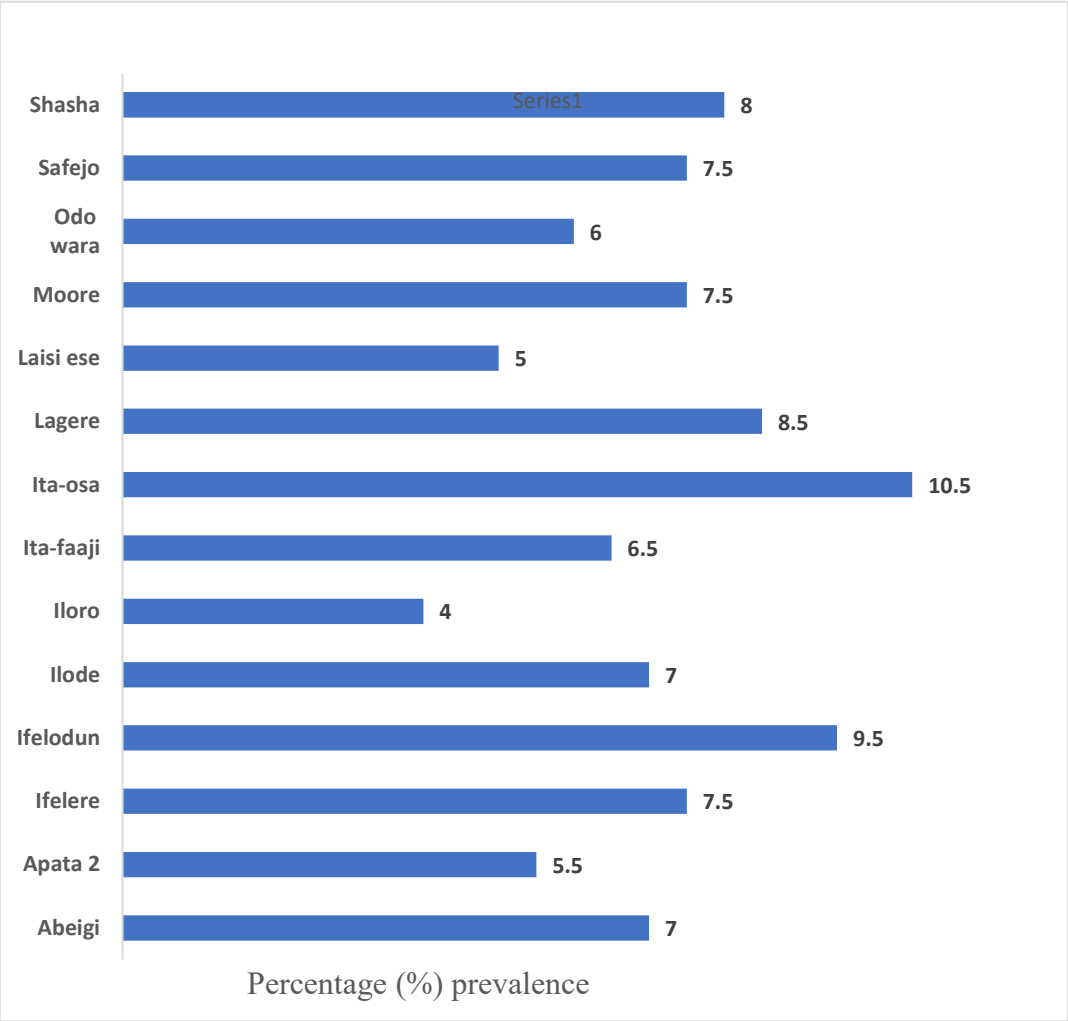

Figure 1. Areas of the Samples collection in Ife East Local Government Area Ile Ife, Osun State.

Table 2. Socio- Demographic Characteristics of Respondents used in the study in Ife East Local Government Area, Osun State.

