



Research Paper

Awareness of Exclusive Breastfeeding Practice Among Mothers' In The Formal Sector: Evidence From Gwagwalada - Abuja.

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ABSTRACT: The study examined the practice of exclusive breastfeeding among working mothers in the formal sector. The objectives of the study were, to evaluate the extent of exclusive breastfeeding awareness; to ascertain how working mothers cope with exclusive breastfeeding. The study applied social action theory, quantitative and qualitative method of data collection was used. Two hundred questionnaires were administered to mothers' attending university of Abuja teaching hospital (UATH), St Mary's Private Hospital and Area Council Town Clinic. From the returned questionnaires, one hundred and eighty seven (187) of them were correctly answered. Also two rounds of In-depth interview was conducted, participants were paediatric doctors and nurses. Analysis was done using frequency counts and simple percentages, while chi-square (X^2) was used in testing hypotheses. Findings showed that majority of the working mothers practice exclusive breastfeeding, but the practice is stressful. It was also observed that mothers with higher qualifications tend to practice exclusive breastfeeding because of its gains. Also work place lack facilities to cater for the needs of working mothers. The research is significant to government on policy issues and other related agencies for a productive workforce and a greater reduction in infant mortality. The study suggested among others that the policy for maternity leave should be reviewed upward. Again, work places should establish crèches for a productive workforce.

Keywords: Exclusive Breastfeeding, Working Mothers, Formal sector.

I. INTRODUCTION

In the less developed world, the majority of the people who die are not dying from stress or from drinking too much or from old age; they are dying of infectious diseases. Many infants die of diarrhea associated with parasitic infection (Goliber1989). Lack of access to clean drinking water and the prevailing poor hygienic condition often result in diarrhea and a high risk of infections in infant and young children (UNICEF 2000). Thus in order to reduce the risk of infection in developing countries like Nigeria, inexpensive strategies like immunizing and vaccinating children, providing safe drinking water and keeping down mosquitoes were adopted.

Besides the strategies adopted, the risk of infection can be reduced by modest improvement in the standard of living- such as better diets and personal hygiene. Suffice to say that better diets are difficult to implement amongst impoverish people. For instance, most communities within Nigeria lack basic amenities such as good health care services, pipe borne water and other necessities for healthy living- such as balanced diet and food substances. Henderson & khzinger (2002) observed that other aspects of young children feeding practices do not meet current international recommendations. It became pertinent to adopt the easiest and most effective feeding practice –**exclusive breastfeeding** to reduce infant vulnerability to infections and mortality.

Child feeding practices abound in the world (developed and developing countries), but one that is common and universally practiced by all is breast feeding. Issues related to breastfeeding have aroused the interest of different agents and social groups throughout history. Breast feeding has been classified by scientists and paediatricians as the best natural food for babies. Breast milk contains all the necessary nutrients for the healthy growth of the child. Breast milk provides all the energy and nutrients that the infant needs for the first few months of life, and it provides about half or more of a child's nutritional needs during the second year of life (WHO 2004). It further revealed that breast milk not only protects infants against infectious and chronic diseases, but also promotes sensory and cognitive development in addition to contributing to the well being of mothers.

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Thus in representing breast feeding to the world because of its value, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Child survival partners and at least thirty governments signed onto the declaration in 1990, a document to the recommendation that infants be exclusively breast fed for the first six months, after which semi solid or any other liquid or foods can be introduced to complement breast milk. And in 1992, WHO & UNICEF launched the *Baby-friendly Hospital Initiative*. In line with this, the government of Nigeria in 1998 approved the exclusive breastfeeding policy.

In adopting this feeding practice, the Nigerian government introduced Maternal Newborn Child Health Week along with other interventions designed to encourage exclusive breastfeeding for the first six months of life.

1.1 The Research Problem

In essence, Nigeria has adopted this best feeding option for infants, together with the various breastfeeding promotion activities that have been put in place to stem childhood diseases and infant mortality. This however, has not translated into adopting the behaviour as evidenced in the National Demographic Health Survey. Exclusive breast feeding rates decreased from 17% in 2003 to 13% in 2008 (NDHS 2010). In spite of the benefit of exclusive breastfeeding, a number of problems have emerged that attracted our attention in this paper.

Emphasis has been on achieving exclusive breastfeeding in Nigeria, and studies around it has mainly focused on initiation of breastfeeding; duration of breastfeeding; and micronutrient intake among children. Nonetheless, focus has also been on the nutritional status of mothers, leaving out all other conditions that will make it possible for the trend to thrive. We frame our paper around the notion that more women of child bearing age constitute the Nigerian workforce. The United Nations document together with the maternity legislation of the International Labour Organization (ILO) recognizes the rights of working mothers to breast feed their infants. In practice, women employed in various work environments face many different obstacles to breastfeeding (Ruhm, 2000). This may not be different from what the Nigerian situation presents. It is true that women have entered the public work force in their throng and majority of them are within the child bearing age, and rarely taken into consideration. Most work places are designed with a motive as if it is the exclusive purview of the male folks. For instance, most work places barely have facilities to support breastfeeding mothers who return back to work, making it difficult for optimal breastfeeding to be achieved.

