East African Scholars Journal of Medical Sciences
Abbreviated Key Title: East African Scholars J Med Sci
ISSN: 2617-4421 (Print) & ISSN: 2617-7188 (Online)
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-9 | Issue-5 | May-2026 | DOI: https://doi.org/10.36349/easms.2026.v09i05.006

Original Research Article

Exclusive Breastfeeding Practices and Associated Factors among Mothers with Children 6-24 Months in Yenagoa, Bayelsa State, Nigeria

Dr. OZIGBO Chinelo Juliana[1]*

[1]Senior Lecturer / Consultant Paediatrician, Department of Paediatrics and Child Health Bayelsa Medical University, Yenagoa, Bayelsa State, Nigeria

Article History
Received: 11.03.2026
Accepted: 07.05.2026
Published: 19.05.2026

Journal homepage:
https://www.easpublisher.com

Quick Response Code

Abstract: Exclusive breastfeeding (EBF) in the first 6 months of life is the most effective way to ensure a child's survival and optimal development. Despite its benefits, the rates in many countries including Nigeria remain below global targets. This study assessed the knowledge and practice of EBF and identified factors associated with its practice among mothers in Yenagoa, Bayelsa State, Nigeria. A multi-facility cross-sectional study was conducted among 280 mothers of children aged 6–24 months at three healthcare facilities in Yenagoa. Data were collected over three months using a face to face administered structured questionnaire. Statistical analysis was performed to identify factors associated with EBF practice. Results obtained showed that EBF awareness was high, with 94.6% of respondents having heard of it, and 97.1% correctly defining it. Only 21.7% of mothers practiced EBF for the recommended six months. Key barriers included returning to work (38.2%) and perceived milk inadequacy (31.9%). Statistically significant factors positively associated with EBF practice included breastfeeding on demand (p=0.006), maternal conviction of breast milk adequacy (p=0.0007), work-related support for EBF (p=0.003), and family support for EBF (p=0.017). Conversely, mothers who perceived EBF as exhausting/inconveniencing were significantly less likely to exclusively breastfeed (p=0.0001), as well as those who could afford infant formula (p=0.001). This calls for strategies to address the identified huge EBF knowledge –practice gap through strategies that enhance workplace support for EBF, targeted breastfeeding health education for both mothers and available family members and addressing wrong perceptions that impact negatively on EBF.

Keywords: Exclusive Breastfeeding, Maternal Knowledge, Practice, Associated Factors, Yenagoa, Bayelsa State, Nigeria.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Exclusive breastfeeding (EBF) which entails giving infants only breast milk, with no other fluid or solid, including water, except oral medicines, re-hydration solutions, vitamins or minerals, in the 1st 6month of life is recommended by the World Health Organization (WHO) as the most effective way to ensure child's survival, good health, with optimal growth and development, (UNICEF, 2018; WHO, 2023). Thereafter, safe and nutritionally adequate complementary feeds should be introduced and breastfeeding continued till 2 years of age or more in order to meet the child's evolving nutritional needs. This is because breast milk not only provides adequate calorie and nutrients in the 1st 6 months of life, but an ideal balance of bio-active factors, and antibodies that protects the infant against leading causes of childhood mortality, such as pneumonia and diarrhea (Muro-Valdez *et al*., 2023; Roghair, 2024). EBF is also associated with improved cognitive development for the infant, healthy weight gain, and reduced lifetime risk of chronic conditions like obesity and diabetes (Froń & Orczyk-Pawiłowicz, 2024; Zhu *et al*., 2025).

Despite the huge benefits of breastfeeding, and efforts to improve it through various global initiatives, a significant number of babies are still not adequately breastfed with only about 48% of infants below six months being exclusively breastfed globally as of 2024 (WHO, 2025). Across the world regions, among infants aged 0-5 months, South Asia has the highest EBF rate of 60% which is above the global rate, West and Central Africa had 37% while North America had the lowest rate of 26%. (UNICEF, 2025). In a study of 25 countries in sub-Saharan Africa, Burundi had the highest rate of 83% while the lowest was 19% from Gabon (Koray *et al*., 2025). In Nigeria, the national EBF rate is 29% (Federal Ministry of Health and Social Welfare [FMoHSW] *et al*.,

***Corresponding Author:** OZIGBO Chinelo Juliana
Senior Lecturer / Consultant Paediatrician, Department of Paediatrics and Child Health Bayelsa Medical University, Yenagoa, Bayelsa State, Nigeria

2024), with rates of 20% to 70% reported in many studies (Adebayo *et al*., 2021; Adeyemo *et al*., 2024; Ezeogu *et al*., 2025; Sabo *et al*., 2023; Uzoma *et al*., 2024; Yakubu *et al*., 2023).

Factors affecting EBF vary over time and between communities. Kalhor *et al*., (2025) in their systematic review and meta-analysis identified maternal knowledge of the benefits of breastfeeding, higher educational level, maternal family support, early breastfeeding, and higher family economic as factors associated with EBF. Koray *et al*., (2025) however reported that more educated mothers were less likely to practice EBF. The effect of sociocultural factors, misconceptions, availability of breast milk substitutes with knowledge-practice gap in EBF were reported among Nigerian mothers (Apara *et al.,* 2024; Oputa-Uzoukwu & Joseph, 2026), while various socio-demographic were found to be facilitators and barriers to EBF in a study from Ghana. (Mohammed *et al*., 2023). Understanding factors associated with EBF in any locality is key to planning strategies for its improvement. In Bayelsa state, Nigeria the knowledge and practice of EBF among mothers was explored in a community-based study but associated factors were not explored (Peterside *et al*., 2013); EBF has also been evaluated among working-class mothers (Dotimi *et al*., 2022), and among infants discharged from a Neonatal Unit (Areprekumor *et al*., 2024). This study aims to evaluate the knowledge and practice of exclusive breastfeeding and factors associated with its practice among mothers with children aged 6-24 months, attending selected health care facilities in Yenagoa, Nigeria.

MATERIALS AND METHODS

Study Area

The study was carried out in Yenagoa Local Government Area (LGA) of Bayelsa State in the Niger Delta region of Southern Nigeria with an area of 706km^2 and a projected population of 470,800 as at 2016. The study sites were the Well Child's Clinic (WCC) three healthcare facilities: Diete Koki Memorial Hospital (DKMH) Opolo, a general hospital; Comprehensive Health Centre (CHC) Azikoro and Federal Medical Center (FMC) Yenagoa, a tertiary health institution. These are all strategically located and highly patronized for maternal and child health care services in the locality.

