
**Knowledge and Attitude of Working Class Mothers towards Exclusive Breastfeeding in
Ibesikpo Asutan Local Government Area, Nigeria**

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ABSTRACT

This study was carried out to determine the knowledge and attitude of working class mothers towards exclusive breastfeeding in Ibesikpo Asutan Local Government Area. To achieve the objective of the study, three research questions and three null hypotheses were developed to guide the study. A descriptive research design was adopted for this study. The sample size of 100 respondents was selected for the study using simple random sampling technique. The research questions were answered using mean and simple percentages. The null hypotheses were analyzed using Chi-Square Statistical Analysis. Based on the findings, recommendations were made, some of which included the following: provision of baby care unit in all the health facilities and establishments. Regular breaks of about thirty minutes to one hour to enable the working class mothers breastfeed their babies while on duty. One of the recommendations was that female employees should be encouraged to continue exclusive breastfeeding when at home.

KEYWORDS: Knowledge and Attitude, Working Class Mothers, Exclusive Breastfeeding, Ibesikpo Asutan Local Government Area and Nigeria

Introduction

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. Breast milk alone is the best possible food and drink for babies because breast milk is highly nutritious, easily digestible and contains vital nutrients. It also contains antibodies against certain diseases therefore breastfeeding is the ideal meal suitable for the physiological and psychological need of an infant. Exclusive breastfeeding has been emphasized globally for the first 6 months of life as it is seen to improve the growth, health and survival status of the newborn. It is one of the survival strategies for developmental and nutritional status of newborns. It is one of the most natural and best forms of medicine needed from birth. Exclusive breastfeeding plays a vital role in determining the optimal health and development of infants. It is associated with a decreased risk of many early life diseases and conditions.

Exclusive breastfeeding is regarded as the exclusive intake of breast milk by an infant from its mother or wet nurse or expressed milk with no addition of any liquid or solid apart from drops or syrups consisting of vitamins, mineral, supplements or medicine and nothing else. In view of this, August 1 to 7 of every year has been designated “a breastfeeding week globally” to ensure the survival of children through exclusive breastfeeding. Exclusive breastfeeding is one of the cardinal components of Baby-Friendly Hospital Initiative (BFHI) aimed at protecting, promoting and supporting breastfeeding for optimal maternal and child health. It is part of the 1990 international declaration which stated that all governments should create an enabling environment for women to practice exclusive breastfeeding for the first six months of life and to continue breastfeeding with adequate complementary foods for up to two years. The conflicts at workplace have adversely affected the willingness of women to practice exclusive breastfeeding. Lack of suitable facilities outside of the home, inconveniences with work, family pressure has adversely affected the willingness of working class women to practice exclusive breastfeeding. The need to return to work has also been implicated as a factor interfering with exclusive breastfeeding (Ajayi, 2002). The working class mothers attitude towards exclusive breastfeeding is obvious because of their belief that breast will sag during breastfeeding. That breastfeeding is unfashionable and makes them less attractive to their husbands. Most importantly is the fact that less time is spent at home with the baby while much time is spent at their work places compared with the inability of employers to appreciate the relevance of breastfeeding as a way of life.

The decline on the practice of exclusive breastfeeding in a developing country like Nigeria are prevalent among the working class mothers even after the establishment of the Baby Friendly Hospital Initiative (BFHI) by the Nigerian government in six states. The sole aim was to provide mothers and their infants a supportive environment for breastfeeding and to promote appropriate breastfeeding practices, thus helping to reduce infant morbidity and mortality rates. Despite these efforts, child and infant mortality continue to be major health issues affecting Nigerian children. The rate in Nigeria 100 deaths per 1000 live birth which continues to fall below the WHO/UNICEF recommendation of 90% (WHO, 2009). The WHO estimates that 1.5 million infants die around the world every year because they are not breastfed properly. Breastfed babies are less likely to die from sudden infant death syndrome (SIDS). Therefore, exclusive breastfeeding is more than a method of feeding a baby. It requires a high degree of involvement from the mother. The working class mother’s rate of involvement is low. This is because the women have no privacy and autonomy in their work places.

