

Knowledge, Attitudes and Practices of Mothers Regarding Infant Feeding from 0 to 24 Months in the Nutrition Unit of the Matoto Health Center from May 5 to September 13, 2025 Kouyate

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Abstract

Introduction: Appropriate infant feeding practices include exclusive breastfeeding for the first six months, prolonged breastfeeding up to the age of two, the introduction of solid and semi-solid foods at the age of six months and the gradual increase food for and the frequency of meals **Material and Methods:** We carried out a descriptive cross-sectional survey at the CS of Matoto on a sample of 311 mother-child couples received in consultation. **Results:** It emerges from this study that: The majority of mothers (60.77%) were at the ideal childbearing age. Breastfeeding was only effective in nine, 97% of the cases. And almost a quarter (25.08%) were unaware of the disadvantages of early weaning before the age of four (4) to six (6) months. **Conclusion:** IYCF is nowadays a real public health problem; it would therefore be essential to make mothers and medical staff more aware of the need to apply the WHO recommendations concerning IYCF in order to ensure that children have better well-being.

Keywords

Knowledge, Attitude, Practice, Mother, Feeding, Child from 0 to 24 Months, Matoto

1. Introduction

Infant feeding consists of providing the infant, in addition to breast milk, with a

diet that supplies the nutrients he needs until the age at which he can exclusively consume family foods [1].

Appropriate infant feeding practices include exclusive breastfeeding for the first six (6) months, continued breastfeeding until the age of two (2) years, the introduction of semi-solid and solid foods at six (6) months of age, and a gradual increase in the amount of food and frequency of meals as the child grows. It is also important that the child receives a varied diet, that is, that they eat foods from different food groups to meet their increasing micronutrient (mineral and vitamin) requirements [2].

For good physical and mental development of the child, the WHO recommends immediate breastfeeding of newborns after birth (30 minutes), exclusive breastfeeding until six (6) months and diversification based on safe and appropriate foods from six (6) months [3].

In developing countries, feeding practices are very often inadequate and inconsistent with the recommendations of the World Health Organization (WHO) and constitute the main factors that impair the physical growth and mental development of the child [4].

In France, the results of a study showed that at six (6) months, out of 134 mothers selected, 21 mothers (or 15.7%) were exclusively breastfeeding. The introduction of formula milk took place immediately after birth for 21 mothers (or 15.7 %) as well [5].

In Egypt, only 43% of infants were breastfed during the first hour in 2005 [6].

In Senegal, only 5% of infants under 5 months are exclusively breastfed, while 61% of this age group receive supplemental water and food [7]. In Guinea, according to the 2018 EDSG-5, almost all children under six (6) months were breastfed (91%). However, exclusive breastfeeding was not well maintained, as only 33% of children in this age group were exclusively breastfed. In fact, 35% of children under six (6) months are breastfed and receive water; 2% receive non-milk liquids in addition to breast milk, and 16% are already receiving complementary foods in addition to breast milk. Furthermore, the percentage of exclusively breastfed children decreases rapidly from 46% in the 0 - 1 month age group to 3% in the 9 - 11 month age group and 2% in the 12 - 17 month age group [8].

Inadequate breastfeeding and complementary feeding practices, coupled with high rates of infectious diseases, are the main immediate causes of feeding disorders during the first two (2) years of life [9]. In light of all these factors, the initiative to undertake this study on the knowledge, attitudes, and practices of mothers regarding infant feeding (0 - 24 months) in the nutrition unit of the Matoto Health Center was launched.