1.2 Objectives of the study

The broad objective of the study is to investigate the practice of exclusive breastfeeding among working mothers in the formal sector. The specific objectives are to:

1. Evaluate the level of exclusive breastfeeding awareness amongst working mothers in the Federal Capital Territory.
2. Investigate how working mothers cope with the practice when they return back to work.
3. Identify specific measures put in place to promote exclusive breastfeeding among working mothers.

1.3 Literature Review:

1.4 The Concept of Exclusive Breastfeeding

Exclusive breastfeeding refers to an infant consumption of human milk with no supplementation of any type (no water, no juice, or artificial milk) except for vitamins and medication (Kramer and Platt 2001, UNICEF 2005 and WHO1990). Veneman (2005) asserts that "exclusive breastfeeding is one of the most powerful tools we have to combat child hunger and death and it can be used to save millions of lives and also brings us closer to the Millennium Development Goals (MDG's)", findings by UNICEF, (2005) showed that exclusive breastfeeding provide protection and immunity against many disease and indicates that six million lives a year are being saved by exclusive breastfeeding. Furthermore, it suggest that if every child were exclusively breastfed from birth to six months of age, an estimated 1.3 million additional lives would be saved and a million more enhanced every year.

1.5 Breastfeeding Initiation

In an attempt to achieve successful breastfeeding globally by the year 2000, the World Health Organization (WHO) and (UNICEF) launched a Baby Friendly Hospital Initiative (BFHI) in 1992. The BFHI is a global effort involving 160 countries of which 95 of them are in the developing world where Nigeria belongs. Salami (2005) pointed out that, BFHI has been implemented in about 16,000 hospitals in 171 countries and it has contributed immensely in the establishment of exclusive breastfeeding world- wide.

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for the ejection of milk (NDHS 2013, P181). The Nigerian Integrated Child Health Cluster Survey (ICHCS, 2003)

indicated that a major area of need in infant breastfeeding was early initiation. New born are expected to be put to the breast within 30 minutes of delivery. WHO (2001); UNICEF (2002); and CPSS (1998) shows differences in initiation of breastfeeding between mothers in baby friendly hospitals (BFHI) and non- initiation in Canada using selected maternal demographic characteristics. The report showed a natural initiation rate of 75 percent, while late initiation was observed among younger mothers, single mothers and mothers with lower levels of education.

The scenario may be different in Nigeria, ICHCS (2003) shows that there is a decline in early initiation from 56 percent in the year 2000, to 34 percent in 2002. According NDHS (2013) Prevalence of early initiation of breastfeeding (within one hour) varies according to specific background characteristics, including area of residence (40 percent in urban areas and 29 percent in rural areas). There are also zonal differences, the highest proportion in the North Central zone(47percent) and the lowest in North West (26percent). Early initiation of breastfeeding differs according to place of delivery as well (40percent among children born in a health facility and 29 percent among those delivered at home). From the ongoing, it is important to note that “culture” is a deciding factor in breastfeeding and other aspects of child feeding practices. The most Common reasons attributed to late initiation of breastfeeding in some parts of Africa and in Nigeria in particular is that colostrums (liquid gold) is harmful to the child. This is because in many cultures, colostrums is reportedly withheld for up to three to four days, primarily because it is believed to be harmful to infants (Isaremin,2002).

To improve on this, the Nigerian government has introduced Maternal Newborn Child Week along with other interventions designed to encourage exclusive breastfeeding for the first six months of life, early initiation of breastfeeding with colostrums, timely and appropriate complementary feeding practices, and adequate micronutrient intake (particularly twice a –year- vitamin A, iron, iodine and zinc supplementation and de-worming for children above age 12 months) (NDHS 2013). This may not be far from what (Federal Ministry of Health,2011) describes as intensifying awareness about the benefits of early initiation and exclusive breastfeeding and addressing harmful practices, such as discarding colostrums that may prevent optimal infant feeding.

1.6 Importance of Exclusive Breast Feeding

The importance of exclusive breastfeeding cannot be under estimated. This is because the initiators of this feeding practice, that babies be fed exclusively from birth to six months, and then breastfed alongside age appropriate for complementary feeding for two years and beyond are basking in the gains of this practice.

The breast milk also stimulates their immune system and improves response to vaccination as it contains many hundred of health enhancing molecules, enzymes, protein and hormones, (Nelson & Berhman 1996, Victora 1987). They also pointed out that a non-breastfed Childs living in disease ridden and unhygienic conditions as demonstrated in most developing countries, or where there is no safe supply of portable water and effective disposal of waste is six and twenty five times more likely to die of diarrhea and four times likely to die of pneumonia than breastfed infants.