Statement of the Problem

Exclusive breastfeeding is one of the most natural and beneficial acts and rights a mother can do for her child. Health benefits have been proven to pass from mother to child through breast milk. There has been an increase in infant death as a result of the introduction of artificial feeds to babies and feeding utensils or water. These problems led to failure of babies to thrive and majority die due to diarrhoeal diseases as well as other illnesses associated with malnutrition. Moreso, the economic burden on families and the communities has substantially increased with bottle feeding and infant formulas.

Mothers ignoring exclusive breastfeeding practice may be due to lack of awareness, cultural beliefs as well as personal ideology. Various misconceptions by mothers which include that breast milk is insufficient or of poor quality and that the baby does not gain weight hinder exclusive breastfeeding. To achieve optimal health and nutrition for infants and young children, exclusive breastfeeding should be practiced for six months given that the breast

milk is the best quantity and quality food to satisfy the baby and keep him/her healthy and infection free for the first six months of life. This study sought to determine the knowledge and attitude of working class mothers towards exclusive breastfeeding

Objective of the Study

The objective of this study was to determine the knowledge and attitude of working class mothers towards exclusive breastfeeding in Akwa Ibom State. Specially, the study sought to:

- 1 find the out if the working class mothers had adequate knowledge of exclusive breastfeeding
- 2 find out the factors that affected working class mothers during breastfeeding
- 3 examine the impact of exclusive breastfeeding on children's health status.

Research Questions

1. Do the working class mothers have adequate knowledge of exclusive breastfeeding?
2. What factors affect working class mothers during breastfeeding?
3. What is the impact of exclusive breastfeeding on children health status?

Research Hypothesis

H0: There is no significant influence of exclusive breastfeeding on the health of a newborn child.

Significance of the Study

The findings of the study will help to increase the awareness among the working class mothers towards exclusive breastfeeding. It is expected that the study will be of immense benefits to the child, mother, health personnel, community, organizations and government towards the promotion of Baby Friendly Hospital Initiative (BFHI). To the child, breast milk offers complete nutrition that can save the lives of infants as the growth of immune system and general physiology of the child is intensified, Breast milk will help to reduce the risk of environmental borne illness example diarrhea and dysentery.

To the mothers, exclusive breastfeeding will promote the immune system and reduce the risk of breast and uterine cancers. It will quicken the mothers to recuperate from child birth processes and encourage natural affection between mother and child. To the society, exclusive breastfeeding will reduce high foreign exchange for importation of artificial baby food (infants formula). It will help in family planning to reduce over population problems by delaying frequent subsequent pregnancies.

Review of Related Literature

Concept of Exclusive Breastfeeding

Breastfeeding (EBF) is defined as the exclusive intake of breast milk by an infant from its mother or expressed milk with no addition of any liquid or solid apart from drops or syrups consisting of vitamins and mineral supplements or medicine or nothing else. It is one of the cardinal components of the Baby Friendly Hospital Initiative (BFHI) aimed at protecting, promoting and supporting breastfeeding for optimal maternal and child health.

Natural surveys on breast feeding reported that exclusive breastfeeding from various centers have been rather low (9%) despite the promotion of BFHI programme in the health institutions. It is believed that several factors contribute to these in the mothers' environment. Such factors could be social, physical, biological, psychological and may impact positively or negatively on the ability and willingness of women to practice exclusive breastfeeding. Other reasons for inadequate breastfeeding are conflicts at work, family pressure and ignorance. Oluchi (2003) opined that the benefits of exclusive breastfeeding are many. The milk is cheap and creates bonding relationship between mother and child. Exclusive breastfeeding programmes are yet to have a good coverage in Nigeria, hence, it is yet to be used as an instrument of reducing child mortality. On the basis of this, exclusive breastfeeding should be constantly re-echoed on continuous basis so as to influence positive attitude and behaviour towards child survival strategy. From, the early 1950s, many employed mothers began to challenge the dominant discourse of the ideal mother as exclusively bound to the home. The working class mothers on their own right, combines a successful career using their financial independence as an effective mother in supporting and raising their children. It is important to understand that both of these jobs are extremely demanding and to do justice to each without neglecting the other is a formidable task.

