

GENERATION Z MOTHER'S KNOWLEDGE, ATTITUDE AND PRACTICE ON EXCLUSIVE BREASTFEEDING

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Abstract

This study utilised a descriptive, cross-sectional research design to evaluate the knowledge, attitude and practices regarding exclusive breastfeeding (EBF) among Generation Z mothers. The sample comprised 200 participants, aged 18 to 25, recruited from four primary healthcare centres within the Surulere Local Government Area of Lagos. Data collection was conducted via structured questionnaires and analysed using descriptive statistics. The empirical evidence highlighted a significant disparity between maternal knowledge and actual behaviour: A substantial majority of respondents (92%) demonstrated a high level of awareness regarding the principles of exclusive breastfeeding. Conversely, 65% of the mothers exhibited a negative disposition, perceiving the practice as unnecessary. The findings indicated that 53% of participants failed to implement EBF, while 52% were unable to sustain the practice for the recommended six-month duration. While Generation Z mothers are well-informed about exclusive breastfeeding, their negative perceptions represent a critical barrier to implementation. Consequently, it is recommended that government agencies and healthcare providers design targeted interventions. These programs should focus on articulating the long-term health benefits of EBF for both mother and child, while simultaneously providing the structural and psychological support necessary to navigate the challenges associated with the practice.

Keywords: Generation Z, Knowledge, Attitude, Practice, Exclusive Breastfeeding

Introduction

Human milk represents the primary and most physiologically appropriate source of nutrition for neonates. Defined medically as the provision of human milk to an infant or young child, breastfeeding encompasses both direct nursing and the administration of expressed milk via alternative feeding methods. Beyond its fundamental nutritional utility, the practice serves a critical psychosocial function by strengthening the maternal-infant bond. While lactation is a biological hallmark of all mammals, human breastfeeding is categorised by distinct levels of intensity and frequency: exclusive, partial, and token breastfeeding.

Globally, approximately 48% of infants are exclusively breastfed for the first six months, though these figures fluctuate significantly across different regions. In sub-Saharan Africa, exclusive breastfeeding (EBF) rates range from 23.7% to 56.5%, while the early initiation of breastfeeding occurs in 37.8% to 69.3% of cases (Issaka *et al.*, 2017). These statistics underscore the distance remaining to meet the Global Breastfeeding Collective's 2030 target of 70% EBF prevalence. Nigeria, specifically, lags behind these international benchmarks. According to the 2018 Nigeria Demographic and Health Survey, the national EBF rate for infants under six months is only 29% (National Population Commission & ICF, 2019). While localised data regarding the precise duration of EBF in southwest Nigeria remains limited, longitudinal breastfeeding practices appear more robust; more than 70% of mothers in this region maintain some form of breastfeeding until the child reaches one year of age.

According to recent guidance from the World Health Organisation (WHO, 2024), exclusive breastfeeding is recommended as the sole source of nutrition for the first six months of an infant's life. Global health standards emphasise that breastfeeding should ideally commence within the first hour of birth. Despite these recommendations, historical data suggest a significant gap in implementation; only 43% of newborns globally initiate breastfeeding within that first hour, and only 40% of infants under six months are exclusively breastfed (WHO, 2018; 2020). This clinical priority was underscored by Dr David Myers of the Agency for Healthcare Research and Quality (AHRQ), who advocated for the primacy of human milk during the Breastfeeding Summit (Rochester, New York). The critical nature of early initiation is largely attributed to the properties of colostrum.

Often described as the infant's "first immunisation," colostrum provides a concentrated source of antibodies, vitamins, and protective agents (Lavender *et al.*, 2006; WHO, 2024). Consequently, the use of pre-lacteal feeds is strongly discouraged.

