Olubayo G.T., Samuel F.O. 2025. "Exclusive breastfeeding intention and its predictors among pregnant women at Adeoyo Maternity Teaching Hospital, Ibadan, Nigeria." *World Nutrition*, *16*(4), December, 85–93. https://doi.org/10.26596/wn.202516485-93

Research

Exclusive breastfeeding intention and its predictors among pregnant women at Adeoyo Maternity Teaching Hospital, Ibadan, Nigeria

Gbemisola T. Olubayo[1,*], Folake O. Samuel[1]

[1] Department of Human Nutrition and Dietetics, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria

Keywords: knowledge, attitude, exclusive breastfeeding, intention

https://doi.org/10.26596/wn.202516485-93

World Nutrition 2025;16(4):85-93

Background

WHO recommends exclusive breastfeeding (EBF) for the first six months of life, during which no other foods or liquids, including water, should be provided. Despite the known benefits of breastfeeding and continued efforts to improve optimal practices, breastfeeding practices remain suboptimal globally and in Nigeria.

Objective

This study aimed to determine EBF intention and its predictors among pregnant women at Adeoyo Maternity Teaching Hospital, Ibadan.

Methods

A cross-sectional study involving 316 pregnant women attending the antenatal clinic of Adeoyo Maternity Teaching Hospital, Ibadan, was conducted using a systematic sampling technique. Data were collected using a structured questionnaire, scripted in the KoboCollect application, and analysed with SPSS version 22. Chi-square and binary logistic regression were performed to assess relationships among variables, with significance set at $p < 0.05$.

Results

Over half of the respondents (59.2%) had good knowledge of EBF; 81.3% had a positive attitude towards breastfeeding; and 83.5% had good intentions towards breastfeeding. Respondents who had poor knowledge of EBF were more likely to have poor intention of EBF compared to those with good knowledge (AOR=5.543, CI= 2.503-12.272, P= 0.000).

Conclusions

Breastfeeding intention was significantly associated with educational attainment, knowledge, and attitude towards EBF. This should be considered when planning further interventions to promote EBF at Adeoyo Maternity Teaching Hospital, Ibadan.

INTRODUCTION

WHO recommends exclusive breastfeeding (EBF) for the first six months of life, during which no other foods or liquids, including water, are to be provided (WHO, 2019). Breast milk has a distinctive composition that fulfils all newborn requirements for the first six months (WHO, 2023). EBF is beneficial for both the mother and child. During breastfeeding, the mother's antibodies are passed to the child; these antibodies can lower the risk of gastrointestinal infections, diarrheal illnesses, and other infectious diseases (Ho et al., 2018). Breastfeeding also meets all of the baby's nutritional needs, supports mental development, and lowers the risk of obesity and chronic conditions like diabetes, hypertension, cardiovascular disease, hyperlipidaemia, and cancer later in life (Binns et al., 2016). For mothers, breastfeeding supports postpartum weight loss (Da Silva Mda et al., 2015), postpones the onset of menstruation, and permits postponed fertility (Calik-Ksepka et al., 2022).

*Corresponding author: theolubayogbemisola@gmail.com

Nevertheless, breastfeeding practices remain suboptimal globally and in Nigeria. According to the State of Food Security and Nutrition in the world, 47.8% of infants under six months were exclusively breastfed in 2023 (UNICEF, WFP, and WHO, 2025). In Nigeria, the most populous nation in Sub-Saharan Africa, the prevalence of exclusive breastfeeding among infants under the age of six months was 29% between 2018 and 2024, indicating a stagnation in progress towards optimal infant feeding practices (NPC and ICF, 2019; NPC and ICF, 2025).