A working class mother is a woman with the ability to combine a career with the added responsibility of raising a child. Working class mothers are of two categories, those who work from home and women who work away from home while merging the two jobs to fulfill their natural duties according to the department of labour of the United States of America Acts of 1993. Unison (2006) opined that having to work takes away much of the problems working mothers have to face. The Family and Medical Leave Acts (1993) states that it is necessary to balance the demands of the work place with the needs of the families, to protect the stability and economic security of family and to promote national interest in preserving family integrity, to present the family unit as a healthy foundation for society. Giving to a child during working hours the respect of exclusive breast feeding has the fundamental value of a serious health condition and has been valued as such deserving that parents be allowed to take time off caring for their babies. This means that caring for a child is an essential duty that the parent has to perform and that cannot be substituted for any other way. (Thyen & Yantz, 2007).

Concept of Age and Exclusive Breastfeeding

Mothers involved in Baby Friendly Hospital Initiative are people aged from 16 years to 49 years. (Maessnger, 2008). Majority of the mothers do not know their ages. The young nursing mothers refuse to breastfeed their babies because they do not want their breast to fall. The husbands also advise them to preserve the breast for suckling during sexual activity. Hence the babies tend to suffer from this poor attitude of young mothers (Obonna, Okalo and Ezeogu, 2010). These young mothers willing to breastfeed their babies do so under pressure.

Concept of Religion and Exclusive Breastfeeding

Experience varies from religion to religion and from church to church. Religion is the art of worshipping God Almighty by the Christians, Mohammed by the Muslims and Hindu by the other group of people. However, there is traditional religion where by the people do not worship God but rather man-made things. Religion is not a barrier to breastfeeding in ideal situation. Christians all over the world see breastfeeding as the most vital intervention for reducing infant mortality (Gupta and Aora, 2007). Nevertheless, the Muslims practice

breastfeeding but in a very minimal way. Subbiah (2003) opined that women who are neither Christians nor Muslims take no interest to breastfeeding their babies exclusively.

The Concept of Occupation and Breastfeeding

Breastfeeding at the workplace is a bit tedious perhaps the mothers thought of distractions, expensive and lack of privacy during working hours. The category of workers matters in this issue. The self-employed mothers have time to feed their babies on demand and at fee will whereas it is not so with the civil and public servants who may not have time to sit comfortably and relax to breastfeed their babies. Such work includes accounting staff, lawyers, nurses and lecturers in the higher institution (Ajayi, 2002).

The Concept of Health Status and Exclusive Breastfeeding:

Apparently, the health status of mothers after delivery promotes or enhances effective exclusive breastfeeding. Subbiah (2003) opined that exclusive breastfeeding was only found in healthy mothers. Others with diverse health condition such as HIV positive mothers, mothers on certain medications and mothers with active and untreated ailment do not practice exclusive breastfeeding. He went further to explain that women with hectic work refuse to breastfeed because of being afraid to develop hypertension. Other health issues include diabetic mothers, anaemic mothers and mothers who have no food to feed themselves. The restraint of these few unhealthy mothers from breastfeeding was to safeguard their babies from cross infections. Breastfeeding should not be a routine as assumed by some mothers but baby should suck whenever there is need because the most important factor in successful breastfeeding is for both the mother and child to be comfortable and healthy.

Empirical Studies on Exclusive Breastfeeding

A study conducted by Ekanem, Ekanem, and Eyo (2012) showed that 100 willing mothers were studied. The study was to determine the attitude of working mothers to exclusive breastfeeding in Calabar Municipality, Cross River State in Nigeria. The result showed that some factors such as age, religion, occupation, tribal, marital status, educational status, health status and socio-economic status affected the attitude of working class mothers towards exclusive breastfeeding (EXBF). The researchers therefore concluded that the attitude of working mothers to EBF was influenced by some demographic and socio-economic factors.