To maintain optimal health outcomes, the WHO (1991; 2024) specifies that no supplementary food or liquids, including water, should be introduced during the first six months, except for necessary medical supplements such as vitamins or prescribed medications. Deviating from exclusive breastfeeding by introducing solids or other liquids prematurely can have several adverse effects, including: Suppressed Milk Production: A reduction in the infant's demand for breast milk, which subsequently lowers the mother's supply. Early Weaning: A shortened overall duration of the breastfeeding period. Health Risks: An increased susceptibility to diarrheal diseases and the potential for inadequate weight gain (WHO, 2009; Parizoto *et al.*, 2009; Niquini *et al.*, 2010).

Research emphasises the critical role of exclusive breastfeeding (EBF) in infant and maternal health, though global and local practices often diverge from clinical recommendations. The following synthesis explores the health implications, barriers to practice, and current trends in breastfeeding, particularly within the Nigerian context. Non-exclusive breastfeeding has been linked to an increased risk of several pediatric conditions, including necrotizing enterocolitis, pneumonia, diabetes, and various allergic reactions (Parizoto et al., 2009). Conversely, breast milk provides essential fatty acids necessary for the maturation of the ophthalmic, vascular, and neurological systems (Lavender et al., 2006). Beyond its nutritional profile of vitamins and minerals, breast milk acts as a biological shield; its antibodies significantly reduce the incidence of otitis media, gastrointestinal distress, and infectious disease mortality (McFadden & Toole, 2006; Salami, 2011; WHO, 2024).

Maternal health also benefits significantly from lactation. Studies indicate that breastfeeding facilitates postpartum weight management, lowers blood pressure, and serves as a protective factor against ovarian and breast cancers (Haiek *et al.*, 2001; Ebina & Lipworth *et al.*, 2000; Kashiwakura, 2012). Despite widespread awareness of these benefits, a gap remains between knowledge and practice (Swigart, 2017). Some mothers mistakenly believe that introducing supplemental fluids is necessary to alleviate infant colic or thirst (Niquini *et al.*, 2010). However, milk supply is physiologically driven by demand; frequent nursing, typically a minimum of eight times daily, is essential to maintain adequate production (Lavender *et al.*, 2006).

Successful EBF is often predicated on systemic and social support structures, including:

Medical History: Having a vaginal delivery. Clinical Support: Access to prenatal lactation counselling. Social Support: Consistent encouragement from partners and extended family (Setegn *et al.*, 2012; Elyas *et al.*, 2017). In Nigeria, while breastfeeding is culturally normative, adherence to "exclusive" breastfeeding remains low. Data from the 2008 Nigeria Demographic and Health Survey (NDHS) recorded EBF rates at only 17%. While this figure rose to 29% by 2018, recent data from the 2023-24 NDHS indicates that progress has stagnated at 29%. This current rate falls significantly short of the 50% target for 2025 established by the National Policy on Food and Nutrition and the World Health Organisation's global objectives.

Statement of the Problem

The low level of the practice of Exclusive Breastfeeding (EBF) is responsible for about 11.6% of young children, e.g. Under-5 fatalities in sub-Saharan Africa. The prevalence of EBF varies across sub-Saharan Africa for example, 56.6% in Southern Africa, 32.6% in West Africa, 53.5% in East Africa and 23.7% in Central Africa. The nations with the lowest prevalence in each region were Gabon (Central Africa), Cote d'Ivoire (West Africa), Comoros (East Africa), and Namibia (Southern Africa), with prevalence of 6.0%, 13.2%, 15.5%, and 48.7%, respectively. In Nigeria, it was estimated that 17.5% of people had EBF, which is less than the minimum of 60% stipulated by UNICEF and the World Health Organisation (Ogbo and Agho, 2015) and 29% in 2024 (Nigeria Demographic and Health Survey 2023-24). Nigeria reported low practice of EBF among nursing mothers (UNICEF, 2017; Ogunlesi *et al.*, 2004). Previous research has examined the relationship between several factors and EBF in Imo, Edo, Anambra, Osun, and Cross River states (Ekure *et al.*, 2003; Ogunlesi *et al.*, 2004; Salami, 2006).