Study Design

A multi-facility, descriptive, cross-sectional study in which structured questionnaire was used to obtain sociodemographic and other relevant data on EBF from mothers of children aged 6 months to 24 months attending the WCC of the study sites over 3 months, from August to October 2025.

Study Population

Mothers with children aged from 6 completed months to 24 months attending the WCC of the three study sites who gave informed consent for the study.

Sample Size Estimation

Sample size was calculated for each study site using the Yamane formula below, suitable for calculating sample size for proportions. (Singh & Masuku, 2014).

$$n = \frac{N}{1 + N\,(e^2)}$$

Where n is the required sample size, N the population size, and e^2 the Level of precision (Margin of error = 0.05 for 5%).

The population size and required sample size for each site over the three months of study were as follows: DKMH, Yenagoa - N = 150, n = 109; CHC, Azikoro - N = 110, n = 86, and FMC, Yenagoa - N = 105, n = 83, giving a total minimum sample size of 278. Two hundred and eight (280) respondents were evaluated with the minimum sample size met for each site.

Data Collection

Interviewer administered structured questionnaire was used to collect data face-to-face from the eligible mothers. The content of the questionnaire addressed the research questions and included sections on the sociodemographic characteristic of the mother, the child's details, breast feeding and exclusive breastfeeding details as well as potential barriers to exclusive breast feeding. Research assistants were recruited and trained to administer the questionnaire. The purpose of the study was written and handed over to each mother, content was read and explained to illiterate mothers in an appropriate language. They were informed that this study was completely voluntary with no impact on their access to healthcare in the facility. Written consent was obtained from the mothers before the questionnaire was administered.

To ensure reliability of the questionnaire, they were pretested on 30 mothers of children aged 6 months to 2 years in a healthcare facility in Bayelsa State which was not part of the study site. Responses from these pre-test questionnaires were not included in the study.

Data Analysis:

Data collected was entered into Microsoft Excel spreadsheet for cleaning and coding, then exported into IBM SPSS Statistics Version 25 for analysis. Data was presented using tables with continuous data expressed as means/standard deviations and categorical data expressed as frequencies and percentages. Association between the practice of EBF and sociodemographic and other factors was tested using the chi-square (χ^2) test while odds ratios (OR) and 95% confidence intervals (CI) were computed to measure the strength and direction of associations. The level of statistical significance was set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the Bayelsa State Ministry of Health Ethical Committee with the

following approval details: BY/SMOH/HPRS/HP/19/VOL.1/2025 before the study is commenced. Informed consent was also obtained from the mothers before they were enrolled. The questionnaire was coded with no personal identifier traceable to any respondent. All information obtained was treated with confidentiality.

RESULTS

As presented in Table 1, the largest age group was 20–29 years, (130; 46.4%) while the mean age of respondents was 29.60 ± 5.95 years. The highest proportion of respondents were married (169; 60.4%), Christian (262; 93.6%), had a minimum of university education (195; 69.6%), were employed in the government sector (98; 35.0%) and earned between ₦1.5M and ₦9.9M. (133; 47.5%)

Table 1: Sociodemographic characteristics of respondents

Variable	Frequency (n=280)	Percentage (%)
Age (years)		
≤19	11	3.9
20-29	130	46.4
30-39	119	42.5
40-49	20	7.1
Mean age ± S.D.: 29.60±5.95 years		
Marital status		
Cohabiting	63	22.5
Divorced or separated	11	3.9
Married	169	60.4
Single	35	12.5
Widowed	2	0.7
Religion		
Christian	262	93.6
Eckankar	1	0.4
Muslim	15	5.4
None	2	0.8
Educational level		
No formal education	4	1.4
Primary	7	2.5
Secondary	29	10.4
Post-secondary	45	16.1
University/Higher institution	195	69.6
Employment status at delivery of index child		
Employed in government	98	35.0
Employed in private sector	80	28.6
Self-employed	75	26.9
Unemployed	27	9.6
Income range		
Less than ₦300,000	26	9.3
₦300,000 – ₦1.49M	113	40.4
₦1.5M – ₦9.9M	133	47.5
₦10M – ₦24.9M	5	1.8
₦25M – ₦79.9M	3	1.1

S.D.: Standard deviation

Characteristics of the Index Children of Respondents

Table 2 shows that most of the children were them aged 6–12 months, (201; 71.8%) with mean age 9.54 ± 5.92 months; majority were males (199; 71.1%), most of the mothers had 1 to 3 births (237; 84.6%) received ANC for the index child (265; 94.6%), most commonly at a government health facility, 200 (75.5%) and most of the deliveries were in government healthcare facilities (179; 63.9%). Most of the children had not experienced any major illness since delivery (247; 88.2%). Among 33 (11.8%) of children who had, the most frequently reported condition was Neonatal jaundice (14; 42.4%).

Table 2: Characteristics of children of respondents

Variable	Frequency (n=280)	Percentage (%)
Age of index child (months)		
4 – 5	41	41.6
6 – 12	201	71.8
13 – 24	34	12.1
>24	4	1.4
Mean age ± S.D.: 9.54±5.92 months		
Sex of index child		
Female	81	28.9
Male	199	71.1
Total number of births of respondent		
1 – 3	237	84.6
4 – 6	41	14.6
7 – 9	2	0.8
Receive antenatal care for index child		
Yes	265	94.6
No	15	5.4
Where antenatal care was received		
Government health facility	200	75.5
Private health facility	54	20.4
Traditional Birth Attendant	11	4.2
Where delivery was taken		
Government health facility	179	63.9
Private health facility	47	16.8
Traditional Birth Attendants' home	24	8.6
At home	30	10.7
Experience of major illness event		
Yes	33	11.8
No	247	88.2
Illness experienced		
Jaundice	14	42.4
Malaria	12	36.3
Prematurity	2	6.0
Fever	2	6.0
Congenital heart disease	1	3.0
Eye defect	1	3.0
Low blood sugar	1	3.0

S.D.: Standard deviation

Knowledge of Exclusive Breastfeeding

As presented in Table 3, majority of the respondents (265; 94.6%) had heard of exclusive breastfeeding, their most common source of information was from friends/relations, (135; 51.0%). Most respondents correctly defined exclusive breast feeding as giving a child only breastmilk, without water or other feeds/drinks in the first 6 months of life, (272; 97.1%) and early initiation of breastfeeding as initiating breast feeding within 1 hour of birth (257; 91.8%). Most mothers knew the advantages of exclusive breastfeeding and over 90% of them reported it was inexpensive, (265; 94.6%), contained the right amount of nutrients and water, (263; 93.9%) and was readily available (262; 93.6%).