Similarly, another study was conducted by Ucherdu, Ikefina and Emodi (2006) to determine factors associated with exclusive breastfeeding among mothers seen at the University of Nigeria, Teaching Hospital, Enugu Nigeria. The result showed that 53.8% of the women who did not practice EBF believed their breast milk was insufficient for their babies. It was concluded that there was need to empower women via better education and information and the benefits of exclusive breastfeeding while dispelling the related myth and beliefs about breastfeeding.

Another large cohort study undertaken in rural Ghana conducted by Edmund (2006) had 225 of neonatal death which could be prevented if all infants were put to breast within the first hour of birth. (WHO (2000) & Gahi (2005). In reviews of studies from developing world it was conclusively shared that infants who were not breastfed were 6 to 10 times likely going to die in first month of life than those breastfed.

Research Method

This study was conducted in Ibesikpo Asutan Local Government Area. It is located on the Western Axis of Akwa Ibom. The area lies before latitude 400 32500 33' East, and longitude 70⁰ 25-80⁰ 25' North. Total population in Ibesikpo Local Government Area was 137,101 (National population Census, 2006). The people are highly educated and politically stable. Their occupations are trading, farming and carpentry. The target population for the study is women of child bearing age who are working class mothers. They are 8,000 women. A sample size of 240 working class mothers was drawn for the study. The instrument used for data collection was a 16 item-researcher-developed questionnaire titled "knowledge and attitude of working class mothers towards exclusive breastfeeding, (KAWCMTEBQ)". The instrument was given to two lecturers in the department to assess the suitability of language and arrangement of the items. For the consistency of the items, a group of 20 mothers who were not from Ibesikpo Asutan was given the questionnaire. Their responses were analyzed by the use of (Cronbach Alpha formula to ascertain the reliability co-efficient index of the instrument). The reliability index of 0.82 confirmed the reliability of the instrument. The research questions were answered using mean, while the null hypothesis was tested using chi square at .05 alpha level of significance.

Result and Discussion

Research Question Analysis

Research Question 1: Do the working class women have adequate knowledge of exclusive breastfeeding?

Table I: Simple Percentage Analysis on Knowledge of Working Class Women

S/N	RESEARCH ITEMS	Agreed	disagreed	Total
1.	Exclusive breastfeeding is an ideal food for infants.	90	10	100
2.	Exclusive breastfeeding is feeding the baby with only breast milk for six months.	83	17	100
3.	It is a child survival strategy.	73	27	100
4.	Exclusive breastfeeding built up a healthy foundation for society.	93	7	100
	Total	337	61	400
	Mean Average	84.7	15.3	100

To answer research question I, the analysis from table I shows that total average percentage of respondents which agreed was 84.7% while 15.3% disagreed showing having no idea on exclusive breastfeeding. Therefore, in conclusion, exclusive breastfeeding is mostly not practiced by working class mothers. They are aware that exclusive breastfeeding is the best method as the breast milk helps in the development of babies.

Research Question 2: What factors affect working class mothers during breastfeeding?

Table 2: Simple Percentage Analysis on Factors Affecting Working Class Mothers

S/N	RESEARCH ITEMS	Agreed	Disagreed	Total
6.	Young working class mothers refuse breast feed babies to avoid breast sagging.	68	32	100
7.	Lack of privacy during working hours prevent mothers from breastfeeding their babies.	88	12	100
8.	Health status of mothers prevents them from breastfeeding their babies' example HIV infection.	83	17	100
9.	Hectic work in the office do not permit working class mothers to breastfeed their babies.	70	30	100
	Total	306	94	400
	Mean Average	76.5	25.5	100

From table 2 above, analysis shows that total average percentage of 76.5% for respondents who agreed and 23.5% for those who disagreed towards the factors that affected the practice of exclusive breastfeeding among working class mothers in the study area. It implied that due to poor occupational environment and lack of lactational periods, the working class mother's practice of exclusive breastfeeding is low.

