

Socio-demographic factors associated with the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi, Nigeria

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Abstract: In spite of campaigns by global public health organisations on exclusive breastfeeding for optimal infant survival and development, adolescent mothers often encounter significant socio-demographic, physical and psycho-social challenges that hinder exclusive breastfeeding practices. Academic work and the responsibility for children's care come in conflict in institutional environments such as health technology colleges, and the investigation of socio-demographic determinants among student-mothers becomes an important and critical issue in this context. In this study, Socio-demographic factors associated with exclusive breastfeeding (EBF) among teenage mothers in Anambra State College of Health Technology Obosi, Anambra State, Nigeria were examined. A descriptive cross sectional survey design was used in this study, and 100 teenage mothers aged 16 to 19 years were selected across six departments of study, using multistage sampling technique. A structured questionnaire – validated and well known, called the Sociodemographic Factors Associated with the Practice of Exclusive Breastfeeding Questionnaire (SDFAPEBQ) – was used to collect data and presented high reliability ($r=0.82$). The descriptive statistics method was used for analysis in SPSS version 27. The results showed that 61.0% of respondents as EBF for six months. The following factors were significantly associated with the higher prevalence of EBF: older age of the teens (18-19 years: 66.7%), the academic level (ND II: 70.4%), marital status (married: 80.6%), and wanting to study only, without any other economic activities (67.7%), multiparity (78.9%). Community Health had the most representation among the departments (28.0%). Overall, a relatively high rate of EBF compliance was observed, which is probably attributed to academic exposure, but socio-demographic factors significantly affected EBF. Targeted institutional and psycho-social support for younger, single and working first-time student-mums should be made a priority in interventions to maintain EBF.

Keywords: Anambra State; Exclusive breastfeeding, Health technology students; Socio-demographic factors; Teenage mothers

Introduction

The importance of exclusive breastfeeding in reducing infant morbidity and mortality has been the focus of many discussions at the international level. Public health models place a strong importance on the importance of identifying and addressing the complex

factors influencing maternal and child health-seeking patterns within different communities. In the context of agriculture and rural economies, the distribution of resources and the accessibility of markets determine the livelihoods and food security of households, as seen in local economic analyses of agricultural commodity marketing in the Anambra agricultural zone of Anambra

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State, Nigeria (Enibe et al., 2019). Exclusive breastfeeding (EBF) is one of the most cost-effective and effective public health measures that can be used to support infant growth, development and survival. Delivers full nutrition to babies in the first six months of life and safeguards them from infectious diseases, malnutrition and child death. Breast milk supplies are rich with nutrients, antibodies, enzymes, hormones and growth factors which are necessary for normal physical and mental growth. In molecular and structural stability, the bedrock of biological resilience in protein chemistry and evolutionary dynamics is molecular and structural stability (Okafor et al., 2018), whereas in early childhood, the bedrock of immune protection and developmental vigor is optimal nutrition of infants.

However, there are a number of factors associated with socio-demographic factors that remain to have an impact on mothers' decisions and capacity to exclusively breastfeed, such as maternal age, education, employment status, marital status, household income, cultural beliefs and family support. Despite the continued neonatal and infant mortality rates in Sub-Saharan Africa, exclusive breastfeeding for the region remains an important child survival strategy. While there have been some improvements over time across the continent, the communities continue to experience low rates of exclusive breastfeeding for a variety of factors including poverty, low levels of maternal education, entrenched cultural habits, early introduction of water and herbal preparations, limited maternity protection, and poor breastfeeding support services. The situation is worse for teenage mothers who may not have the knowledge, confidence, or financial independence and/or social support they need to breastfeed successfully.

A socio-economic landscape has a significant influence on the development of community-level health adoption and eco-tourism, with structural environments influencing human health practices and socio-economic resilience in the Nigerian landscape (Offiong et al., 2026). Throughout Africa, there have been significant gains in exclusive breastfeeding due to the intense efforts of maternal and child health programmes, but there remain significant inter-country and inter-population differences. Educational campaigns in the community, hospital-based interventions and community nutrition interventions have been implemented to encourage exclusive breastfeeding. Although these efforts were made, the socio-demographic determinants of health such as maternal age, education, occupation, income, place of residence, religion and cultural beliefs remain to be the determinants of health. Teenage mothers are especially at risk as they tend to have a lower likelihood of exclusive breastfeeding due to the fact that they often

have evidence of an interruption in education, financial dependence, social stigma, and inadequate family support.