Table 3: Knowledge of exclusive breastfeeding among respondents

Variable	Frequency (n=280)	Percentage (%)
Ever Heard of exclusive breastfeeding		
Yes	265	94.6
No	15	5.4
Main source of information		
Antenatal clinic	66	24.9
Doctor / nurse	50	18.5

Variable	Frequency (n=280)	Percentage (%)
Friends/relations	135	51.0
Media (TV, radio, social)	12	4.5
From Traditional Birth Attendants	2	0.8
Mothers' understanding of EBF		
Giving child only breastmilk, without water or other feeds/drinks in 1st 6 months of life	272	97.1
Giving child breastmilk and water only in 1st 6 months of life	5	1.8
None of the above	3	1.1
Mother's understanding of early initiation of breastfeeding		
Within 1hr of birth	257	91.8
From the 2nd hour - 24 hours of birth	21	7.5
Whenever you start having breast milk	2	0.8
Perceived advantages of EBF (multiple responses)		
Inexpensive	265	94.6
Readily available	262	93.6
Contains right amount of nutrients and water	263	93.9
Facilitates child-mother bonding	235	83.9
Protects baby from infections	231	82.5

Respondents' Practices of Breastfeeding

Table 4 shows that majority of respondents ever breastfed their children 244 (87.1%). Among the 36 respondents that did not, the most frequently reason was that they were asked by the doctor not to breastfeed 26 (72.2%). Among those that breastfed, 196 (80.3%) started breastfeeding within 1 hour of delivery. Among those that didn't initiate breastfeeding early, the most frequently reason for not doing so was delivery by caesarean section, 24 (50.0%). Most mothers gave their babies colostrum (234; 95.9%) and breastfed on demand 195 (79.9%). Over half of the mothers (140; 57.4%) breastfed their babies for 6 to 12 months. Only 53 (21.7%) breastfed exclusively for 6 months while the highest proportion of respondents (103 42.2%) breastfed exclusively for over 3 months but less than 6 months.

Table 4: Practice of breastfeeding among respondents

Variable	Frequency (n)	Percentage (%)
Ever breastfed this child		
Yes	244	87.1
No	36	12.9
If no, why was this (n=36)		
I was sick	5	13.9
I never lactated	3	8.3
I was asked by the doctor not to breastfeed	26	72.2
I chose not to breastfeed for medical reasons	1	2.8
Child was adopted	1	2.8
After birth, breastfeeding started within 1 hour of delivery (n=244)		
Yes	196	80.3
No	48	19.7
If no, why? (N=48)		
Mother had caesarean section	24	50.0
Mother was very sick	9	18.8
Premature baby	5	10.4
Sick baby	1	2.1
Other reasons	9	18.8
Baby given colostrum		
Yes	234	95.9
No	10	4.1
Approach to breastfeeding child (n=244)		
On demand (any time baby wants)	195	79.9
When convenient	41	16.8
At fixed time intervals	8	3.3
Duration of breastfeeding (months) [n=244]		
1 to < 3	3	1.2

Variable	Frequency (n)	Percentage (%)
3 to < 6	81	33.2
6 to 12	140	57.4
>12	20	8.2
Duration of only breastfeeding (months) (n=244)		
1 to < 3	84	34.4
3 to < 6	103	42.2
Up to 6	53	21.7
> 6	4	1.6

Practice of Exclusive Breastfeeding among Respondents

The rate of exclusive breastfeeding in this study among the 244 mothers that ever breastfed was 21.7% while a total of 191 (78.3%) babies did not have exclusively breastfeeding going by its definition. The most reported reason for not practicing EBF was that they returned to work and could no longer cope by (46; 32.2%) followed closely by perceived inadequacy of breastfeeding (41; 28.7 %). The most commonly reported fluid or feed given apart from breast milk was infant formula, 83 (43.5%).

Table 5: Practice of Exclusive breastfeeding among respondents

Variable	Frequency (n)	Percentage (%)
Mothers that practiced EBF (n=244)		
Yes	53	21.7
No	191	78.3
Reasons for not practising EBF (n=191)		
Perceived inadequacy of breast milk	61	31.9
Returned to work and could no longer cope	73	38.2
Got tired	29	15.2
Perception that child was thirsty	23	12.0
Others	5	2.6
Main fluid/feed apart from breast milk given to child in 1st 6 months (n=191)		
Water	51	26.7
Infant formula	83	43.5
Pap or other cereals	41	21.5
Others	16	8.4

Potential Barriers to the Practice of Exclusive Breastfeeding

Most respondents (209; 85.7%), reported being convinced that breastmilk was adequate for their child until 6 months of age and124 (50.8%) responded that their jobs or businesses did not allow for the practice of EBF. In addition, majority of the mothers (153; 62.7%) reported that EBF was exhausting and that they would feed child with infant formula in the first 1st 6 months of life if affordable (199; 81.6%). Only 39 (16.0%) mothers were worried about physical changes such as weight gain and saggy breast following EBF and 212 (86.9%) acknowledged having the skills to exclusive breastfeed. Majority 186 (76.2%) received support from family members to practice EBF, a little over half of the respondents 142 (58.1%) found breastfeeding in public uncomfortable and a hinderance to EBF, 147 (60.2%) indicated that cracked and sore nipples hinder breastfeeding while bitter breastmilk hinders EBF while 78 (32.0%) reported that sour or bitter breastmilk hinders EBF.

