



Knowledge And Attitudes Towards Exclusive Breastfeeding Among Nursing Mothers Attending Postnatal Clinic Within Gusau Metropolis, Zamfara State, Nigeria

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ABSTRACT

This research examined the attitudes and beliefs of mothers who were breastfed during postpartum care. A descriptive cross-sectional research design was used in the study, which involved interviewing 461 nursing mothers who attended postnatal clinics in medical facilities, using standardized questionnaires administered by trained research assistants. Of the 461 nursing mothers surveyed, 96% had negative views of exclusive breastfeeding, while 78% were aware of it. The study shows there is a big difference between what nursing mothers know about exclusive breastfeeding and how they feel about doing it, based on their visits to randomly selected postnatal clinics in the Gusau metropolis. Even though 78% of the nursing mothers knew the basic meaning of exclusive breastfeeding and everyone agreed it is good for the economy, there were still many wrong ideas about giving babies water or other drinks before they are six months old. Many mothers felt that breastfeeding exclusively was hard or not possible, and they said they would give their baby food or water if the baby kept crying a lot. These results show that just having more awareness might not be enough to help mothers practice exclusive breastfeeding better. Breastfeeding programs in Zamfara State should include correct health information along with hands-on advice for breastfeeding, involve families and the community, and tackle common beliefs that are rooted in culture. Special care should be taken to talk with mothers before and after childbirth, about baby crying, how they might feel thirsty, whether their breast milk is enough, and the dangers of giving water or other foods to the baby before six months.



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INTRODUCTION

After giving birth, the mother produces her first milk, which is known as colostrum. As the body's immune system that protects a newborn against infectious diseases, it is adequate for growth and development (Sharda Acharya et al., 2023). Preventing infection in infants through the laxative effect, high density, gut development, and colostrum protection is essential. From birth to the fourth day of life, the mother provides her baby with colostrum, and from the fifth day to two weeks, continues to give it until the fourth day of life, when the baby begins to experience transitional milk.

Campaigns by governments and NGOs in low-income countries often result in failure, unlike in many other situations (WHO, 2023; Apará et al., 2024). Knowing about a mother's attitudes and knowledge of exclusive breastfeeding is the primary factor that determines whether or not she will use it.

STATEMENT OF PROBLEM

First week of August, 2023, I have attended World Breastfeeding Week at Dr. Nadama Conference Hall, JB Secretariat, Gusau. It was there that I heard one of the speakers saying that the prevalence of exclusive breastfeeding in Zamfara State was below 50%. This data was so discouraging and needs serious attention to save the lives of young infants.

This is the beginning of the journey where the researcher planned to conduct research as part of his contribution to the community.

LITERATURE REVIEW

Concept of Breastfeeding

Breastfeeding refers to the process of obtaining milk from the breast or expressing milk from the breast, a feeding technique that has been used since the dawn of humankind and is a biologically appropriate way to feed the infant (WHO, 2023). Breastfeeding is the most efficient way to ensure that a child survives (WHO, 2023). The World Health Organization (WHO) states that breastfeeding is the most effective way to ensure a child lives due to the nutrients, hormones, enzymes, and antibodies in breast milk, as well as bioactive compounds necessary for the development of the baby (WHO, 2023).

According to the World Health Organization, breastfeeding is "the most effective way for a child to live" because it provides nutrients during the first six months of life and helps prevent children from developing diarrhea, respiratory tract infections or other childhood diseases.

Mothers has similar benefits to those of infants. Breast feeders can accelerate the development of uterine involution, reduce postpartum bleeding, delay fertility recovery, and lower the risk of type 2 diabetes, breast cancer or ovarian cancer (WHO, 2023). The mental health of these mothers is better, and they have a stronger emotional bond with their children. A number of African societies developed and used breastfeeding practices to uphold their cultural norms, while also providing infants with water, herbal remedies, glucose water during breastfeeding, and supplementary feeds. Although breast milk is a viable option, the practice of exclusively breastfeeding has resulted in some mothers continuing to feed their infants, increasing the likelihood of maternal morbidity and mortality (Apará et al., 2024).