Maternal intention plays a pivotal role in breastfeeding practices. A mother's likelihood of exclusively breastfeeding after giving birth increases with her intention to breastfeed during pregnancy (Moimaz et al., 2017; Forster et al., 2006; Colaizy et al., 2012; Donnan et al., 2013; Bartle and Harvey 2017; Kronborg et al., 2018). Factors that can affect breastfeeding intention include having a supportive partner (Al-Akour et al., 2010; Tsai, 2014; Swanson et al., 2017; Marks et al., 2018; Ballesta-Castillejos et al., 2020), mother's age, parity, previous breastfeeding experience (Dewey et al., 2003; Al-Akour et al., 2010; Bartle and Harvey 2017; Ballesta-Castillejos et al., 2020; Doan et al., 2023), and a positive attitude towards the benefits of breastfeeding (Al-Akour et al., 2010; Swanson et al., 2017).

Although several studies have examined the topic of EBF knowledge, attitudes, and intention in different populations in Ibadan, which include young adults (Leshi et al., 2016), adolescents (Odukoya et al., 2022), hairdresser apprentices (Akinremi and Samuel, 2015) and nursing mothers (Ishola et al., 2022), there are limited studies on the predictors of EBF Intention among pregnant women. Investigating the pregnant women's perspectives may provide crucial information regarding their breastfeeding intention. This study, therefore, investigated the predictors of the intention to exclusively breastfeed among pregnant women at Adeoyo Maternity Teaching Hospital, Ibadan.

METHODS

STUDY DESIGN

A descriptive, cross-sectional study was conducted to assess knowledge, attitudes, and EBF intentions, and to determine predictors of EBF intention among pregnant women attending Adeoyo Maternity Teaching Hospital, Ibadan.

STUDY POPULATION

The study population consisted of pregnant women attending the antenatal clinic at Adeoyo Maternity Teaching Hospital.

ELIGIBILITY CRITERIA

INCLUSION CRITERIA: Pregnant women who gave their consent to participate and were available at the time of data collection.

EXCLUSION CRITERIA: Pregnant women unwilling to participate and those in their terminal month of pregnancy

SAMPLE SIZE DETERMINATION

Using Fischer's formula, three hundred and sixteen pregnant women were involved in the study.

The sample size for this study was determined using Fischer's formula

$$n = \frac{Z^2 pq}{d^2}$$

Where,

n = minimum sample size required

P = 29% [Prevalence of EBF reported in the Nigeria Demographic and Health Survey (NDHS) in 2018]

q = 1-P (1 – 0.146) = 0.854

Z = confidence limit (95%) = 1.96

d = level of precision (5%) = 0.05

$$n = \frac{(1.96)^2 \times 0.146 \times 0.854}{} = 316$$

SAMPLING TECHNIQUE

A systematic sampling technique was used to select pregnant women at the Adeoyo Maternity Teaching Hospital. About 60 pregnant women are enrolled in the antenatal clinic weekly. Enrolment into the antenatal clinic takes place once a week. The sampling frame for the antenatal clinic over two months was expected to be 960. The sampling interval, i.e., sampling frame/sample size, was 960/316, which equals 3. Thus, one out of every first three pregnant women was selected on each clinic day over a two-month period.

DATA COLLECTION

A structured interviewer-administered questionnaire adapted from Leshi et al. (2016) and Hamid et al. (2017) and encrypted into the Kobocollect application was used to collect data. The questionnaire was administered in both English and Yoruba, which are the predominant languages spoken in the study setting. The instrument was initially developed in English and subsequently translated into Yoruba, followed by back-translation to ensure accuracy and consistency. Three trained research assistants, fluent in both English and Yoruba, conducted the interviews. Language ability was not a basis for exclusion, as participants who did not understand English were interviewed in Yoruba.

A 13-point knowledge measure was used to assess the respondents' knowledge of EBF. Correct responses were scored 1, and incorrect responses were scored 0. Scores > 8 indicated good knowledge, while scores < 7 indicated poor knowledge. Respondents' attitudes and intention toward EBF were assessed using a 10-point attitude scale and an 8-point breastfeeding intention scale, respectively. For the attitude scale, scores ⩾6 were classified as positive, while scores ⩽5 indicated negative attitudes. Scores ⩾5 indicated a firm intention to breastfeed exclusively, while scores ⩽4 indicated a poor intention was used for the intention scale. To ensure content validity, the instrument was reviewed through literature, peer review, and supervisor input. A pre-test was conducted at Agbowo Primary Health Centre to ensure the reliability of the instruments. The Cronbach's alpha of the knowledge scale, attitude, and intention components was 0.78, 0.75, and 0.84, respectively.

