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Attitude and Practice of Exclusive Breastfeeding among Nursing Mothers in Nyita Ward, Donga, Taraba State

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ABSTRACT

The main purpose of this study was to assess the attitude and practice of exclusive breastfeeding among nursing mothers in Nyita Ward, Donga, Taraba State, Nigeria. Exclusive breastfeeding is an essential public health practice recommended for the first six months of neonatal and infant life due to its numerous nutritional benefits for both the infant and the mother These nutritional components include essential amino acids such as arginine, valine, histidine, isoleucine, lysine, and methionine. Despite these essential nutritional values, exclusive breastfeeding remains low in many African countries such as Ghana, Cameroon, Benin Republic, Chad, and Nigeria. A descriptive cross-sectional survey was conducted using the Statistical Package for the Social Sciences (SPSS). Findings revealed that 53.0 percent of respondents exhibited positive attitudes toward exclusive breastfeeding, while 63.1 percent practiced it effectively. The findings highlight the need for strengthened health promotion, education, and policy interventions to enhance the adoption of exclusive breastfeeding.

Keywords: EBF, Exclusive Breastfeeding UNICEF, United Nations Children's Emergency Fund

INTRODUCTION

Exclusive breastfeeding refers to a nutritional practice in which an infant is fed only breast milk from the mother, with no other liquids or foods except multivitamins or oral rehydration therapy, for the first six months of life (World Health Organization [WHO], 2023).

According to WHO/UNICEF (2017), despite the well-documented benefits of exclusive breastfeeding, including reduced risk of postpartum hemorrhage, ovarian cysts, and cancers in mothers, as well as protection against childhood killer diseases such as diarrheal illnesses, many women do not practice exclusive breastfeeding. This is often due to low income and workplace constraints. UNICEF reports that approximately six million deaths among children under five could be prevented if practice adequately. Adequate, exclusive breastfeeding, were not adequately addressed. Globally, 54 percent of child deaths are attributed to malnutrition. Sub-Saharan Africa accounts for about 49 percent of under-five mortality (Bain et al., 2013).

Nigeria accounts for a significant proportion of under-five mortality in West and Central Africa. Diarrheal diseases, dysentery, malnutrition, and environmental pollution remain leading causes of death, particularly

in urban and rural slum areas with poor sanitation and drainage systems.

Many regions do not adequately support exclusive breastfeeding programs due to poor funding and lack of policy commitment (Agho *et al*., 2019). Early initiation of breastfeeding has been shown to reduce under-five mortality and promote cognitive development and intelligence in children (Victora et al., 2016).

Breast milk is nutritionally superior to formula feeding, as it contains all essential amino acids and beneficial unsaturated fatty acids such as eicosapentaenoic acid and docosahexaenoic acid (Ziegler, 2006; Zhang *et al*., 2015). Breastfeeding protects infants from early neonatal and infant mortality and remains the optimal feeding practice (Victora et al., 2016). Therefore, the attitude and practice of exclusive breastfeeding among women should be emphasized, with policymakers providing clear guidelines to support adherence (Samuel and Oluwaeun, 2020; Sabo *et al*., 2023).

In Taraba State, many mothers do not practice exclusive breastfeeding adequately due to poor adherence and lack of support. The study was therefore intended to determine whether exclusive breastfeeding is practiced among nursing mothers in Nyita Ward, Taraba State, Nigeria. The study will assist in planning and programming interventions for breastfeeding mothers in Nyita Ward, Donga.

Purpose of the Study

The purpose of this study was to determine the attitude and practice of exclusive breastfeeding among nursing mothers in Nyita Ward, Donga, Taraba State, Nigeria. Specifically, the study aimed to highlight differences between mothers who practice exclusive breastfeeding and those who do not.

Research Question

What is the difference between mothers who practice exclusive breastfeeding and mothers who do not practice exclusive breastfeeding?

Hypothesis

The following hypotheses were postulated and tested at the 0.05 level of significance:

H_0: There is no significant difference between mothers who practice exclusive breastfeeding and those who do not.

MATERIALS & METHODS

A descriptive survey research design was used to determine the extent of attitude and practice of exclusive breastfeeding among nursing mothers in Nyita Ward, Donga, Taraba State, Nigeria.

The population comprised all breastfeeding mothers in Nyita Ward, Donga, Taraba State, estimated at 433. This estimate included all breastfeeding mothers attending the Primary Health Care Center in Nyita Ward, Donga (Planning and Statistics Division, Ministry of Education, 2019).

