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Method Of Birth Control:Utilization and Factors Affecting the Use ofExclusive Breastfeedingamong Pregnant Women Attending Antenatal Clinic In Sub-Urban, Southern Nigeria

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ABSTRACT

Background: Exclusive breastfeeding is an economically cheap, yet crucial health practice which provides optimal nutrition for infants and contraceptive method providing, short-term contraceptionfor the mothers.

Objectives: This study aimed to evaluate utilizationand factors affecting theuse of exclusive breastfeeding as a method of birth control among pregnant women in Okada, Edo State, Nigeria, and to identify factors influencing these outcomes.

Methods: A cross-sectional study design was adopted involving 290pregnant women selected using a multi-stage sampling technique. Data were collected through structured, self-administered questionnaires adapted from previous studies on exclusive breastfeeding as a method of birth control assessment tools. Descriptive and inferential statistics were conducted using SPSS version 25.0. A p-value of less than 0.05 was considered statistically significant.

Results: About half (47.2%) of the respondents were familiar with exclusive breastfeeding as a form of birth control and only 15.3% of them had utilized it as a method of contraception.The study revealed that awareness of exclusive breastfeeding as a method of birth control among pregnant women was high but the utilization was poor.

Conclusion: The study revealed that although awareness of exclusive breastfeeding as a method of birth control among pregnant women in Ovia was high but the utilization was poor. The findings emphasize the need to ensure healthcare providers are equipped with the necessary knowledge and tools to effectively educate expected mothers about exclusive breastfeeding as amethod of birth control.

Keywords: Contraception, Exclusive Breastfeeding, Pregnant women, Factor, Utilization.

I. BACKGROUND

Exclusive breastfeeding (EBF) is a crucial health intervention that provides infants with optimal nutrition, offering a myriad of benefits such as enhanced immunity, cognitive development, and protection against infections[1]. Beyond its recognized role in infant nutrition, recent studies have explored the potential of exclusive breastfeeding as a method of birth control. This dual functionality of EBF holds significant implications, particularly in resource-constrained settings where access to family planning methods may be limited[2].This practice is endorsed by health organizations worldwide, including the World Health Organization (WHO) and United Nations International Children's Emergency Fund(UNICEF), as it offers a range of health benefits for both the infant and the mother[3,4]In recent years, researches has explored an additional dimension of exclusive EBFas a potential of method of birth control. This dual function arises from the suppression of ovulation that occurs whenmothers practicedEBF on her infant[7].The contraceptive potential of EBF is rooted in the biological phenomenon of lactational amenorrhea, where the suppression of ovulation occurs during consistent breastfeeding[5]. While this offers a natural and non-invasive form of birth control, its reliability hinges on strict adherence to EBF practices, underscoring the importance of education and support for mothers[7].It is however important to note that studies have shown that although EBF can be used to protect against conception only in the early months after birth

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when lactation has induced amenorrhoea[9].The National Demographic and Health Survey (NDHS) conducted in 2017 showed that the use of EBF as a birth control method was generally low, adding up to only 5.0%, despite the widespread (97.0%) of knowledge of exclusive breastfeeding globally[12]. The fact that the rate of exclusive breastfeeding decreased from 17.0% in 2003 to 13.0% in 2008 further aggravates the problem[13].Evidence-based researchesreported that the most common factors for discontinuation of EBF were due to maternal beliefs, and perceptions (insufficient breast milk and painful breastfeeding). Other factors including maternalage, income, education, knowledgeand ethnicity.

It is ideal to ensure that pregnant women are taught the benefits associated with EBF as a method of birth control is therebyensuring improved maternal and child health outcome[16].This study aims to assess the awareness and utilizationof EBF as a method of birth control among pregnant women as well as the factors that influenced the outcome.

II. MATERIAL AND METHODS

Study Area

The study was carried out in Ovia North East Local Government Area (LGA) of Edo State, Nigeria, which encompasses several communities within its jurisdiction. The LGA is home to several PHC facilities that provide 24-hour services, including antenatal care, immunization, HIV/AIDS services, family planning, health education, as well as maternal and newborn care. With an estimated population of 436,036 as at 2024. Ovia North East spans an area of 2,301 km². The region is diverse, with communities such as Okada, Uhen, Utese, and others, inhabited by various ethnic groups including the Bini, Igbo, Yoruba, Urhobo, and more. The LGA has a significant Christian population, with smaller groups practicing Islam and African Traditional Religion. The region is also home to Igbinedion University and a variety of economic activities, including sawmilling, which shapes the local economy.

