

# Breastfeeding Women's Knowledge of Breastfeeding-Related Complications in the Kozah Health District (Togo)

Sollim Myriam Talboussouma<sup>1\*</sup>, Kokou Agbékogni René Segbedji<sup>1</sup>, Yendoubé Kambote<sup>2</sup>, Ouro-Bagna Tchagbele<sup>1</sup>, Amavi Folly<sup>3</sup>, Kayi Carolle Aude Ekoue Zondodji<sup>4</sup>, Tchablihanne Kombate<sup>4</sup>, Risika Lamidi<sup>4</sup>, Bada-Manzi Pitassa<sup>4</sup>, Koffi Edem Djadou<sup>2</sup>, Komi Déladem Azoumah<sup>1</sup>

<sup>1</sup>Department of Pediatrics, University of Kara, Kara, Togo

<sup>2</sup>Department of Gynecology-Obstetrics, University of Kara, Kara, Togo

<sup>3</sup>Department of Surgery, University of Kara, Kara, Togo

<sup>4</sup>National School of Midwives of Kara, Kara, Togo

Email: \*sollimy2@yahoo.fr

**How to cite this paper:** Talboussouma, S.M., Segbedji, K.A.R., Kambote, Y., Tchagbele, O.-B., Folly, A., Ekoue Zondodji, K.C.A., Kombate, T., Lamidi, R., Pitassa, B.-M., Djadou, K.E. and Azoumah, K.D. (2025) Breastfeeding Women's Knowledge of Breastfeeding-Related Complications in the Kozah Health District (Togo). *Open Journal of Pediatrics*, 15, 1015-1023.  
<https://doi.org/10.4236/ojped.2025.156095>

**Received:** September 3, 2025

**Accepted:** October 21, 2025

**Published:** October 24, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).  
<http://creativecommons.org/licenses/by/4.0/>



Open Access

## Abstract

**Introduction:** Breastfeeding is a fundamental pillar of child health. However, several complications can hinder its continuation. This study aimed to assess the knowledge of breastfeeding-related complications among breastfeeding mothers in the Kozah district. **Methods:** A descriptive, cross-sectional study was conducted from January to May 2024 in four health facilities within the Kozah health district. A sample of 100 breastfeeding women was interviewed using a questionnaire. **Results:** Eighty-three percent of the women interviewed were aware of the complications. The most common complications included breast engorgement (51.8%), breast abscess (24.1%), and cracks (14.5%). The primary sources of information were healthcare professionals (66%). In the case of complications, 52% consulted a health center. **Conclusion:** Women in the Kozah district who breastfeed possess a solid understanding of breastfeeding complications. However, there remains a need for increased awareness and support from health workers.

## Keywords

Breastfeeding, Complications, Knowledge, Breastfeeding Women, Togo

## 1. Introduction

Breastfeeding is one of the most effective ways of preserving a child's health and ensuring its survival [1]. It has numerous health benefits for both the child and the

mother [2]. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life [3] and [4]. However, in West and Central Africa today, only a third of infants are exclusively breastfed [5], well below the global target of 50% set by the World Health Assembly for 2025. Early initiation can promote sustainable breastfeeding with long-term benefits for the mother, such as weight regulation after childbirth and reduced risk of non-communicable diseases such as type 2 diabetes, cancer, stroke and cardiovascular disease [6].

Worldwide, when women are asked about the difficulties they have experienced since returning from hospital, 48.7% of them mention complicated breastfeeding [7]. In Africa, lack of knowledge among mothers about the complications of breastfeeding is a common problem. One study shows that in several African countries there is a correlation between low breastfeeding rates and high infant mortality and malnutrition rates. For example, in The Gambia there has been a marked improvement in breastfeeding practices, while countries such as Chad have seen a decrease in exclusive breastfeeding rates, which could increase the risk of complications [8].

In Togo, the 2013-2014 Demographic Health Survey (DHS) revealed that many mothers do not have the information they need to manage breastfeeding complications effectively: the results show that 76% of mothers had insufficient knowledge about breastfeeding, including how to manage complications such as engorgement, mastitis and milk duct infections [8].