Table 6: Potential barriers to the practice of exclusive breastfeeding

	Frequency (n=244)	Percentage (%)
Convinced that breastmilk is adequate for child till 6 months of age		
Yes	154	63.1
No	90	36.9
Job/business supports the practice EBF		
Yes	120	49.2
No	124	50.8
The practice of EBF is exhausting (tiring)		
Yes	153	62.7
No	91	37.3

	Frequency (n=244)	Percentage (%)
Mother will give infant formula in 1st 6 months if affordable		
Yes	199	81.6
No	45	18.4
Worried about the effect of EBF on body e.g. weight gain, saggy breast.		
Yes	39	16.0
No	205	84.0
I have the skills to practice EBF		
Yes	212	86.9
No	32	13.1
Support from family members to exclusively breastfeed		
Yes	186	76.2
No	58	23.8
Breastfeeding in public is uncomfortable and hinders EBF.		
Yes	142	58.2
No	102	41.8
Breast problems (e.g. cracked or sore nipples, engorgement) hinder EBF (n-244)		
Yes	147	60.2
No	97	39.8
Sour or bitter breastmilk hinders EBF (n=244)		
Yes	78	32.0
No	166	68.0

Factors Associated with the Practice of Exclusive Breastfeeding among Respondents

Table 7 shows the association between socio-demographic factors with the practice of EBF. Statistically significant association was not found between any of the sociodemographic factors evaluated and the practice of EBF. Associations between child factors, evaluated potential barriers and other factors with EBF are shown in Table 8. Significant associations were found between the following 6 factors and EBF: Approach to breastfeeding ($\chi2 = 8.222$; $p = 0.006$) with those who breastfed on demand 6.5x more likely to practice EBF than those that did not. (OR = 6.543; C.I = 1.526 – 28.059); being convinced that breastmilk was adequate for child till 6 months of age ($\chi2 = 11.52$; $p = 0.0007$) with those who were convinced 3.6 times more likely to exclusively breastfeed compared to those who were not (OR = 3.60; C.I = 1.66 – 7.79) and with job or business allowing for exclusive breastfeeding ($\chi2 = 9.518$; $p = 0.003$) with those whose job allowed for it more likely to practice EBF than their counterparts. (OR = 0.371; C.I. = 0.195 – 0.706). The practice of EBF was also associated with its perception as being exhausting or inconveniencing ($\chi2 = 15.54$; $p = 0.0001$) with mothers it as such significantly less likely to exclusively breastfeed compared to those who did not (OR = 0.238; p = 0.123 to 0.458); affordability of infant formula ($\chi2 = 32.428$; $p = 0.001$) with respondents more likely to give infant formula in the 1st 6 months of life if they could afford compared to if they couldn't (OR = 6.700; C.I = 3.308 – 13.569) and finally with support by family members ($\chi2 = 5.792$; 0.017), with those who received support more likely to exclusively breastfeed than those who did not (OR = 0.341; C.I = 0.138 – 0.846). Other factors evaluated were not statistically associated with the practice of EBF.

Table 7: Association between sociodemographic factors and the practice of EBF

Sociodemographic Factors	Practice of Exclusive Breastfeeding		Total N=244	$\chi2$ (p-value)	O.R. (95% C.I.)
	Adequate (n=53) n (%)	Inadequate (n=191) n (%)			
Age (years)					
≤29	22 (18.3)	98 (81.7)	120 (100.0)	1.594	0.673
>29	31 (25.0)	93 (75.0)	124 (100.0)	(0.218)	(0.364 – 1.247)
Marital status					
Unmarried	14 (16.7)	70 (83.3)	84 (100.0)	1.925	0.621
Married	39 (24.4)	121 (75.6)	160 (100.0)	(0.193)	(0.315 – 1.222)
Educational level					
≤ Post-secondary	14 (19.7)	57 (80.3)	71 (100.0)	0.236	0.844
Tertiary & above	39 (22.5)	134 (77.5)	173 (100.0)	(0.733)	(0.425 – 1.674)

Sociodemographic Factors	Practice of Exclusive Breastfeeding		Total N=244	χ2 (p-value)	O.R. (95% C.I.)
	Adequate (n=53) n (%)	Inadequate (n=191) n (%)			
Employment status					
Employed in private / government sector	41 (25.6)	119 (74.4)	160 (100.0)	4.165	2.067
Self-employed /Unemployed	12 (14.3)	72 (85.7)	84 (100.0)	(0.050)	(1.020 – 4.191)
Income (₦)					
<1.5M	27 (22.9)	91 (77.1)	118 (100.0)	0.181	1.141
≥1.5M	26 (20.6)	100 (79.4)	126 (100.0)	(0.756)	(0.621 – 2.098)
Total number of births					
1 – 3births	48 (23.6)	155 (76.4)	203 (100.0)	2.630	2.230
>3births	5 (12.2)	36 (87.8)	41 (100.0)	(0.145)	(0.829 – 6.000)
ANC attendance					
Yes	51 (22.2)	179 (77.8)	230 (100.0)	0.483	0.1709
No	2 (14.3)	12 (85.7)	14 (100.0)	(0.543)	(0.371 – 7.886)
Place of delivery					
Gov. /Private health facilities	46 (23.7)	148 (76.3)	194 (100.0)	2.205	1.909
TBA/Home deliveries	7 (14.0)	43 (86.0)	50 (100.0)	(0.178)	(0.804 – 4.533)

Table 8: Association between other factors and the practice of EBF

Other Factors	Practice of Exclusive Breastfeeding		Total N=244	χ2 (p-value)	O.R. (95% C.I)
	Adequate (n=53) n (%)	Inadequate (n=191) n (%)			
Sex of child					
Male	38 (22.2)	133 (77.8)	171 (100.0)	0.084	0.905
Female	15 (20.5)	58 (79.5)	73 (100.0)	(0.866)	(0.462 – 1.773)
Experience of major sickness in child					
Yes	6 (24.0)	19 (76.0)	25 (100.0)	0.085	1.156
No	47 (21.5)	172 (78.5)	219 (100.0)	(0.799)	(0.437 – 3.057)
Early initiation of breastfeeding					
Within I hour of birth	47 (21.1)	176 (78.9)	223 (100.0)	0.634	0.668
Delayed initiation	6 (28.6)	15 (71.4)	21 (100.0)	(0.580)	(0.246 – 1.815)
Approach to breastfeeding					
On demand	51 (25.1)	152 (74.9)	203 (100.0)	8.222	6.543
Timed /when convenient	2 (4.9)	39 (95.1)	41 (100.0)	(0.006*)	(1.526 – 28.059)
Ever heard of EBF					
Yes	52 (22.4)	180 (77.6)	232 (100.0)	1.330	3.178
No	1 (8.3)	11 (91.7)	12 (100.0)	(0.314)	(0.401 – 25.189)
Understanding of EBF					
Good	48 (22.7)	163 (77.3)	211 (100.0)	0.969	1.649
Poor	5 (15.2)	28 (84.8)	33 (100.0)	(0.374)	(0.604 – 4.503)
Convinced that breastmilk is adequate for child till 6 months.					
Yes	44 (28.6)	110 (71.4)	154 (100.0)	11.52	3.60
No	9 (10.0)	81 (90.0)	90 (100.0)	(0.0007*)	(1.66 – 7.79)
Job/business supports practice of EBF					
Yes	36 (30.0)	84 (70.0)	120 (100.0)	9.518	0.371
No	17 (13.7)	107 (86.3)	124 (100.0)	(0.003*)	(0.195 – 0.706)
The practice of EBF is exhausting (tiring)/inconveniencing					
Yes	19 (12.4)	134 (87.6)	153 (100.0)	15.54	0.238
No	34 (37.4)	57 (62.6)	91(100.0)	(0.0001*)	(0.123 to 0.458)