DATA ANALYSIS

Data were coded and analysed using the Statistical Program for Social Science (SPSS) version 22. Descriptive statistics, such as means, percentages, and frequencies, were used to summarise the respondents' characteristics. Inferential statistics, such as chi-square and logistic regression, were conducted, with the significance level set at $p < 0.05$.

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the University of Ibadan/University College Hospital Ethics Committee (NHREC/05/01/2008a), from the Ministry of Health Ethics Committee, and Adeoyo Maternity Teaching Hospital. Informed consent was obtained from the respondents before questionnaires were administered.

RESULTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

The socio-demographic characteristics of the respondents are presented in Table 1. A little above half (58.5%) of the respondents are found between the age group of 21-30 years. The majority (95.9%) of the respondents are Yoruba, and a little more than half (58.9%) are Muslim. Few (2.8%) of the respondents had a primary school education. The majority (94.6%) of the respondents are married.

Table 1: Socio-demographic characteristics among respondents

Variables	Frequency	Percentage (%)
Age in years (n= 316)		
Less than 21	18	5.7
21-30	185	58.5
31-40	108	33.2
Greater than 41	8	2.5
Mean (SD) = 29.22 ±5.72		
Religion		
Christianity	130	41.1
Islam	186	58.9
Ethnicity		
Igbo	10	3.2
Yoruba	303	95.9
Others	3	0.9
Education		
Primary	9	2.8
Secondary	122	38.6
Tertiary	185	58.5
Marital status		
Married	299	94.6
Single	17	5.4
Employment Status		
No	117	37.0
Yes	199	63.0
Average income		
Not working	117	37.0
Less than N30,000	64	20.3
Greater than/ equal to N30,000	135	42.7
Parity		
First time pregnant	149	47.2
One	70	22.2
Two and above	97	30.7
Health problems during pregnancy		
No	286	90.5
Yes	30	9.5
Attended breastfeeding intervention		
No	239	75.6
Yes	77	24.4
Attending antenatal classes		
No	25	7.9
Yes	291	92.1

RESPONDENTS' KNOWLEDGE OF BREASTFEEDING

Knowledge of breastfeeding among respondents is summarized in Table 2. Overall, most women showed awareness of key breastfeeding practices, including early initiation and exclusive breastfeeding. However, notable gaps persisted in understanding colostrum, the appropriate timing of complementary feeding, and the duration of continued breastfeeding. While the majority recognized that breastfeeding benefits both mother and child, misconceptions about milk adequacy and breastfeeding duration remained. Overall, about 59% demonstrated good knowledge of exclusive breastfeeding, while 41% had poor knowledge (Figure 1).

Table 2: Respondents' knowledge of breastfeeding

Variable	Frequency (n= 316)	Percentage (%)
Initiation of breastfeeding by the mother		
After 1 hour of delivery	88	27.8
Within 1 hour after birth	171	54.1
Don't know	57	18.0
Feeding with pre-lacteal liquid		
Yes	75	23.7
No	222	70.3
Don't know	19	6.0
Knowledge of colostrum		
Yes	226	71.5
No	19	6.0
Don't know	71	22.5
Colostrum is rich in antibodies (N=226)		
Yes	153	67.7
No	45	19.9
I don't know	28	12.4
Breast milk alone is sufficient for infants in the first 6 months		
Yes	261	82.6
No	42	13.3
I don't know	13	4.1
Introduction of water to the infant		
Six months and above	207	65.5
Before six months	96	30.4
Don't know when to introduce water	13	4.1
Definition of exclusive breastfeeding		
Correctly defined	241	76.3
Wrongly defined	75	23.7
The correct breastfeeding position involves ensuring that the baby's mouth covers the nipple and a large part of the areola		
Yes	248	78.5
No	68	21.5
Women with small breasts can produce sufficient breast milk		
Yes	251	79.4
No	65	20.6
Benefits of breastfeeding		
Both mother and baby	206	65.2
Only to child	106	33.5
Only to mother	4	1.3
Mode of breastfeeding		
As scheduled by the mother	46	14.6
As the baby demands	246	77.8
At mother's will	20	6.3
Complementary food is introduced to infant		
After six months	199	63.0
At six months	85	26.9
Before six months	24	7.6
Don't know	8	2.5
Cessation of breastfeeding by the mother		
After 24 months	107	33.9
Before 24 months	187	59.2
Don't know	22	7.0