Variables of the Parents	Number Examined	Percentage (%) in the pool
Age group (Years)		
20-24	67	33.5
25-29	50	25.0
30-34	32	16.0
35-39	27	13.5
40 above	7	3.5
Below 20	17	8.5
Marital Status		
married	159	79.5
separated	6	3.0
single mother	35	17.5
Religion		
Christianity	135	67.5
Islam	61	30.5
Tradition	4	2.0

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Occupation		
Artisan	60	30.0
Trader	40	20.0
Student	3	1.5
Civil Servant	81	40.5
Farmer	16	8.0
Level of Education		
None	8	4.0
Other	1	.5
primary	25	12.5
secondary	68	34.0
Tertiary	98	49.0
Ethnicity		
Hausa	12	6.0
Igbo	18	9.0
Others	9	4.5
Yoruba	161	80.5
Total	**200**	**100.0**

Table 3. Access to Medical Health Facilities in relation to the Area of Respondents In Ife East Local Government Area, Osun State.

Areas in Ife East L.G.A	No Examined	Difficult (%)	Easy (%)
Abeigi	14	0 (0.0)	14 (7.5)
Apata 2	11	1 (0.5)	10 (5.0)
Ifelere	15	2(1.0)	13 (6.5)
Ifelodun	19	6 (3.0)	13 (6.5)
Ilode	14	0 (0.0)	14 (7.0)
Iloro	08	0(0.0)	8 (4.0)
Ita-faaji	13	1 (0.5)	12 (6.0)
Ita-osa	21	0 (0.0)	21 (10.5)
Lagere	17	2 (1.0)	15 (7.5)
Laisi ese	10	5 (2.5)	5 (2.5)
Moore	15	4 (2.0)	11 (5.5)
Odo wara	12	2 (1.0)	10 (5.0)
Safejo	15	2 (1.0)	13 (6.5)
Shasha	16	0 (0.0)	16 (8.0)
Total	**200**	**25 (12.5)**	**175 (87.5)**

Table 4. Respondent knowledge on how long should a mother exclusively breastfeed her baby in relation to area in Ife East Local Government Area Osun state.

Areas in Ife East L.G.A	No Examined	3-6 months (%)	6 months (%)	9 months (%)	Less than 3 months (%)	Don't know (%)
Abeigi	14	5 (2.5)	8 (4.0)	0 (0.0)	0 (0.0)	1 (0.5)
Apata 2	11	2 (1.0)	6 (3.0)	1 (0.5)	0 (0.0)	2 (1.0)
Ifelere	15	10(5.0)	4 (2.0)	0 (0.0)	0 (0.0)	1(0.0)
Ifelodun	19	7 (3.5)	8 (4.0)	0 (0.0)	2 (1.0)	2 (1.0)

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Ilode	14	5 (2.5)	8 (4.0)	0 (0.0)	1(0.5)	0 (0.0)
Iloro	08	3(1.5)	4 (2.0)	0 (0.0)	1(0.5)	0 (0.0)
Ita-faaji	13	8 (4.0)	5 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)
Ita-osa	21	8 (4.0)	12 (6.0)	0 (0.0)	0 (0.0)	1(0.5)
Lagere	17	10 (5.0)	6 (3.0)	0 (0.0)	0 (0.0)	1(0.5)
Laisi ese	10	8 (4.0)	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)
Moore	15	11 (5.5)	1 (0.5)	0 (0.0)	2 (1.0)	1 (0.5)
Odo wara	12	9 (4.5)	2 (1.0)	0 (0.0)	1(0.5)	0 (0.0)
Safejo	15	5 (1.0)	7 (6.5)	0 (0.0)	3 (0.0)	0 (0.0)
Shasha	16	6 (3.0)	8 (4.0)	0 (0.0)	1(0.5)	1(0.5)
Total	**200**	**97 (48.5)**	**81 (40.5)**	**1 (0.5)**	**10 (5.0)**	**11(5.5)**

Table 5. Respondent knowledge of exclusive breastfeeding by the mothers in relation to area in Ife East Local Government Area Osun state.

