

Original Research Article

Awareness and Perception on Exclusive Breastfeeding as a Birth Control Method among Pregnant Women Attending Antenatal Clinic in Rural Communities

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Abstract

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This study was carried out to examine the awareness and perception of exclusive breastfeeding as a birth control method among pregnant women attending antenatal clinics in rural communities. One hundred and sixty-six pregnant women attending antenatal care in six public health facilities in Surulere local government area of Oyo State were used in this study. A questionnaire with five sections was administered and collected from them. However, only 154 were valid due to irregular, incomplete and inappropriate responses to some questionnaires. These 154 questionnaires were validated and analysed using SPSS. The study revealed that 27.92% of the respondents were between the age categories of 25-30 years. Majority of the respondents (83.12%) are married. Most of the respondents (92.86%) did not go beyond secondary school. This shows that a vast majority of the respondents are not well educated. It can be seen that 47.20% and 29.87%, of the respondents are traders and farmers respectively. Also, 85.71% have heard of exclusive breastfeeding. While 72.08% of them believed that breast milk alone is enough for an infant during their first 6 months of life. Furthermore, 57.79% of the respondents are aware that exclusive breastfeeding is a birth control method, but 67.53% did not agree that exclusive breastfeeding is a birth control method. Similarly, 53.25% of the respondents said that exclusive breastfeeding is not an accurate birth control method, and 63.64% said women in the rural areas use other types of birth control with condom as the most used birth control method. The awareness on exclusive breastfeeding as a method of birth control is high among pregnant women attending antenatal clinic in rural communities but its practice is low. This may be due to the misconceptions that individuals still have about various forms of contraception, and education on these methods may be what is needed to dispel myths and explain the truths or facts underlying these various forms of contraception.

Keywords: Antenatal Clinic, Birth Control Method, Exclusive Breastfeeding, Pregnant Women

INTRODUCTION

Breastfeeding is the act of giving a newborn their mother's milk, either directly from their nipple to their

mouth or by expressed breast milk. The two types of breast milk include mature milk, which is whitish in colour

and produced successfully starting around the tenth day after delivery, and colostrum, the first milk produced from the mother's breasts from 37 weeks of gestation until around seven days after delivery (Baby-Friendly Hospital Initiative, 2014).

Physicians are aware of the value of nursing for baby health in developing countries, but they may be ignorant of the long-term health advantages for mothers and babies in developed countries, particularly in regard to obesity, blood pressure, cholesterol, and cancer, according to Bartick and Reinhold (2010). The World Health Organization (WHO) suggests two years of supplemental breastfeeding after six months of exclusive breastfeeding (only breast milk for six months; no other liquids, meals, or water) (WHO, 2012). Governments in Nigeria, the United Kingdom, and other nations have endorsed this suggestion, but it also presents a serious problem for nations like Nigeria and the United States, where breastfeeding rates have been low for decades and sometimes seem amazingly resistant to change (Bartick and Reinhold, 2010).

For babies and young children to have maximum growth, health, and development, proper nutrition is essential. The healthiest food source for a baby is regarded to be breast milk, and both mother and child benefit from breastfeeding on a global scale. Newborn newborns' health and wellbeing depend on breast milk. Infants who are breastfed grow more quickly, are healthier, and die less frequently than those who are not (Ajayi *et al.*, 2011). Infant feeding naturally occurs through two main techniques: exclusive breastfeeding and partial breastfeeding, with the latter being the more common. Since exclusivity has the greatest domino effect, it is the purest and most suitable design. But for the desired result, the mother and her infant must function well together on a cerebral, emotional, and physical level (Narzary, 2009).

Breastfeeding stimulates uterine involution, which has the effect of hastening the mother's uterine tone recovery. It helps to strengthen the mother-child bond. It is convenient and economical, both of which are essential in the Third World. Finally, nursing delays the recovery of normal ovarian function due to the prolactin-raising effect of nipple stimulation, lengthening the interval between births (Otoide *et al.*, 2001).

By lowering the possibility that a subsequent pregnancy may remove the child from the breast, the latter effect is equally advantageous to the infant. In many underdeveloped countries, weaning meals are woefully inadequate, and young children who are weaned run the risk of developing various protein-calorie shortages including kwashiorkor and marasmus, which can lead to general weakness, halted development, wasting, and, in rare cases, death. When there are little or no medical services available, breastfed children have a higher chance of surviving than bottle-fed ones (Otoide *et al.*, 2001).