ATTITUDE TOWARDS BREASTFEEDING

Table 3 summarizes respondents' attitudes toward exclusive breastfeeding. Overall, most women expressed supportive attitudes, particularly regarding early initiation, the protective value of colostrum, and breastfeeding in public.

However, misconceptions remained among some respondents concerning the sufficiency of breast milk alone, the introduction of water or herbs before six months, and the continuation of breastfeeding after complementary feeding begins. In total, 81.3% demonstrated a positive attitude toward breastfeeding, while 18.7% had a negative attitude (Figure 1).

Table 3: Respondents' attitudes towards exclusive breastfeeding

Variable	Agree	Neutral	Disagree
Mothers should breastfeed their babies within one hour of delivery	256 (81.0)	32 (10.1)	28 (8.9)
Colostrum protects the baby from infections	240 (75.9)	55 (17.4)	21 (6.6)
Breast milk only is not sufficient for baby in the first six months of life	76 (24.1)	22 (7.0)	218 (69.0)
Water should be given to a baby before six months of life	133 (42.1)	21 (6.6)	162 (51.3)
Herbs/herbal drinks are beneficial to the health of babies, especially in the first six months	101 (32.0)	51 (16.1)	164 (51.9)
Breast milk is cheaper than infant formula	291 (92.1)	7 (2.2)	18 (5.7)
Formula feeding is healthier and supplies more nourishment than breastfeeding for babies below six months	44 (13.9)	22 (7.0)	250 (79.1)
The size of the breast determines the amount of the breast milk produced by mother	33 (10.4)	26 (8.2)	257 (81.3)
Breastfeeding should not be continued when semi-solid or solid foods are introduced	36 (11.4)	16 (5.1)	264 (83.5)
Breastfeeding in public is embarrassing; therefore, should be discouraged	89 (28.2)	11 (3.5)	216 (68.4)

BREASTFEEDING INTENTION

Table 4 presents respondents' intentions toward breastfeeding. Most participants planned to initiate breastfeeding early and intended to breastfeed their babies exclusively. However, some uncertainty remained regarding the appropriate timing for introducing water and complementary foods, with a notable proportion planning to introduce these earlier than recommended. Overall, 83.5% demonstrated good breastfeeding intention, while 16.5% had poor intention (Figure 1).

Table 4: Breastfeeding intention of sample pregnant women

Variable	Frequency (N=316)	Percentage (%)
Do you think you know what it takes to breastfeed		
Yes	188	59.5
No	128	40.5
Do you think you are well prepared for breastfeeding		
Yes	305	96.5
No	11	3.5
Will you breastfeed your child later in the future		
Yes	316	0
No	0	0
If yes, how will you breastfeed your child		
As scheduled by the mother	44	13.9
As the baby demands	256	81.0
At mother's will	16	5.1
The intended time to introduce breast milk to child		
After one hour	35	11.1
Within one hour	266	84.2
Yet to decide	15	4.7
The intended age to introduce water to child		
Before six months of age	104	32.9
Six months and above	205	64.9
Yet to decide	7	2.2
The intended age to introduce complementary food		
12 months and above	15	4.7
6-11 months (middle of the first year)	282	89.2
Less than 6 months	12	3.8
Yet to decide	7	2.2
Intention to breastfeed exclusively		
Yes	271	85.8
No	45	14.2