Areas in Ife East L.G.A	No Examined	Awareness program (%)	Cultural Practice (%)	Family education (%)	Health care provider (%)
Abeigi	14	0 (0.0)	0 (0.0)	4 (2.0)	10 (5.0)
Apata 2	11	2 (1.0)	3 (1.5)	0 (0.0)	6 (3.0)
Ifelere	15	5 (2.5)	2 (1.0)	7 (3.5)	1 (0.5)
Ifelodun	19	7 (3.5)	5 (2.5)	3 (1.5)	4 (2.0)
Ilode	14	2 (1.0)	1 (0.5)	3 (1.5)	8 (4.0)
Iloro	08	1(0.5)	0 (0.0)	1 (0.5)	6 (3.0)
Ita-faaji	13	5 (2.5)	4 (2.0)	0 (0.0)	4 (2.0)
Ita-osa	21	8 (4.0)	0 (6.0)	5 (0.0)	8 (0.0)
Lagere	17	9 (4.5)	0 (0.0)	0 (0.0)	8 (4.0)
Laisi ese	10	3 (1.5)	2 (1.0)	4 (2.0)	2 (1.0)
Moore	15	3 (1.5)	2 (1.0)	4 (2.0)	6 (3.0)
Odo wara	12	4 (2.0)	0 (0.0)	0 (0.0)	8 (4.0)
Safejo	15	3 (1.5)	1 (0.5)	0 (0.0)	11 (5.5)
Shasha	16	4 (2.0)	0 (0.0)	2 (1.0)	10 (5.0)
Total	**200**	**56 (28.0)**	**20 (10.0)**	**32 (16.0)**	**92 (46.0)**

Table 6. Respondent knowledge of the benefits of the exclusive breastfeeding to the baby in relation to area in Ife East Local Government Area Osun state.

Areas in Ife East L.G.A	No Examined	Boost immune system (%)	Don't know (%)	Improve cognitive development (%)	Make child only want to be with the mother (%)	Reduce risk of Infection (%)
Abeigi	14	6 (3.0)	0 (0.0)	8 (4.0)	0 (0.0)	0 (0.0)
Apata 2	11	7 (3.5)	0 (0.0)	3 (1.5)	0 (0.0)	1 (0.5)
Ifelere	15	11(5.5)	0 (0.0)	1 (0.5)	0 (0.0)	3(1.5)
Ifelodun	19	12 (6.0)	0 (0.0)	3 (1.5)	0 (0.0)	4 (2.0)
Ilode	14	7 (3.5)	0 (0.0)	6 (3.0)	1(0.5)	0 (0.0)
Iloro	08	6 (1.5)	1 (0.5)	1 (0.5)	0 (0.0)	0 (0.0)
Ita-faaji	13	8 (4.0)	0 (0.0)	5 (2.5)	0 (0.0)	0 (0.0)
Ita-osa	21	12 (6.0)	0 (0.0)	9 (4.5)	0 (0.0)	0 (0.0)
Lagere	17	13 (6.5)	0 (0.0)	4 (2.0)	0 (0.0)	0(0.0)
Laisi ese	10	4 (2.0)	0 (0.0)	2 (1.0)	0 (0.0)	1 (0.5)
Moore	15	9 (4.5)	0 (0.0)	5(2.5)	0 (0.0)	9 (4.5)
Odo wara	12	8 (4.0)	0 (0.0)	3 (1.5)	0 (0.0)	1 (0.5)

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Safejo	15	9 (4.5)	0 (0.0)	4 (2.0)	0 (0.0)	2 (1.0)
Shasha	16	10 (5.0)	1 (0.5)	5 (2.5)	0(0.0)	0(0.0)
Total	**200**	**125 (62.5)**	**2 (1.0)**	**59 (29.5)**	**1 (0.5)**	**13 (6.5)**

Table 7 shows how family members or healthcare providers could better support mothers in exclusive breastfeeding in relation to the area in Ife East Local Government Area. The most common form of support identified was emotional support (38.5%, 77 out of 200), followed by providing education (35.5%, 71 out of 200). The least reported support type (13.0%, 26 out of 200) was "both help with breastfeeding technique and provide resources for breastfeeding support." Ifelere showed the highest prevalence (5.0%) for providing education, Ifelodun (5.0%) for offering emotional support, Ilode (2.5%) for helping with breastfeeding technique, and both Ifelodun and Safejo (2.0% each) for providing resources for breastfeeding support.

Table 8 shows respondents' greatest challenges faced while trying to exclusively breastfeed in relation to the area in Ife East Local Government Area. The greatest challenge faced by mothers attempting exclusive breastfeeding was inadequate nutrition supply (37.0%, 74 out of 200), followed by pain or discomfort (28.0%, 56 out of 200). Lack of support from family or healthcare provider was the least reported challenge (7.5%, 15 out of 200). In terms of specific areas, Ifelere had the highest prevalence (5.5%) for inadequate nutrition supply, Shasha (1.5%) for lack of support from family or healthcare provider, Ita-faaji (4.5%) for pain or discomfort, and Ita-osa (5.5%) for return to work.