2. Methods

This was a descriptive cross-sectional study based on an open-ended questionnaire, conducted over a four-month period from May 5th to September 13th, 2025. It included all mothers of children aged 0 - 24 months who had received consultations at the Matoto Health Center's nutrition unit and agreed to participate in

the study. The Matoto Health Center is located in the Matoto district, one of the 13 districts of Conakry. For this study, we used individual medical records and a pre-established survey form containing all the information related to the study variables. Sociodemographic variables (age, sex, origin, mother's occupation, mother's education level, marital status), mothers' knowledge of infant feeding (time to breastfeed after delivery, advantages and average duration of breastfeeding, daily feeding frequency, age of weaning, reasons for introducing other foods, disadvantages of introducing other foods before 4 - 6 months, knowledge and advantages of complementary feeding), and mothers' attitudes and practices regarding infant feeding (first food given to the infant at birth, duration of a feeding, duration of exclusive breastfeeding, positioning of mothers and infants during feedings, use of pacifiers) were studied. Data entry and analysis were performed using Epi Info software version 7.2.6, and the results were presented using Word and Excel from the Microsoft Office 2019 suite.

3. Results

Nearly 85% of the children were between 0 and 6 months old with a predominance of males and a sex ratio of 1.27 (**Table 1**).

Table 1. Distribution of children by age group and sex.

Age in months	Number of employees = 311	Percentage
Age ranges (months)		
0 - 6	263	84.57%
7 - 12	47	15.11%
13 - 24	1	0.32%
Sex		
Male	174	55.95%
Female	137	44.05%
Sex ratio = 1.27		

The majority of mothers (60.77%) were of childbearing age and had secondary or university education, with 46.30% holding an entrepreneurial profession and 99% being married (**Table 2**).

Table 2. Distribution of mothers according to sociodemographic characteristics.

	Number of employees = 311	Percentage
Age ranges		
<20 years old	43	13.83%
20 - 29 years old	189	60.77%
30 - 39 years old	54	17.36%
40 years and older	3	0.97%
Don't know	22	7.07%

Continued

Extremes: 15 and 44 years old	Average age: 23.45	
Education level		
Not enrolled in school	66	21.22%
Primary	58	18.65%
Professional or technical	20	6.43%
Secondary	97	31.19%
University and more	70	22.51%
Occupation		
Students	88	28.30%
Housewives	47	15.11%
Entrepreneur	144	46.30%
Employees	32	10.29%
Marital status		
Brides	308	99.04%
Singles	3	0.96%

90.03% of our mothers stated that early breastfeeding should occur within the first 30 minutes of birth, and 22.19% were unaware of any benefits of breastfeeding. 78.46% of our mothers knew that breastfeeding should last 12 months or more, and 25.08% were unaware of the disadvantages of early weaning before the age of four (4) to six (6) months. However, 86% of them had knowledge about complementary foods to give, while 52.41% did not know the recommended duration of breastfeeding (Tables 3-4 and Figure 1).

Table 3. Distribution of mothers according to their knowledge about breastfeeding.

	Number of employees = 311 Percentage	
Early initiation of breastfeeding		
≤30 minutes	31	9.97%
31 minutes - 6 hours	153	49.19%
More than 6 hours	38	12.22%
Don't know	89	28.62%
Advantages of breast milk		
Allergy protection (child)	15	4.82%
Resistance to infection (child)	25	8.04%
Preventing diarrhea (in children)	26	8.36%
Decrease in the number of sudden infant deaths	7	2.25%
Good growth (child)	78	25.08%
Intelligence (child)	12	3.86%
Laxative (child)	6	1.93%

Continued

Energy intake (child)	18	5.79%
Good for (child) health	26	8.36%
Meconium elimination (child)	1	0.32%
Complete food (child)	17	5.47%
Mother-child affection (mother)	8	2.57%
Preventing obesity (mother)	4	1.29%
Doesn't know (mother)	69	22.19%
Duration of breastfeeding		
12 months and older	244	78.46%
6 - 11 months	11	3.54%
Less than 6 months	5	1.60%
Don't know	51	16.40%
Disadvantages of introducing other foods before 4 to 6 months		
Abdominal bloating	22	7.07%
Constipation	5	1.61%
Diarrhea	39	12.54%
Abdominal pain	23	7.39%
Digestive infections	49	15.76%
Malnutrition	72	23.14%
Indigestion	1	0.32%
Don't know	78	25.08%
Weight loss	2	0.64%
Growth retardation	7	2.25%
Vomiting	13	4.20%
Complementary foods		
Yes	267	85.85%
No	44	14.15%