Exclusive Breastfeeding

Only breast milk is provided to an infant during the first six months of life, with no other food or liquids except for prescribed medications such as vitamins, mineral supplements, or oral rehydration solution, in order to ensure proper breastfeeding. This type of infant feeding has been defined as exclusive breastfeeding by the WHO and UNICEF in 2023. In the first hour after birth, breastfeeding begins. Breast milk is only given to infants for a period of six months, while breastfeeding may continue up to two years or beyond and complementary foods start at exactly six months. Only breast milk, which contains sufficient amounts of proteins, fats and carbohydrates as well as vitamins, minerals and water, can be given to infants during the first six months of life. The belief that healthy babies don't need water during their initial six months of life is often contradicted by mothers who breastfeed, as breast milk contains enough water to hydrate them even in hot weather (WHO, 2023).

Despite the awareness, exclusive breastfeeding has become more common globally and is still not encouraged in developing countries. Past studies have shown that maternal education, employment, family support, cultural beliefs, healthcare services, and socioeconomic conditions are all factors influencing exclusive breastfeeding (Apará et al., 2024). Although efforts are underway to lower rates and improve public health, exclusive breastfeeding remains well below federal and international targets. The prevalence of exclusive breastfeeding in the northern states is lower due to traditional breastfeeding, maternal illiteracy, and limited access to health information (Apará et al., 2024).

Benefits of Exclusive Breastfeeding

Advantages for the Infant

Breastfed infants are given enough nutrients to grow (WHO, 2023). In addition to these compounds, the presence of growth factors and immunoglobulins in

breast milk can also promote the immune function of the infant. (WHO, 2023).

The risk of diarrhea, pneumonia, ear infections, and some infectious diseases is lower for babies who were exclusively breastfed when compared to those who received mixed-feeding. Also, exclusive breastfeeding leads to lower mortality rates and hospital stays, especially in developing nations (WHO, 2023). Also, in low-income nations, exclusive breastfeeding has been found to be effective in reducing hospital stays and mortality rates (WHO, 2023). However, breast milk contains polyunsaturated fatty acids that promote the development of infant brain tissue. Additionally, exclusive breastfeeding has been found to improve academic performance and cognitive abilities while also increasing emotional growth and decreasing the risk of childhood obesity, diabetes, allergies, asthma, or cardiovascular disease in adults (WHO, 2023; Apará et al., 2024).

Advantages for mothers

Breastfeeding, along with oxytocin release, increases uterine contraction, reduces the risk of postpartum hemorrhage, and aids in postnatal recovery. Breastfeeding often inhibits ovulation, leading to lactational amenorrhea, which is an organic consequence of birth spacing. The continuing to breastfeed reduces the risk of osteoporosis, cardiovascular disease, breast cancer, ovarian cancer and hypertension, as well as type 2 diabetes mellitus. Furthermore, it strengthens the bond between mother and infant and reduces postpartum depression and maternal trust in caring for infants (WHO, 2023).

Economic Benefits

Exclusive breastfeeding is a cost-effective method for feeding an infant. What are the benefits? The method of feeding is not baby formula and does not involve the cost of sterilization bills, baby bottles, or conventional feeding. While the government reduces hospital admissions and childhood illnesses while saving money for the health sector, families save a decent amount of money (WHO, 2023). Increased breastfeeding rates at the federal level enhance the child's survival odds, foster the growth of human resources, and boost economic output. Moreover, Better breastfeeding has been shown to prevent thousands of child deaths each year and reduce ongoing healthcare expenses (WHO, 2023; Apará et al., 2024).

Methods.

Study Area: We conducted a study in the Gusau metropolis, the state capital of Zamfara State, where

elites and business people resided, by randomly choosing health facilities.

Study Design: A cross-sectional study was conducted in a descriptive manner, where nursing mothers who attended postnatal clinics at randomly selected facilities were interviewed and provided with relevant information.

Study Population: At randomly selected health facilities, only nursing mothers who were attending the postnatal clinic were included in the study population.