Study Population:

The study focused on all nursing mothers aged 18 years and above who were attending post-natal clinics in Ovia North East. This population was selected due to their potential awareness and use of EBF as a method birth control.

Sampling Technique

A cross-sectional study was carried out among 290 nursing mothersattending post-natal clinic in primary healthcare centresinOvia North East Local Government Area, Edo State, Nigeria. The study was conducted over a period of nine month from February 2024 to November 2024. The respondents were selected by multistage sampling method. In the first stage, four wards; Okada, Iguomo, Utese and Egbeta were randomly selected using Simple random sampling by balloting from the list of ten wards in Ovia North East.In the second stage, one Primary Healthcare Centre (PHC) was randomly selected using Simple random sampling by computer generating numbers from each of the four wards and following PHCs were selected, Okada, Iguomo, Utese and Egbeta. In the third, participants were selected. To ensure equal chance of selection, the participants were selected using systematic sampling. The sample size 290 was calculated with an additional 5% non-response rate factored into account for incomplete or missing responses using Cochrane formula for cross-sectional surveys with $n = Z^2 PQ/d^2$ where n is sample size, Z = Standard normal deviation, set at 1.96 to correspond to 95% confidence interval, P = The value for 'P' was taken from the perception of mothers attending post-natal clinic in the literatures in previous study reported in this study which was 21.7%.[6]

Data Collection

Data for this study was collected using structured, interviewer-administered questionnaires, which were designed to capture socio-demographic characteristics, awareness, utilization and factors affecting the use of EBFas method of birth control amongnursing mothers. The questionnaire, adapted from existing instruments, was tailored to the study context. The first section collected data on participants' socio-demographic characteristics such as age, gender, marital status, education level, occupation, and religion. These variables were important for identifying potential factors that might influence EBF. The second section on awareness evaluated nursing mothers' knowledge of EBF as method of family planning. It also explored sources of information such as community health workers, media, or personal visits, aiming to assess factors influencing awareness.

The final section focused on the utilization of EBFas method of birth control, exploring factors like nutritional status, healthiness breast milk, protection from disease, encourage bonding,contraceptive advantage, if EBF is easier than infant feeding formula and if it is a good way to decrease family expenses. A pre-test was conducted in Okha PHC, Ovia South West LGA,

with 29 participants. Feedback from the pre-test led to adjustments in the questionnaire to ensure clarity and relevance for the main study. This approach ensured the data collection tool was both reliable and valid for the research objectives.

Ethical Considerations

Ethical clearance for this study was granted by the Ethical and Research Committee of Igbinedion University Teaching Hospital, Okada with ethical clearance certificate number: IUTH/R.24/VOL.1/34C. A written informed consent was obtained from all participants which was read out to each of the participant and signed, ensuring they were fully aware of the study's aims and that participation was voluntary. Confidentiality was maintained throughout the study, with no personal identifiers included in the questionnaires. Participants were informed of their right to withdraw from the study at any time without consequence. All data collected were securely stored, with access restricted to the research team.

Data Analysis

The data was analyzed using IBM SPSS Statistics version 27. Descriptive statistics, including frequency and percentage distributions, were used to summarize the data. Univariate and bivariate analyses were conducted to explore associations between variables, using chi-square tests, Fisher's exact tests where applicable and Logistic regression model for predictors of perception.A p-value of less than 0.05 was considered statistically significant.

Limitations

No further diagnostic or confirmatory tools were used to confirm or refute the crude findings generated from the used General Health Questionnaire and as such, the awareness and perception of EBF as a method of family planning may be over or underreported.

Financial support and sponsorship: Nil.
Conflicts of interest: There are no conflicts of interest.

III. RESULTS

Socio-demographic characteristics

A total of 290 respondents participated in the study, with the majority 170(58.6%)aged between 18 and 25 years.Overhalf 150(51.7%) of the respondents were single, 176(60.7%) had tertiary level of education, with a significant portion 228(78.6%) identifying as Christian (272, 84.0%)

Awareness of exclusive breastfeeding as method of family planning

Majority 223(76.9%) of the respondents had heard of exclusive breastfeeding, and major83(37.2%) source was at the health centres. Most 184(82.5%) of the respondents had understanding of EBF as "only breast milk for 6 months", 169(75.6%) identified nutrition as the advantage of EBF, 116(52.0%) were aware of EBF as a contraceptive and only100(44.8%) of the respondents were aware practicing EBF can prevent pregnancy.