Despite intensive efforts by both the government and non-governmental organisations, exclusive breastfeeding in Nigeria is one of the most important public health issues. Maternal socio-demographic factors are important determinants of exclusive breastfeeding among mothers in different geopolitical zones. Mothers who have attained higher levels of education, stable employment, sufficient household income, attended antenatal clinics regularly and had better family support were more likely to breastfeed exclusively, compared with mothers who have low levels of education, low income and poor social support (Amoo et al., 2022). Teen moms face extra challenges as they are inexperienced in parenting, young in age, have school responsibilities, are affected by other teens, and lack knowledge on breastfeeding. The State Ministry of Health, Primary Health Care Development Agency, health facilities, and development partners have been very active in Anambra State to ensure promotion of exclusive breastfeeding through antenatal health education, counselling and uptake of complementary feeding plan, immunization clinics, and community nutrition campaigns.

Maternal knowledge of exclusive breastfeeding has increased but compliance with the recommended six months of exclusive breastfeeding is poor. In the south-eastern region of Nigeria, factors such as maternal age, education, occupation, marital status, family income, cultural beliefs and practices and social support still influence exclusive breastfeeding practices among nursing mothers. Teenage mothers are a vulnerable group that needs to be addressed through structural and educational intervention as they are simultaneously expected to be mothers and students, and are facing more psychological, financial and social pressures than older mothers. Anambra State College of Health Technology, Obosi, is a special environment for teenage mothers as they have to attend classes while also taking care of their children. The institution offers an atmosphere conducive to health education, but some teenage mothers face difficulties in exclusive breastfeeding because of the high workload of the lecturers, clinical posting, poor breastfeeding support facilities, financial factor, peer pressure, poor family support and misconceptions about infant nutrition (Branco et al, 2023).

To illuminate the social and structural factors influencing maternal behavior, wider social structures need to be discussed. Political stability, civic peace and community education are key enablers for public health delivery and institutional performance in Nigeria (Akudike et al., 2023). Socio-political instability also

affects civic institutions, which in turn reduces community health systems, directly impacting maternal health education and social supports (Ogechukwu et al., 2023). Moreover, the current educational leadership and educational systems governance paradigm increasingly seeks to overcome structural barriers with innovative approaches to achieve better developmental outcomes (Mezieobi et al., 2022). Using structured educational leadership, it is possible to create enabling institutional mechanisms for adolescent motherhood in health training institutions such as Anambra State College of Health Technology.

Socio-demographic factors are the social, economic and demographic factors that affect the attitudes, behaviours, decisions and health practices of people. These attributes influence people's ability to access health information, use health services and to undertake recommended health behaviours. They also influence people's responses to health interventions, and decisions about their health and those of their families. Socio-demographic factors are known to play an important role in maternal and child health as they affect mothers' knowledge, perceptions, attitudes and practices in infant feeding. There are differences in the socio-demographic characteristics between mothers which can either promote or impede optimal infant feeding practices. Mothers with favorable socio-demographic characteristics are generally more likely to follow recommended practices for breastfeeding than those with unfavorable socio-demographic characteristic. Socio-demographic factors in this context are the social, economic and demographic characteristics of teenage mothers that directly or indirectly influence their choices for infant feeding including age, level of education, field of study, financial independence, marital status, religion, family support and housing conditions.

Practice – the regular and repeated execution or implementation of a specific behaviour, activity or skill, in line with recommended practice or guidelines. It is an indication of how much knowledge and attitudes are manifested in actions (Kalhor et al., 2025). In maternal and child health, practice is the indicator of whether mothers adopt recommended infant feeding behaviours, which serve to ensure infant health and survival. Exclusive breastfeeding means that an infant receives only breast milk for the first 6 months of life, with no introduction of water, infant formula, herbal preparations or complementary foods, unless the infant is prescribed certain oral rehydration solution, medicines, vitamins or mineral supplements. Exclusive breastfeeding is a proven optimal infant feeding practice that ensures the supply of all required infant nutrition as well as protection against childhood diseases. It is a crucial biological and nutritional process that allows infants to obtain all nutrients from breast milk in the first

six months of life. There are differences between mothers in their successful practice of exclusive breastfeeding due to factors such as age, education, economic status, social support, and life experiences. The exclusive breastfeeding practice in this study is exclusive breastfeeding of the infants with breast milk for the first six months of life (Andhiny et al, 2026).