Table 9 shows the benefits of exclusive breastfeeding to the mother in relation to the area in Ife East Local Government Area. The most recognised benefit of exclusive breastfeeding to the mother was the reduced risk of breast cancer (74.5%, 149 out of 200). This was followed by help with weight loss (16.5%, 33 out of 200). A small percentage (1.0%, 2 out of 200) indicated "I don't know." Area-specific observations showed that Apata 2, Ifelodun, Ilode, and Ita-osa each had a 0.5% prevalence for "delay return in menstruation." Iloro and Shasha (0.5% each) reported "I don't know." Safojo (2.5%) recognised "help with weight loss," Ita-osa (2.0%) mentioned "make breast fall," and Ifelodun (7.0%) noted "reduce risk of breast cancer."

Table 7. How family members or healthcare provider better support mothers in exclusive Breastfeeding in the rural area of Ife East Local Government Area, Osun state.

Areas in Ife East L.G.A	No Examined	Provide education (%)	Offer emotional support (%)	Help with breastfeeding technique (%)	Provide resources for breastfeeding support (%)
Abeigi	14	6 (3.0)	4 (2.0)	2 (1.0)	2 (1.0)
Apata 2	11	3 (1.5)	5 (2.5)	1 (0.5)	2 (1.0)
Ifelere	15	10 (5.0)	4 (2.0)	1 (0.5)	0 (0.0)
Ifelodun	19	4 (2.0)	10 (5.0)	1 (0.5)	4 (2.0)
Ilode	14	4 (2.0)	4 (2.0)	5 (2.5)	1 (0.5)
Iloro	08	3 (1.5)	1 (0.5)	1 (0.5)	3 (1.5)
Ita-faaji	13	2 (2.0)	8 (4.0)	2 (2.0)	1 (0.5)
Ita-osa	21	9 (4.5)	7 (3.5)	3 (1.5)	2 (1.0)
Lagere	17	7 (3.5)	9 (4.5)	1 (0.5)	0 (0.0)
Laisi ese	10	2 (1.0)	5 (2.5)	2 (1.0)	1 (0.5)
Moore	15	3 (1.5)	7 (3.5)	2(1.0)	3 (1.5)
Odo wara	12	5 (2.5)	6 (3.0)	0 (0.5)	1 (0.5)
Safejo	15	6 (3.0)	3 (1.5)	2 (1.0)	4 (2.0)
Shasha	16	7 (3.5)	4 (2.0)	3 (1.5)	2 (1.0)
Total	**200**	**71 (35.5)**	**77 (38.5)**	**26 (13.0)**	**26 (13.0)**

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Table 8. Respondents' greatest challenges faced while trying to exclusively breastfeed In Ife East Local Government Area, Ile Ife, Osun State.

Areas in Ife East L.G.A	No Examined	Inadequate nutrition supply (%)	Lack of support from family or health care provider (%)	Pain or discomfort (%)	Return to work (%)
Abeigi	14	5 (2.5)	0 (0.5)	5 (2.5)	4 (2.0)
Apata 2	11	6 (3.0)	2 (1.0)	2 (1.0)	1 (0.5)
Ifelere	15	11(5.5)	0 (0.0)	3 (1.5)	1 (0.5)
Ifelodun	19	5 (2.5)	1 (0.5)	6 (3.0)	7 (3.5)
Ilode	14	5 (2.5)	1 (0.5)	3 (1.5)	5 (2.5)
Iloro	08	5 (2.5)	1 (0.5)	1 (0.5)	1(0.5)
Ita-faaji	13	1 (0.5)	0 (0.0)	9 (4.5)	3 (1.5)
Ita-osa	21	5 (2.5)	0 (0.0)	5 (2.5)	11(5.5)
Lagere	17	7 (3.5)	2 (1.0)	4 (2.0)	4 (2.0)
Laisi ese	10	6 (3.0)	1 (0.5)	0 (0.5)	3 (1.5)
Moore	15	4 (2.5)	2 (1.0)	5(2.5)	4 (2.0)
Odo wara	12	3 (1.5)	0 (0.0)	5 (2.5)	4 (2.0)
Safejo	15	5 (2.5)	2 (1.0)	5 (2.5)	3 (1.5)
Shasha	16	6 (3.0)	3 (1.5)	3 (1.5)	4 (2.0)
Total	**200**	**74 (37.0)**	**15 (7.5)**	**56 (28.0)**	**55 (27.5)**