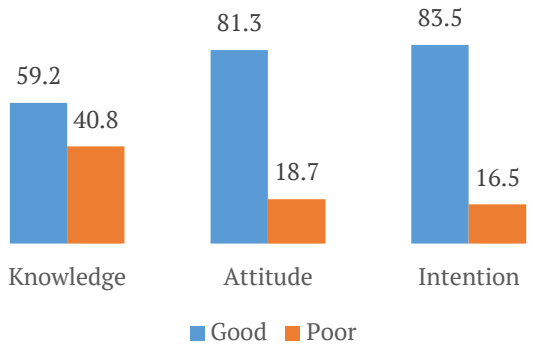

Figure 1: Proportions with good vs poor breastfeeding knowledge, attitude, and intention among the respondents (N=316)

FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING PRACTICE

The factors associated with EBF intention among the respondents are presented in Table 5. The results show a significant difference (age, education, number of pregnancies, husband's preference, attitude toward EBF, knowledge of EBF) and breastfeeding intention.

Table 6 shows the results of binary logistic regression, which were carried out to determine the effects of each variable. Respondents who attained secondary education were more likely to have poor intention of breastfeeding exclusively compared to those with tertiary education (AOR =3.174, CI= 0.489-20.606, P= 0.002). Respondents who had poor knowledge of EBF were more likely to have poor intention of EBF compared to those with good knowledge (AOR=5.543, CI= 2.503-12.272, P= 0.000). Respondents who had a poor attitude toward EBF were more likely to have a poor intention of EBF compared to those with a positive attitude (AOR= 2.504, CI= 1.179-5.318, P= 0.017).

Table 5: Factors associated with the intention to practice exclusive breastfeeding among sample pregnant women

Variable	Exclusive breastfeeding intention		P-value
	Poor (%)	Good (%)	
Age (years)			
Less than 21	7(38.9)	11(61)	0.036
21-30	30(16.2)	155(83.8)	
31-40	15(14.3)	90(85.7)	

Greater than 41	0(0.0)	8(100)	
Education			0.000*
Primary	3(33.3)	6(66.7)	
Secondary	33(27)	89(73)	
Tertiary	16(8.6)	169(91.4)	
Marital status			
Married	48(16.1)	251(83.9)	0.497
Single	4(23.5)	13(76.5)	
Employment status			1.000
Unemployed	19(16.2)	98(83.8)	
Employed	33(16.6)	166(83.4)	
Average income			
Less than $65	16(25)	48(75)	0.088
Greater than/ equal to $65	17(12.6)	118(87.4)	
Number of gestations before now			
First time pregnant	34(22.8)	115(77.2)	0.013*
One	6(8.6)	64(91.4)	
Two and above	12(12.4)	85(87.6)	
Number of child/children			0.009*
One	6(7.6)	73(92.4)	
Two and above	12(13.6)	76(86.4)	
Health problems during pregnancy			0.605
No	46(16.1)	240(83.9)	
Yes	6(20)	24(80)	
Attended any breastfeeding education			0.052
No	45(18.8)	194(81.2)	
Yes	7(9.1)	70(90.9)	
Attended antenatal classes			1.000
No	4(16)	21(84)	
Yes	48(16.5)	243(83.5)	
Knowledge of exclusive breastfeeding			0.000*
Poor	42 (32.6)	87 (67.4)	
Good	10 (5.3)	177 (94.7)	
Attitude toward exclusive breastfeeding			0.000*
Negative			
Positive	23 (39.0)	36 (61.0)	
	29 (11.3)	228 (88.7)	

*significant value (P<0.05) at 95%CI. EBF=exclusive breastfeeding

Table 6: Determinants of exclusive breastfeeding intention among sample pregnant women