Association between socio-demographics and awarenessexclusive breastfeeding as method of family planning

Majority of respondents aged 18 to 25 year 138(81.2%)were aware of EBF as birth control and the association was not statistically significant. (p=0.050), however, single 131(87.3%) and respondents with tertiary education 156(88.6%) were aware of EBF as birth control and these associations were statistically significant. (p=0.001)

Respondents who practiced Christianity had the highest 179(78.5%)proportions of those who were aware of EBF as birth control and this association was not statistically significant. (p=0.088). However, majority 132(88.0%)student respondents were aware of EBF as birth control and the association was statistically significant. (p=0.001).

Utilization of EBF as a birth control method

Majority 119(53.4%) of the respondents had used contraceptives and the most common method of birth control method was male condoms 53(44,5%), other contraceptives used were oral pill 46(38.7%),implant 42(35.3%),EBF 54(22.3%) while withdrawal method 10(8.4%) and female sterilization 8(6.7%) as birth control.

Association between socio-demographicsand utilization of EBF as a birth control method

All 12(100%) respondents aged 36 years and above,33 (35.9%) married and 10(33.0%) whopracticed Africa Traditional Religion (ATR) had higher proportionsof use of EBF as birth control and these associations were statistically significant. (p=0.001).

Factors affecting utilization of EBF as a birth control method

Concerning the factors affecting utilization of EBF as a birth control method, almost

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all 217(97.3%)the respondents said mothers use artificial method due to nature of their work, 139(62.3%) saidbabies of underage mother are breastfeed for a longer time and 211(94.6%) saidmothers who attended ANC and educated on EBF as a birth control methodwere likely to use EBF while 191(85.7%) of the respondents saidmarried and educated mothers were likely use EBF as a birth control method. Majority 188(84.3%) of the respondents said mothers who practiced Christianity usedEBF as a birth control method and 182(81.6%) said mothers with health challenged were not likely to use to use EBFas a birth control method.

Logistic regression model for predictors of utilization of exclusive breastfeeding as birth control method

Age was a significant predictor, with an odds ratio (OR) of 0.291 (p=0.001, CI=0.156-0.542). For every increased in age, the respondents were 0.291 times less likely to use EBF as birth control method and the association was statistically significant. The respondents who were single were 0.254 times less likely to use EBF as birth control method compared to married respondents aged 36 years and above and this association was not statistically significant. (p=0.057, CI=0.062-1.043). The respondents with primary/secondary level of education were 1.046 times less likely to use EBF as a birth control method compared to those with tertiary level of education however, this finding was not statistically significant. (p=0.94, CI=0.327-3.348). Christian respondents were 1.221 times more likely to use EBF as birth control method compared to that practicing ATR and also this finding was not statistically significant. (p=0.827, CI=0.205-7.28).

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency (n)	Percent (%)
Age (years)		
18 – 25	170	58.6
26 – 30	56	19.3
31 – 35	45	15.5
≥ 36	19	6.6
Marital status		
Single	150	51.7
Married	116	40.0
Co-habiting	10	3.4
Separated	7	2.4
Widowed	4	1.4
Divorced	3	1.0
Educational level		
No formal education	9	3.1
Primary	14	4.8
Secondary	91	31.4
Tertiary	176	60.7
Religion		
Christianity	228	78.6
ATR	32	11.0
Islam	30	10.3
Occupation		
Student	150	51.7
Trader	64	22.1
Civil servant	34	11.7
Lecturer	23	7.9
Farmer	19	6.6

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Table 2: Level of awareness of Eexclusive Bbreastfeeding among respondents

