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RESEARCH ARTICLE

EXAMINING KNOWLEDGE AND ATTITUDES: A DEEP DIVE INTO EXCLUSIVE BREASTFEEDING AND CHILD SPACING AMONG WOMEN OF CHILDBEARING AGE IN THE OWERRI WEST LOCAL GOVERNMENT AREA OF THE IMO STATE

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ABSTRACT

Despite the known benefits of exclusive breastfeeding and adequate child spacing, many women of child-bearing age may not be practicing these behaviors optimally, negatively affecting the health of the mother and child. The aim of this study was to assess the level of knowledge and attitudes regarding exclusive breastfeeding and child spacing among women of child-bearing age in the Owerri West local government area of Imo State. A descriptive cross-sectional study was conducted, and a structured questionnaire was used to collect data. The participants were selected randomly from the 15 communities in the Owerri West local government area of Imo State, and 417 responses were collected. Microsoft Excel 2020 and the Statistical Package for Social Sciences (IBM-SPSS) Version 23.0 were used in the data analysis. 83.7% of the women were aware of the meaning of exclusive breastfeeding, 92.3% of the respondents believed that exclusive breastfeeding is the best; however, 38.8% expressed concerns about difficulties associated with exclusive breastfeeding. 97.8% of the respondents understood the concept of child spacing and its importance for maternal and child health. Condoms: 32.0%, injectables: 25.4%, and implants: 19.7% are the most widely used contraceptive methods. There is a considerable level of knowledge and positive attitudes toward exclusive breastfeeding, and child spacing gaps persist. This necessitates the need to improve the knowledge and attitude of women, implement targeted strategies to improve awareness, and address challenges such as societal pressures, stigma, and provide support systems.

KEYWORDS

Exclusive breastfeeding; Child spacing; Knowledge; Attitudes; Maternal and child health

1. INTRODUCTION

Breast feeding involves giving infants breast milk for their nutritional development. This is the simplest form of feeding for infants (Martin et al., 2016). Support for breastfeeding is universal among major health and children's organizations. The best nourishment for a baby's healthy growth and development is breast milk; breastfeeding is also an essential aspect of the reproductive process that has significant effects on the health of mothers (Arora and Doherty, 2006). The mother has a choice on the best method of breast feeding to undertake for the development of the children, with options including exclusive breastfeeding or supplementary breastfeeding practice.

Exclusive breastfeeding and child spacing are two important factors that can impact the health and well-being of both the mother and child. According to the World Health Organization (WHO), exclusive breastfeeding means that an infant receives only breast milk from his or her mother, a wet nurse, or expressed breast milk and no other liquids or solids, except for drops or sirups consisting of vitamins, mineral supplements, or medicines. The recommended duration for exclusive breastfeeding is the first six months of life, followed by the introduction of complementary foods while continuing to breastfeed for up to two years or beyond (Kramer and Kakuma, 2012; Eidelman et al., 2012; WHO, 2023).

Child spacing, on the other hand, refers to the practice of waiting for a certain amount of time before having another child. Adequate child spacing can help promote the health of the mother and child by allowing the mother's body to recover from the previous pregnancy, reducing the risk of maternal and infant complications, and allowing the mother to provide optimal care for her newborn. The WHO recommends 24 months between pregnancies (WHO, 2005). Despite the numerous benefits of exclusive breastfeeding and adequate child spacing, many women face challenges in practicing these behaviors. Factors such as lack of support, cultural beliefs and practices, and inadequate knowledge about the benefits of exclusive breastfeeding and child spacing can hinder the adoption of these practices (Agunbiade and Ogunleye, 2012; Seabela et al., 2023). This research seeks to assess the knowledge and attitudes of women of childbearing age in the Owerri West local government area of Imo State toward exclusive breastfeeding and child spacing.