Other Factors	Practice of Exclusive Breastfeeding		Total N=244	χ2 (p-value)	O.R. (95% C.I)
	Adequate (n=53) n (%)	Inadequate (n=191) n (%)			
4.Mother will give infant formula in 1st 6months if affordable					
Yes	29 (14.6)	170 (85.4)	199 (100.0)	32.428	6.700
No	24 (53.3)	21 (46.7)	45 (100.0)	(0.001*)	(3.308 – 13.569)
5.Worried about effect of EBF on body image e.g. weight gain, saggy breast.					
Yes	4 (10.3)	35 (89.7)	39 (100.0)	3.588	0.364
No	49 (23.9)	156 (76.1)	205 (100.0)	(0.088)	(0.123 – 1.075)
6.I have the skills to practice EBF.					
Yes	50 (23.6)	162 (76.4)	212 (100.0)	3.302	0.335
No	3 (9.4)	29 (90.6)	32 (100.0)	(0.105)	(0.098 – 1.147)
Received support from family to exclusively breastfeed					
Yes	47 (25.3)	139 (74.7)	186 (100.0)	5.792	0.341
No	6 (10.3)	52 (89.7)	58 (100.0)	(0.017*)	(0.138 – 0.846)
Breastfeeding in public is uncomfortable & hinders EBF					
Yes	34 (23.9)	108 (76.1)	142 (100.0)	0.987	1.375
No	19 (18.6)	83 (81.4)	102 (100.0)	(0.348)	(0.732 – 2.582)
Breast problems (e.g. cracked/sore nipples) discourage EBF (n-244)					
Yes	36 (24.5)	111 (75.5)	147 (100.0)	1.667	1.526
No	17 (17.5)	80 (82.5)	97 (100.0)	(0.197)	(0.801 – 2.907)
Perceived sour/bitter breastmilk hinders EBF (n=244)					
Yes	14 (17.9)	64	78	0.960	0.712
No	39 (23.5)	127	166	(0.327)	(0.361 - 1.407)
*: Statistically significant					

DISCUSSION

The practice of EBF and its associated factors were assessed among mothers in selected healthcare facilities in Yenagoa, Bayelsa state in this study. The results showed high awareness, high knowledge but very low practice EBF. The finding that 265 mothers (94.6%) were aware of EBF and 272 mothers (97.1%) correctly defined it is commendable and is probably a reflection of the intense nationwide health education on EBF and its benefits through mass communication media, in various languages using both formal and informal means including songs, play-lets and jingles. Our finding is similar to high awareness and knowledge levels of over 80% reported by many studies within Nigeria (Alhaji *et al*., 2026; Iboro *et al*., 2026; Tawose *et al*., 2023, Ezeogu *et al*., 2025; Uzoma *et al*., 2024, Yakubu *et al*., 2023) but much higher than reported in the study by Sabo *et al*., (2023) in which only 40.5% of the respondents correctly defined EBF. Our finding is also higher than reported by Peterside *et al*., (2013) in a community-based study in Bayelsa State in which only 59.7% of respondents correctly defined EBF. This difference may be from improvement in knowledge over time or due to difference setting and probably study population. Our finding is also similar to studies outside Nigeria with reported high EBF awareness and knowledge levels of over 70% such as those by Boakye & Tekpertey (2026) in Ghana, Gebeyehu *et al*., (2023) in Ethiopia, Kelvin and Mweya (2024) in Tanzania and Khan *et al*., (2023) in Nahaki, Parkistan. This is unlike in the studies by Nukpezah *et al.,* (2018) in Ghana in which 87.5% of the respondents were unaware of the correct duration of EBF, El-Gamel & El-Nemer (2023) in Egypt where only 6.2% of the respondents ever heard about EBF and only 24.2% could define it correctly, and that by Afroz *et al*., (2024) in Dhaka where only 35.5% of respondents correctly defined EBF.

The main source of EBF information in this study was from friends and relations and probably reflects the role of the family and community on practices related to child health in the setting and the need to ensure they are also engaged when possible. This is unlike in many studies where the main source of EBF awareness was from hospitals, ANC Clinics or health personnels (Yakubu *et al*., 2023; Sabo *et al*., 2023; Ezeogu *et al*., 2025). Nukpezah, *et al.,* (2018) from Ghana however reported that electronic media was their respondents' main source of EBF information. Over 90%

of respondents in this study had high knowledge of the appropriate time to initiate breastfeeding and over 80% of them knew the benefits of breastfeeding which is in line with the high EBF knowledge level of respondents in this study.

Out of the 244 mothers (87.1%) that ever breastfed, only 21.7% practiced EBF. This was very low and showed a huge dissociation between EBF knowledge and practice, a finding also decried in other studies (Alhaji *et al*., 2026; Iboro *et al*., 2026; Khan *et al*., 2023). The most common reason for not breastfeeding exclusively for 6 months in this study was the need to return to work with inability to cope with EBF which was reported by 43.8% of the respondents. This is probably because over 60% of mothers in this study were working mothers employed in the private and public sector. Maternal employment has been associated with early cessation of EBF with work pressure and tight work schedule identified as major reason (Dotimi *et al*., 2022; Emagneneh *et al*., 2025; Faramade *et al*., 2023; Mgongo *et al*., 2024; Onwuka, 2022), The perception that breastmilk was inadequate for the child was also found to be another common reason for early discontinuation of EBF in this study and this has been also reported in other studies (Ani *et al*., 2025; Yakubu *et al.,* 2023). Other potential barriers to EBF identified by over half of the population included the practice being exhausting, affordability of infant formula, discomfort with breastfeeding in public and the presence of breast problems such as cracked or sore nipples.