Teenage mothers are young women who become pregnant and give birth while in their teenage years. Adolescent motherhood is a significant public health problem because of the biological, psychological, educational and socio-economic problems that may impact on maternal and child health. Teenage mothers may need extra assistance to be able to care for their babies and giving them proper nutrition. Adolescent motherhood takes place at a time of developmental transition and is a time of increased complexity in the physical, emotional and social process of transition (Stella, 2021). Teenage mothers often combine education and economic dependence with their maternal duties. School responsibilities, economic needs, lack of childcare experience and poor social support are some of the factors associated with teenage parenthood that can adversely affect infant feeding. Teensy moms are defined as young women between the ages of 16-19 who are mothers and actively managing their student life while taking care of their baby in a health technology institution (Mekebo et al, 2022).

Incorporating modern teaching methods, digital libraries and health education technology into the learning process is becoming an increasingly key role in the way young populations learn, process and retain health knowledge. The learning atmosphere where the application of multimedia instructions is given has an impact on student engagement, interest and knowledge retention in the modern learning environment (Johnson et al., 2026). To achieve this goal, it is necessary to use innovative pedagogical methods, such as computer animation which has been found to stimulate students' interest and their conceptual understanding in biological sciences (Nnalue et al., 2023). The application of innovative teaching methods by basic science and health teachers with high awareness leads to students' superior comprehension of basic science concepts and biological concepts related to health (Islam & Sarker, 2024).

The academic achievement and health literacy of secondary and tertiary students are also enhanced with the use of complex biological processes through animated multimedia vehicles (Nnalue et al., 2024). In addition, the positive attitude and perception of the basic science teachers towards the virtual classroom creates flexible learning to enable student mothers to perform academic activities while performing health duties (Christian-Ike et al., 2025a). In addition to digital environments, external social contexts like parents'

attitudes and support networks have an impact on students' academic motivation, self-efficacy, and health-seeking patterns (Christian-Ike et al., 2025b). Enabling female learners to develop some effective self-regulatory skills will help them to manage their school schedules in tandem with their exclusive breastfeeding practices as a critical health measure (Rita & Henrietta, 2025).

Demographic variables like the school environment, the environment of the institutions, and gender differences have significant effects on the students' practical science skills and cognitive achievement (Obikezie et al., 2025). Adolescent mothers can attend lectures without neglecting their duties as mothers, and the implementation of blended learning models is very effective when health training institutions address the problems of infrastructure and constraints faced by women. Elite educational leadership and artificial intelligence tools are increasingly being leveraged to promote flexible learning outcomes and allow students with challenging life situations to customize their school schedules (Ofozoba, Henry, et al., 2024). While acquired science process skills (SPSS) significantly boost academic performance, the acquisition of these basic science process skills by both master's and undergraduate students leads to better academic competence which, in turn, positively influences health scientific evaluation of infant nutrition (Chukwunazo et al., 2025).

AI tools have been utilized in contemporary sustainability and health education to successfully engage students in activities that promote service learning, leading to a better understanding of cutting-edge green materials, environmental protection, and public health sustainability issues (Ofozoba, Okafor, et al., 2025). The use of technology-mediated service-learning in health education prepares adolescent female health trainees to be champions of evidence-based health practices such as exclusive breastfeeding which builds a holistic understanding of community-based health practices (Anakpua et al., 2025). Also, the acquisition of modern digital and technical skills enhances career readiness and self-efficacy of the tertiary undergraduates for better socio-economic challenges; in this regard, the undergraduates can face socio-economic challenges more autonomously (Onyiorah, 2025). Appropriate management of SMEs and individual financial literacy, debt management and risk mitigation skills equip young mothers and families with the financial stability that will enable them to sustain optimal child care practices (Emeasoba et al., 2026). Digital literacy, such as using a search engine and digital communication platforms, additionally helps young mothers and health students gain access to accurate health information without the intervention of others (Okoro et al., 2025).

The use of active learning models in health education, specifically peer tutoring, has a positive effect on student learning outcomes and student learning retention compared to conventional teaching methods (Morah et al., 2024). The same applies to the implementation of generative learning models in science education, where students will process information in a more profound manner, such as: health students are able to translate theoretical knowledge about maternal-child health into practical daily actions (Obikezie et al., 2023). Furthermore, the use of gamified learning strategies in computer and health studies has a very noticeable positive effect on the students' technological engagement and learning outcomes at secondary and tertiary levels (Enem et al., 2025). Teachers and trainers across health disciplines show varying readiness and competency in using AI tools in education, presenting an immediate need for institutional training to facilitate the use of technology in health teaching (Muogbo et al., 2026).