Evidence suggests that Exclusive Breastfeeding (EBF) outcomes are significantly influenced by a range of maternal determinants, including educational attainment, age, marital status, socioeconomic standing, and

familial history (Ekure *et al.*, 2003; Salami, 2006). Additionally, infant-specific variables, primarily the child's age and the level of maternal proximity, serve as critical predictors of EBF adherence. Institutional factors also play a pivotal role; specifically, the utilisation of formal antenatal services, delivery within public healthcare facilities, and participation in state-sponsored breastfeeding education have been identified as positive correlates (Salami, 2006; Agho *et al.*, 2011).

Despite these insights, a geographic and demographic disparity exists in the current body of research. While initiatives like the 1994 Federal Medical Centre program in Owo, Ondo State, demonstrate long-standing efforts to promote EBF, most existing studies focus on broader urban centres or specific regions outside of Lagos State. Consequently, there is a lack of contemporary data regarding EBF prevalence and its associated risk factors within semi-urban Nigerian contexts. Most notably, the specific perspectives of Generation Z mothers remain under-researched. To address this empirical void, the present study examines the Knowledge, Attitude, and Practice (KAP) of Generation Z mothers toward Exclusive Breastfeeding in the Surulere local government area of Lagos State.

Objectives of the Study

This study assessed the knowledge, attitude and practices of Generation Z mothers' on exclusive breastfeeding in Surulere LGA, Lagos State. The specific Objectives are to:

- i. Assessed respondents' knowledge on exclusive breastfeeding.
- ii. Determined respondents' attitude toward the practice of exclusive breastfeeding.
- iii. Examined the practice of exclusive breastfeeding among respondents.

Research Questions

- i. What knowledge do the respondents have of exclusive breastfeeding?
- ii. What is the attitude of the respondents regarding exclusive breastfeeding?
- iii. What are the practices of exclusive breastfeeding among respondents?

Research Methodology

A descriptive research design was used in this study to examine the knowledge, attitudes, and practices of exclusive breastfeeding among Generation Z mothers attending selected primary healthcare centres in Lagos State.

Participants

Two hundred (200) Generation Z mothers in Surulere LGA, Lagos State, were included in the study. These participants were selected from four primary healthcare centres: Primary Healthcare Centre Akerele, Anjorin Primary Healthcare Centre, Iponri Primary Healthcare Centre, and Coker Aguda Primary Health Centre. In each centre, 50 participants were selected by convenience sampling. These health centres provide a range of services, including outpatient care, antenatal and postnatal care, family planning services and Immunisation. Eligible participants must be between the ages of 18 and 27 and must give consent.

Research Instrument

An adapted but standard Likert scale questionnaire was used in this study. It consists of three sections: A, B and C.

Section A: Examined the respondent's knowledge of exclusive breastfeeding

Section B: Ascertained respondents' attitude towards the practice of exclusive breastfeeding among respondents.

SECTION C: Assessed various practices of exclusive breastfeeding among the respondents.

Validity of Research Instrument

The research instrument underwent a rigorous validation process to ensure its psychometric integrity. Face and content validity were established through a comprehensive review by the research supervisor, who evaluated the items for thematic relevance, alignment with the study's core objectives, and clarity of language for the target

respondents. To further enhance the instrument's credibility, it was subjected to critical scrutiny by a panel of subject matter experts within the Department of Home Science and Management at the Federal University of Agriculture, Abeokuta (FUNAAB). These experts assessed the questionnaire to ensure that the indicators accurately represented the constructs under investigation and were capable of generating the data required to address the research questions.