Table 9. The benefits of exclusive breastfeeding to the mother in relation to the area of the Respondent in Ife East Local Government Area, Ile Ife, Osun State.

Areas in Ife East L.G.A	No Examined	Delay the return of menstruation (%)	I don't know (%)	Help with weight loss (%)	Make breast fall (%)	Reduce risk of breast cancer (%)
Abeigi	14	0 (0.0)	0 (0.0)	1 (0.5)	1 (0.5)	12 (6.0)
Apata 2	11	1 (0.5)	0 (0.0)	1(0.5)	0 (0.0)	9 (4.5)
Ifelere	15	0 (0.0)	0 (0.0)	2 (1.0)	0 (0.0)	13 (6.5)
Ifelodun	19	1 (0.5)	0 (0.0)	3 (1.5)	1 (0.5)	14 (7.0)
Ilode	14	1 (0.5)	0 (0.0)	3 (1.5)	1 (0.5)	9 (4.5)
Iloro	08	1 (0.5)	1 (0.5)	2 (1.0)	0(0.0)	4 (2.0)
Ita-faaji	13	0 (0.0)	0 (0.0)	4 (2.0)	2 (1.0)	7 (3.5)
Ita-osa	21	1 (0.5)	0 (0.0)	2 (1.0)	4 (2.0)	14 (7.0)
Lagere	17	0 (0.0)	0 (0.0)	1 (0.5)	0 (0.0)	16 (8.0)
Laisi ese	10	0 (0.0)	0 (0.0)	2 (1.0)	0 (0.0)	8 (4.0)
Moore	15	0 (0.0)	0 (0.0)	2(1.0)	0 (0.0)	13 (6.5)
Odo wara	12	0 (0.0)	0 (0.0)	2 (1.0)	0 (0.0)	10 (5.0)
Safejo	15	0 (0.0)	0 (0.0)	5 (2.5)	0 (0.0)	10 (5.0)
Shasha	16	0(0.0)	1(0.5)	3 (1.5)	2 (1.0)	10 (5.0)
Total	**200**	**5 (2.5)**	**2 (1.0)**	**33 (16.5)**	**11 (5.5)**	**149 (74.5)**

4. Discussion

The local study found that the majority of questionnaires were administered in Ita Osa (10.5% of responses), Ifelodun (9.5%), and another area (8.5%). Participants were predominantly young adults aged 21-24 years (33.5%), largely married (79.5%), Christian (67.5%), and civil servants (40.5%). Nearly half (49.0%) had a tertiary education, and a significant majority (80.5%) were of Yoruba ethnicity. These demographic characteristics align with some findings from other Nigerian studies.

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For example, a study in a rural community in Southwestern Nigeria also reported a high proportion of married mothers (88.0%) and those of Yoruba ethnicity (82.5%), with many holding post-secondary degrees (68.2%) and working as civil servants (43.3%) (Ipinnimo et al., 2024). This suggests that the demographic profile of the Ife East study is broadly representative of some urban and semi-urban populations in Southwestern Nigeria, particularly among those accessing healthcare services.

The Ife East study revealed variations in access to medical facilities. Ita Osa (10.5%) had the highest easy access, while Laisi Ese (2.5%) had the least. Conversely, Ifelodun (3.0%) experienced the highest difficult access. A statistically significant difference was observed between the area of residence and access to medical health ($X^2 = 32.971$, $p=0.002$). Access to healthcare facilities, especially antenatal clinics, is consistently highlighted in related literature as crucial for promoting exclusive breastfeeding. Studies emphasise that health facilities serve as pivotal settings for breastfeeding promotion, where healthcare providers offer support and education (Nwaodu, 2021; Chipojola et al., 2022). Geographic variations in access to healthcare can directly influence health outcomes, including breastfeeding practices, as seen in the statistically significant difference reported in the Ife East study.