Variable	Frequency (n = 290)	Percent (%)
Ever heard of EBF		
Yes	223	76.9
No	67	23.1
Source of information (n = 223)*		
Health centre	83	37.2
Government hospital	44	19.7
Private hospital	40	17.9
Family planning clinic	35	15.7
NGO	21	9.4
Understanding of EBF(n = 223)		
Only breast milk for 6 months	184	82.5
Breast milk and water	36	16.1
Breast milk and solid food	3	1.3
Advantages of EBF(n = 223)		
Nutrition	169	75.6
Protect infant from illness	31	13.9
Child spacing	9	4.0
Economic reason	6	2.7
Prevent pregnancy	8	3.6
Awareness of EBF as a contraceptive		
Yes	116	52.0
No	107	48.0
Woman practicing EBF can get pregnant		
Yes	123	55.2
No	100	44.8

Table 3: Association between socio-demographics and awareness of exclusive breastfeeding as birth control method

Variable	**Awareness of EBF n (%)**		**Test Statistic**	**p-value**
	Yes (n=223)	**No (n=67)**		
Age (years)				
18 – 25	138 (81.2)	32 (18.8)	7.665	0.050
26 – 30	44 (787.6)	12 (21.4)		
31 – 35	29 (64.4)	16 (35.6)		
≥ 36	12 (63.2)	7 (36.8)		
Marital status				
Single	131 (87.3)	19 (12.7)	19.051	0.001[#]
Married	92 (65.7)	48 (34.3)		
Educational level				
No formal education	0 (0.0)	9 (100)		
Primary	4 (28.6)	10 (71.4)	57.292	0.001[#]
Secondary	63 (69.2)	28 (30.8)		
Tertiary	156 (88.6)	20 (11.4)		
Religion				
Christianity	179 (78.5)	49 (21.5)	2.623[†]	0.283
Islam	23 (76.7)	7 (23.3)		
ATR	21 (65.6)	11 (34.4)		
Occupation				
Student	132 (88.0)	18 (12.0)		0.001[#]
Trader	28 (43.8)	36 (56.3)		
Civil servant	54 (94.7)	3 (5.3)		

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Farmer	9 (47.4)	10 (52.6)		
Heard about EBF as contraceptive				
Yes	48 (88.9)	6 (11.1)	5.372	0.030#
No	175 (74.2)	61 (25.8)		

† = chi-square, * = Fisher's exact, # = statistically significant

Table 4a:Utilization of exclusive breastfeeding as birth control method

Variable	Frequency	Percent (%)
Ever used contraceptive (n = 290)		
Yes	119	53.4
No	104	46.6
Method used (n = 119)*		
Male condom	53	44.5
Pill	46	38.7
Implants	42	35.3
EBF	54	45.4
Withdrawal method	10	8.4
Female sterilization	8	6.7

Table 4b: Association between sociodemographics **and utilization ofexclusive breastfeeding as birth control method among respondents**

Variable	**Utilization of EBF as a birth control method n (%)**		**Test Statistic**	**p-value**
	High	**Low**		
Age (years)				
18 – 25	15 (10)	123 (89.1)	55.789*	0.000#
26 – 30	8 (18.2)	36 (81.8)		
31 – 35	13 (44.8)	16 (55.2)		
≥ 36	12 (100)	0 (0.00)		
Marital status				
Single	15 (11.5)	116 (88.5)	8.988*	0.000#
Married	33 (35.9)	104 (64.1)		
Educational level				
Primary	0 (0.0)	4 (100)	7.940*	0.022#
Secondary	21 (33.1)	42 (66.7)		
Tertiary	27 (17.3)	129 (82.7)		
Religion				
Christianity	32 (17.9)	147 (82.1)	7.579*	0.012#
Islam	10 (43.5)	13 (56.5)		
ATR	6 (28.6)	15 (81.3)		
Occupation				
Student				
Trader	9 (6.8)	123 (93.2)	46.422*	0.000#
Civil servant	9 (32.1)	19 (67.9)		
Farmer	24 (44.4)	30 (55.6)		

† = chi-square, * = Fisher's exact, # = statistically significant, ATR: African Traditional Religion

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Table 5: Factors affecting utilization of exclusive breastfeeding as birth control method