The low EBF rate of 21.7% obtained is this study is slightly below the Nigerian National EBF rate of 29% (FMoHSW *et al*., 2024), within the range of 12.5%–73.8% reported in an analysis of 19 studies in Nigeria (Oputa-Uzoukwu & Joseph, 2026) but remarkably lower than the global average of 48%. (WHO, 2025). It is also slightly lower than the rate of 26.9% obtained from Bayelsa State by Peterside *et al*., (2013) probably suggesting that the practice of EBF in the state may be declining. It is also lower than rates of between 20% and 70% reported in many facility-based studies in Nigeria (Alhaji *et al*., 2026; Iboro *et al*., 2026; Yakubu *et al*., 2023). The EBF rate obtained in this study however compares with rates of 22.31% and 24.20% reported from Guinea and the Central African Republic respectively, is higher than rates of 14.4% and 17.57% from Comoros and Côte d'Ivoire respectively and lower than 49.67% and 58.69% reported from Ghana and Zambia respectively (Bardoe, 2025). The finding in the study that 80.3% of the mothers initiated breastfeeding within first hour of birth is commendable and in keeping with the high early initiation of breastfeeding rate of 96.2% reported from Bayelsa State in Nigeria Demographic and Health Survey data (Ekholuenetale *et al*., 2022).

The positive significant association between EBF and the conviction that breastmilk was adequate for a child till 6 months shows the influence of perception on practice thus the need to ensure that wrong perceptions are identified and addressed at each opportunity. Similar association was reported by Boakye & Tekpertey (2026). The finding in this study that affordability of infant formula was significantly associated with its use supports findings that formula consumption correlates positively with wealth (Ali *et al*., 2024; Neves, 2020) and calls for more intense education on the benefits of EBF. Demand, or baby-led breastfeeding also found to be significantly positively associated with EBF in this study is recommended over scheduled breastfeeding. It helps to ensure adequate milk production and flow and has been associated positively with both EBF (Koosha *et al*., 2008) and longer breastfeeding duration (Brown & Arnott, 2014). This approach to breastfeeding should be encouraged. Furthermore, the finding that EBF was significantly associated with work settings and schedules supports findings from other studies (Iboro *et al*., 2026; Liu *et al.,* 2026; Mkono *et al*., 2024) and highlights an important gap in this study that needs to be urgently addressed considering the high population of working mothers among the respondents. Again, the significant negative impact of mothers finding EBF inconveniencing and exhausting on its practice in this study, which has also been reported in others (Aldalili & El Mahalli, 2021; Brown *et al*., 2014) calls for in-debt analysis of this, probably using qualitative research, to enable better understanding of the problem and required support. Finally, the finding that support from family was positively associated with the EBF in this study is similar to findings by other studies. (Ezeogu *et al.,* 2025; Mkono *et al*., 2024; Uzoma *et al*., 2025) It highlights the influence of family on child rearing practices and the need for their involvement at various health visits and during health education. Statistically significant associations were not found between EBF and sociodemographic characteristics as well as other evaluated factors.

CONCLUSION

This study provides valuable insights into the knowledge and practice of EBF in Yenagoa, Nigeria. The findings of high awareness and knowledge with rather low practice of EBF highlights a huge knowledge – practice gap. The study identifies strategies that enhance workplace support for EBF, targeted breastfeeding health education for both mothers and available family members and addressing wrong perceptions that impact negatively on EBF as key to addressing identified gaps and optimizing EBF in the locality.

REFERENCES

- UNICEF. (2018). *Breastfeeding: A mother's gift, for every child*. https://www.unicef.org/media/48046/file/UNICEF_Breastfeeding_A_Mothers_Gift_for_Every_Child.pdf
- World Health Organization. (2023). *Exclusive breastfeeding for optimal growth, development and*

health of infants. https://www.who.int/tools/elena/interventions/exclusive-breastfeeding