Today, as part of the promotion of breastfeeding by health policies, mothers-to-be are made aware of the benefits of breastfeeding and are informed of its advantages from pregnancy onwards [9], but they are often unaware of the difficulties they may encounter during this period. For some women, unprepared for this learning stage, the difficulties are so great that they prefer not to pursue their breastfeeding plans. Postnatal education and support have been identified as crucial factors in improving mothers' breastfeeding knowledge and practices.

Most breastfeeding difficulties can be prevented and should not lead to breastfeeding being systematically stopped. The general aim of this study was to assess breastfeeding mothers' knowledge of the complications associated with breastfeeding.

## **2. Method**

### **2.1. Type and Period of Study**

This was a descriptive, cross-sectional study that lasted 5 months.

### **2.2. Study Population**

The study covered breastfeeding women seen in maternity and vaccination departments, regardless of the reason for their presence during the study period.

### **2.3. Sampling Method**

We used non-probability and accidental sampling.

## **2.4. Inclusion Criteria**

All breastfeeding women whose children were between 0 and 24 months of age, admitted to the maternity and vaccination departments during the study period and who had given their free and informed consent to participate in the study were included in this study.

## **2.5. Exclusion Criteria**

The following were excluded from our study:

Breastfeeding mothers suffering from a pathology that prevented them from breastfeeding, mothers who did not consent to the survey.

## **2.6. Data Collection Techniques and Tools**

Data collection was carried out in four peripheral centers in the Kozah district by three third-year midwifery students. It was based on individual interviews. Data were collected using a pre-established survey form containing interview questionnaires.

The socio-demographic characteristics of the mothers and their infants, obstetric history, mothers' knowledge of complications related to breastfeeding, information on complications, treatment of complications and the evolution of complications after treatment were collected.

## **2.7. Data Processing**

The collected data were entered and analyzed using Epi-Info software, version 7.2.2.6. Tables and graphs were created with Microsoft Excel 2007. Word processing was carried out using Microsoft Office Word 2007.

## **2.8. Ethical, Deontological and Administrative Considerations**

Data were collected anonymously and the confidentiality of the information collected was respected. We also obtained informed consent from the mothers before collecting the data.

# **3. Results**

## **3.1. Socio-Demographic Profile**

The study involved 100 breastfeeding women, the children's ages ranging from 0 to 24 months. The average age of the mothers was 25.9 years, ranging from 17 to 44 years. The most common age group was 18 - 35 (86%). Nearly half the mothers (48%) had a primary education, 44% were housewives and 82% were married.

As for their obstetrical history, 65% were paucigravida and 60% were pauciparous. Pregnancies had been monitored by midwives in 64% of cases. Of the breastfeeding women surveyed, 16 (16%) had had a medical condition during their pregnancy, 56% of them suffering from arterial hypertension, and 96% had given birth in a health facility, 49% of them in Social Medical Centers (SMC). Early breast-

feeding was not carried out in 24% of women, mainly because of caesarean section (42% of cases) and post-partum hemorrhage (33%).

Exclusive breastfeeding was practised in 84% of cases, and the most common method of feeding was direct latching in 84% of cases.

### 3.2. Difficulties Encountered During Breastfeeding

47 women said they had experienced difficulties during breastfeeding, such as pain in the breast (72% of cases) and unavailability of milk (28%). Despite these difficulties, 85% of the women continued to breastfeed and 15% stopped following parental advice (43%) or by self-decision (57%).

### 3.3. Knowledge of Complications Associated with Breastfeeding

83% of mothers surveyed said they were aware of the complications associated with breastfeeding. The most frequently cited were: breast engorgement (51.8%), breast abscesses (24.1%), cracks (14.5%) and mastitis (9.6%).

The main cause of complications reported by the mothers was the infant's refusal to breastfeed (36.1%), as shown in **Table 1**.