During the first few months of life, humans (mammals) should exclusively nurse their newborns to meet the majority of their nutritional demands (WHO, 2012). Also, studies have shown that exclusive breastfeeding is the healthiest way to sustain a newborn for the first six months and should be continued even if the child subsequently eats additional foods.

Recent powerful "Exclusive Breastfeeding" advocacy campaigns have raised breastfeeding awareness significantly. Hospitals and other medical facilities are best equipped to educate expecting and nursing women on the benefits of exclusive breastfeeding as well as the steps to take to make it a reality. Individuals usually look for information about useful pharmaceutical products to aid in improving their health and wellbeing (Wangand Cao, 2019). One of the most crucial places for the general public to learn about women's reproductive health is antenatal classes, both traditional and online. The importance of prenatal classes has been demonstrated in several studies, and most women agree.

Some women, particularly those who live in rural regions, might not have access to these seminars, nevertheless. Most rural women have been unable to attend antenatal classes due to obstacles such a lack of transportation and, for others, a lack of understanding of their significance. Also, few women in rural regions are aware that exclusively nursing can be used as a form of pregnancy control. The study's goal is to find out how pregnant women who frequent prenatal clinics in rural areas feel about using exclusive breastfeeding as a means of pregnancy prevention.

RESEARCH METHODOLOGY

Study area

The study was conducted in Surulere local government area (LGA) of Oyo State. The LGA was created on 11th may, 1989 when the former ogbomoso local government was broken into three autonomous local government areas namely, Ogbomoso, Surulere and OgoOluwa. The local government shares boundaries with Ifelodun and Orolu Local government of Osun State, Asa local government in Kwara State and Orire, Ogbomoso North and South local governments, of Oyo State (Ogunleye *et al.*, 2010).

With its administrative headquarter located at Iresaadu, a town on kilometer 15 along the trunk B Ogbomoso-Ikirun Road, Surulere local government consists of about 260 communities. Amongst them are Iresaadu, Oko, Iresa-apa, Iregba, Orileigbon, Gambari, Gbede, Ajase, Iwofin, Arolu, Ilajue, Bade-oba, Baayaoje, Mayin and Iware. The history of the various communities within the local government is typical of settlement in Yoruba land where the people were either driven by the propensity to run away from the rampaging wars of the

time or as a result of the love or impetus to retain their identity, culture and to preserve their historical origin elsewhere or through the Urge to look for genera pasture, strategic location or sheer love of adventures among others. Thus, have emerged over the ages town and village of today which have been expanding gradually through the labour of their heaves past and better the lots of people. It occupies an area of about 975 km² and by the 2006 population census, Surulere Local Government is inhabited by 142,070 people, a figure which, today has moved closer to 200,000 (Ogunleye *et al.*, 2010).

Research Design

For this investigation, the researcher employed a survey research design. This is so because a sampling of people's thoughts and points of view is part of the study's design. This study looked at how pregnant women who attended antenatal clinics in rural areas felt about using exclusive breastfeeding as a means of birth prevention. Pregnant women in the Surulere local government area of Oyo State were selected to be the study's population (LGA). A study sample is only a selective segment of the population from which conclusions are drawn. Essentially, it is the part of a whole that best represents the total and exhibits characteristics that are similar to those of the whole. The researcher employed a useful sampling approach to estimate the sample size for this investigation. The researcher conveniently chose 166 pregnant women from six health facilities (4 basic health centres and 2 general hospitals) out of the total population of pregnant women in Surulere LGA of Oyo State as the sample size for this study. According to Omole (2023), a sample of convenience is one in which elements were selected from the target population based on their accessibility or convenience to the researcher. The health facilities used for this study are: Gambari Primary Health Centre in Gambari, Baale Oba Primary Health Centre in Ilajue, Iresaapa Primary Health Centre in Iresaapa, Iregba Primary Health Centre in Iregba, Iresadu General Hospital in Iresadu and General Hospital, Oko

Method of Data Collection

In this study, the research tool used was a questionnaire. The validity of the research tool was determined. The Pearson Correlation Coefficient was used to evaluate the instrument's dependability. The study instrument was reasonably reliable, as evidenced by its co-efficient value of 0.68. According to Omole (2023), a suitable dependability ranges from 0.67 to 0.87. The online survey that was available to the registered participants included several questions in it. The questionnaire was divided

into five sections; the first sought demographic or personal information from respondents, followed by the respondents' level of knowledge of pregnant women on exclusive breastfeeding, perceptions of pregnant women in rural communities towards exclusive breastfeeding, as well as the awareness and perception on exclusive breastfeeding as a birth control method in rural communities in line with the objectives of the study. Participants have to tick the appropriate box in the column to respond. The responses were analysed using SPSS (version 21) and results summarized with frequency tables.