Variable	Agree Freq (%)	Disagree Freq (%)
Mother's occupation		
Civil servant breastfeed longer than those in other professions	103 (46.2%)	120 (53.8%)
Mothers use artificial method due to nature of their work	217 (97.3%)	6 (2.7%)
Traders usually have enough time for breastfeeding	135 (60.5%)	81 (36.3%)
Age of mother		
Babies of underage mothers are breastfeed for a longer time	139 (62.3%)	84 (37.7%)
Mothers who attended ANC and educated on EBF as a birth control method	211(94.6%)	12 (5.4%)
Married educated mothers know more about EBF as a birth control method	191 (85.7%)	32 (14.3%)
Religion/cultural affiliation		
Christianity supports EBF	188 (84.3%)	35 (15.7%)
Traditionalists are more committed to EBF than women of other faiths	105 (47.1%)	153(52.9%)
Mothers from different cultural backgrounds support EBF	185 (83.0%)	38 (17.0%)
Health status of the mother		
Dehydrated and malnourished mother may not produce enough breastmilk	182 (81.6%)	41(18.4%)
Mothers with underdeveloped breast cannot produce enough breastmilk	113 (50.7%)	110 (49.3%)
Infants of mentally unstable mothers may not well breastfed	163 (73.1%)	60 (26.9%)

Table 6: Logistic regression model for predictors of utilization of exclusive breastfeeding as birth control method

Factors	B (regression co-efficient)	Odds ratio	95% CI for OR		p-value
			Lower	Upper	
Age (years)	-1.234	0.291	0.156	0.542	0.000#
Marital status					
Single	-1.37	0.254	0.062	1.043	0.057
Married		1			
Educational level					
Primary/secondary	0.045	1.046	0.327	3.348	0.94
Tertiary		1			
Religion					
Christianity	0.199	1.221	0.205	7.28	0.827
Islam	0.702	2.019	0.6	6.79	0.256
ATR		1			
Occupation					
Student	-1.632	0.196	0.065	0.59	0.004#
Trader	-3.212	0.04	0.004	0.368	0.004#
Civil servant	-1.852	0.157	0.026	0.931	0.041#
Farmer					

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IV. DISCUSSION

In terms of awareness, majority of the respondents (76.9%) reported awareness of exclusive breastfeeding as a family control method, yet significant variations were noted in the level of awareness regarding specific types of family control methods. For instance, about two-thirds of the respondents had a proper understanding of breastfeeding as "only breast milk for 6 months". A lesser number (54,0%) had a proper understanding of breastfeedingin a study carried out in Calabar[8]. Majority of the respondents identified nutrition as an advantage of exclusive breastfeeding, while 35.5% noted that it prevents infant illness, and 19.3% noted that it aids child spacing while only 4.8% had identified EBF as a means of preventing pregnancy. Similarly, in Nigerian study conducted in Oyo state, a majority of the respondents were aware of breastfeeding as a birth control method[10]. The findings regarding awareness of exclusive breastfeeding are crucial from a public health perspective. A majority of the respondents were aware of exclusive breastfeeding, this demonstrates a good level of awareness within the community. In a study conducted in Uganda, health facilities were also identified as the most common source of information on EBF[6]. The fact that most of the respondents had heard about EBF at health centres emphasizes the significance of health facilities as a valuable source of information.

Promoting breastfeeding has significant health and socio-economic impact Breastfeeding contributes significantly to family planning and contraception as well as the provision of adequate nutrition at low cost[19]. Almost half (47.2%) of the women were aware of EBF as a contraceptive. A similar finding was obtained among women in USA and where 50.0% of women were aware that breastfeeding delayed menstruation, and similarly, a lower proportion 8.4% identified it as a contraceptive method[20]. However, A Proper understanding of exclusive breastfeeding, particularly the recognition that it involves only breast milk for the first 6 months, is essential for promoting infant health[16]. The fact that a majority of women identified nutrition as an advantage of exclusive breastfeeding is a positive sign, as it reflects an appreciation for the health benefits it offers. However, the other hand, the relatively low awareness of exclusive breastfeeding as a contraceptive method signifies an area that requires attention in public health education. Single respondents (p=0.000), those with tertiary level of education (p=0.000), and civil servants (p=0.000), had higher proportions of those with statistically significant levels of awareness of EBF as a birth control method, although age and religion were not significant. This shows the importance of strengthening the aspect of knowledge through education and how this could contribute to better family planning and reproductive health outcomes in the community.

Over half (53.4%) of the respondents had used a contraceptive method, however, only 21.5% of them had ever used EBF as a method of contraception. A study in India China and Vietnamdiscovered that 100% of women exclusively breastfed in the first month, however, only 12.3% engaged EBF by the 10th month[19]. The factors determining the utilization of exclusive breastfeeding (EBF) as a birth control method have significant public health relevance and implications. Understanding these factors can help public health experts and policymakers develop targeted interventions to promote EBF as a contraceptive method, thereby contributing to maternal and child health[3,4].