**Table 1.** Breakdown of women by cause of breastfeeding complications.

Causes	Number (n)	Percentage (%)
Refusal to breastfeed	30	36.1
Baby feeds too much	20	24.1
Mother not eating enough	15	18.1
Poor latch	08	9.7
Maternal infections	05	6
Baby does not suckle regularly	3	4
Poor positioning	2	2
Total	83	100.0

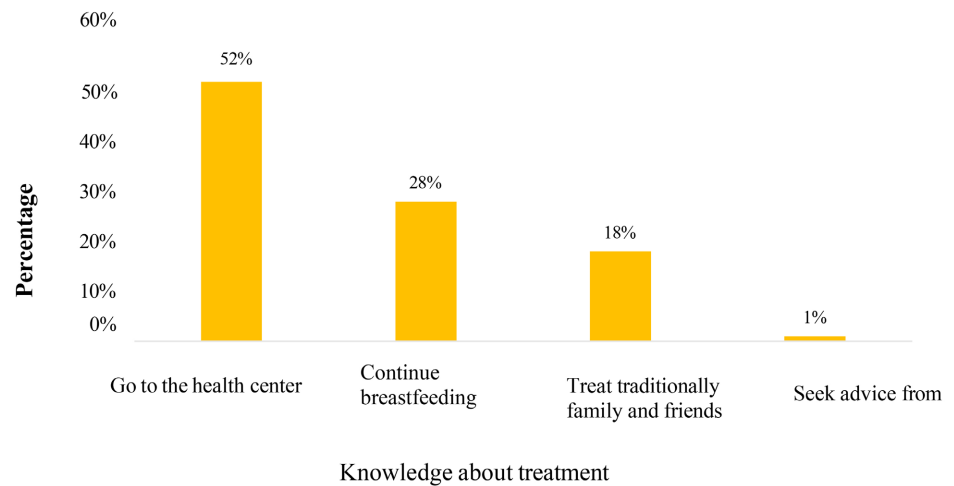
Information on the complications of breastfeeding was received by 82.0% of women. From these, 57% had received the information after giving birth, 24% during pregnancy, and 18% before pregnancy. The sources of information were mainly health professionals in 66% of cases, family in 24% and the media and books in 10%.

### 3.4. Management of Complications

From the women who had experienced complications, 52.0% said they had gone to the health center to manage their complication (**Figure 1**).

The treatments received included analgesics (49%), antibiotics (28%), traditional treatments (19%) and hot compresses (4%).

In terms of advice, regular breastfeeding accounted for 56.0% of advice received by breastfeeding women received by breastfeeding women (**Table 2**).



**Figure 1.** Distribution of mothers according to their knowledge of the management of complications: 57.4% had been treated at the Regional Hospital Centre (CHR).

**Table 2.** Distribution of breastfeeding women according to the advice they received.

Advice	Number (n)	Percentage (%)
Regular breastfeeding	29	56
Care for the breast before feeding the child	11	21
Good position and latch	6	12
Mother must eat well	4	8
Return to the midwife if her breast hurts	2	4
Total	52	100

### 3.5. Outcome

All the participants reported a resolution of symptoms. 55.0% after medical treatment, 24.0% were cured spontaneously and 21.0% after traditional treatment.

## 4. Discussion

### 4.1. Study Limitations

The small sample size is the main limitation of this study. It was conducted in only one health district in the Kara region, and only four health centers were selected.

Another limitation is the potential for bias. Breastfeeding mothers may have provided responses they believed to be socially acceptable or aligned with the expectations of the investigators, rather than expressing their true knowledge or experiences.

This study, carried out in four health facilities, cannot be generalized to all health districts in Kara. However, it offers valuable insight into the level of knowledge among breastfeeding women regarding complications related to breastfeeding in these peripheral care units, especially considering that the populations in the Kara health region share similar cultural backgrounds

## 4.2. Socio-Demographic Aspects

The predominant age group of women was between 18 and 35 years (86.0%). similar survey carried out by Ahmed [10] in Mali in 2008 reported that the dominant age group was between 20 and 35. This predominance of young women is consistent with national demographic data showing early fertility in Togo, as indicated by the results of the 2013–2014 Demographic and Health Survey (DHS) [8].

In addition, the majority of participants were married (82%) and had primary education (48%). Adedemy JD *et al.* [11] in Benin in 2014 found that 23.5% were not in school. All this is in agreement with several African studies showing that women living in rural areas often have a limited level of education, which may influence their ability to understand and manage breastfeeding complications [12].