Ethical Consideration

The Department's Project Committee gave its approval to the study. All participants provided informed consent prior to their inclusion in the study. The required authorities were contacted to obtain approval for the study. The day that would be used to visit the study locations and distribute the questionnaire was planned in advance.

RESULTS

A total of One hundred and sixty-six (166) questionnaires were administered to respondents of which only one hundred and fifty-four (154) were valid. This was due to irregular, incomplete and inappropriate responses to some questionnaires. These 154 questionnaires were validated for the analysis.

The results for the demographic distribution of the respondents as presented in Table 1 revealed that 27.92% of the respondents were between the age categories of 25-30 years, 24.03% of the respondents were between the ages of 20 and 24 years, and the least age category was 7.79% of the respondents (below 20 years). Majority of the respondents (83.12%) were married. Only 43.51 of the respondents completed secondary school. It can be seen that 47.20% of the respondents were traders while those that were farmers, civil servants and housewives constituted 29.87%, 14.29% and 8.44% respectively. In the same vein, the classification of the respondents according to their communities revealed that 26.62% of the respondents are from Iresaadu, (the LGA headquarters) while others are from Oko (22.73%), Iresaapa (15.58%), Gambari (13.64%), Ilajue (12.34%) and Iregba (9.09%).

Table 2 presents the analysis on the level of knowledge of pregnant women on exclusive breastfeeding. It was shown that 132 of the respondents representing 85.71% have heard of exclusive breastfeeding. Out of the 154 valid questionnaires, 97 of the respondents representing 62.99% knew the correct meaning of exclusive breastfeeding while 78 (50.65%) of the respondents believed that a baby should be

Table 1. Demographic distribution of respondents

Demographic information	Frequency	Percentage (%)
Age (in years)		
Below 20	12	7.79
20-24	37	24.03
25-30	43	27.92
31-35	35	22.73
Above 35	27	17.53
Marital Status		
Single	20	12.99
Married	128	83.12
Separated	0	0
Widowed	6	3.90
Level of Education		
None	18	11.69
Primary	58	37.66
Secondary	67	43.51
Tertiary	11	7.14
Occupation		
Housewife	13	8.44
Farming	46	29.87
Trading	73	47.20
Civil servant	22	14.29
Community		
Iresadu	41	26.62
Gambari	21	13.64
Ilajue	19	12.34
Iresaapa	24	15.58
Oko	35	22.73
Iregba	14	9.09

Table 2. Respondents' level of knowledge on exclusive breastfeeding

Variable	Frequency (n)	Percentage (%)
Have you heard of exclusive breastfeeding?		
Yes	132	85.71
No	22	14.29
What do you understand by exclusive breastfeeding		
Feeding the baby with breast milk and water only	32	20.78
Feeding the baby with breast milk only	97	62.99
Feeding the baby with breast milk, pap and water	14	9.09
Feeding the baby with breast milk, formula and water	10	6.49
Feeding the baby with breast milk, water and indomie	1	0.65
When should a baby be breastfed?		
Morning, afternoon and night	44	28.57
On demand	78	50.65
Only when crying	18	11.69
At night	14	9.09
Discarding of the first milk or colostrum is the best practice?		
Yes	94	61.04
No	60	38.96
Breast milk alone is enough for an infant during the first 6 months of life?		
Yes	111	72.08
No	43	27.92
Is exclusive breastfeeding cost effective?		
Yes	105	68.18
No	49	31.82
Are you going to practice exclusive breastfeeding?		
Yes	89	57.79
No	65	42.21

Table 3. Respondent's perception on the need to practice exclusive breastfeeding

Variable	Frequency (n)	Percentage (%)
Engaging in exclusive breastfeeding could lead to soreness of the breast		
Strongly agree	35	22.73
Agree	97	62.99
Disagree	10	6.49
Strongly disagree	12	7.79
Not practicing exclusive breastfeeding could lead to malnutrition for the infant		
Strongly agree	25	16.23
Agree	79	51.30
Disagree	12	7.79
Strongly disagree	38	24.68
Not practicing exclusive breastfeeding could lead to poor mental health of the infant		
Strongly agree	42	27.27
Agree	49	31.82
Disagree	14	9.09
Strongly disagree	49	31.82
Exclusive breastfeeding is essential for an infant to avoid obesity		
Strongly agree	39	25.32
Agree	48	31.17
Disagree	12	7.79
Strongly disagree	55	35.71
Engaging in exclusive breastfeeding makes the baby weak		
Strongly agree	33	21.43
Agree	25	16.23
Disagree	26	16.88
Strongly disagree	70	45.45
Not practicing exclusive breastfeeding makes the baby prone to infections and diseases		
Strongly agree	51	33.12
Agree	52	33.77
Disagree	22	14.29
Strongly disagree	29	18.83