- Muro-Valdez, J. C., Meza-Rios, A., Aguilar-Uscanga, B. R., Lopez-Roa, R. I., Medina-Díaz, E., Franco-Torres, E. M., & Zepeda-Morales, A. S. M. (2023). Breastfeeding-related health benefits in children and mothers: Vital organs perspective. *Medicina (Kaunas, Lithuania)*, *59*(9), Article 1535. https://doi.org/10.3390/medicina59091535
- Roghair, R. (2024). Breastfeeding: Benefits to infant and mother. *Nutrients*, *16*(19), Article 3251. https://doi.org/10.3390/nu16193251
- Froń, A., & Orczyk-Pawiłowicz, M. (2024). Breastfeeding beyond six months: Evidence of child health benefits. *Nutrients*, *16*(22), Article 3891. https://doi.org/10.3390/nu16223891
- Zhu, Y., et al. (2025). Global trends in breastfeeding practices and the impact of suboptimal breastfeeding on child health. *The Lancet Global Health*.
- World Health Organization. (2025). *Global nutrition targets 2030: Breastfeeding brief*. https://www.who.int/publications/i/item/B09382
- UNICEF. (2025). *Breastfeeding*. https://data.unicef.org/topic/nutrition/breastfeeding/
- Koray, M. H., Wanjiru, J. N., Kerkula, J. S., Dushimirimana, T., Mieh, S. E., Curry, T., Mugisha, J., & Kanu, L. K. (2025). Factors influencing exclusive breastfeeding in Sub-Saharan Africa: Analysis of demographic and health surveys. *BMC Public Health*, *25*(1), Article 1790. https://doi.org/10.1186/s12889-025-23045-z
- Federal Ministry of Health and Social Welfare (FMoHSW), National Population Commission (NPC) [Nigeria], & ICF. (2024). *Nigeria Demographic and Health Survey 2023–24: Key indicators report*. NPC and ICF.
- Adebayo, A. M., Ilesanmi, O. S., Falana, D. T., Olaniyan, S. O., Kareem, A. O., Amenkhienan, I. F., Alele, F. O., Afolabi, A. A., Omotoso, B. A., & Ayodeji, O. O. (2021). Prevalence and predictors of exclusive breastfeeding among mothers in a semi-urban Nigerian community: A cross-sectional study. *Annals of Ibadan Postgraduate Medicine*, *19*(1), 31–39.
- Yakubu, M. I., Odesanya, R. U., Abbas, M. Y., & Lawal, B. K. (2023). Exclusive breastfeeding knowledge and practice among nursing mothers in selected healthcare facilities in Kaduna Metropolis, Nigeria. *African Health Sciences*, *23*(2), 682–693. https://doi.org/10.4314/ahs.v23i2.78
- Sabo, A., Abba, J., Sunusi Usman, U., Musa Saulawa, I., Alzoubi, M. M., Al-Mugheed, K., Alsenany, S. A., & Farghaly Abdelaliem, S. M. (2023). Knowledge, attitude, and practice of exclusive breastfeeding among mothers of childbearing age. *Frontiers in Public Health*, *11*, Article 1277813. https://doi.org/10.3389/fpubh.2023.1277813
- Uzoma, U. S., Chinedu, U. N., Chinaza, U. C., Precious, U. C., & Samuel, V. S. (2024). Prevalence and factors affecting the practice of exclusive breastfeeding amongst women attending clinics in Enugu State. *Nigerian Journal of Medicine*, *33*(4), 233–239. https://doi.org/10.4103/NJM.NJM_100_24
- Adeyemo, D. O., Okesiji, D., Simuunza, M., Hangombe, B. M., Munyemme, M., & Adetayo, O. A. (2024). Prevalence of exclusive breastfeeding among nursing mothers in Afijio Local Government Area, Southwest, Nigeria: A cross-sectional study. *International Journal of Research and Scientific Innovation*, *11*(5), 937–946.[cite: 1, 2]
- Ezeogu, J., Okeji, C., Chimah, C., & Kawa, A. (2025). Breastfeeding: Knowledge and practice among mothers attending an immunization clinic in a federal tertiary institution, in South Eastern Nigeria. *Egyptian Pediatric Association Gazette*, *73*, Article 93. https://doi.org/10.1186/s43054-025-00444-w
- Kalhor, M., Yazdkhasti, M., Simbar, M., Hajian, S., Kiani, Z., Khorsandi, B., Sattari, M., Ezadi, Z., Nazem, H., & Jafari, M. (2025). Predictors of exclusive breastfeeding: A systematic review and meta-analysis. *International Breastfeeding Journal*, *20*(1), Article 52. https://doi.org/10.1186/s13006-025-00744-2
- Apara, E., Olawade, D., Olatunji, G., Aderinto, N., Kokori, E., & Clement David-Olawade, A. (2024). Factors influencing nursing mothers' exclusive breastfeeding practices and their effects on infants aged zero to six months in Nigeria: A review of current evidence. *Women and Children Nursing*. https://doi.org/10.1016/j.wcn.2024.07.001
- Oputa-Uzoukwu, U. F. & Joseph, F. I. (2026). Exclusive breastfeeding practices and challenges in Nigeria, Sub-Saharan Africa: An integrative review. *International Breastfeeding Journal*. https://doi.org/10.1186/s13006-026-00810-3
- Mohammed, S., Yakubu, I., Fuseini, A. G., Abdulai, A. M., & Yakubu, Y. H. (2023). Systematic review and meta-analysis of the prevalence and determinants of exclusive breastfeeding in the first six months of life in Ghana. *BMC Public Health*, *23*(1), Article 920. https://doi.org/10.1186/s12889-023-15758-w
- Peterside, O., Kunle-Olowu, O. E., & Duru, C. (2013). Knowledge and practice of exclusive breastfeeding among mothers in Gbarantoru Community, Bayelsa State, Nigeria. *IOSR Journal of Dental and Medical Sciences*, *12*(4), 34–40. https://doi.org/10.9790/0853-1263440
- Dotimi, D. A., Ikemike, O. D., & Ugochukwu, J. C. (2022). Challenges of implementing exclusive breast feeding among working-class mothers in Brass Island, Bayelsa State, Nigeria. *Medical and Clinical Sciences*, *4*(1), 1–6.