2. METHODS

2.1 Study Design and setting

A community-based descriptive cross-sectional research design. Owerri West is one of the 27 Local Government Areas in Imo State, Nigeria. A very large portion of the local government constitutes the capital city of Imo State, Nigeria. It comprises 15 communities: Umuguma, Avu, Okuku,

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Oforola, Obinze, Ihiagwa, Eziobodo, Okolochi, Emebiam, Orogwe, Irete, Ohii, Ndegwu, Nekede, and Amakohia-ubi. The study area is in the eastern part of Nigeria, which is home to the Igbos.

2.2 Study Population

The population for this study is women of childbearing age in the Owerri West Local Government Area of Imo state. Owerri west has a population of 141,400, of which 51,786 are females and 43,977 are women of childbearing age.

2.3 Inclusion criteria

Only women of childbearing age (18-49) who gave their consent and were present in the community at the time of study and participants who had the physical and mental ability to communicate with the researcher were included in this study.

2.4 Exclusion criteria

All males and women of childbearing age who did not give their consent and who did not have the physical and mental ability to communicate with the researcher were excluded from the study. In addition, women who were not of childbearing age and women who were not present in the community at the time of study were excluded from this study.

Sample size and sampling methods

2.5 Sample size

Sample size will be determined on the basis of Taro Yamane's approach

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

Where:

n=the expected sample size,

N=infinite population out of which the sample size is drawn,

e=level of precision at 5% (0.05).

$$\mathrm{n} = \frac{43{,}977}{\mathbf{1} + \mathbf{43{,}977}(\mathbf{0.05})^2}$$

n = 396

Adjusting for a 5% rate of non-response and invalid response (i.e., 95%) and a response rate of (0.95)

$$\mathrm{n} = \frac{\mathrm{n}}{\textbf{expected response rate}}$$

$$\mathrm{n} = \frac{396}{\mathbf{0.95}}$$

n = 417

2.6 Sampling Technique

Stage 1: To fully represent all the communities, a fraction of each community was used to represent the entire population.

Stage 2: A simple random sampling method was used to select two villages from each community.

Stage 3: The systematic random sampling method was used to share the structured questionnaire with respondents by selecting houses at intervals of three separate buildings in each of the selected villages.

2.7 Data Collection

Data were collected using a well-structured, pretested questionnaire. The questionnaire was designed to obtain information from respondents in the selected communities in the Owerri West Local Government Area of Imo State. The questionnaire was structured into sections based on the variables measured in this study. The sections areas follows:

Section A – Designed to assess the sociodemographic characteristics of respondents in the Owerri West local government area.

Section B – Designed to assess the knowledge and practice of exclusive breastfeeding and child spacing among women of childbearing age in the Owerri West local government area of Imo State.

Section C: Designed to determine the factors that influence breastfeeding and child spacing practices among women of childbearing age in the Owerri West local government area of Imo State.

Section D: Designed to determine the importance of exclusive breastfeeding and child spacing practices and how it could be encouraged among women in the Owerri West local government area.

The test– retest method was used to test the reliability of the questionnaire. 20 copies of the questionnaire were distributed to some respondents living outside the study area. The area of reliability testing was Ahiara, Ahiazu-Mbaise LGA, Imo State. The questionnaires were pretested and the Chronbach's alpha test was performed. The observed gaps were noted and necessary modifications on the questionnaire, especially in terms of the content, were carried out to ensure clearer understanding and better internal validity and reliability of the instrument. The questionnaires were distributed to the respondents within 1 month. Oral or written informed consent was obtained from the respondents before they filled out the questionnaires. The literate respondents were allowed to fill the questionnaire themselves, but the non-literate respondents were asked the questions contained in the questionnaire in their local language or translated to them through an interpreter.

2.8 Data Analysis

Microsoft Excel 2020 and the Statistical Package for Social Sciences (IBM-SPSS) Version 23.0 were used in the data analysis. A descriptive method was used to summarize the data characteristics. Frequency distribution tables were constructed for all class variables and expressed as the percentage of the distribution. The use of bar charts and tables was employed in the data analysis of this research work. The chi-square test was also performed. The level of significance employed in this study was 5%, and the p-value was 0.05.