breastfed on demand. It was also shown in the analysis that 94(61.04%) of the respondents believed that discarding the first milk or colostrum is the best practice to do. Majority (72.08%) of the respondents believed that breast milk alone is enough for an infant during their first 6 months of life. More than half (68.18%) of the respondents believed that breastfeeding is cost effective, and 89 (57.79%) of the respondents agreed to practice exclusive breastfeeding.

The respondents' perception of the severity of exclusive breastfeeding as presented in Table 3 showed that 69.48% of the respondents agreed that engaging in exclusive breastfeeding could lead to a soreness of breast. Also, 67.53% of the respondents agreed that not practicing exclusive breastfeeding could lead to malnutrition for the infant. Out of the 154 valid respondents, 59.09% of them agreed that not practicing exclusive breastfeeding could lead to poor mental health of the infant. Also, 56.49% of the respondents agreed that exclusive breastfeeding is essential for the infant to avoid obesity. It was observed that 37.66% of the respondents agreed that engaging in exclusive breastfeeding makes the babies weak while 62.33% disagreed. Furthermore, 66.89% of the respondents

agreed that not practicing exclusive breastfeeding makes their babies prone to infections and diseases.

The perception of the respondents on the benefits of breastfeeding as presented in Table 4 showed that the majority (91.56%) of the respondents agreed that their babies will be healthy if they practice exclusive breastfeeding. Also, almost all (92.21%) of the respondents agreed that exclusive breastfeeding creates bonds between mother and child. It can also be seen that less than half (30.52%) of the respondents agreed that breastfeeding is a natural way of family planning. In the same vein, few (29.22%) of the respondents agreed that they will be fit and healthy mothers if they practice exclusive breastfeeding. More than half (64.94%) of the respondents agreed that exclusive breastfeeding will bring their uterus back to shape. Most (83.73%) of the respondents believed that their babies would not be exposed to certain infections if they practice exclusive breastfeeding. Furthermore, 75.97% of the respondents said that babies less than 6 month old cannot survive without water.

On the awareness and perception on exclusive breastfeeding as a birth control method (as presented in Table 5), 86 of the respondents representing 57.79% are

Table 4. Respondents' perception on the benefits of practicing exclusive breastfeeding

Variable	Frequency (n)	Percentage (%)
My baby will be healthy if I practice exclusive breastfeeding		
Strongly agree	48	31.17
Agree	93	60.39
Disagree	5	3.25
Strongly disagree	8	5.19
Exclusive breastfeeding creates bonds between mother and child		
Strongly agree	60	38.96
Agree	82	53.25
Disagree	8	5.19
Strongly disagree	4	2.60
Breastfeeding is a natural way of family planning		
Strongly agree	18	11.69
Agree	29	18.83
Disagree	48	31.17
Strongly disagree	59	38.31
I will be a fit and healthy mother if I practice exclusive breastfeeding		
Strongly agree	20	12.99
Agree	25	16.23
Disagree	53	34.42
Strongly disagree	56	36.36
Exclusive breastfeeding brings the uterus back to shape		
Strongly agree	51	33.12
Agree	49	31.82
Disagree	33	21.43
Strongly disagree	21	13.64
My baby wouldn't be exposed to certain infections if I practice exclusive breastfeeding		
Strongly agree	51	33.12
Agree	78	50.61
Disagree	15	9.74
Strongly disagree	10	6.49
Babies less than 6 months cannot survive without water		
Strongly agree	60	38.96
Agree	57	37.01
Disagree	32	20.80
Strongly disagree	5	3.25

Table 5. Awareness and perception on exclusive breastfeeding as a birth control method