Reliability of Research Instrument

The reliability of the research instrument was established through a test-retest methodology involving a pilot study of 30 Generation Z nursing mothers within the Surulere Local Government Area (LGA), Lagos State. This preliminary phase aimed to identify and rectify ambiguities within the questionnaire. Items deemed unclear or redundant were either refined or removed to enhance participant comprehension. Following a two week interval, the instrument was re-administered to the same cohort to evaluate temporal consistency. Internal consistency and reliability were statistically verified using Cronbach's Alpha (α), with the threshold for significance set at 0.05. The analysis yielded the following reliability coefficients for the study's primary constructs:

- Knowledge of EBF: $\alpha=0.750$
- Attitude toward EBF: $\alpha=0.748$
- Practice of EBF: $\alpha=0.764$

These values exceed the widely accepted social science benchmark of 0.70, confirming that the instrument is a dependable tool for measuring the variables under investigation.

Method of Data Analysis

The primary data were processed and analysed using the Statistical Package for the Social Sciences (SPSS). To provide a comprehensive overview of the dataset, descriptive statistics were utilised, specifically incorporating frequency distributions, arithmetic means, and standard deviations. The resulting data were systematically categorised and illustrated through the use of statistical tables, ensuring a clear and structured representation of the respondents' perspectives and behavioural patterns.

SECTION A: Respondents' Knowledge of Exclusive Breastfeeding

This section focuses on the empirical analysis and presentation of data concerning the knowledge of exclusive breastfeeding among the Generation Z cohort. This construct was evaluated using a ten-item research instrument, with responses measured on a four-point Likert scale, ranging from Strongly Agree (1) to Strongly Disagree (4). To facilitate data interpretation, descriptive statistical measures, specifically mean scores and standard deviations, were computed for each item to determine the respondents' overall level of comprehension and the degree of consensus among their responses

Table 1: Respondents' knowledge on Exclusive Breastfeeding (n=200).

S/N	Knowledge of exclusive breastfeeding	SA	A	D	SD	Mean	STD.DEV	Rank
1	They only require breast milk for the first six months of life.	48(24.0)	111(55.5)	34(17.0)	7(3.5)	2.00	0.743	3
2	More breast milk is produced when you eat well and drink lots of water.	118(59.0)	55(27.5)	19(9.5)	8(4.0)	1.59	0.822	8
3	Colostrum is the mother's first milk that contains antibodies and nutrients essential for infants.	118(59.0)	53(26.5)	29(14.5)	0(0)	1.56	0.735	9
4	By pumping milk and storing it, you can continue to breastfeed your baby even when you're not there.	74(37.0)	26(13.0)	100(50.0)	0(0)	2.13	0.926	1
5	The advantages of exclusive breastfeeding include better health for moms and newborns, lower chance of infection, and stronger mother-child bonds.	78(55.5)	102(51.0)	20(10.0)	0(0)	1.71	0.639	4
6	The best method to make sure babies get all the nutrients they need is to exclusively breastfeed them.	111(55.5)	47(23.5)	42(21.0)	0(0)	1.66	0.806	6
7	Exclusive breastfeeding is a means of giving babies breast milk alone for the first six months of life	90(45.0)	94(47.0)	16(8.0)	0(0)	1.63	0.629	7
8	Babies should be fed according to their hunger cues during the first month.	77(38.5)	112(56.0)	11(5.5)	0(0)	1.67	0.579	5
9	I feel positive about expressing my breast milk to be given to my baby if I am not available	84(42.0)	10(5.0)	106(53.0)	0(0)	2.11	0.971	2
10	Babies who were exclusively breastfed were less likely to develop asthma, allergies and obesity	66(33.0)	68(34.0)	66(33.0)	0	2.00	0.814	3

. The empirical data presented in Table 1 indicates a high level of foundational knowledge regarding Exclusive Breastfeeding (EBF) among Generation Z mothers. A significant majority of the 200 respondents (N=200) demonstrated a clear understanding of EBF definitions and nutritional requirements. Specifically, 79% of the cohort acknowledged that infants require only breastmilk for the initial six months of life ($\bar{x}=2.00$), while 92% correctly identified that EBF remains the optimal method for ensuring comprehensive infant nutrition ($\bar{x}=1.66$). The study further reveals that respondents possess a robust understanding of the biological and immunological benefits of breastfeeding. A substantial 85.5% of mothers recognized the vital role of colostrum as a source of antibodies and essential nutrients ($\bar{x}=1.56$), and a similar majority associated EBF with improved maternal health, reduced infection rates, and enhanced maternal-infant bonding ($\bar{x}=1.71$). Additionally, participants showed strong awareness of the physiological factors influencing lactation, with 86.5% agreeing that maternal nutrition and hydration are critical for milk production ($\bar{x}=1.59$).