2.9 Ethical Considerations/Informed Consent

A letter of introduction and ethical clearance were obtained from the Department of Public Health Ethical clearance committee before the research was conducted. The purpose of the research was explained to each respondent, and oral/verbal informed consent was obtained from the respondents before they filled out the questionnaires distributed to them. The information obtained from the participants/respondents was treated with utmost confidentiality.

3. RESULTS

Table 1 present the socio demographic factors. The result shows that Christianity is the dominant religion among the respondents, accounting for 84.9% of the total participants. Majority have either completed secondary education (29.3%) or tertiary education (46.8%).

Most respondents, accounting for 74.6% of the total participants, belong to the Igbo ethnic group. The second most prevalent ethnic group among the participants is the Yoruba, representing 21.1% of the respondents. 76.0% of the total participants, are married followed by the widowed, accounting for 9.8% of the respondents. Most respondents fall within the age range of 21-29 years, accounting for 36.5% of the total participants. The occupation distribution shows that a considerable proportion of women are either full-time home workers (13.9%) or engaged in both

part-time homework and part-time employment (28.1%). Moreover, a substantial proportion of women are engaged in full-time employment (36.2%). The distribution of monthly income indicates that a considerable number of participants fall within the income range of 50,000 to 100,000 naira (32.1%), suggesting a moderate-income level. Additionally, a significant proportion of women have a monthly income greater than 100,000 naira (26.1%).

Table 1: Demographic Characteristics of Respondents					
	Frequency	Percent		Frequency	Percent
AGE			**Educational level**		
18-20	64	15.3	Primary	9	2.2
21-29	152	36.5	Secondary	122	29.3
30-39	112	26.9	Tertiary	195	46.8
40-49	89	21.3	Advanced	91	21.8
Total	417	100	Total	417	100
Relationship Status			**Occupation**		
Single	50	12	full-time home worker	58	13.9
Married	317	76	part-time home worker and part-time employed	117	28.1
Widowed	41	12.9	full-time employed	151	36.2
Divorced	9	2,2	Others	91	21.8
Total	417	100	Total	417	100
Ethnic groups			**Monthly income**		
Igbo	311	74.6	5-20thousand	31	7.4
Yoruba	88	21.1	21-50thousand	106	25.4
Hausa	9	2.2	50-100thousand	134	32.1
Others	9	2.2	greater than 100thousand	109	26.1
Total	417	100	Total	380	91.1
Religion			Invalid	37	8.9
Christianity	354	84.9	Total	417	100
Islam	45	10.8			
Traditionalist	9	2.2			
Total	408	97.8			
Invalid	9	2.2			
Total	417	100			

Table 2: Assessment of the knowledge, attitude and practice of exclusive breastfeeding and child spacing.					
	Frequency	Percent		Frequency	Percent
Number of children			**What is your current birth interval?**		
1	72	17.3	less than 2 years	131	31.4
2	106	25.4	2-3 years	76	18.2
3	144	34.5	4-5 years	85	20.4
4 or more	45	10.8	more than 5 years	116	27.8
None	50	12	Total	408	97.8
Total	417	100	System	9	2.2
Have you ever breastfed your child/children exclusively for the first 6months of life?			Total	417	100
Yes	223	53.5	**How much do you know about family planning methods?**		
No	194	46.5	very knowledgeable	169	40.5
Total	417	100	somewhat knowledgeable	239	57.3
If your answer is 'NO' to the question above, please indicate why (n 194)			not very knowledgeable	9	2.2
lack of milk supply	44	22.7	Total	417	100
difficulty with breastfeeding	18	9.3	**Are you currently using any form of family planning methods?**		
belief that breasts alone is not enough	41	21.1	Yes	330	79.1
pressure to return to work	59	30.4	No	87	20.9
Others	32	16.5	Total	417	100
Total	194	100	**What do you think is the ideal birth spacing interval between children?**		
How long did you breastfeed your first child?			2-3 years	261	62.6
less than 6 months	72	17.3	3-4 years	138	33.1
6-11 months	54	12.9	4-5 years	18	4.3
12-17 months	98	23.5	Total	417	100
18-23 months	129	30.9	**Have you ever discussed birth spacing with your partner?**		
24 months or more	5	1.2	Yes	264	63.3
did not breastfeed	59	14.1	No	153	36.7