Variable	Frequency (n)	Percentage (%)
Are you aware that exclusive breastfeeding is a birth control method?		
Yes	89	57.79
No	65	42.21
To what level do you agree that exclusive breastfeeding is a birth control method?		
Very High level	21	13.64
High level	29	18.83
Low level	56	36.36
Very low level	48	31.17
How accurate is this method of birth control among women in the rural areas?		
Very accurate	35	22.73
Accurate	37	24.03
Not accurate	82	53.25
Do women in the rural areas use other types of birth control?		
Yes	98	63.64
No	56	36.36
What methods of birth control do you use or commonly used in your community?		
Condom	86	55.84
Diaphragm	19	12.34
Injection or Pill	38	24.68
Withdrawal method	11	7.14

Table 6. Analysis of knowledge and perception of exclusive breastfeeding as a birth control method

		Max point on scale of measure	Mean	Std. Deviation	Percentage (%)
Knowledge of pregnant women	of	14	5.23	2.28	37.30
Perception of pregnant women	of	108	66.24	5.23	61.12

aware that exclusive breastfeeding is a birth control method, but when asked to what level do they agree that exclusive breastfeeding is a birth control method, 13.64% of the respondents said very high level, 18.83% said high level, 36.36% said low level while 31.17% of the respondents said very low level, meaning that 67.53% did not agree that exclusive breastfeeding is a birth control method. Similarly, 53.25% of the respondents said that exclusive breastfeeding is not an accurate birth control method, and 63.64% said women in the rural areas use other types of birth control. The most birth control method was condom (55.84%) followed by injection or pills (24.68%).

DISCUSSION

In Nigeria, breastfeeding has always been important. Its great nutritional qualities and natural anti-infective capabilities have traditionally aided in newborn survival (Adewole *et al.*, 2002). By postponing successive pregnancies long enough to allow a newborn to be fed and immune-protected by his or her breastfeeding mother, breastfeeding's natural contraceptive impact has also made infant survival possible. In Nigerian societies, breastfeeding was accompanied by a period of abstinence from sexual activity, which had a significant impact on child spacing (Onwuzurike BK, Uzochukwu, 2001). The lactational amenorrhoea method (LAM), which some women choose to utilise as their method of birth control after giving birth, allows breastfeeding to be used as a fairly dependable birth control method under specific circumstances. Several studies have shown that the lactational amenorrhoea form of contraception, exclusive nursing, is around 98% effective in the first six months (Okonofua *et al.*, 2019). At two conferences, conducted at Bellagio in 1988 and 1995 and at Georgetown University in 1989, a consensus was achieved on the circumstances under which lactation would be regarded as a secure means of contraception. These resulted in the widespread acceptance of the LAM (Oye-Adeniran *et al.*, 2021).

The majority of respondents, according to the study's findings, were between the ages of 25 and 30 years old, which corresponds to the peak reproductive age for females in Nigeria as determined by the 2008 National Demographic Health Survey (NDHS, 2009; Udigwe *et al.*, 2022). Similar findings were found in a study conducted

by Chinenye-Julius *et al.* (2021) in Ikorodu among pregnant women in which 39.1% of participants were between the ages of 25 and 29. The outcome is also consistent with a study by Girish *et al.* (2013) among pregnant women in Kerala, where 69.4% of participants were between the ages of 18 and 30.

The vast majority of participants were aware of the significance of feeding the infant on demand. According to a comparable survey, 54% of pregnant women were aware of demand feeding (Girish *et al.*, 2013). About 92.86% of the respondents did not go beyond secondary education. This demonstrates that the vast majority of responses are not well formally educated. This is not surprising since the study was conducted in rural areas where farming and petty trading are the two main industries. The majority of respondents in this study have heard of exclusive breastfeeding. A study on knowledge of exclusive breastfeeding by Agu and Agu, (2011) pointed out that most women had good understanding of exclusive breastfeeding. In contrast, a study in Sokoto State found that only 31% of mothers there had sufficient knowledge of exclusive breastfeeding (Mogre *et al.*, 2016).

The vast majority of participants in this study were aware of the significance of feeding the infant on demand. This is consistent with the findings of De *et al.* (2016), who found that a large proportion of women were aware of how to feed a baby on demand. Nonetheless, average percentages of pregnant mothers who knew about feeding the baby on demand were found in the studies by Girish *et al.* (2013) and Chinenye-Julius *et al.* (2021). Also, the majority of respondents thought that a baby may survive on breast milk alone for the first six months of life. In contrast, a Dhaka study of mothers found that only a small minority of respondents exclusively breastfed their infants during the first six months of life. Also, it was found in this survey that the majority of respondents thought it was advisable to discard the first milk (colostrum). This can be a result of cultural and traditional beliefs.