## 4.3. Breastfeeding Practices and Complications Encountered

Our respondents practised exclusive breastfeeding in 84% of cases. This result is higher than that of Djadou *et al.* [13] in 2018 in the Central region, who found 72.2%. Our figures are also significantly higher than the national average, which was 64.1% [14]. They show that breastfeeding is still better in rural areas. This good rate can be attributed to the efforts made by local health structures to promote breastfeeding, although it must be recognized that the precariousness of rural life in itself justifies the practice of exclusive breastfeeding.

However, 47% of mothers reported breastfeeding difficulties, mainly breast pain (72%) and unavailability of milk (28%). These results are comparable to those obtained in France in a study by Lépine *et al.* in which 56.7% of women reported difficulties in the maternity hospital [15]. It is therefore likely that breastfeeding difficulties are universal, but the way they are dealt with varies greatly depending on the health and socio-cultural context.

## 4.4. Mothers' knowledge of Breastfeeding Complications

In our study, 83.0% of participants reported having knowledge about breastfeeding-related complications. This result contrasts significantly with the findings of the Togo Demographic and Health Survey (DHS 2013–2014) [8], which indicated that 76% of mothers had insufficient knowledge regarding the management of such complications. This discrepancy may be explained by the evolution of awareness and training strategies over the past decade, particularly through intensified health education campaigns and greater involvement of healthcare professionals in postnatal support. Furthermore, the hospital-based setting of our study may have provided mothers with better access to information, unlike the broader and more diverse population surveyed in the DHS.

In addition, several studies have highlighted the link between lack of knowledge about breastfeeding complications and early cessation of breastfeeding. According to the World Health Organization (WHO), a significant number of women stop breastfeeding prematurely due to a lack of information and support regarding the

management of common complications [16].

The fact that 82% of women received information about these complications is a good indicator, but the majority (57%) were informed after the birth, which is late. It is therefore recommended that antenatal education on this subject be stepped up, as suggested by Renfrew *et al.* (2012), who demonstrate that preparation during pregnancy reduces early breastfeeding discontinuation [17].

Health professionals were the primary sources of information (66%), followed by family (24%) and the media (10%). This result corroborates the WHO/UNICEF data [18], which emphasize the central role of healthcare professionals in breastfeeding education.

However, the role of the family, which is often influential in maternal decisions, can also act as a brake if the information conveyed is incorrect. In this study, 15% of mothers stopped breastfeeding on the advice of relatives or by self-decision, underlining the importance of wider community awareness.

#### 4.5. Management of Complications

Just over half of the women who had complications (52%) went to a health Center, the majority to the CHR (57.4%). The most commonly used treatments were analgesics (49%), followed by antibiotics (28%) and traditional treatments (19%). The same pattern without traditional treatment was adopted by Lepori *et al.* in 2015 in their study of red and inflamed breast [19].

Our results reveal a coexistence between modern medicine and traditional practices, typical of the African context.

The use of hot compresses (4%) and regular breastfeeding (56%) as advice is in line with WHO recommendations for the non-pharmacological management of engorgement and cracking [14].

#### 4.6. Outcome

All the women had a favorable outcome, 55% after medical treatment, 21% after traditional treatment and 24% spontaneously. This demonstrates that the majority of breastfeeding complications are benign if properly managed, as supported by the study by Amir *et al.* (2014) [20].

### 5. Conclusion

This study highlights a generally satisfactory level of knowledge among breastfeeding mothers in the Kozah health district regarding common breastfeeding complications such as breast engorgement, abscesses, and cracked nipples. This understanding reflects a basic awareness, largely transmitted by healthcare professionals. However, while mothers are able to identify complications, they often lack sufficient knowledge to adopt appropriate responses, such as correct positioning techniques, early pain management, or systematically seeking care. These findings emphasize the need to strengthen awareness efforts—not only to inform about complications but also to develop practical skills and appropriate manage-

ment strategies. Personalized and ongoing support from healthcare professionals is essential to promote effective management of complications and ensure optimal breastfeeding continuation.

## Acknowledgements

I would like to thank the parents, the patients, and the staff of the health centers where the study was conducted.

## Authors' Contribution

All authors contributed to the conduct of this work. All authors also declare that they have read and approved the final version of the manuscript.

## Conflicts of Interest

The authors declare no conflict of interest.