Table 2: Assessment of the knowledge, attitude and practice of exclusive breastfeeding and child spacing.					
Total	417	100	Total	417	100
What is your current breastfeeding status?			**Do you think men have a role to play in family planning and birth spacing?**		
exclusive breastfeeding	43	10.3	Yes	367	88
partially breastfeeding	73	17.5	No	50	12
not breastfeeding	301	72.2	Total	417	100
Total	417	100	**Did you use any form of family planning before getting pregnant with your last child?**		
How long did you breastfeed each child?			Yes	300	71.9
6-11 months	135	32.4	No	117	28.1
12-17 months	80	19.2	Total	417	100
18-23 months	138	33.1			
24 months or more	5	1.2			
did not breastfeed	59	14.1			
Total	417	100			
How much do you know about the benefits of exclusive breastfeeding for the first 6 months?					
very knowledgeable	183	43.9			
somewhat knowledgeable	166	39.8			
not very knowledgeable	63	15.1			
Total	412	98.8			
Invalid	5	1.2			
Total	417	100			

The Table 2 shows that most respondents have either three children (34.5%) or two children (25.4%). Regarding the duration of breastfeeding, 30.9% breastfeeding for 18-23 months and 23.5% breastfeeding for 12-17 months. About 43.9% of the respondents consider themselves very knowledgeable, and an additional 39.8% consider themselves somewhat knowledgeable. 31.4% reported having a birth interval of less than 2 years. About 40.5% of the respondents consider themselves very knowledgeable, and an additional 57.3% consider themselves somewhat knowledgeable about family planning methods. When asked about the ideal birth spacing interval between children, majority of the respondents (62.6%) indicated that a birth spacing interval of 2-3 years is ideal. 97.8% of the respondents agree that it is important for women to space their pregnancies. It was also indicated that a significant proportion of respondents (63.3%) have discussed birth spacing with their partners. The majority of the respondents (88.0%) believe that men have a role to play in family planning and birth spacing.