Sample/Sampling Techniques: In seven health facilities selected at random through balloting for sampling techniques. By voting, the sample was split in half, Farida General Hospital was designated as the secondary care hospital, while Yariman Bakura Specialist Hospital became the primary source of tertiary care. Dr. Karima PHC, Shagari PHC, Kwata PHC, Gada-Biyu PHC, and Sabon Gari Primary Health Centre, represented primary healthcare centre. To ensure a consistent and accuracy of sample size for swarmed health facilities, the formula was used to determine the sample size of nursing mothers.

$$n = Z^2pq/d^2$$

The degree of accuracy desired for a variable is defined as: $d = 0.05$. When q is divided by p , the value is 1. $p = 50\%$ What is the numerical value of n : $(1.96)^2 * 0.5 * 0.5 / (0.05)^2$
 $n = 384.16$. 0.5×0.0025 .

$n = 384.16$, approximately 384, adding 20% for non-response gives 461.

Validity of the instrument: This has been utilized by other researchers together with data.

Reliability of the instrument: is one that can be considered unchanging.

Data Collection: The collection of data involved research assistants who filled out a verified questionnaire and interviewed 461 nursing mothers at postnatal clinics. A predetermined questionnaire was formulated.

Data Analysis: SPSS version 26 was used.

Ethical Approval: The researcher was granted ethical approval from three organizations, namely State Ethical Research Health Committee, Yariman Bakura Specialist Hospital and the State Primary Health Care Board, before collecting field data.

RESULTS AND DISCUSSION

Table 2. Socio – Demographic characteristics

Age status	Frequency (N= 461)	Percentage (n/461) x 100
< 24	100	22%
25 – 34	250	54%
35 – 44	80	17%
>45	31	7%
Marital status	Frequency (N= 461)	Percentage (n/461) x 100
Number of married nursing mothers	410	89%
Number of divorce nursing mothers	40	9%
Number of widow nursing mothers	11	2%
Occupation	Frequency (N = 461)	Percentage (n/461) x 100
Number of unemployed	435	94%
Number of traders	15	3%
Number of civil servants	11	2%
Education status	Frequency (N = 461)	Percentage (n/461) x 100
Number of nursing mothers who acquired Primary education	15	3%
Number of nursing mothers who acquired Islamiya education	59	13%
Number of nursing mothers who acquired Secondary education	300	65%
Number of nursing mothers who acquired Tertiary education	87	19%
Obstetric history status	Frequency (N= 461)	Percentage (n/461) x 100
Gravity:		
Number of nursing mothers with first pregnancy	150	33%
Number of nursing mothers with		

second pregnancies	209	45%
Number of nursing mothers with third and above pregnancies	102	22%
Parity:		
1-5	318	69%
>5	143	31%
Number of living children	1, 020	
Number of death children	50	

Table 3. Knowledge of nursing mothers towards exclusive breastfeeding

Variables	Frequency (N = 461)	Percentage (n/461)*100
Is exclusive breastfeeding mean giving a new baby (birth to 6 months) breast milk only, without any other food, solid, or liquid (including water)?	360	78%
Is exclusive breastfeeding mean giving a new baby (birth to 6 months) breast milk and water only?	100	22%
Is breast milk provides all the essential nutrients need for the growth and development of the child?	215	47%
Is breast milk an ideal food for infants less than 6 months of age?	95	21%
Is exclusive breastfeeding cheaper and safer than formulas?	460	100%
Is exclusive breastfeeding recommended by WHO?	84	18%
Infants who are not exclusively breastfed are more likely to be exposed to diseases than those who are exclusively breastfed?	95	21%
Is breast milk contents high quality nutrients than that of cow milk and formulas?	387	84%
Is exclusive breastfeeding more economical than otherwise?	460	100%
Is there an association between exclusive breastfeeding during early infancy and subsequent performance on standardized intelligence tests in children?	60	13%

Table 4. Attitudes of nursing mothers towards exclusive breastfeeding

Variables	Frequency (N = 461)	Percentage (n/461) x 100
Do you think exclusive breastfeeding for the first six months is importance?	379	82%
Do you believe babies need water before six months of age?	386	84%
Do you have confident that breast milk alone can meet an infant's nutritional needs for six months?	312	68%
Do you think exclusive breastfeeding is worth the effort required?	401	87%
Do you recommend exclusive breastfeeding to other mothers?	120	
Do you believe that the benefit of exclusive breastfeeding are often exaggerated?	393	85%
Do you agreed that giving other liquids before six months does not harm the baby?	432	94%
Do you have the opinion that exclusive breastfeeding is not practicable in today's society?	434	94%
Do you have courage to give food or water to a baby who cries frequently?	442	96%
	411	89%
Do you believe that exclusive breastfeeding is too difficult for mothers to put into practice?	435	95%
Do you in support of idea that babies should be given water in addition to breast milk before six months of age?		