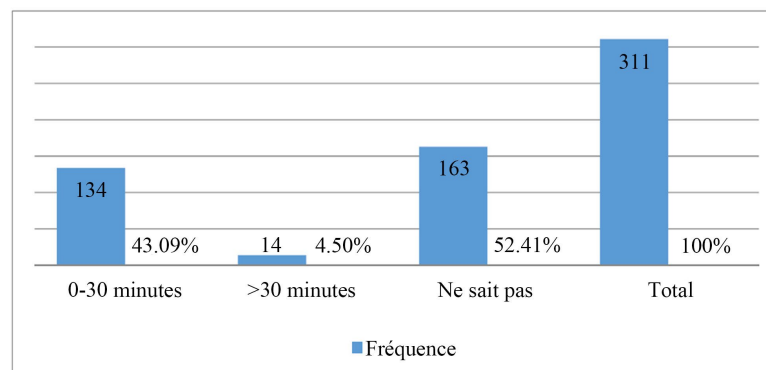


Figure 1. Distribution of mothers according to the duration of a feeding. Half of the mothers had started breastfeeding their babies between 30 minutes and 1 hour after birth (**Table 3**). Only 23.16% of mothers had given anything other than breast milk at birth. 85.53% of mothers breastfed on demand, and 86.14% had weaned their infants by 6 months, but the baby's latch during breastfeeding was correct in only 20% of cases (**Table 4**).

Table 4. Distribution of mothers according to their attitudes and practices.

	Number of employees = 311	Percentage
The first food given to the child at birth		
Porridge	2	0.64%
Coconut water	3	0.96%
Mineral water	4	1.32%
Warm water	3	0.96%
Zincimbre water	1	0.32%
Artificial milk	45	14.47%
Breast milk	239	76.84%
Tea	3	0.96%
Honey	7	2.25%
Don't know	1	0.32%
Quinquelibá water	3	0.96%
Number of meals eaten daily		
1 - 4 times	31	9.97%
5 - 8 times	14	4.50%
Upon request	266	85.53%
Age (months) of weaning children		
Less than 6 months	24	7.72%
6 months	243	78.14%
More than 6 months	30	9.65%
Don't know	14	4.50%
Position during breastfeeding		
Good	283	91.00%
Bad	28	9.00%

4. Discussion

This study was conducted in the nutrition unit of the Matoto health center from May 5 to September 13, 2025, during which 311 mothers of children aged 0 to 24 months who met the selection criteria were contacted. The overall objective of this study was to assess the level of knowledge, attitudes and practices of mothers of children aged 0 to 24 months regarding the feeding of their children during the survey period. Males represented 55.95%. SANOGO K. reported a male predominance of 59% in his 2011 medical doctoral thesis [3]. The most represented age group was between 0 and 6 months, with a rate of 84.57%. The same observation was made by SANOGO K. [3].

60.77% of the mothers were between 20 and 29 years old. CAMARA M. *et al.* in 2014 found a predominance of the 20 - 29 age group with a rate of 52.70% [10].

DIAKITE M. in 2018 reported 79.2% in the 18 - 30 age group [11]. This predominance could be explained by the fact that this is the ideal age range for procreation.