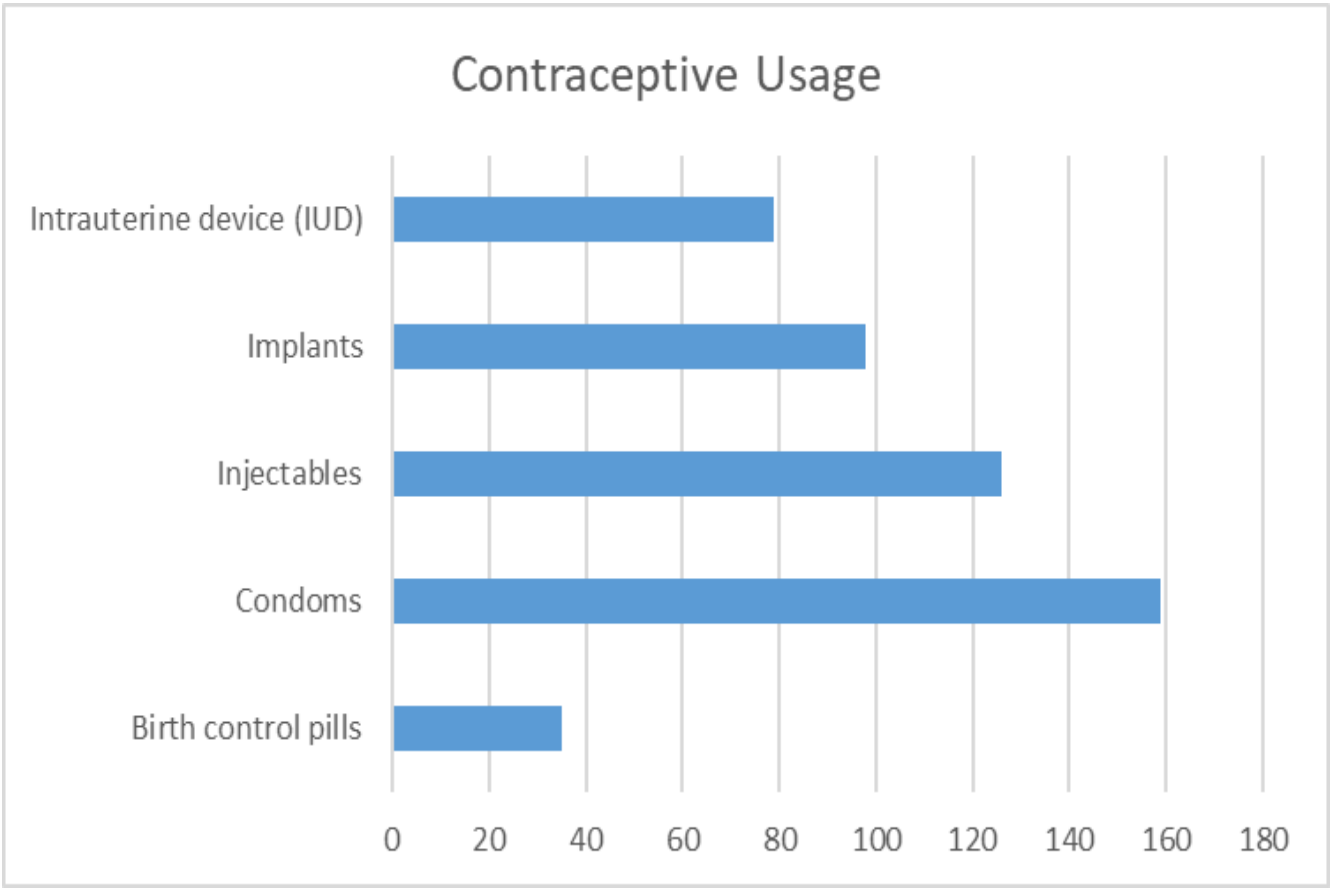

Figure 1: Frequency of Contraceptive Usage

Figure 1 provides information about the types of family planning methods used by women before getting pregnant with their last child. Among the respondents who answered "yes" to using family planning before their last pregnancy, the result indicated that Condoms: 32.0%, Birth control pills: 7.0%, Injectables: 25.4%, Implants: 19.7%, Intrauterine device (IUD): 15.9%. It's important to note the present of multiple responses, as some respondents might have used more than one contraceptive method.

Table 3: Access to Breastfeeding and Child Spacing Support Programs Factors that affect Breastfeeding and Child Spacing.

	Frequency	Percent		Frequency	Percent
Did you receive support or counselling on breastfeeding or child spacing from a healthcare provider?			**Have you ever faced any stigma or discrimination for breastfeeding in the public?**		
Yes	322	77.2	Yes	18	4.3
No	86	20.6	No	399	95.7
Total	408	97.8	Total	417	100
Invalid	9	2.2	**Have you ever experienced any of the following difficulties with using family planning?**		
Total	417	100	side effects	117	28.1
Have you ever attended a breastfeeding support group?			difficulty obtaining contraceptives	70	16.8
Yes	121	29	partner objection	36	8.6
No	287	68.8	religious/cultural belief	18	4.3
Total	408	97.8	Others	149	35.7
Invalid	9	2.2	Total	390	93.5
Total	417	100	System	27	6.5
	Frequency	Percent	Total	417	100
Which of these difficulties did you experience with breastfeeding?			**Have you ever received any education or information on exclusive breastfeeding and child spacing?**		
sore or cracked nipples	50	12	Yes	335	80.3
breast engorgement	63	15.1	No	82	19.7
Mastitis	23	5.5	Total	417	100
low milk supply	80	19.2	**Do you believe that spacing can be difficult to achieve or maintain?**		
Others	151	36.2	Yes	98	23.5
Total	367	88	No	319	76.5
System	50	12	Total	417	100
Total	417	100			