The practicality of a contraceptive method in daily life is influenced by its ease of use and convenience. Some individuals may prefer requiring minimal attention, such as long-acting contraceptives, while others may choose methods offering flexibility and immediate reversibility[10]. Male condoms (60.0%) was the most common method of contraception among the respondents. In a USA survey, the majority of participants thought that condoms (87.3%) were more effective than exclusive breastfeeding, and that birth control pills (87.8%) were more effective than breastfeeding for preventing pregnancy[20]. Women aged 36 years and above (p=0.000), and married (p=0.000), respondents with tertiary level of education (p=0.022), those who practiced Islamic religion (p=0.012), and farmers (p=0.000), had the highest proportion of those who had high utilization of EBF as a means of contraception which were of statistical significant. These findings show that utilization of EBF as a birth control method is influenced by the various socio-demographic characteristics of the respondents in Ovia North East and emphasized the need to provide targeted interventions aimed at different groups of women to provide the needed education and improve their practices towards exclusive breastfeeding.

On factors which determine utilization of EBF as a birth control method, nature of work (97.3%) was identified by most women as a factor regarding occupation. underaged mothers, on ANC visits (94.6%) reported that Mothers who attended ANC are well educated on EBF married and

educated mothers were also more likely to utilize EBF as contraceptive method. Most (81.6%) women believe that dehydrated and malnourished mothers did not produce adequate breast milk. Christians (84.3%) were reported to use EBF. The belief that dehydrated and malnourished mothers do not produce adequate breast milk underscores the need for comprehensive maternal health interventions. Addressing maternal malnutrition and dehydration through nutrition programs and access to clean water can positively impact breastfeeding practices. The factors identified which were of statistical significance in determining utilization of EBF as a birth control method include age (p=0.000, CI=0.156-0.542) for which an increase led to a 0.291 times less likelihood of utilizing EBF as birth control, and occupation for which students and civil servants were 0.196 and 0.157 times respectively less likely to utilize EBF compared to farmers (p=0.04, CI=0.065-0.59); (p=0.04, CI=0.026-0.931), while traders were almost as likely 0.04 times (p=0,041, CI=0.026-0.931).

Breastfeeding exclusively for six months is the most effective infant nutritional method and should be continued even with complimentary meals[21,22]. The findings highlight the need for tailored support and education for different demographic groups. Providing educational and workplace support for breastfeeding mothers, holistic family-centered support systems, could positively impact EBF utilization among working women. Addressing the needs of underaged mothers and promoting ANC visits can also play a crucial role in encouraging EBF as a birth control method. Public health initiatives should engage religious and community leaders to promote EBF within the context of cultural and religious norms. Understanding the factors determining the utilization of exclusive breastfeedingcan help public health experts and policymakers develop targeted interventions to promote EBF as a contraceptive method, thereby improving maternal and child health.

V. CONCLUSION

This study shows the high level of awareness of exclusive breastfeeding among women who attended antenatal clinic at the primary healthcare centres in Ovia North East Local Government Area, Edo State, while revealing significant disparities in specific aspects of uses and utilization exclusive breastfeeding as a family control method. About half (47.2%) of the women were aware of EBF as a means of contraception and only 21.5% of the women had ever used EBF as a contraceptive method. Age, marital status, religion level of education and occupation were statistically significant factors which determined the use of EBF as a contraceptive method. The results display the need for tailored training programs to address gaps in knowledge and utilization, with a focus on healthcare providers in primary health Care Centers are equipped with the necessary knowledge and tools to effectively educate pregnant women about exclusive breastfeeding as a method of birth control.

REFERENCES

[1]. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, et.al . Breastfeeding in the 21st century:Epidemiology, mechanisms, and lifelong effect. Lancet 2016: 387(10017); 475-90.

[2]. Brown CRL, Dodds L, Legge A, Bryanton J, Semenic S. Factors influencing the reasons why mothers stop breastfeeding. Canadian Journal of Public Health2014: 105(3); 321-43.

[3]. World Health Organization (WHO). Exclusive breastfeeding for optimal growth, development and health of infants. Available @https://www.who.int/tools/elena/interventions/exclusive-breastfeeding. Accessed on 15 February, 2025.