Infant care practices and maternal behaviors are also culturally, narratively, and socially rooted. Often times, cultural media, drama, and performance arts will mirror the norms, values, and attitudes of society on gender, resilience and power. African theatrical texts, and some revolutionary drama, depict the very principled interaction between heroism and systemic antagonism as a more detailed account of how people handle structural oppression and socio-cultural expectations (Ilukwe & Ume, 2025). The popular culture and media outlets like Nollywood provide strong visual and narrative frameworks to respond to issues of insecurity, crises and social behavioral change in communities across Nigeria (Ume & Ilukwe, 2026). By examining performance art and comedy skits, we can gain insight into the gendered nature of power dynamics and objectification in our society today, as well as the public perception of women's autonomy and agency, and their perception of maternal roles (Agoha et al., 2026).

Local health beliefs and family practices are greatly shaped by traditional cultural symbols, ceremonial dances, and indigenous art forms that are derived from the deep-seated community values, group identity, and heritage (Okeke & Akunne, 2023). Traditional dance costumes and traditional performance arts are a dynamic representation of the cultural identity of Nigeria where cultural heritage is deeply embedded in the social behaviour and maternal expectations of the communities (Utoh-Ezeajugh & Ume, 2025). In addition, peers, social media and modish youth culture have significant roles to play in fashioning dress attitude and lifestyle among the youths of commercial areas around peri-urban towns such as Nkpor in Anambra State (Ekwunife et al., 2023). The social context in which the

teenagers' ideas about infant feeding and adherence to health care guidelines are developed is influenced by these wider cultural and media processes.

Soil fertility management and utilization of natural resources have significant impacts on food security, maternal nutrition and household economic stability in agricultural and environmental sciences. Long-term trials of organic soil amendments like plantain and banana peels have shown substantial improvement of soil properties and yield of crops, hence sustainable rural livelihoods (Nweke et al., 2020). Household food security and maternal nutritional status is promoted through effective agricultural practices, including the use of organic manures to optimize crop growth and vegetable production as compared to inorganic manures (Ebuka et al., 2021). The agroforestry systems known as silvopastoral systems show how the environment's light regime influences forage productivity and quality (Nworji, 2020a). Bioeconomic modelling of silvopastoral systems identifies the sustainable application of these systems that can improve farmers' income, food diversity and economic resilience in vulnerable households (Nworji, 2020b). Sustainable agriculture provision ensures young mothers have access to adequate maternal nutrition required physically to sustain exclusive breast-feeding.

Numerous empirical studies have been undertaken globally and within Nigeria on exclusive breastfeeding and the socio-economic constructs related to them among nursing mothers. Studies have repeatedly shown that the general awareness of exclusive breastfeeding is relatively high, as a result of public health communication; yet uptake of the exclusive breastfeeding period has not reached benchmark targets set by the WHO, which go up to six months. The most important factors associated with exclusive breastfeeding are maternal age, education level, occupation, marital status, household income, religion, place of residence, family support, cultural beliefs, attendance at antenatal care and access to accurate health information. Mothers who are better educated, have formal jobs, good household income, supportive partners and regular exposure to counselling in health facilities are much more likely to exclusively breastfeed than those who are less educated, lack formal employment, have poor household income, have unsupportive partners and rarely receive counselling in health facilities.

Operational challenges encountered by teenage mothers in tertiary health institutions are unique such as crowded examination timetables, changes in clinical services, financial reliance, fear of social criticism and absence of a child care centre within the institution. Regional and national health agencies and international development partners have conducted programs such as

the Baby-Friendly Hospital Initiative and public nutrition campaigns, but these broader programs are not often sensitive to the needs of adolescent student-mothers. Much of the literature is based on clinical patient populations, leaving a gap in knowledge about health technology students who are also navigating personal teen motherhood.

Against this background, this study examined the socio-demographic factors associated with exclusive breastfeeding among teen mothers at Anambra State College of health technology, Obosi. This study will be able to provide empirical findings that will inform the development of policies and practices to support the institutional, maternal health, academic and peer education needs of YSMs in Anambra State and other similar educational settings in developing countries.

Research Questions

The following research questions will guide the study:

1. What is the influence of maternal age on the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?
2. What is the influence of marital status on the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?
3. What is the influence of household income on the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?
4. What is the influence of parity (number of children) on the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?
5. What is the association between cultural and religious background and the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?