Table 3 revealed majority of the respondents (77.2%) reported receiving support or counselling on breastfeeding or child spacing from a healthcare provider. With respect to difficulties with breastfeeding, the most commonly reported challenges were "low milk supply" (19.2%), "breast engorgement" (15.1%), and "sore or cracked nipples" (12.0%). Majority of respondents (95.7%) reported not experiencing any such discrimination. Regarding difficulties with using family planning, the most commonly reported challenges were "side effects" (28.1%) and "difficulty obtaining contraceptives" (16.8%). The majority of respondents (80.3%) reported receiving such education or information. A significant majority (76.5%) of respondents did not believe that spacing can be difficult to achieve or maintain.

Table 4 shows that majority of respondents (65.5%) believed that exclusive breastfeeding has an impact on contraceptive effectiveness. Approximately half of the respondents (50.8%) believed that exclusive breastfeeding can be an effective form of birth control, while the other half (49.2%) did not share this belief. A significant majority of respondents (63.3%) considered exclusive breast feeding it very important. An additional 29.0% regarded it as somewhat important. In terms of the economic well-being of the family, a considerable proportion of respondents (42.7%) believed that adequate child spacing is very important. The majority of respondents (81.5%) reported receiving education or counselling on exclusive breastfeeding and child spacing during their antenatal care visits. Among those who received education or counselling on exclusive breastfeeding and child spacing, the majority (50.1%) found the information to be very helpful. Among respondents who did not receive education or counselling on exclusive breastfeeding and child spacing during their antenatal care visits, 20.6% expressed their interest in receiving such information. However, the majority of respondents (79.4%) did not provide a response.

Table 4: Impacts of Exclusive Breastfeeding on Contraceptive Effectiveness, and the Importance, Experience, and Perception of Exclusive Breastfeeding and Child Spacing

	Frequency	Percent		Frequency	Percent
Do you believe that exclusive breastfeeding has any impact on the effectiveness of contraceptives?			**How important do you think adequate child spacing is for the educational attainment of the mother?**		
Yes	273	65.5	very important	243	58.3
No	144	34.5	somewhat important	118	28.3
Total	417	100	Neutral	35	8.4
Have you ever experienced an unintended pregnancy while exclusively breastfeeding?			not important	21	5
Yes	36	8.6	Total	417	100
No	363	87.1	**Have you received any education or counselling on exclusive breastfeeding and child spacing during your antenatal care visits?**		
Total	399	95.7	Yes	340	81.5
System	18	4.3	No	77	18.5
Total	417	100	Total	417	100
Do you think that exclusive breastfeeding can be an effective form of birth control?			**If yes, how helpful was the information?**		
Yes	212	50.8	very helpful	209	50.1
No	205	49.2	somewhat helpful	85	20.4
Total	417	100	Neutral	46	11
How important do you think exclusive breastfeeding and adequate child spacing is to mother and child?			not helpful	9	2.2
very important	264	63.3	Total	349	83.7
somewhat important	121	29	Invalid	68	16.3
Neutral	23	5.5	Total	417	100
not important	9	2.2	**If no, would you like to receive education and counselling on exclusive breastfeeding and child spacing during your antenatal care visits?**		
Total	417	100	Yes	86	20.6
How important do you think adequate child spacing is for economic well-being of the family?			Invalid	331	79.4
very important	178	42.7	Total	417	100
somewhat important	144	34.5	**How important do you think it is for healthcare providers to promote exclusive breastfeeding and child spacing among women during antenatal care visits?**		
Neutral	68	16.3	very important	291	69.8
not important	27	6.5	somewhat important	112	26.9
Total	417	100	Neutral	14	3.4
			Total	417	100

4. Discussion

The study assessed the knowledge and attitude of women of childbearing age in Owerri west local government area of Imo state, towards exclusive breastfeeding and child spacing. The findings of this study highlighted several key points that have implications on breastfeeding and child spacing. The result showed that majority of the respondents were married women (76.0%), which indicates that a significant portion of the population are likely to have experienced childbirth and may have practical knowledge and personal experience of exclusive breastfeeding and child spacing. Majority of the respondents (74.6%) are Igbo, this owing to study location being an Igbo dominated state. The educational level of the participants shows the varying levels of formal education among women of childbearing age. Majority of the respondents have either completed secondary education (29.3%) or tertiary education (46.8%). These finding suggest that a significant portion of the study population has received formal education, which can impact their knowledge and attitudes towards exclusive breastfeeding and child spacing (Dereja et al., 2017).