Research Question 3: What is the impact of exclusive breastfeeding on children's health status?

Table 3: Simple Percentage Analysis on Benefits of Exclusive Breastfeeding :

S/N	RESEARCH ITEMS	Agreed	Disagreed	Total
10.	Exclusive breastfeeding promote the health and development of babies.	94	6	100
11.	Exclusive breastfeeding reduces infants' mortality.	89	11	100
12.	Breast milk offers complete nutrition to infants.	92	8	100
13.	Exclusive breastfeeding encourages bonding between mothers and children.	84	16	100
	Total	359	41	400
	Mean Average	89.7	10.3	100

The analysis from table 3 showed that the total average percentage of respondents who agreed was 89.7% while 10.3% disagreed about having no knowledge towards the benefits of exclusive breastfeeding on the health status of children. In conclusion, exclusive breastfeeding practice promotes the total development of babies, increase the bond of relationship and it is economical.

Hypothesis Testing

There is no significant influence of exclusive breastfeeding on the health of a child.

Table 4: Chi-Square Analysis on Benefits of Exclusive Breastfeeding

SA	A	D	SD	Total	χ^2 cal.	χ^2 cri.
72(75.0)	22(14.7)	5(8.0)	1(2.3)	100		
83(75.0)	6(14.7)	8(8.0)	3(2.3)	100	24.54	16.92
82(75.0)	10(14.7)	5(8.0)	3(2.3)	100		
86(75.0)	21(14.7)	14(8.0)	2(2.3)	100		
Total	300	59	32	9	400	

From table 4 above, the analysis for null hypothesis shows that the calculated χ^2 value of 24.54 is greater than the critical χ^2 value of 16.92 at degree of freedom 9 and significance value of .05 alpha level. Therefore, the research hypothesis which stated that there is no significant influence of exclusive breastfeeding on health of children was rejected. The findings revealed that there was a significant influence of exclusive breastfeeding on the health of children in Ibesikpo Asutan Local Government Area. Basically, the analysis showed that the health status and other developmental benefits are achieved minimally through exclusive breastfeeding. The result also agreed with Subbiah (2003) who stated that breast milk contains nutrients that fight against infections and reduce infant mortality. Finally, the result confirmed the opinion of Oluchi (2003) who stated that the benefits of exclusive breastfeeding are many. That it creates bonding relationship between mother and child. Moreso, the breast milk is cheap and affordable and does not need buying with money.

Conclusion

From the findings of the study, the researcher has identified that knowledge of the working class mothers about exclusive breastfeeding practice positively determined their attitude which in-turn indicated that breast milk helps in reducing infant mortality rate in Ibesikpo Asutan Local Government Area. It was concluded that working class mothers who had the knowledge of exclusive breastfeeding breastfed babies and achieved maximum child growth and development for the period. Exclusive breastfeeding is a basic human right of all children as well as their mothers and should be practiced properly for maximum benefits. In view of this, the government should enforce the right of a child and create more programmes to enlighten the parents and caregivers on the methods and benefits of exclusive breastfeeding. The baby friendly hospital initiative which is geared at protecting, promoting and supporting exclusive breastfeeding should be supported by all sectors of the society for effective implementation.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Health education to pregnant mothers about the benefits and management of exclusive breastfeeding during the ante-natal period should be step-up.
2. Educate mothers on how to breastfeed and maintain good lactational period even when separated from their babies.

3. Female employees should be encouraged to continue exclusive breastfeeding when at home.
4. Regular breaks of about thirty (30) minutes to one (1) hour during working hours should be provided for mothers for regular breastfeeding.
5. Employers should ensure that employees who are breastfeeding are not subjected to any form of criticism, harassment or discrimination.
6. Provision of baby care unit in all establishments.

ROLES OF WOMEN SPECIAL

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