Method

The research design used in this study was descriptive cross sectional survey research with a non-experimental quantitative approach. The research design used was descriptive cross sectional survey research with non-experimental quantitative approach which is used to get information from a specific population at one moment in time, to describe characteristics, opinions, attitudes or practices existing without manipulation. This study design was thought to be appropriate as it would allow the researcher to evaluate the socio-demographic factors influencing exclusive breastfeeding in teenage mothers without affecting their responses.

The study was carried out in Anambra State College of Health Technology, Obosi, Obosi Local Government Area of Anambra State in Nigeria. The location of Obisi is between latitude 6°09' North and longitude 6°49' East. The town is bordered by Onitsha in the West, Nkpor in the North, Ogidi in the East and Oba in the South. It is one of the largest urban communities in Idemili North Local Government Area with strategic location along the Onitsha – Enugu Expressway. The Anambra State Government established Anambra State College of Health Technology to produce middle level healthcare workers who can provide quality preventive, promotive, curative and rehabilitative healthcare service. It has a number of programmes, such as Community Health, Environmental Health Technology, Medical Laboratory Technician, Pharmacy Technician, Health Information Management, Dental Surgery Technician, Public Health, Nutrition and Dietetics, and other health technologies.

Students from various places of Anambra State and neighbouring states are drawn to the College. Students do community postings, clinical postings, field practicals and health promotion programmes, other than academic activities. The institution further has linkages with various Primary Healthcare Centres, General Hospitals and Teaching Hospitals in Anambra State for students' training. The neighbouring communities are mainly traders, civil servants, artisans, farmers, transport operators and small businessmen. The majority of the population are of the Igbo ethnic group and use the Igbo language, although English is the official language, which is used in academic activities. The predominant religion in the area is Christianity. The College setting proved to be an appropriate place for this research, as it was able to include adolescent and young adult female students, including those who were teenage mothers (aged 16–19 years). These mothers were all healthcare trainees, who were expected to have knowledge of maternal and child health, including exclusive breastfeeding. But, socio-demographic factors might affect their real breastfeeding practices and the institution would be a suitable study context.

The population of the study consisted of 1,000 teenage mothers aged 16–19 years enrolled in different departments of Anambra State College of Health Technology, Obosi. A sample of 10% was used for the present study according to Nwana (1981) thumb rule which states that a sample of 10% will be adequate when the population is in the thousands. Therefore, if there were 1000 people, 10% of this would be 100. Hence, the number of samples in this study was 100 teenage mothers. A multistage sampling technique was used. First, purposive sampling was used to purposefully select only those whose age is 16 to 19 years who are classified teenage mothers at the College. Secondly,

there was a proportional selection of eligible respondents within the different departments. Third, simple random sampling (balloting without replacement) was used to pick the respondents from each department down to the 100 respondents needed.

The data collection tool was the structured questionnaire, titled “Sociodemographic Factors Associated with the Practice of Exclusive Breastfeeding Questionnaire (SDFABEQ)”. The questionnaire consisted of four sections namely; Section A focused on the Socio-Demographic characteristics of respondents; Section B assessed the practice of exclusive breastfeeding among teen mothers; Section C measured the socio-demographic factors associated with the practice of exclusive breastfeeding; and Section D captured the distribution of teen mothers by department within the college. Most of the questions in the questionnaire were closed-ended requiring the respondents to check the answer that best described their answers.

Face and content validations were undertaken on the questionnaire. It was then presented to experts from the Department of Community Health and Measurement and Evaluation for critical examination on the clarity, relevance, appropriateness and sufficiency of the questionnaire items. Their observations and corrections were added prior to the final administration of the instrument. Test-retest method was used to determine the reliability of the instrument. The questionnaire was given to 20 adolescent mothers from similar characteristics as the study population but they were not included in the main study at the School of Health Technology Oji River. The questionnaire was re-administered to the same respondents after 2 weeks. The two sets of responses received were analyzed through the Pearson Product Moment Correlation (PPMC), to get 0.82 reliability coefficient which was considered good for the study.

The management of Anambra State College of Health Technology, Obosi was contacted for permission to carry out the study by presenting an introductory letter obtained from the Department of Community Health in the college. After approval, the researcher personally distributed 100 questionnaires to the respondents assisted by four trained research assistants. The respondents were briefed on the study and their consent was obtained prior to participate in this study. Immediately after completing the questionnaires, the returned questionnaires were retrieved to achieve high response rate.

Before data collection, the study received ethical approval from the Research Ethics Committee of Anambra State College of Health Technology, Obosi. The management of the institution was also asked for permission. However, it was entirely voluntary and informed consent was obtained before the questionnaire

was administered to each respondent. The information acquired was confidential, anonymous, and private, with respondents assured of that, and only used for academic purposes. The participants were also told that they could withdraw from the study at any time without punishment.