The finding showed that 83.7% of the women were aware that exclusive breastfeeding means feeding the baby only breast milk for the first six months. This number though high is lower than a review of existing researches which indicated a 96.2% knowledge of exclusive breastfeeding

(Dukuzumuremyi et al., 2020). This suggests that more efforts needs to be taken to improve the knowledge of exclusive breast feeding. 92.3% knew that exclusive breastfeeding has numerous health benefits for both the baby and the mother. This is higher than a study in Bangladesh where less than 40% knew the benefit of exclusive breast feeding (Sultana et al., 2022). Furthermore, 53.5% have breastfed their children exclusively for the first six months of life though higher than a study where 40% were able to practice exclusive breast feeding (Mazengia and Demissie, 2020).

Majority of the respondents showed a positive attitude towards exclusive breastfeeding, similar to a study where 80% of women engaged in exclusive breastfeeding with the respondents generally having a positive attitude towards breastfeeding (Kemi and Joseph, 2011). 92.3% of the respondents believed that exclusive breastfeeding is the best way to nourish their infants and corroborates the work of (10), 95.7% had a positive attitude towards breastfeeding in public, considering it a necessary act which is contrary to research by (Dukuzumuremyi et al., 2020; Olejnik et al., 2022). However, 38.8% expressed concerns about potential difficulties and inconveniences associated with exclusive breastfeeding. This was highlighted by (7) which stated that Poor feeding, Inadequate support from spouse and conflicting positions are barriers to exclusive breast feeding (Agunbiade and Ogunleye, 2012). A study conducted recently in southwestern Nigeria showed that a high percentage of the respondents (87.9%) did not report problems associated with breastfeeding (Akadri and Odelalo, 2020).

Regarding child spacing, the findings of this study showed that 97.8% of the respondents understood the concept of child spacing and its importance for maternal and child health such as lower probability of lower birth weight, being born premature and being malnourished (Dibaba, 2010). 62.6% had knowledge of the recommended spacing interval between pregnancies (at least 2 years), which is similar to a study that showed a birth interval of two years, compared to 3-4 years recorded in the old times (Kemi and Joseph, 2011). 81.5% were aware that child spacing helps in reducing maternal and infant mortality rate. This corroborated which stated that infants have much higher probability of mortality when child spacing is less than 2 years (Molitoris et al., 2019). The result of the study also showed significant attitude towards child spacing. 70.5% of the respondents expressed positive attitude towards child spacing, believing it allows women to recover their health between pregnancies, but only 20.6% stated that they would actively seek family planning services to achieve child spacing similar to the average 12% use of family planning in Nigeria (Anate et al., 2021; Fadeyibi et al., 2022). 23.5% believed that child spacing can be difficult to achieve or maintain which can be linked to the low use of family planning.

The research revealed that condoms, injectables and implants were the most used contraceptive aligning with the report of which indicated that condoms and sterilizations are the most commonly used contraceptives by women (UN, 2019). Condoms are a popular choice due to their effectiveness in preventing both pregnancy and sexually transmitted infections (STIs). Birth control pills and intrauterine devices (IUDs) were chosen by a smaller proportion of respondents, this disagrees with the work of where Pills and IUD was most commonly used (Mahfouz et al., 2023). Birth control pills offer a daily oral contraceptive option, while IUDs provide long-term contraception with minimal user intervention. The availability of various contraceptive options indicates that women in the study population have access to a range of family planning methods. This diversity allows them to choose a method that aligns with their individual preferences, lifestyle, and reproductive goals.