Most mothers (31.19%) had a secondary education; however, 21.22% of this population had no formal schooling. Diakite M. reported that 28% of mothers had a secondary education and 56% were illiterate [11]. Indeed, the resulting abandonment of children due to unwanted pregnancies and early marriages of girls are contributing factors to this situation. In this study, the majority of mothers (46.30%) were self-employed. The same observation was made by Mara as in 2013, who reported in his thesis that the self-employed sector was the largest (36.4%) [12]. Almost all of the mothers surveyed were married (99%). This high percentage of married mothers likely stems from customary practices, which are generally unfavorable to procreation outside of marriage. In general, the mothers interviewed had a good understanding of WHO recommendations regarding breastfeeding. However, early initiation of breastfeeding was only achieved by 31 mothers (9.97%) out of 311 within half an hour of delivery and by 153 mothers (49.19%) within six hours of delivery. This result is significantly lower than that of Sanogo K., in whose study early initiation was achieved by 58.3% of mothers within half an hour of delivery and by 37.6% within one hour of delivery [3]. 97% of the mothers were familiar with breastfeeding. Nlend A. *et al.* found a rate of 86% in some cities in Cameroon [13]. The main benefit of breast milk was undoubtedly for the healthy growth of children, according to 49.45% of mothers, and 78.46% knew the total duration of breastfeeding. This result confirms that of NGARAMBE A, who reported that 65% of women knew the average duration of breastfeeding [14]. In contrast to a study conducted in Tunisia on the “knowledge and practices of women in the Monastir region (Tunisia) regarding breastfeeding,” the duration of breastfeeding was very short, with an estimated average of 40 days [15]. Most mothers, 85.53%, breastfed on demand. This result is consistent with that of SANOGO K. in his medical doctoral thesis, who reported a rate of 98.3% of mothers breastfeeding on demand [3]. These practices are excellent because they allow the infant’s nutritional needs to be met. The WHO recommendation on the age of introducing complementary foods was followed by 243 mothers (78.14%) out of 311. In the study by Diakite M., 95.2% of mothers knew that the ideal age to introduce other foods in addition to breast milk is from 6 months [11]. The main reason for weaning cited by most mothers was insufficient breast milk production (88.09%). This result differs from that of Ben Slama F. *et al.* in Tunisia, who reported that 29% of the reasons for weaning were due to a lack of time on the part of mothers [16]. 25.08% of mothers were unaware of the disadvantages of early weaning before the age of 4 to 6 months. This result is significantly lower than that of Diakite M., who reported that 60% of mothers were unaware that introducing other foods before 4 to 6 months can cause health problems in the child [11], while 86% of mothers were familiar with complementary feeding in our surveys. In our study, 47.26% of mothers cited healthy growth in the child as

the main benefit of appropriate and safe complementary feeding.

In practice, 76.84% of mothers gave their child nothing before the first breastfeeding. Honey (2.25%), mineral water (1.29%), coconut water (0.96%), warm water (0.96%), tea (0.96%), quinquelibá water (0.96%), porridge (0.64%), and ginger water (0.32%) were given as first foods to other children. In 2011, Sanogo K. in Mali found that in 86.6% of cases, women gave their babies nothing before the first breastfeeding [3]. This tendency among mothers to give other foods before the first breastfeeding could be explained by a lack of information during prenatal care visits, illiteracy, and customary practices. Almost all mothers (90.54%) breastfed their child for a maximum of 30 minutes. And 72.03% had practiced exclusive breastfeeding until six (6) months, compared to 19.29% for less than six (6) months. This practice of exclusive breastfeeding by mothers should be encouraged as it is in line with WHO recommendations. Among the mothers surveyed, 91% had a positive attitude regarding the positioning of their babies during feedings. This attitude among mothers should be promoted as it is one of the important elements for successful breastfeeding. During our surveys, the majority of mothers (80%) did not use a pacifier for their child. However, in a study conducted by SAGE L. on “Knowledge of breastfeeding women before their discharge from the maternity ward at the Estaing University Hospital in Clermont-Ferrand” in 2014 in France, 38.74% of mothers thought that the use of pacifiers had no influence on breastfeeding and 5.41% thought it was beneficial. This could be explained by the fact that the difference in sucking mechanism between the breast and the bottle was therefore not known to these patients. Furthermore, the early use of bottle-feeding devices would lead to less frequent and shorter feedings, which would be accompanied by more frequent breastfeeding problems [17].

5. Conclusion

Infant feeding is a real public health issue today, so it is essential to raise awareness among mothers and medical staff about the need to apply WHO recommendations regarding infant feeding in order to ensure better well-being for children.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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