[4]. World Health Organization (WHO). WHA Global Nutrition Targets 2025: Breastfeeding Policy Brief 2014. Available @ http://www.who.int/nutrition/globaltargets breastfeeding policyf.pdf. Accessed on 15 February, 2025.

[5]. United Nations International Children's Emergency Fund (UNICEF). Breastfeeding: A Mother's Gift, for Every Child; 2018. Available @ https://www.unicef.org/publications/index_102824.html. Accessed on 15 February, 2025.

[6]. Oyelana O, Kamanzi J, Richter S. A critical look at exclusive breastfeeding in Africa: Through the lens of diffusion of innovation theory. International Journal of Africa Nursing Sciences2021: 12; 321-65.

[7]. Maduforo A, Nnaemeka U, Okeke O. The practice of exclusive breastfeeding by lactating women in Owerri metropolis, Imo State, Nigeria. Global Adv Res J Med Med Sci2013: 2(1); 13-19.

[8]. Idang Neji O. Factors Influencing the Practice of Exclusive Breastfeeding among Mothers in Tertiary Health Facility in Calabar, Cross River State, Nigeria. American Journal of Nursing Science 2015: 4(1); 157-79.
[9]. Mosalli R, El-Azim A, Qutub M, Zagoot E, Orompurath M, Paes B. Perceived barriers to the implementation of a baby friendly initiative in Jeddah, Saudi Arabia. Saudi Med J. 2012;33(8):895-900.
[10]. Olaitan O, Stephen A, Odeigah L, Rakiya S, Raji A, Adesina KT, Olarinoye O, Issa Y, Jimoh A. Exclusive Breast Feeding as a Predictor of a Natural Birth Control Method Among Women in the South West, Nigeria. West African Journal of Assisted Reproduction 2014:3(1); 1-14.
[11]. Ekure E, Antia-Obong O, Udo J, Edet E. Maternal Exclusive Breast- Feeding Practice In Calabar, Nigeria: Some Related Social Characteristics. Niger J Clin Pract 2003: 6(2); 43-71
[12]. Johnson OE. Determinants of Modern Contraceptive Uptake among Nigerian Women: Evidence from the National Demographic and Health Survey. Afr J Reprod Health2017: 21(3);89-97.
[13]. Salami L. Factors influencing breastfeeding practices in Edo state, Nigeria. African Journal of Food, Agriculture, Nutrition and Development 2011: 6(2); 163-75.
[14]. Agho KE, Dibley MJ, Odiase JI, Ogbonmwan SM. Determinants of exclusive breastfeeding in Nigeria. BMC Pregnancy Childbirth 2011:11-17.
[15]. Joshi MP, Ange PM, Khan S, Ausvi SM. Exclusive Breastfeeding Practices among postnatal mothers: How Exclusive are they?. Natl J community Med2014: 5(3); 276-279
[16]. Ojo MA. Constraints to Exclusive Breastfeeding Practice among breastfeeding mothers in South West Nigeria: Implications for Scaling up International Breastfeeding. Nigerian Medical Journal2012: 7(5); 5-7.
[17]. Ugboaja JO, Berthrand NO, Igwegbe AO, Obi-Nwosu AL. Barriers to postnatal care and Exclusive Breastfeeding among Urban Women in South Eastern Nigeria. Nigerian Medical Journal 2013: 54(1); 45-50.
[18]. Izevbuwa O. The Okada Region. University press; 2017.
[19]. Robinson H, Buccini G, Curry L, Perez-Escamilla R. The World Health Organization Code and exclusive breastfeeding in China, India, and Vietnam. Matern Child Nutr 2019:15(1);54-61.
[20]. Thomas JV, Riedel E. Barriers to exclusive breastfeeding among mothers during the first four weeks postpartum. J Am Acad Nurse Pract 2016: 4(5); 19 23.
[21]. Saied H, Mohamed A, Suliman A, Anazi W Al. Breastfeeding knowledge, Attitude and Barriers among Saudi Women in Riyadh. Journal of Natural Sciences Research 2013: 3(12); 28-37.
[22]. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. Breastfeeding and maternal health outcomes: A systematic review and meta-analysis.Acta Paediatrica, International Journal of Paediatrics 2015: 104(1); 109-17.