Majority of the respondents (77.2%) reported receiving support or counselling on breastfeeding or child spacing from a healthcare provider. This indicates that a significant proportion of women in the study population have accessed professional guidance and information regarding these important aspects of maternal and child health. This is higher than studies such as (Hassounah et al., 2023; Das et al., 2023). Difficulties and challenges women faced with breastfeeding was also highlighted such as experiences of stigma or discrimination while breastfeeding in public, difficulties with using family planning, receipt of education or information on exclusive breastfeeding and child spacing, and perceptions about the difficulty of achieving or maintaining birth spacing. The study also highlighted the reasons why women abstained from breast feeding. These included low milk supply experienced by 19.2%, breast engorgement by 15.1%, and "sore or cracked nipples" by 12.0%. These difficulties are common and can impact the breastfeeding experience and success.

The study also accessed the respondent's belief regarding the impact of exclusive breastfeeding on the effectiveness of contraceptives, the majority of respondents believed that exclusive breastfeeding has an impact on contraceptive effectiveness aligning with the study of though a small percentage of respondents (8.6%) reported experiencing an unintended pregnancy while exclusively breastfeeding (Sridhar and Salcedo, 2017). This indicates that while exclusive breastfeeding may provide some level of natural contraception, it is not foolproof and there is still a risk of unintended pregnancies. The importance of exclusive breastfeeding and adequate child spacing to both mothers and children was well echoed by the respondents with a significant majority of respondents (63.3%) considered it very important. The respondents also believed that child spacing has a positive effect on economic wellbeing of the family aligning with study of (Sridhar and Salcedo, 2017).

5. Conclusion

The findings provide valuable insights into the current understanding and perspectives of this population. The findings indicates that while there is a considerable level of knowledge and positive attitudes toward exclusive breastfeeding and child spacing among women of childbearing age in the Owerri West local government in Imo State, there are still gaps in certain aspects. Barriers to implementation of breastfeeding programs should be addressed while implementing policies to bridge the gap between knowledge and application of policies to ensure child spacing. Strategies to improve knowledge on correct breastfeeding frequency and recommended spacing intervals between pregnancies should be implemented. Additionally, addressing concerns and challenges related to exclusive breastfeeding and child spacing, such as societal pressures, inconvenience, and stigma, is crucial to effectively promote these practices. Respondents expressed the need for further support and interventions to improve exclusive breastfeeding and child spacing practices. This emphasizes the importance of implementing programs that provide access to support groups, education, and counseling on exclusive breastfeeding and child spacing.

Recommendations

The study recommends the following:

1. Health benefits of exclusive breastfeeding to the mother and child should be emphasized in hospitals, maternity centres, and in communities.
2. Health Professionals (doctors, nurses, midwives, and even traditional birth attendants) should be trained to encourage and support practices that will be conducive to breastfeeding.
3. Combining facility-based and in-house methods of breastfeeding counselling, education and support especially to intending and expectant mothers.
4. Provision of breastfeeding information via mass media will assist in improving breastfeeding practice.
5. Population education should be intensified emphasize the benefits of exclusive breastfeeding.
6. Support systems to help reduce stigma of public breast feeding and difficulties in family planning
7. Future research endeavours should address the limitations of this study to further enhance understanding and promote effective practices related to exclusive breastfeeding and child spacing in Owerri West local Government Area in Imo State.

Limitations To The Study

1. The study focused on assessing knowledge and attitudes rather than examining actual practices or behaviors related to exclusive breastfeeding and child spacing, potentially creating a disconnection between reported knowledge and real-world practices.
2. The participants' ability to recall information accurately may introduce bias, particularly regarding specific details such as breastfeeding frequency or recommended spacing intervals.
3. The data collected relied on self-reported responses from the respondents, introducing the possibility of social desirability bias where respondents may provide answers, they believe are socially acceptable expected.

Declarations

Financial support: Not Applicable

Conflict of Interest: None

Ethical Approval: A letter of introduction and ethical clearance were obtained from the Department of Public Health Ethical clearance committee before the research was conducted.

Informed Consent: Oral / verbal informed consent was obtained from the respondents

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