A nuanced finding emerged regarding breast milk expression and storage. While the mothers were knowledgeable about the theoretical benefits of EBF, there was a measurable decrease in enthusiasm for non-direct feeding methods. Although approximately half the respondents acknowledged the utility of pumping and storing milk ($\bar{x}=2.13$), a significant portion (50%) expressed disagreement or lower positivity toward expressing milk for later use ($\bar{x}=2.11$). This suggests that while Generation Z mothers in Surulere are well-informed about the importance of breast milk, they maintain a distinct preference for direct feeding over mechanical expression. In a nutshell, while the overall cohort demonstrates a positive knowledge base including the link between EBF and the prevention of long-term conditions like asthma and obesity the disparities in items 4 and 9 highlight a potential barrier or cultural preference regarding the practical application of milk storage.

S/N	Attitude towards exclusive breastfeeding	SA	A	D	SD	Mean	STD.DEV	Rank
1	Exclusive breastfeeding is not necessary.	50(25.0)	80(40.0)	61(30.5)	9(4.5)	2.15	0.847	6
2	Breastfeeding is embarrassing, outdated, and shouldn't be done in public.	70(35.0)	29(14.5)	29(14.5)	72(36.0)	2.52	1.295	3
3	If my work requires much of my time before the infant is six months old, I may discontinue exclusively breastfeeding.	100(50.0)	39(19.5)	61(30.5)	0(0)	1.81	0.878	7
4	Breastfeeding influences the care of other family members and relationship	27(13.5)	39(19.5)	104(52.0)	30(15.0)	2.89	0.889	1
5	I would suggest exclusive breastfeeding to other mothers.	12(6.0)	127(63.5)	61(30.5)	0(0)	2.49	0.783	4
6	Compared to exclusively breastfeeding, infant formula is simpler.	26(13.0)	66(33.0)	95(47.5)	13(6.5)	1.64	0.628	8
7	It is appropriate for me to only breastfeed my child for six months.	89(44.5)	95(47.5)	16(8.0)	0(0)	1.64	0.628	8

8	It's challenging for me to exclusively breastfeed my child.	16(8.0)	81(40.5)	84(42.0)	19(9.5)	2.53	0.776	2
9	I am certain that my breastmilk will be pumped and fed to my child if I'm not around.	24(12.0)	86(43.0)	90(45.0)	0(0)	2.33	0.681	5

Section B: Respondents' Attitude towards Practice Exclusive Breastfeeding

This section was concerned with the analysis and presentation of the data regarding the nine (9) questions on attitude towards practice of exclusive breastfeeding among Generation Z mothers) using descriptive statistics such as mean and standard deviation.

Table 2: Respondents' attitude towards exclusive breastfeeding (n=200)

The findings presented in Table 2 elucidate the attitudinal landscape of Generation Z mothers toward Exclusive Breastfeeding (EBF). A significant observation is the presence of conflicting perspectives regarding the necessity and social perception of breastfeeding. While 65% of the respondents expressed a belief that EBF is not essential ($\bar{x}=2.15$), a stark divide was noted concerning the social stigma of nursing; nearly half (49.5%) perceived breastfeeding in public as embarrassing or outdated, whereas a comparable proportion (50.5%) rejected this view ($\bar{x}=2.52$).