## References

- [1] World Health Organization (WHO): Breastfeeding. [https://www.who.int/fr/health-topics/breastfeeding#tab=tab\\_1](https://www.who.int/fr/health-topics/breastfeeding#tab=tab_1)
- [2] Kramer, M.S., Aboud, F., Mironova, E., *et al.* (2008) Breastfeeding and Child Cognitive Development: New Evidence from a Large Randomized Trial. *JAMA Pediatrics*, **162**, 491-496.
- [3] UNICEF (2017) Analysis Based on UNICEF Global Database.
- [4] UNICEF (2016) From the First Hour of Life. A New Report on Infant and Young Child Feeding. UNICEF.
- [5] UNICEF (2019) Global Database. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>
- [6] Tschiderer, L., Seekircher, L., Kunutsor, S.K., Peters, S.A.E., O'Keeffe, L.M. and Willeit, P. (2022) Breastfeeding Is Associated with a Reduced Maternal Cardiovascular Risk: Systematic Review and Meta-analysis Involving Data from 8 Studies and 1 192 700 Parous Women. *Journal of the American Heart Association*, **11**, e022746. <https://doi.org/10.1161/jaha.121.022746>
- [7] Direction de la recherche, des études, de l'évaluation et des statistiques (DREES): What Can We Learn from the National Perinatal Survey? Info-Allaitement.org. <https://info-allaitement.org/ressources-en-ligne/que-nous-apprend-len-quete-nationale-perinatale>
- [8] République Togolaise (2015) Enquête Démographique et de Santé au Togo 2013-2014. Ministère de la Planification, de l'Aménagement du Territoire et du Développement. Direction Générale de la Statistique et de la Comptabilité Nationale (DGSCN) et ICF International.
- [9] United Nations Children's Fund (UNICEF) (2023) The State of the World's Children 2023: For Every Child, Vaccination. UNICEF.
- [10] Ahmed, B. (2008) Evaluation de la mise en œuvre de la stratégie césarienne gratuite dans le district sanitaire de Fana au Mali de 2005 à 2007. Master's Thesis, Université de Bamako.
- [11] Adedemy, J.D., Bagnan-Tossa, L., Noudamadjo, A., Agossou, J. and Hounhakou, P. (2014) Fréquence et facteurs associés à la pratique de l'allaitement maternel exclusif



- de 0 à 6 mois à l'hôpital de la mère et de l'enfant LAGUNE (HOMEL) de Cotonou. *Journal de la Société de Biologie Clinique du Bénin*, **21**, 38-44.
- [12] Save the Children (2013) Superfood for Babies: How Overcoming Barriers to Breastfeeding Will Save Children's Lives. Save the Children.
  - [13] Djadou, K.E., Agbeko, F., Guédéhoussou, T., Dizewé, K., Azoumah, K.D. and Agbèrè, A.D. (2018) Evaluation of Exclusive Breastfeeding among Children Aged 0 to Six Months in the District of Tchaoudjo (Togo). *Journal Africain de Pédiatrie et de Génétique Médicale*, **4**, 30-36.
  - [14] World Health Organization (WHO): Infant and Young Child Feeding. <https://www.who.int/fr/news-room/fact-sheets/detail/infant-and-young-child-feeding>
  - [15] Lépine, A., Pinquier, D., Picaud, J.C., Guillet, J. and Fresson, J. (2016) Breastfeeding Difficulties in Maternity: A Study of a Cohort of Mothers. *Revue Sage Femme*, **15**, 229-237.
  - [16] World Health Organization (WHO) (2009) Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals. WHO.
  - [17] Renfrew, M.J., McCormick, F.M., Wade, A., Quinn, B. and Dowswell, T. (2012) Support for Healthy Breastfeeding Mothers with Healthy Term Babies. *Cochrane Database of Systematic Reviews*, No. 5, CD001141. <https://doi.org/10.1002/14651858.CD001141.pub4>
  - [18] WHO/UNICEF (2003) Global Strategy for Infant and Young Child Feeding. World Health Organization.
  - [19] Lepori, D. (2015) Red and Inflammatory Breast: Role of the Radiologist. *Journal of Diagnostic and Interventional Radiology*, **96**, 464-484.
  - [20] Amir, L.H. (2014) Breastfeeding Management in Australia: Knowledge, Skills and Attitudes of Hospital Staff and Breastfeeding Women. *International Breastfeeding Journal*, **9**, 1.