- Areprekumor, T., Ezeh, B. U., Madjemu, R. P., & Okocha, E. L. (2024). Prevalence and determinants of exclusive breastfeeding among infants after discharge from a neonatal unit in South-South Nigeria. *International Journal of Tropical Disease & Health*, *45*(12), 85–101. https://doi.org/10.9734/ijtdh/2024/v45i121614
- Singh, A., & Masuku, M. (2014). Sampling techniques and determination of sample size in applied statistics research: An overview. *International Journal of Commerce and Management*, *2*, 1–22.
- Alhaji, A., Sabo, A., Nasir Danbatta, M., Shehu, A., Ibrahim, B., & Umar, D. (2026). Knowledge and practice of exclusive breastfeeding among mothers at Urban Maternity, Azare, Bauchi State, Nigeria. *International Journal of Research and Scientific Innovation*, *13*, 2119–2124. https://doi.org/10.51244/IJRSI.2026.1315PH00066
- Iboro, O. J., Humphrey, C. F., Imabibo, D. I., Hart, T. R., & Ogbonna, V. I. (2026). Knowledge and prevalence of exclusive breastfeeding and breastfeeding patterns among mothers attending paediatric clinic, Rivers State University Teaching Hospital. *African Journal of Humanities and Contemporary Education Research*, *21*(1), 230–248. https://doi.org/10.62154/ajhcer.2025.021.01023
- Tawose, O. V., Alawale, O., Faith, I. A., Olufunke, A. V., Oyelaja, Y. O., & Ayinde, A. O. (2023). Exclusive breastfeeding practice and factors affecting it among women of reproductive age in Ogbomoso North LGA, Oyo State, Nigeria. *Best Journal of Innovation in Science, Research and Development*, *2*(7), 333–362.
- Boakye, A. E., & Tekpertey, R. (2026). Initiation practices, knowledge and attitudes of mothers on infants exclusive breastfeeding at Daboase in the Wassa East District, Ghana. *Clinical Trials and Clinical Research*, *5*(1). https://doi.org/10.31579/2834-5126/093
- Gebeyehu, N. A., Tegegne, K. D., Shewangashaw, N. E., Biset, G., Abebaw, N., & Tilahun, L. (2023). Knowledge, attitude, practice and determinants of exclusive breastfeeding among women in Ethiopia: Systematic review and meta-analysis. *Public Health in Practice*, *5*, Article 100373. https://doi.org/10.1016/j.puhip.2023.100373
- Kelvin, A., & Mweya, C. (2024). Assessing exclusive breastfeeding knowledge and practice among women in Mbeya, Southwest Tanzania: A cross-sectional study. *International Journal of Africa Nursing Sciences*, *20*, Article 100733. https://doi.org/10.1016/j.ijans.2024.100733
- Khan, S., Dar, M. R., Hanif, H., Khan, A., Anthony, N., et al. (2023). Understanding exclusive breastfeeding practices among mothers in Nahaki Charsada: Knowledge, attitudes, and implementation. *Journal of Clinical Research and Clinical Trials*, *3*(2), 1–8. https://doi.org/10.59657/2837-7184.brs.24.028
- Nukpezah, R. N., Nuvor, S. V., & Ninnoni, J. (2018). Knowledge and practice of exclusive breastfeeding among mothers in the tamale metropolis of Ghana. *Reproductive Health*, *15*(1), Article 140. https://doi.org/10.1186/s12978-018-0579-3
- El-Gamel, N., & El-Nemer, A. (2023). Assessment of knowledge and practices of exclusive breastfeeding among rural women during the COVID-19 pandemic in Egypt: A cross sectional study. *BMC Women's Health*, *23*(1), Article 673. https://doi.org/10.1186/s12905-023-02831-0
- Afroz, H., Mondal, S., Khatun, T., Saleh, F., & Mian, M. (2024). Breastfeeding knowledge, attitude, and practices among mothers at EPI centers in the northern part of Dhaka city. *The North African Journal of Food and Nutrition Research*, *8*, 96–105. https://doi.org/10.51745/najfnr.8.18.96-105
- Onwuka, C. I. (2022). A cross-sectional study of determinants of exclusive breastfeeding among working mothers in Enugu. *Journal of West African College of Surgeons*, *12*(2), 75–80. https://doi.org/10.4103/jwas.jwas_102_22
- Faramade, I., Akande, R., Opakunle, O., & Ojedokun, S. (2023). Practice and challenges of working-class mothers towards exclusive breastfeeding in Ogbomoso Oyo State, Nigeria. *Western Journal of Medical and Biomedical Sciences*, *4*(1-2), 11–19. https://doi.org/10.5281/zenodo.7481754
- Mgongo, M., Ickes, S. B., Leyaro, B. J., Mboya, I. B., Grounds, S., Seiger, E. R., Hashim, T. H., Conklin, J. L., Kimani-Murage, E. W., & Martin, S. L. (2024). Early infant feeding practices among women engaged in paid work in Africa: A systematic scoping review. *Advances in Nutrition*, *15*(3), Article 100179. https://doi.org/10.1016/j.advnut.2024.100179
- Emagneneh, T., Mulugeta, C., Alamrew, A., Ejigu, B., & Abebe, W. (2025). Early cessation of exclusive breastfeeding and associated factors in Ethiopia: A systematic review and meta-analysis. *Frontiers in Nutrition*, *12*, Article 1500077. https://doi.org/10.3389/fnut.2025.1500077
- Ani, P., Kartasurya, M., & Kartini, A. (2025). Barriers and facilitators of exclusive breastfeeding in developing countries: A scoping review. *BIO Web of Conferences*, *193*, Article 00076. https://doi.org/10.1051/bioconf/202519300076
- Bardoe, D. (2025). Geographic inequalities in exclusive breastfeeding among infants under six months across 18 African countries. *International Breastfeeding Journal*, *21*(1), Article 12. https://doi.org/10.1186/s13006-025-00809-2
- Ekholuenetale, M., Barrow, A., & Arora, A. (2022). Skin-to-skin contact and breastfeeding practices in Nigeria: A study of socioeconomic inequalities.

International Breastfeeding Journal, *17*, Article 2. https://doi.org/10.1186/s13006-021-00444-7

- Neves, P. A. R., Gatica-Domínguez, G., Rollins, N. C., Piwoz, E., Baker, P., Barros, A. J. D., & Victora, C. G. (2020). Infant formula consumption is positively correlated with wealth, within and between countries: A multi-country study. *The Journal of Nutrition*, *150*(4), 910–917. https://doi.org/10.1093/jn/nxz327
- Ali, M. S., Zegeye, A. F., Workneh, B. S., Zeleke, G. A., Mekonen, E. G., Aemro, A., et al. (2024). Determinants of formula feeding among mothers with infants and young children in six Sub Sahara African countries: Multilevel analysis of data from demographic and health survey. *PLOS ONE*, *19*(12), Article e0311945. https://doi.org/10.1371/journal.pone.0311945
- Koosha, A., Hashemifesharaki, R., & Mousavinasab, N. (2008). Breast-feeding patterns and factors determining exclusive breast-feeding. *Singapore Medical Journal*, *49*(12), 1002–1006.
- Brown, A., & Arnott, B. (2014). Breastfeeding duration and early parenting behaviour: The importance of an infant-led, responsive style. *PLOS ONE*, *9*(2), Article e83893. https://doi.org/10.1371/journal.pone.0083893
- Liu, K., Li, S., Liu, Y., Yu, M., & Wang, Y. (2026). Breastfeeding challenges experienced by postpartum nurses after maternity leave: A qualitative systematic review. *BMC Pregnancy and Childbirth*, *26*(1), Article 178. https://doi.org/10.1186/s12884-025-08593-x
- Mkono, N., Chirande, L., Moshiro, R., et al. (2024). Factors associated with exclusive breast feeding among mothers in formal employment in Dar es Salaam, Tanzania: A cross-sectional study. *BMJ Open*, *14*, Article e091993. https://doi.org/10.1136/bmjopen-2024-091993
- Brown, C. R., Dodds, L., Legge, A., Bryanton, J., & Semenic, S. (2014). Factors influencing the reasons why mothers stop breastfeeding. *Canadian Journal of Public Health*, *105*(3), e179–e185. https://doi.org/10.17269/cjph.105.4244
- Aldalili, A. Y. A., & El Mahalli, A. A. (2021). Factors associated with cessation of exclusive breastfeeding. *Journal of Multidisciplinary Healthcare*, *14*, 239–246. https://doi.org/10.2147/JMDH.S277819.

Cite This Article: OZIGBO Chinelo Juliana (2026). Exclusive Breastfeeding Practices and Associated Factors among Mothers with Children 6-24 Months in Yenagoa, Bayelsa State, Nigeria. *East African Scholars J Med Sci, 9*(5), 272-284.