A critical factor impacting EBF duration appears to be occupational constraints. Half of the participants (50%) indicated that demanding work schedules would likely lead to the discontinuation of EBF before the six-month milestone ($\bar{x}=1.81$). Despite these challenges, there remains a level of peer advocacy, with 69.5% stating they would recommend EBF to other mothers ($\bar{x}=2.49$). Furthermore, 92% of the participants acknowledged the appropriateness of a six-month EBF duration ($\bar{x}=1.64$), suggesting that while mothers recognize the ideal standard, practical and social barriers hinder their personal alignment with it. Regarding alternative feeding methods and practicalities, 46% of the mothers viewed infant formula as a simpler alternative to EBF ($\bar{x}=1.64$). The data also reflects hesitation toward milk expression; 45% of respondents expressed uncertainty or disagreement regarding their willingness to pump milk for later use when unavailable ($\bar{x}=2.33$). Conversely, the impact of breastfeeding on family dynamics appeared less concerning, with 67% of mothers disagreeing that breastfeeding negatively influences relationships or the care of other family members ($\bar{x}=2.89$). These results suggest that while there is an intellectual acceptance of EBF, Generation Z mothers in Surulere face significant psychological and structural hurdles, particularly regarding public perception and workplace demands.

Section C: Respondents' Practice of Exclusive Breastfeeding

This section was concerned with the analysis and presentation of the data regarding the nine (9) questions on the practice of exclusive breastfeeding among Generation Z mothers using descriptive statistics e.g. mean and standard deviation.

Table 3: Respondents' Practice of exclusive breastfeeding

S/N	Practices of exclusive breastfeeding	YES	NO	Mean	STD.DEV	Rank
1	Did you experience any pain while breastfeeding?	143(71.5)	57(28.5)	1.29	0.453	8
2	Did you have any concerns about the safety of breastfeeding?	150(75.0)	50(25.0)	1.25	0.434	9
3	Did you have any problems with latching or milk production?	91(45.5)	109(54.5)	1.55	0.499	2
4	Did you face challenges while exclusively breastfeeding	69(34.5)	131(65.5)	1.66	0.477	1
5	Did you decide to exclusively breastfeed	94(47.0)	106(53.0)	1.53	0.500	4
6	Did you have access to resources about?	92(46.0)	108(54.0)	1.54	0.499	3
7	Do you know that exclusive breastfeeding is the best for a baby?	114(57.0)	86(43.0)	1.43	0.497	7
8	Are you currently breastfeeding	107(53.5)	93(46.5)	1.47	0.500	6
9	Did you sustain exclusive breastfeeding for 6 months?	96(48.0)	104(52.0)	1.52	0.500	5

The data presented in Table 3 illustrates the practical experiences and challenges associated with Exclusive Breastfeeding (EBF) among the sampled Generation Z mothers (N=200). While a majority of the cohort (57%) identified EBF as the optimal infant feeding method and 53.5% reported they were currently breastfeeding, their actual practice is characterized by significant physical and structural obstacles. Physiologically, 71.5% of the respondents reported experiencing pain during the breastfeeding process, and 75% expressed concerns regarding the safety of the practice. Despite these difficulties, issues such as poor latching or inadequate milk supply were less prevalent, with 54.5% stating they faced no such biological complications.

However, the autonomy of the mothers appears constrained, as 70% indicated that the decision to pursue EBF was not made independently. Furthermore, the results highlight a critical gap in support and sustainability. Over half of the participants (54%) lacked access to essential educational resources regarding EBF techniques.

Consequently, despite a high level of initial engagement and a positive ideological stance, 52% of the mothers were unable to sustain exclusive breastfeeding for the recommended six-month duration. These findings suggest that while the intent to practice EBF is present, physical discomfort, lack of decision-making agency and a deficit in supportive resources significantly hinder long-term adherence.

Discussion of Findings

Respondents' knowledge of Exclusive Breastfeeding

Research findings regarding the first study question indicate that while respondents generally possess a foundational understanding of exclusive breastfeeding (EBF), specific misconceptions persist. Notably, the lowest mean scores were associated with the formal definition of EBF, the importance of responsive feeding based on hunger cues, and nutritional requirements. These results suggest a gap in alignment with the World Health Organisation (WHO) standards, which define EBF as the sole consumption of breast milk for the first six months of life. Furthermore, there appears to be confusion regarding the transition to complementary feeding. At the same time, EBF is vital for the initial half-year; the WHO (2024) guidelines clarify that formula or solid foods should be introduced as supplements only after this period.