Discussions

This study looked at how much nursing mothers know and feel about exclusive breastfeeding among women who visit postnatal clinics at certain health centers in Gusau metropolis, Zamfara State. The main result was a big difference between people's basic understanding of what exclusive breastfeeding means and their beliefs about how to actually do it. While 78% of people correctly knew that exclusive breastfeeding is best, many also thought that babies need water or other drinks before they are six months old. According to the World Health

Organization and UNICEF, exclusive breastfeeding means giving a baby only breast milk for the first six months of their life. No other food or drink, including water, should be given during this time, except in certain medical cases where a doctor might recommend things like oral rehydration solution or specific vitamins, minerals, or medicines.

WHO suggests that babies should be breastfed exclusively for the first six months, because breast milk gives all the nutrients and water that healthy babies need during this time. The result showing that 78% of mothers

gave the right definition of exclusive breastfeeding, shows that there is a fairly good level of basic understanding. However, the fact that 22% thought water could be given with breast milk, shows a key misunderstanding in their thinking. More importantly, 84% thought that babies need water before six months, 94% believed giving other drinks during this time isn't harmful to the baby, and 95% agreed that giving water along with breast milk is good. This means that just knowing the words related to exclusive breastfeeding doesn't always mean someone understands or agrees with the recommended way to feed babies. The common idea that babies need a lot of water might show strong cultural and family beliefs about how thirsty infants are, especially in places with hot weather. Such beliefs can be supported by family members, people in the community, and those from earlier generations.

WHO says that healthy babies under six months don't need extra water because breast milk gives them all the water they need, even when it's hot outside. Therefore, breastfeeding programs in this area need to tackle the wrong belief that breast milk does not provide enough water for a baby's needs. Another key result showed that 96% of the people surveyed said they would provide food or water to a baby that cried a lot. This result is especially important because when a baby cries, adults might think the baby is hungry or thirsty. If a baby is often seen as not getting enough breast milk because they cry, some mothers might give them water or other foods before they are six months old.

Breastfeeding counseling should also give real advice on typical ways babies feed, how they show they're hungry, how often to breastfeed, and how to get help from professionals if moms are worried about having enough milk. The study also found big worries about how easy it is to only breastfeed. Most people thought that breastfeeding exclusively is too hard to do, with 89% finding it difficult. Also, 94% believed it's not really possible to do in today's society. These results show that giving people information alone might not be enough to make a big difference. Mothers need real help to deal with problems when breastfeeding, and healthcare workers should be trained to give the right advice and support. WHO says that having skilled people who can help and talk to mothers about breastfeeding is really important for them to start and keep up with exclusive breastfeeding. Many people who answered the survey noticed that exclusive breastfeeding has strong financial benefits. All the people who answered said that breastfeeding only is less expensive and more

safe compared to using formula or other feeding ways. This means that people understand the benefits of breastfeeding for the baby's health and development, even if some other ideas or beliefs make it hard for mothers to breastfeed exclusively. The study shows that deciding how to feed an infant involves many different factors: money alone might not be enough to change cultural beliefs, what parents think their baby needs, and what others around them expect. The results also show that family and community effects need more focus. Breastfeeding choices are usually made in the context of a family and wider social setting. So, including husbands, grandmothers, mothers-in-law, community health workers, religious leaders, and other people who are respected in the community can help spread correct information and lessen wrong beliefs. Communication at the community level should support the counseling given during antenatal and postnatal care. The results have important effects on programs aimed at improving the health of mothers and children in Zamfara State. Breastfeeding efforts should shift from broad awareness programs to actions that target specific beliefs and misunderstandings found in this study. Key messages should tell mothers that exclusive breastfeeding means not giving any water or other drinks for the first six months. They should also give mothers real help with everyday worries like when babies cry a lot and when they think they don't have enough milk. The results should still be understood considering how the study was set up and the limits in