Variable	Adjusted odd ratio	95% CI for Adjusted Odds Ratio		P value
		Lower	Upper	
Education				
Primary	3.174	0.489	20.606	0.226
Secondary	3.282	1.558	6.913	**0.002***
Tertiary (ref)				
No of gestations				
First time pregnant	1.893	0.684	5.237	1.893
One	1.134	0.131	9.835	0.909
Two (ref)				
Number of child/children				
One	0.725	0.084	6.257	0.770
Two or more (ref)				
Age				
Less than 30	0.595	0.244	1.449	0.253
Greater than 30 (ref)				
Breastfeeding intervention				
No	1.484	0.542	4.058	0.442
Yes (ref)				
Knowledge				
Poor	5.543	2.503	12.272	**0.000***
Good (ref)				
Attitude				
Poor	2.504	1.179	5.318	**0.017***
Good (ref)				

*significant value (P<0.05) at 95%CI. EBF=exclusive breastfeeding

DISCUSSION

This study assessed the knowledge, attitude, and intentions towards EBF among pregnant women attending antenatal care at Adeoyo Maternity Teaching Hospital. The findings identify key predictors associated with EBF, offering guidance for policy and health intervention development.

The study revealed that a significant proportion of the respondents (54.1%) were aware that breastfeeding should begin within the first hour after birth. Similar to our study, 50.8% of mothers in Türkiye breastfed their babies within the first hour after birth (Dudukcu et al., 2022). The data suggest that many mothers still delay initiating breastfeeding. Delayed initiation has been linked to an increased risk of neonatal infections and mortality (WHO, 2013; Mbwana et al., 2013). The first hour after birth is critical not only for initiating breastfeeding but also for fostering maternal-infant bonding (WHO, 2013).

Cultural and social perceptions influenced breastfeeding practices. Approximately 30% of respondents viewed breastfeeding in public as embarrassing and believed it should be discouraged. This aligns with a study conducted in Türkiye, where a majority of the mothers described breastfeeding as a private matter and showed preference to breastfeed in private, with some even preferring to be seen only by their spouses (Aksu et al., 2025). As noted by Altamimi et al. (2017), embarrassment suffered from publicly breastfeeding could lead to early breastfeeding cessation or even avoidance. To curb this attitude, providing clean, private lactation spaces near workplaces, as suggested by Marinelli et al. (2013), could support continued breastfeeding.

Significant misconceptions about infant feeding persisted. Around 30.4% of respondents stated they would give water to their infants before six months of age. However, this result is considerably lower than the 80.8% reported among healthcare workers in Keffi, Nigeria (Okolo and Ogbonna, 2002). Additionally, only 7.6% of our respondents reported introducing complementary feeding before six months, compared to 29% in Australia (McLaughlin et al., 2011).

Regarding knowledge of EBF practices, 59.2% of respondents had good knowledge. The EBF rate in this study is lower than those reported in Lagos (84.7%, 89.5%), Cross River (84%), Abuja (70%), and Osun (64.6%) (Balogun et al., 2017; Ella et al., 2016; Okoroiwu et al., 2021; Odu et al., 2016). Similarly, countries such as Saudi Arabia (88.5%; Hatamleh and Sabeeb, 2015) and Ghana (100%; Danso, 2014) reported higher levels of EBF knowledge. However, our findings exceed those reported in Sokoto (31%; Oche et al., 2011), Ibadan (43%; Leshi et al., 2016), and Pakistan (Hasnain & Majrooh, 2012). The majority of the mothers had positive attitudes towards EBF, with 81.3% expressing a favourable view. This is consistent with findings from other countries (Gebretsadik et al., 2022; Senghore et al., 2018; Chekol et al., 2017; Mogre et al., 2016; Tadele et al., 2016). In contrast, Ogunba and Agwo (2014) reported that only 8% of young undergraduate women had a positive attitude toward EBF.

Notably, 83.5% of pregnant women in this study intended to breastfeed exclusively, much higher than the global estimate of 44% (Alayón et al., 2022). It also surpasses findings from Tanga, Tanzania (24.1%; Maonga et al., 2015), Burkina Faso (30%; Cresswell et al., 2017), and Nnewi, Nigeria (33.5%; Onah et al., 2014). Previous research indicates that breastfeeding intention during pregnancy is a strong predictor of both initiation and duration of breastfeeding (Hinsliff-Smith et al., 2014; Sipsma et al., 2013).