The majority of those surveyed believed, according to this study's findings, that a newborn may become more susceptible to infections and ailments if exclusive breastfeeding is not practised. According to several studies, breast milk fosters sensory and cognitive growth and shields the newborn from viral and chronic disorders (Chinenye-Julius *et al.*, 2021; Kramer, 2008). The majority of the respondents in this survey had a more favourable

impression of the advantages of exclusive breastfeeding. According to the report by Chinenye-Julius *et al.* (2021) this is accurate. The majority of respondents, according to the study's findings, thought that exclusively breastfeeding helped the uterus get back in form. According to a review from 2016, breastfeeding exclusively would boost the mothers' chances of their uteruses regaining shape (Victoria *et al.*, 2016).

The occupation of respondents also had a substantial impact on the practise of exclusive breastfeeding of infants, showing that the majority of the mothers who took part in this study practised it heavily because only a few of them are civil servants. A Singaporean study found that while work status had no effect on the start of breastfeeding, it did have an impact on how long it lasted (Ong *et al.*, 2005). Similar results were shown in a more recent study conducted in Northwest Ethiopia by Chekol *et al.* (2017).

As roughly 57.79% of the respondents had actually heard of it, exclusive breastfeeding as a birth control method was apparently a common practise among the respondents. However, the respondents' perception is poor because 67.53% of them did not agree that breastfeeding exclusively could be effectively utilised as a birth control approach. The justification offered for individuals who do not use exclusive breastfeeding as a birth control method was that they chose other safer contraception options because some said it is not 100% effective despite great awareness and understanding, as this study's findings indicate.

Condoms were the most widely used type of contraception, followed by injections and pills. The results of another study similarly revealed high condom usage among young people, which had been linked to social marketing efforts and educational campaigns for condoms in reaction to the HIV epidemic. It appears that the message encouraging condom use has allayed concerns and is paying off as intended (Oye-Adeniran *et al.*, 2021). Yet, as exclusive breastfeeding for six months delivers a 98% contraceptive protection, the success of breastfeeding campaigns may encourage more women to choose this technique of avoiding conception. According to Briggs (2019), education has been found to be a key factor in lowering maternal morbidity, maximising the use of current medical resources, and raising the general socioeconomic standing of the population (Briggs, 2019; Ozumba and Amaechi, 2022). Prior research have emphasised the importance of effective contraceptive use in preventing pregnancy and improving child spacing as a strategy of lowering complications following unplanned pregnancy and its negative impact on the mother (Obiesesan *et al.*, 2018; Oye-Adeniran *et al.*, 2022).

In this study, all of the participants used public hospitals and health centres. They had a good education

and were well-versed on contraceptive alternatives. The prevalence of contraceptive knowledge was high and universal among the respondents, with condoms and oral contraceptives being the most widely known, but only half of them had tried any form of contraception, according to a study conducted in Nigeria (Ilorin), where people of high educational and socioeconomic status living in government housing were interviewed. It follows that improving the high rate of contraceptive use in our society may not be possible through education alone (NDHS, 2009; Adekunle and Otolorin, 2020). To buck the trend, women must be made aware of the many forms of contraception, as well as the misconceptions and reality surrounding them.

According to a national study conducted in rural Ghana, where education, occupation, economic factors, and marital status were the factors affecting exclusive breastfeeding (Polit and Hungler, 2015), the socio-demographic characteristics, educational attainment, and occupation in this study are factors that affect the knowledge and practise of exclusive breastfeeding as a birth control method. This also tends to support the findings of Textor *et al.* (2018), who found that socio-demographic factors had an impact on the understanding and practise of exclusive breastfeeding.

CONCLUSION AND RECOMMENDATIONS

Only a small percentage of pregnant women who attend antenatal clinics in rural areas actually use exclusive breastfeeding as a method of birth control. This may be largely the result of misunderstandings that individuals still have about various forms of contraception, and education on these methods may be what is needed to dispel myths and explain the truths or facts underlying these various forms of contraception. Therefore, there is a need for aggressive, target-oriented information dissemination using all of the available channels, particularly the mass media, community opinion leaders, religious leaders, husbands, mothers, relatives, health care professionals, and everyone else involved in practises that promote contraception. The goal here should be to dispel the women's misconceptions and raise the bar for practise. In the end, this will result in the benefits of contraception and lessen the complications that can arise from having numerous children, for both the mother and the baby.

Availability of Data and Material

On reasonable request, the corresponding author will make the datasets used and/or analysed during this study available.

Competing Interests

The authors declare that they have no competing interests.

Ethical Approval

This study was approved by the ethic committee.

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