The sample size was 200 respondents, selected using a simple random sampling technique.

A questionnaire was developed for data collection. Content and face validity were established by five experts. The reliability of the instrument was determined using Cronbach's coefficient alpha (Cronbach, 1951). The reliability coefficient obtained was 0.72, which is considered acceptable, as instruments with reliability coefficients above 0.60 are regarded as reliable (Ogbazi and Okpala, 1994).

Responses obtained were entered into a computer and analyzed using the Statistical Package for the Social Sciences (SPSS). Frequency and percentage were used for data presentation, while Pearson correlation was used to test the hypotheses.

Ethical approval was obtained from the Ethical Committee of the Faculty of Health Sciences, Jalingo, Taraba State.

RESULT

The following result were derived from the following data analysed and were presented in Taraba as shown below:

Table 1: Demography data of Respondents

Variable	Group	Frequency	Percentage (%)
Age	<18	10	5.0
	18-29	68	34.0
	30-39	89	44.5
	40 & Above	33	16.5
	Total	200	100.0
Education qualification	No formal education	18	9.0
	Primary	36	18
	Secondary	80	40.0
	Tertiary	66	33.0
	Total	200	100.0
Occupation	House wife	63	31.5
	Farmer	43	21.5
	Business	73	36.5
	Civil servant	21	10.5
	Total	200	100.0
Age of baby	0-6 month	121	60.5
	More than 6 month	79	39.5
	Total	200	100.0

Source: Field Survey 2026

The demographic data indicate a predominantly middle-aged population with 44.5% aged 30-39 and 34% aged 18-9 while only 16.5% are 40 or older and 5% are less than 18. Educational qualification shows 40% have secondary education and 33% hold tertiary qualification though 18% have only primary education while 9 % lack formal education, occupation shows 36.5 are involved in business, 31.5 are house wife, 21.5 are farmers and 10% are civil servant regarding age of baby 60.5 are under six-month-old, with 39.5 % older than six months.

Table 2: Attitude towards Exclusive Breastfeeding

Questions	Responses	Frequency	Percentage (%)
Do you believe exclusive breastfeeding is beneficial to baby?	Strongly disagree	26	13.0
	Disagree	23	11.5
	Neutral	40	20
	Agree	35	17.5
	Strongly disagree	76	38.0
	Total	200	100.0
Do you thinking starting complimentary foods before 6 months is important?	Strongly disagree	40	20.0
	Disagree	31	15.5
	Neutral	40	20.0
	Agree	42	21.0
	Strongly agree	47	23.5
	Total	200	100.0
Exclusive breastfed babies are healthier than non-exclusive breastfed babies?	Strongly disagree	38	19.0
	Disagree	33	16.5
	Neutral	28	14.0
	Agree	42	21.0
	Strongly agree	59	29.5
	Total	200	100.0
Do you believe exclusive breastfeeding can present diarrhoeal and some child illness	Strongly disagree	22	11.0
	Disagree	30	15.5

	Neutral	47	23.5
	Agree	36	18.0
	Strongly agree	65	32.5
	Total	200	100.0
Exclusive breastfeeding is enough for the child for up to 6 months.	Strongly disagree	5	2.3
	Disagree	15	7.5
	Neutral	34	17.0
	Agree	66	33.0
	Strongly agree	80	40.0
	Total	200	100.0

Source: Field Survey 2026

On weather exclusive breastfeeding is beneficial to the body 76 (38.0%) strongly agreed, 35(17.5%) agreed 40(20.0%) were neutral, while 26 (13.0) strongly disagreed and 25 (11.5) disagreed. Regarding the importance of starting complimentary foods before six months 47 (23.5 %) strongly agreed, 42 (21%) agreed, 40 (20%) were neutral while 40 (20%) strongly disagreed and 31 (15.5%) disagreed. when asked if exclusively breastfed babies are healthier, 59 (29.5%) strongly agreed and 33(16.5%) disagreed on whether exclusive breastfeeding can prevent diarrhea diseases and other illness 65 (32.5%) strongly agreed, 36 (18.0%) agreed 47 (23.5%) were neutral, while 22 (11.0%) strongly disagreed and 30(15.0%) disagreed. Lastly on whether exclusive breastfeeding is sufficient for up to six months, 80 (40.0%) strongly agreed, 66 (33.0) agreed 34 (7.5%) disagreed. Averagely the responses are slightly higher than average (53.0%) indicating positive attitude.