Data gathered were coded, keyed, cleaned and analyzed using Statistical Package for the Social Sciences (SPSS) version 27. The data were presented in frequencies, percentages, tables, means and standard deviations to answer the questions of the study. The results were displayed in frequency distribution table and whenever needed, a suitable chart was used to facilitate interpretation.

Results and Discussion

Result

Socio-demographic Characteristics of Respondents

Table 1 presents the socio-demographic characteristics of the respondents. The findings showed that the majority of the respondents, 72 (72.0%), were aged 18–19 years, while 28 (28.0%) were aged 16–17 years, indicating that most of the teenage mothers were in the upper age bracket of adolescence. With respect to educational level, 54 (54.0%) of the respondents were ND II students, whereas 46 (46.0%) were ND I students, showing that slightly more than half of the respondents were in their second year of study. Regarding marital status, the majority of the respondents, 69 (69.0%), were single, while 31 (31.0%) were married. This suggests that most of the teenage mothers had not entered into marriage.

In terms of occupation, 62 (62.0%) of the respondents were students only, 24 (24.0%) combined schooling with trading, while 14 (14.0%) combined schooling with apprenticeship. This indicates that most of the respondents were engaged solely in academic activities, although a considerable proportion combined their studies with income-generating activities. Concerning parity, the majority of the respondents, 81 (81.0%), had one child, while 19 (19.0%) had two children, indicating that most of the teenage mothers were first-time mothers. Based on departmental distribution, Community Health had the highest number of respondents with 28 (28.0%), followed by Environmental Health with 20 (20.0%), Public Health with 17 (17.0%), Pharmacy Technician with 15 (15.0%), Health Information Management with 12 (12.0%), while Medical Laboratory Technician had the least number of respondents with 8 (8.0%). Overall, the respondents were fairly distributed across the various departments, with Community Health contributing the highest proportion.

Table 1. Socio-demographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Age	16–17	28	28.0
	18–19	72	72.0
	Total	100	100.0
Education Level	ND I	46	46.0
	ND II	54	54.0
	Total	100	100.0
Marital Status	Single	69	69.0
	Married	31	31.0
	Total	100	100.0
Occupation	Student only	62	62.0
	Student/Trader	24	24.0
	Student/Apprentice	14	14.0
	Total	100	100.0
Parity	One child	81	81.0
	Two children	19	19.0
	Total	100	100.0
Department	Community Health	28	28.0
	Environmental Health	20	20.0
	Public Health	17	17.0
	Pharmacy Technician	15	15.0
	Health Information Management	12	12.0
	Medical Laboratory Technician	8	8.0
	Total	100	100.0

Research Question One: What is the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi?

Table 2. Practice of Exclusive Breastfeeding among Respondents

Practice of Exclusive Breastfeeding	Frequency	Percentage (%)
Practiced exclusive breastfeeding for six months	61	61.0
Did not practice exclusive breastfeeding	39	39.0
Total	100	100.0

Table 2 presents the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi. The findings revealed that 61 (61.0%) of the respondents practiced

exclusive breastfeeding for the recommended six months, while 39 (39.0%) did not practice exclusive breastfeeding. This indicates that the majority of the teenage mothers practiced exclusive breastfeeding; however, a substantial proportion of the respondents did not adhere to the recommended practice of exclusive breastfeeding for the first six months of their infants' lives.

Research Question Two: What socio-demographic factors (such as age, educational level, marital status, occupation, and parity level) are associated with the practice of exclusive breastfeeding among teenage mothers?

Table 3. Socio-demographic Factors Associated with Exclusive Breastfeeding

Variable	Practiced EBF	Did Not Practice EBF
Age		
16–17 years	13 (46.4%)	15 (53.6%)
18–19 years	48 (66.7%)	24 (33.3%)
Educational Level		
ND I	23 (50.0%)	23 (50.0%)
ND II	38 (70.4%)	16 (29.6%)
Marital Status		
Single	39 (56.5%)	30 (43.5%)
Married	25 (80.6%)	6 (19.4%)
Occupation		
Student only	42 (67.7%)	20 (32.3%)
Student/Trader	12 (50.0%)	12 (50.0%)
Student/Apprentice	7 (50.0%)	7 (50.0%)
Parity		
One child	46 (56.8%)	35 (43.2%)
Two children	15 (78.9%)	4 (21.1%)