Small et al (1998) in a population base case control study of infants mortality in two urban areas of southern Brazil, discovered that the type of milk in an infant’s diet was found to be an important risk factor for deaths from diarrhea and respiratory infection, compared to infant exclusively breast fed.

1.7 Theoretical Framework

The paper employs the social action theory that offers a better explanation to the work. The term social refers to living in a community rather than in isolation or alone. An action refers to the state of doing something or being active. Social action theory is a theory propounded by Max Weber. He posits that it should be the focus of study in sociology (Kivisto, 2011). According to Weber, social action is an action which takes account of the behavior of others and is thereby oriented in its course. It takes into account both meaningful activity of the individual and the large scale question of historical change and economic and political conflict. He identified various types of action that are distinguished by the meaning on which they are based such as traditional action, rational action and causal action.

Thus, social action theory best explain this study because it talks about behavior. Behavior particularly those involving large number of people behaving in similar ways. Breast feeding is a cultural norm; it is ingrained in every society of the world. Women or mothers have come to live with it as part of them, and practice it based on established customs because everybody does it. They follow suit as soon as they come of age and start bearing children. Based on the traditional action as put up by Weber, this system does not see any reason why exclusive breastfeeding should be practiced. This is because the custodian of this tradition (significant others or mothers in-laws) talk most women into following the normal way of breastfeeding. Hence, using the causal explanation, it will be right to understand why exclusive breastfeeding has to be understood. First, the benefits of exclusive breastfeeding are enormous; as such most mothers are actually moved to

practicing it because of the gains. It shows that there is a connection or relationship between their actions and the motive.

By rational action, working mothers are aware of their goals, as such, they go all out to practice exclusive breastfeeding irrespective of all the obstacles they try to cope in other to maximize the gains of exclusive breastfeeding and also to improve on the health and growth of their babies. It is a matter of choice because extra effort has to be made to accomplish it. As a working mother it involves the assessment of the various options or means of attaining optimal breastfeeding and the selection of the most appropriate means to do it.

Weber further stated that social actions particularly those involving large numbers of people behaving in seldom ways could lead to large scale social change. It points to the fact that behavior or certain action taken by an individual or a group of persons can lead to change. In relation to exclusive breastfeeding especially to term attest to the changes, especially on the health and growth of infant. With a healthy baby the mother would not go into hospital frequently. This result to change in the society as infant mortality drops and more children survive to adulthood.

II. Methodology

The study adopted both quantitative and qualitative designs in order to fulfill the stated objectives. The quantitative method involved the use of structured questionnaire, while the qualitative method was in the form of In-Depth interviews.

2.1 Sampling Procedure

The study was situated in Gwagwalada area council of the Federal Capital Territory-Abuja- Nigeria. The sample population comprised of working mothers of child bearing age, who work in the formal sector and are currently nursing a baby. We used Purposeful sampling technique; respondents were selected based on those who visit health centres that are easily accessible for immunization. The population was then divided into those attending the University of Abuja Teaching Hospital (UATH), those attending the area council health clinic and those attending St. Mary's Catholic private hospital. We choose these hospitals because they are well known and accessible within Gwagwalada, FCT. A total of 200 questionnaires were administered on working mothers attending the above mentioned hospitals. A total of 187 were correctly answered. Also two rounds of in-depth interview were conducted. Participants were pediatric doctors and nurses.

III. DATA PRESENTATION AND ANALYSIS

This section deals with presentation and discussion of results obtained during the course of data collection.

Collated data were shown in frequency distribution tables showing the frequency counts and percentages.

Table 1: Age Distribution of Respondents

Age of respondents	Frequency	Percentage (%)
15 – 20 years	4	2.1
21 – 30 years	66	35.3
31 – 40 years	110	58.8
41 – 50 years	7	3.7
Total	187	100

Source: Field Work, 2015

Table 1 above indicates that age 15 – 20 years have less respondents with 2.1% while 31 – 40 has 58.8%. From the finding it is an indication that those who constitute the majority which is about 58.8%, with age range of 31 – 40 years old are more in the work force and within child bearing age and are likely practicing exclusive breastfeeding.

Table 2: Distribution of respondents by exclusive breast feeding practice

Breastfeeding Practices	Frequency	Percentage (%)
Practice breastfeeding	177	84.7
Do not practice breastfeeding	10	5.3
Total	187	100

Source: Field Survey, 2015

From the above table, majority of the mothers 84 percent practice exclusive breastfeeding, with only 5.3 percent not practicing exclusive breastfeeding. The researcher discovered that 80 percent to 90 percent of mothers practice excusive breastfeeding especially those attending teaching hospitals, while in private and

community health centres it is as low as 10 – 20 percent. Those who reported as not practicing breastfeeding and exclusive breastfeeding say it is as a result of ill health.