how things were measured. The cross-sectional design doesn't let us know if one thing causes another. Second, the participants were chosen from certain health facilities in Gusau metropolis, so they might not include nursing mothers who don't visit health facilities or mothers living in rural areas of Zamfara State. Third, the responses were given by the people themselves, so they might not be completely accurate because people might forget things or say what they think is right rather than what really happened. The available results don't give a clear idea of how common exclusive breastfeeding is because they didn't measure actual breastfeeding practices using the right kind of indicator for infant feeding. Future research should look into real exclusive breastfeeding practices and examine the cultural, family, and healthcare system reasons why water and other foods are given too early. The study shows there is a big difference between what mothers know about exclusive breastfeeding and how they really feel about doing it in real life. Although most people knew the basic meaning of exclusive breastfeeding and understood its cost benefits, there were still many wrong beliefs about needing to give water or other drinks

before six months. The results show that many people believe babies need water, think it's okay to give them other drinks before six months, and often give food or water when babies cry a lot. These beliefs can be big obstacles to achieving the best possible exclusive breastfeeding. Therefore, breastfeeding programs in Gusau metropolis and other similar areas

should not just focus on raising awareness. They need to mix correct information with real help on breastfeeding, involve families and the community, use communication that fits different cultures, and provide ongoing support from healthcare workers who are properly trained.

Recommendations

1. Strengthen antenatal and postnatal breastfeeding counselling: Health workers should give clear and helpful advice about what exclusive breastfeeding means and why it is good for both baby and mother. They should also talk about any wrong ideas people might have before and after the baby is born.
2. Address misconceptions about water: Breastfeeding education needs to clearly tell that healthy babies under six months old don't need extra water, even when it's very hot outside.
3. Provide practical support for mothers: Mothers need help with learning how to breastfeed properly, understanding when their baby is hungry, feeding often, and worrying about whether they have enough milk.
4. Engage husbands and family members: Breastfeeding programs need to include husbands, grandmothers, mothers-in-law, and other people who make decisions in the family because the beliefs of family members can affect how babies are fed.
5. Expand community-based interventions: Involve community health workers, religious leaders, traditional leaders, and women's groups to help spread correct breastfeeding information and correct wrong beliefs that are based on culture.
6. Strengthen health-worker capacity: Health workers who provide care for mothers and children should get ongoing training in how to give guidance on breastfeeding and offer hands-on support for lactation.
7. Improve tracking of breastfeeding practices: Health programs should regularly check on proper feeding practices for infants and young children, not just depend on what people say they know.
8. Do more in depth research: More studies should look into why mothers find exclusive breastfeeding hard or not possible and examine how family, cultural, and community habits affect when babies are given water or other foods too early. Future studies should include more mothers from both urban and rural areas in Zamfara State to better understand and represent the general knowledge, attitudes, and real practices related to exclusive breastfeeding.

Conclusion

The study shows there is a big difference between what nursing mothers know about exclusive breastfeeding and how they feel about doing it, based on their visits to selected postnatal clinics in the Gusau metropolis. Even though 78% of the nursing mothers knew the basic meaning of exclusive breastfeeding and everyone agreed it is good for the economy, there were still many wrong ideas about giving babies water or other drinks before they are six months old. Many mothers felt that breastfeeding exclusively was hard or not possible, and they said they would give their baby food or water if the baby kept crying a lot. These results show that just having more awareness might not be enough to help mothers practice exclusive breastfeeding better. Breastfeeding programs in Zamfara State should include correct health information along with hands on advice for breastfeeding, involve families and the community, and tackle common beliefs that are rooted in culture. Special care should be taken to talk with mothers before and after childbirth, about baby crying, how they might feel thirsty, whether their breast milk is enough, and the dangers of giving water or other foods to the baby before six months.

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