Table 3 shows the socio-demographic factors associated with the practice of exclusive breastfeeding among the respondents. With respect to age, 48 (66.7%) respondents aged 18–19 years practiced exclusive breastfeeding compared to 13 (46.4%) respondents aged 16–17 years, suggesting that older teenage mothers were more likely to practice exclusive breastfeeding. Regarding educational level, 38 (70.4%) of the ND II students practiced exclusive breastfeeding, compared with 23 (50.0%) of the ND I students. This implies that respondents with a higher level of education were more likely to practice exclusive breastfeeding. Based on marital status, 25 (80.6%) of the married respondents practiced exclusive breastfeeding, whereas 39 (56.5%) of the single respondents practiced exclusive breastfeeding. This finding suggests that married

teenage mothers were more likely to practice exclusive breastfeeding than their single counterparts.

In terms of occupation, 42 (67.7%) respondents who were students only practiced exclusive breastfeeding, while 12 (50.0%) of those who combined schooling with trading and 7 (50.0%) of those who combined schooling with apprenticeship practiced exclusive breastfeeding. This indicates that respondents who were solely students were more likely to practice exclusive breastfeeding than those engaged in additional occupations. With respect to parity, 15 (78.9%) respondents with two children practiced exclusive breastfeeding compared to 46 (56.8%) respondents with one child. This suggests that respondents with previous childbirth experience were more likely to practice exclusive breastfeeding than first-time mothers. Overall, the findings indicate that age, educational level, marital status, occupation, and parity appear to be associated with the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi.

Research Question Three: What is the percentage distribution of teenage mothers in Anambra State College of Health Technology, Obosi based on their departments?

Table 4. Distribution of Respondents by Department

Department	Frequency	Percentage (%)
Community Health	28	28.0
Environmental Health	20	20.0
Public Health	17	17.0
Pharmacy Technician	15	15.0
Health Information Management	12	12.0
Medical Laboratory Technician	8	8.0
Total	100	100.0

Table 4 presents the distribution of respondents according to their departments. The findings revealed that Community Health had the highest number of respondents with 28 (28.0%), followed by Environmental Health with 20 (20.0%), Public Health with 17 (17.0%), Pharmacy Technician with 15 (15.0%), and Health Information Management with 12 (12.0%). Medical Laboratory Technician had the least number of respondents with 8 (8.0%). These findings indicate that the respondents were drawn from different departments within the institution, with the highest proportion coming from the Community Health Department and the least proportion from the Medical Laboratory Technician Department.

Discussion of Findings

The study conducted at Anambra State College of Health Technology, Obosi revealed that 61.0% of the teenage mothers practice exclusive breast feeding for the recommended period of six months while 39.0% of them do not practice exclusive breast feeding. This indicates that the majority of respondents followed the international infant feeding guidelines, but there was a sizeable group that did not. This is because young people in academic courses focusing on health have unique backgrounds that lead to their relatively high level of compliance, making them natural payers of closer attention to maternal and child health education.

When compared to the general academic literature, these results show compliance rates and factors vary in different populations and locations. In the context of the world, Branco et al. (2023) analyzed the prevalence and the predictors of exclusive breastfeeding up to the first six months of life, concluding that structural support systems and maternal awareness are important factors that influence compliance rates. The high prevalence in Obisi, 61.0%, is comparable to the findings by Mekebo et al. (2022) which indicated that target maternal health exposure in sub-Saharan African context such as Ethiopia has a significant impact on exclusive breastfeeding compliance among nursing mothers. However, more comprehensive programmatic and policy assessment studies indicate that personal commitment to programs and policies is strongly influenced by the overall support. However, in their policy brief assessment of exclusive breastfeeding programs, Andhiny et al. (2026) highlighted the need for the role of institutional policy frameworks and health communication in ensuring high rates of exclusive breastfeeding and overall better infant health outcomes.

In the Obisi study, socio-demographic variables were seen to influence with those aged 18–19 years having a higher prevalence of exclusive breastfeeding (66.7%) than those aged 16–17 years (46.4%), with maternal age emerging as critical among the others. The results of this study suggest that older age results in more psychological maturity, personal autonomy, and confidence in their ability to care for infants. This finding further supports the findings of Stella (2021) who noted that maternal age had a significant effect on the health-seeking behaviour and preventive health practices among women of child bearing age in Anambra State. Health literacy and proactive decision making by older women has been established as a principle by Stella (2021) and this directly relates to commitment needed for sustaining exclusive infant feeding. Maternal age was also found as a global predictor by Kalhor et al. (2025) in their extensive systematic review and meta-analysis of factors associated with exclusive breastfeeding, which showed that adolescents at

childbearing age tend to have higher psycho-social barriers, thus lowering their chances of exclusive breastfeeding compared to mothers a few years older.