Table 3: Practice of exclusive breastfeeding

Questions	**Responses**	**Frequency**	**Percentage (%)**
In the past 24hrs have you given your baby any liquids other than breastmilk? (for those whose babies are whose babies are within 6months	Yes	25	38.0
	No	75	62.0
	Total	200	100.0
Have you ever introduced any solid food for your baby before 6 months of age	Yes	62	31.0
	No	138	69.0
	Total	200	100.0
How do you respond when your baby seems hungry between regular breastfeeding	Breastfeed on	88	44.0
	demand give water	80	40.0
	Giving solid food	32	16.0
	Breastfeed on	200	100
Do you give colostrum (first breast milk after giving birth) to your baby.	Yes	155	77.5
	No	45	22.5
	Total	200	100.0

Among mothers with babies under six months 46(38.0%) reported giving liquid other than breast milk in the past 24hrs, while 75(62.0%) did not. Regarding when babies seemed hungry between regular breastfeeding 88(69.0%) don't fed on demand, 80 (40.0%) gave waters, and 32 (16.0%) provided solid food. Lastly 155 (77.5%) of mothers gave colostrum to their babies after birth, while 45 (22.5%) did not.

Averagely, the data shows 63.1% good practice.

Test of Hypotheses

Hypothesis One

H01: There is no significant relationship between respondents' age and attitude toward exclusive breastfeeding.

The Pearson correlation analysis revealed a negative relationship between respondents' age and their attitude toward exclusive breastfeeding ($r = -0.282$). The associated p-value was 0.000, which is less than the 0.05 level of significance. This result indicates that the relationship is statistically significant. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted, indicating that respondents' age significantly influences their attitude toward exclusive breastfeeding.

Table 4: Pearson Correlation between Respondents' Age and Attitude toward Exclusive Breastfeeding (N = 200)

Variables	Age	Attitude
Age	1.000	0.282
Attitude	0.282	1.000
Sig. (2-tailed)		0.000
N	200	200

Source: Field Survey 2026

Hypothesis Two

H02: There is no significant relationship between respondents' age of baby and practice of exclusive breastfeeding.

Findings from the Pearson correlation analysis showed a weak negative relationship between respondents' age of baby and the practice of exclusive breastfeeding ($r = -0.12$). The p-value obtained was 0.869, which is greater than the 0.05 level of significance. This indicates that the relationship is not statistically significant. Consequently, the null hypothesis was accepted, suggesting that the age of the baby does not significantly influence the practice of exclusive breastfeeding among the respondents.

Table 5: Pearson Correlation between Age of Baby and Practice of Exclusive Breastfeeding (N = 200)

Variables	Practice	Age of Baby
Practice	1.000	0.12
Age of Baby	0.12	1.000
Sig. (2-tailed)		0.869
N	200	200

DISCUSSION

Results from Table 2 demonstrate the important role attitude plays in exclusive breastfeeding for both the infant and the mother. A total of 76 respondents (38.0 percent) strongly agreed that exclusive breastfeeding is beneficial, while 35 respondents (17.5 percent) agreed. Forty respondents (20.0 percent) were neutral, while 26 respondents (13.0 percent) strongly disagreed and 23 respondents (11.5 percent) disagreed. Overall, responses were slightly above average (53.0 percent), indicating a positive attitude.

These findings align with the study by Okoroiwu *et al*. (2021), which assessed knowledge, attitude, and practice of exclusive breastfeeding among women attending antenatal clinics in Gwagwalada Area Council, Abuja.

Results from Table 3 show that the average proportion of respondents with good exclusive breastfeeding practice was 63.1 percent. This reflects the importance of breastfeeding practices within the community. Among mothers with infants under six months, 46 respondents (38.0 percent) reported giving liquids other than breast milk, while 75 respondents (62.0 percent) did not. Additionally, 80 respondents (40.0 percent) gave water, and 32 respondents (16.0 percent) provided solid foods before six months. Colostrum feeding was practiced by 155 respondents (77.5 percent).

CONCLUSION

The study concludes that there is a significant difference between respondents' attitudes toward exclusive breastfeeding and age, leading to rejection of the null hypothesis. However, the null hypothesis

was accepted regarding the relationship between age of the baby and practice of exclusive breastfeeding, indicating no significant association. Health promotion campaigns and breastfeeding education programs should be strengthened to improve adherence to exclusive breastfeeding practices. Husbands should be actively involved during antenatal clinics to support mothers and improve breastfeeding outcomes, thereby reducing neonatal and childhood diseases.

Declaration by Authors
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