A key finding of this study is that knowledge of EBF was the strongest predictor of a mother's intention to breastfeed exclusively. This insight aligns with existing research and reinforces the value of targeted educational interventions. For instance, the breastfeeding education introduced to the intervention group significantly improved both knowledge and intention to practice EBF among pregnant women (Olabode et al., 2025). This suggests that equipping expectant mothers with accurate information can directly influence their feeding decisions. In addition to education, another study found that being married was a positive predictor of EBF (Ipinnimo et al., 2024). In this study, women with poor knowledge were significantly more likely to have low EBF intention. This is consistent with Agho et al. (2011) and Qureshi et al. (2011), who observed that antenatal care attendance positively influenced EBF practices due to the health education provided during visits.

In addition, educational attainment was another significant predictor of EBF intention. Mothers with higher educational attainment were more likely to report an intent to practice EBF, aligning with findings from numerous studies (Qureshi et al., 2011; Issaka et al., 2014; Hamid et al., 2017; Ihudiebube-Splendor et al., 2019). The implication of this result may be that educated mothers are more receptive to antenatal messages and more likely to understand the long-term health benefits of EBF. In contrast, Adebayo et al. (2021) found no significant association between education and EBF practice. Additional influencing factors identified in other studies include positive attitudes, older maternal age, being a housewife, and support from partners or grandmothers (Hamid et al., 2017).

LIMITATION OF THE STUDY

The present study is cross-sectional, and the cause-and-effect relationship cannot be established. It was conducted among pregnant women attending antenatal clinic at a health facility; hence, the findings may not represent the situation of the entire community.

CONCLUSION

This study highlights the current state of knowledge, attitudes, and intentions regarding EBF among pregnant women attending antenatal care at Adeoyo Maternity Teaching Hospital. While the overall intention to practice EBF was encouragingly high, gaps remain in knowledge and certain attitudes that could hinder optimal breastfeeding practices.

Knowledge of EBF was a significant predictor of intention, emphasising the critical role of health education in promoting EBF. Additionally, factors such as maternal education, attitudes towards breastfeeding in public, and cultural beliefs influence breastfeeding decisions. Although most respondents expressed positive attitudes and intentions, misconceptions, such as introducing water or complementary foods before six months, persisted among some.

These findings underscore the need for targeted and comprehensive breastfeeding education during antenatal care. Policies aimed at improving breastfeeding rates should prioritise training healthcare providers, particularly midwives and nurses, to deliver effective EBF counselling. Addressing social and cultural barriers, including public stigma, through supportive environments and public health messaging will also be essential. Future interventions should consider the identified predictors when designing strategies to improve EBF practices. Moreover, further research is needed to explore other potential determinants of breastfeeding behaviour at community level and to assess the effectiveness of EBF promotion programs within diverse Nigerian settings.

AUTHOR CONTRIBUTIONS

GTO contributed in the Conceptualisation, Methodology, Data collection tools and collection, Writing – Original Draft, Data Curation, Formal Analysis, Visualisation. FOS contributed in the Conceptualisation, Supervision, Writing – Review & Editing, Investigation and critically reviewed the manuscript. Both authors have read and approved the final version of the paper and its submission and have given consent for publication.

CONFLICT OF INTEREST

This study declares no conflicts of interest regarding the publication of this research work.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN SCIENTIFIC WRITING

QuillBot was used for paraphrasing and editing

ACKNOWLEDGEMENTS

Special thanks to the Matron and Nurses at the Antenatal Clinic, Adeoyo Maternity Teaching Hospital and the pregnant women for their audience and contribution they made towards the success of our study project.

FUNDING

None

Received: May 29, 2025; **Revised:** September 30, 2025; **Accepted:** December 3, 2025; **Published:** December 30, 2025

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