In the Ife East study, the highest prevalence of knowledge (48.5%, 97 out of 200 respondents) regarding exclusive breastfeeding duration was for 3-6 months, closely followed by 6 months (40.5%, 81 out of 200). Only a small fraction (0.5%, 1 out of 200) believed it should be 9 months. This finding reflects a common discrepancy observed in Nigeria. While the World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, studies in Nigeria often show varying adherence. For instance, a study in Ogun State found that 58.8% of women exclusively breastfed for six months (Akinpelu & Ademuyiwa, 2021), while another in Ebonyi State reported that 76.4% practiced it for 4-6 months. This suggests that while awareness of exclusive breastfeeding is generally high (e.g., 98.4% in Abakaliki), the exact understanding and practice of the full six-month duration can vary, with many mothers opting for a shorter period or introducing complementary foods earlier. (Anazonwu et al., 2020).

The Ife East study's finding of 40.5% for "6 months" is higher than Nigeria's reported national average of 28.7% in 2018, but the 3-6 month category still dominates, indicating room for improvement in adherence to the full six-month recommendation. (Alayon et al., 2024), Healthcare providers were the primary source of mothers' knowledge about exclusive breastfeeding in the Ife East study, accounting for 46.0% of responses. Awareness programs were the second most common source 28.0% and cultural practices were the least reported, 10.0%. This aligns with broader research indicating the critical role of health workers. A study in Osogbo, Osun State, found that a significant majority of respondents (92.7%) learned about exclusive breastfeeding from health workers (Hassan et al., 2021). Similarly, a study in Ogun State reported that 78.8% of women received information from health workers (Oladosun et al., 2021).

These consistent findings underscore the importance of integrating comprehensive breastfeeding education into antenatal and postnatal care services. UNICEF also actively supports the establishment of Mother Support Groups in Nigeria, which complement healthcare provider efforts by offering community-based counselling and information (Oweibia et al., 2025). The Ife East study showed that knowledge of the benefits of exclusive breastfeeding was most prevalent among healthcare providers, 62.5%. Improved cognitive development was also a recognised benefit, 29.5%. Related articles reinforce the extensive benefits of exclusive breastfeeding. It is recognised as crucial for infant health and survival, reducing morbidity and mortality rates from infections like diarrhoea and pneumonia. Beyond this, it supports cognitive development and reduces the risk of chronic conditions like obesity and diabetes later in life. For mothers, benefits include a reduced risk of type 2 diabetes, breast cancer, and ovarian cancer (Alao et al., 2024). The finding that 74.5% in the Ife East study recognised the reduced risk of breast cancer aligns with the strong emphasis on maternal health benefits in public health campaigns.

In the Ife East study, emotional support was the most common form of support identified for mothers in exclusive breastfeeding (38.5%), followed by providing education (35.5%). The importance of support from family, particularly husbands, and healthcare providers, is a recurring

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theme in Nigerian breastfeeding research. Studies highlight that husband and family support are significantly associated with exclusive breastfeeding practices (Ho et al., 2022; Alayón et al., 2022). Healthcare providers are crucial in providing education and guidance, including proper latch techniques and milk supply management. Community-based interventions, such as Breastfeeding Mother Support Groups, are also noted as effective in fostering a supportive environment and encouraging exclusive breastfeeding (Oweibia et al., 2025; Anazonwu et al., 2020). The greatest challenge faced by mothers in the Ife East study was inadequate nutrition supply (37.0%, 74 out of 200), followed by pain or discomfort (28.0%, 56 out of 200). Lack of support from family or healthcare provider was the least reported challenge (7.5%). The issue of returning to work was also highlighted as a challenge. These challenges are widely reported in the Nigerian context. Inadequate milk production, often perceived as "insufficient breast milk," is a common reason for discontinuing exclusive breastfeeding (Akadri & Odelola et al., 2020; Alayón et al., 2022; Fan et al., 2022).