The critical nature of EBF is underscored by its impact on infant survival. According to WHO (2015), infants who are deprived of breast milk during the first 60 days of life face a significantly higher risk of mortality from infections compared to those who are breastfed. Beyond survival, EBF offers a dual advantage:

- For the Infant: It ensures optimal health and provides essential antibodies.
- For the Mother: it serves as a cost-effective feeding method and acts as a preventative measure against breast cancer and other non-communicable diseases.

Despite these documented benefits, adoption rates remain sub-optimal in certain regions. WHO (2017) noted that many Nigerian mothers do not practice EBF due to various systemic challenges or personal choices. These barriers include:

- Cultural Traditions: Local beliefs that view EBF as unnecessary.
- Aesthetic Concerns: Misconceptions regarding breastfeeding causing breast ptosis (sagging).
- Partial Adherence: Many mothers initiate EBF but fail to maintain it for the recommended six-month duration.

The global consequences of low EBF rates are profound. Data from 2017 indicates that of the 6.9 million deaths among children under five, approximately one million could have been averted through accessible practices like EBF. The high levels of awareness observed in this study align with international trends. For instance, research in Bedele, Ethiopia, found that 91.8% of mothers recognised the importance of EBF (Wolde *et al.*, 2014), while a study in Ambo, Ethiopia, reported a 90.8% awareness rate (Bayissa *et al.*, 2015). Similarly, Nigerian research by Mbada *et al.* (2013) confirmed that a vast majority of respondents (88%) were familiar with the concept. However, as this study highlights, high awareness does not always translate to perfect practice, particularly among female staff facing workplace challenges.

Respondents' Attitude towards the Practice of Exclusive Breastfeeding

Regarding the second research question, the findings indicate that respondents generally harbour a negative attitude toward exclusive breastfeeding (EBF). Participants characterised the practice as socially embarrassing, antiquated, or excessively demanding. This negative perception aligns with the research of Wyatt (2018), who identified that professional obligations and employment status serve as significant barriers to EBF. Such factors contribute to a lack of comfort regarding breastfeeding in public spaces, further discouraging adherence to the practice.

Respondents' Practice of Exclusive Breastfeeding

The results from research question four indicate a moderately high prevalence of exclusive breastfeeding (EBF) practices among Generation Z mothers in Lagos State. While the majority of respondents demonstrate a

proactive and positive commitment to EBF, they encounter significant obstacles in maintaining the practice for the full six-month duration recommended by health authorities. These findings are consistent with a study conducted in Enugu, Southeast Nigeria, by Ihudiebube-Splendour et al. (2019), which reported similar trends. Their research emphasised that the specific sources of breastfeeding guidance and support available to mothers are statistically significant factors in determining whether they successfully achieve the six-month EBF milestone.

Conclusion

The study concluded that while Generation Z mothers possess a substantial knowledge base regarding exclusive breastfeeding (EBF), they maintain a predominantly negative attitude toward the practice. Consequently, although most participants initiated breastfeeding, the majority failed to sustain exclusive breastfeeding for the recommended six-month period.

Recommendations

Based on these conclusions, the following recommendations were proposed:

1. Targeted Educational Interventions: Government agencies and healthcare providers should implement strategic programs designed to shift perceptions by highlighting the long-term advantages of EBF. This includes emphasising enhanced cognitive development and overall well-being for the infant, as well as accelerated postpartum recovery for the mother.
2. Collaborative Support Systems: Healthcare stakeholders should work in synergy with family units to establish robust support networks. These interventions should focus on providing the practical and emotional assistance necessary to help mothers overcome the systemic and personal challenges associated with EBF.

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