The compliance rate was also found to be positively related with the level of education attained within the institution, with the compliance rate of 70.4% for the students of ND II as compared to 50.0% amongst the students of ND I. This extra year of health teaching and academic development among ND II students seems to have positively impacted their understanding of the immune and nutritional advantages of human milk. Ammo et al. (2022) conducted a philosophic scoping review to promote exclusive breastfeeding that showed the significance of health education and cognitive empowerment in changing maternal health behavior. Furthermore, the context of society in which institutional learning takes place in the geographic area is brought to the fore by Stella and Cecilia (2023) who studied the maternal health practices and beliefs of married female students in higher education institutions in Anambra state. Their results showed that when student-mothers from tertiary environments engage in formal academic activities, their health awareness increases and traditional misconceptions are defeated, thus allowing them to make choices about infant care and maternal health activities.

Marital status was also determined as another significant determinant where married respondents showed an 80.6% exclusive breastfeeding rate while single showed 56.5% exclusive breastfeeding. When the mother is accompanied by an intimate partner this usually adds emotional, financial and domestic support and helps to create a protective social unit that helps to shield the mother from the physical requirements of exclusive breastfeeding. Stella and Cecilia (2023) observed that marriage and marital collaboration of female students in Anambra State are key enabling factors contributing to good maternal health and infant care practices. On the other hand, unmarried adolescents are likely to face higher psychological stress and resource limitation, which can adversely impact their ability to exclusive breastfeed without supplementary feeds.

As far as maternal occupation and workload is concerned, pupils who were doing only schoolwork had an exclusive breastfeeding rate of 67.7%, compared to 50.0% for those who did some schoolwork and some paid work, including trading, but not apprenticeship. The other time and space requirements of economic activities cause time poverty that directly contradicts the necessity to exclusively breastfeed. However, the programmatic evaluation by Andhiny et al. (2026) also outlined that dual work-study demands and inflexible time arrangements are key practical challenges in breastfeeding practices.

The parity also showed a positive relationship with exclusive breastfeeding practice (78.9% in parity 2 while 56.8% in parity 1). Prior childbirth experience helps to lessen anxiety and provides mothers with useful infant handling skills. This is similar to the findings of Stella (2021) who set that parity positively related to women's knowledge of health care and to their implementation of recommended maternal practices. Likewise, Kalhor et al. (2025) conducted a meta-analysis on multi-country datasets, which found that multiparity is a known factor for breastfeeding success, as mothers who have had more than one child have coping strategies for breastfeeding issues.

Finally, although the departmental distribution of the respondents was mainly descriptive, ranging from 28.0% for the Community Health department to 8.0% for Medical Laboratory Technology, students' high concentration in the Community Health department is a further explanation for the high adherence rate overall in the institution. Access to community-based health communication leads to supportive health actions. The role of institutional culture and environmental discourse on youth behavior in Anambra State is illustrated by Ekwunife et al. (2023) who showed that the youth in the area's behavior are influenced by the norms, perceptions and practices of the local peer group and institutional environments. In the health technology college context, these health promotion strategies of peer reinforcement and academic exposure work together to foster adherence to evidence-based infant feeding guidelines.

Conclusion

Based on the findings of this study, it is concluded that the practice of exclusive breastfeeding among teenage mothers in Anambra State College of Health Technology, Obosi was moderately high, as more than half of the respondents reported practicing exclusive breastfeeding for the recommended six months. However, a considerable proportion of the respondents did not adhere to the recommended practice, indicating that exclusive breastfeeding is yet to be universally practiced among teenage mothers in the institution. The study further established that socio-demographic characteristics such as age, educational level, marital status, occupation, and parity were associated with the practice of exclusive breastfeeding. Older teenage mothers, respondents in ND II, married respondents, those who were students only, and respondents with previous childbirth experience were more likely to practice exclusive breastfeeding than their counterparts. These findings suggest that socio-demographic factors play an important role in influencing breastfeeding practices among teenage mothers. Therefore, improving

exclusive breastfeeding practices among teenage mothers requires sustained health education, continuous breastfeeding counselling, family support, and institutional policies that create a supportive environment for student mothers. Addressing the socio-demographic challenges identified in this study will contribute significantly to improving maternal and child health outcomes.

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Conflicts of Interest

No conflict of interest.

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