Painful breastfeeding issues like cracked or sore nipples are also significant barriers (Alabi et al., 2020). Return to work is a major impediment, as many women face challenges in adhering to exclusive breastfeeding due to work schedules and lack of breastfeeding-friendly environments (Elemelu et al., 2022; Anazonwu et al., 2020). This often necessitates policies around maternity leave and workplace support to improve exclusive breastfeeding rates (Akadri & Odelola, 2024; Alayón et al., 2022). The most recognised benefit of exclusive breastfeeding to the mother in the Ife East study was the reduced risk of breast cancer (74.5%, 149 out of 200), followed by help with weight loss (16.5%). These findings are strongly supported by global and national evidence. Breastfeeding is known to reduce the risk of ovarian and breast cancers for mothers (Obeagu and Obeagu, 2024; Chipojola et al., 2022). Additionally, it aids in postpartum weight loss. The fact that a significant majority of mothers in the Ife East study recognised the breast cancer prevention benefit suggests that this message is effectively disseminated, likely through healthcare providers and awareness campaigns. Other benefits, like delaying the return of menstruation, were also identified, though by fewer respondents.

5. Conclusion

This study in Ife East Local Government Area provides valuable insights into exclusive breastfeeding practices, knowledge, and challenges within a specific Nigerian context. The demographic profile of participants, predominantly young, married, educated Yoruba civil servants, broadly reflects similar populations in Southwestern Nigeria, suggesting the findings may have relevance beyond the immediate study area. While mothers in Ife East demonstrate strong reliance on healthcare providers for breastfeeding knowledge and are aware of significant maternal benefits like reduced breast cancer risk (74.5%), there's a clear gap in adhering to the WHO-recommended six-month duration, with a large segment still aiming for 3-6 months. Challenges such as perceived inadequate milk supply, pain, and the impact of returning to work are significant barriers to successful exclusive breastfeeding.

The findings underscore the pivotal role of healthcare providers in educating and supporting mothers. However, effective interventions must also address systemic issues like uneven access to medical facilities and the need for greater family and workplace support. By implementing targeted educational initiatives, improving healthcare infrastructure, and fostering supportive environments, there is significant potential to improve exclusive breastfeeding rates and, consequently, maternal and child health outcomes in Ife East and similar communities across Nigeria.

6. Recommendations

Based on the findings from the Ife East study, here are key recommendations to enhance exclusive breastfeeding practices in the region: Intensify Education on Duration**:** While awareness of exclusive breastfeeding is high, a notable portion of mothers in Ife East (48.5%) still perceive the ideal duration as 3-6 months, falling short of the WHO's 6-month recommendation. Healthcare providers,

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who are already the primary source of information (46.0%), should consistently emphasise and clarify the critical importance of exclusive breastfeeding for the full first six months of life. This can be done through repetitive messaging during antenatal and postnatal care visits.

Improve Accessibility to Medical Facilities, Especially Antenatal Care**:** The study highlighted disparities in access to medical facilities, with some areas like Laisi ese having limited easy access (2.5%) and Ifelodun experiencing significant difficult access (3.0%). Given the statistically significant link between residence and access, efforts should focus on improving the geographical accessibility of healthcare facilities, particularly antenatal and postnatal clinics. This could involve establishing more community health centres, implementing mobile clinics, or improving transportation infrastructure to underserved areas.

Strengthen Healthcare Provider Training and Support**:** Healthcare providers are crucial for disseminating knowledge about breastfeeding benefits (recognised by 62.5% in the Ife East study) and providing education. Continued training for healthcare workers on comprehensive breastfeeding support, including effective counselling techniques for common challenges like perceived inadequate milk supply (37.0% respondents in the Ife East study) and pain/discomfort (28.0%), is essential.

Enhance Family and Community Support Systems**:** Emotional support (38.5% respondents in Ife East) and family involvement are vital. Programs should actively engage husbands and other family members in breastfeeding education, emphasising their role in providing practical and emotional support. Expanding and promoting community-based Mother Support Groups, as supported by UNICEF in Nigeria, can create supportive networks where mothers can share experiences and receive peer counselling.

Address Workplace Challenges for Breastfeeding Mothers**:** The challenge of returning to work was noted in the Ife East study and is a common barrier nationally. Advocacy for and implementation of breastfeeding-friendly workplace policies are crucial. This includes adequate paid maternity leave, designated private spaces for expressing milk, and flexible work arrangements that allow mothers to continue exclusive breastfeeding.

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