Table 3:How do respondents cope with Exclusive Breastfeeding

Coping with EBF	Frequency	Percentage (%)
Not Easy	132	70.6
Stressful	41	21.9
Very Easy	2	1.1
No response	12	6.4
Total	187	100

Source: Field Work, 2015

The point therefore is that although the clarion call to strengthen exclusive breastfeeding practice in contemporary Nigeria as a veritable basis for achieving a decline in infant mortality appears to have been heeded by majority of working mothers, very little would be achieved. This is so because 70.6% of mothers practicing exclusive breastfeeding claim it is not easy and 21.9% admit it is very stressful. To effectively achieve this, working mothers should be empowered and workplace facilities provided where there are none.

IV. DISCUSSION OF FINDINGS.

It was found that exclusive breast feeding is the best form of feeding for infants, and largely provides nutrients for the well being of the child in the first few months of life. It was also found that mothers with higher education tend to practice exclusive breastfeeding as against those with lower education. And culture serves as a barrier towards the practice. These findings were supported by Nigeria Demographic Health Survey (NDHS) (2013), which in its survey found out that practicing exclusive breast feeding varies by region. And that mothers with higher education and those who reside in the urban centre tend to be at home with the practice, than those with lower level of education and residing in the rural area. From the findings too, women working in the formal sector reported that the practice was stressful as they will either express milk and keep with those taking care of the child while they are at work .This they said is because most work place lack facilities for nursing mothers.

V. CONCLUSION AND RECOMMENDATIONS.

Breastfeeding is a cultural thing in Nigeria, but the practice of exclusive breastfeeding as recommended by WHO/UNICEF still remains a difficult task to be achieved, despite its numerous advantages. In spite of the difficult nature of this practice, it is our opinion that exclusive breastfeeding is realizable in Nigeria even though health workers and women say the drive is ebbing. We found out that majority of the women are aware of the practice of exclusive breastfeeding. And women with higher educational qualification tend to adopt the practice more. Furthermore, the extension of maternity leave for working mothers up to six months or the establishment of more crèches among other things, more women would embrace the practice of exclusive breastfeeding for the recommended period of time. The result will be a drastic reduction in infant mortality and more children will survive to adulthood. Maternal absenteeism will reduce and a productive workforce will be achieved for sustainable development. Change is a gradual process as such advocacy should not be a one off thing but a constant thing for effective realization of the set objective.

REFERENCES

- [1]. Ajala, A. A & Jegede, A. (2006) Forced Feeding Practice in Yoruba Community in Southern Nigeria: Evidence from Ethnographic Research. *The Anthropologist International Journal of Contemporary & Applied Studies of Man Anthropologist* 8 (3): 171 – 179.
- [2]. Bahl, R. (2003) “Breastfeeding and Diarrhea Morbidity: *Journal of Pediatrics*, Vol 86 pg. 874-882.
- [3]. Bahndari, N. (2003);Effect of Community-Based Premonition of Exclusive Breastfeeding on Diarrhea. *Illness and Growth. Lancet* 361: 1418-1423.
- [4]. Beaudry, M. (2004) “Relationship Between Infant Feeding and Infections during the First Six Months of Life: *Journal of Pediatrics* Vol. 126: 191-197
- [5]. Black, R.E. (2001): *Infant and Young Child Nutrition*, World Health Assembly, 54.2, Item 13.1.
- [6]. Brinkerhoff, D.,White, L & Riedmann, (1997) *Sociology*. 4thEdition. Wadsworth Publishing company, Belmont.
- [7]. Conrad, P. & Leiter, V. (2013)*The Sociology of Health and Illness. Critical Perspectives*. 9th Edition. New York: Worth Publishers.
- [8]. Haralambos, M. and Holborn, M. (2004) *Sociology: Themes and perspectives*, Sixth Edition. London: Harper Collins Publishers Ltd.
- [9]. Igube, R.B. (2010) *Women and Gender Studies*. Abuja: Sir Kuf Venture Nig. Company.
- [10]. Kivisto, P. (2011) *Social theory: Roots and Branches*. 4th Edition. Oxford University press.
- [11]. Kramer, M.S. & Platt, R.W. (2001) *Journal of the American Medical Association*, Vol. 2 No. 43-420.
- [12]. Loufti, M. F. (2001) (ed) *Women, Gender and Work and Over View*. Geneva: International Labour Organization.
- [13]. Martines, J. (2003) Milk Consumption and Hydration Status of Exclusively Breastfed Infants in Warm Climate, *Journal of Pediatric*, 108: 677-688.

- [14]. National Population Commission, Federal Republic of Nigeria (2008) Nigeria Demographic and Health Survey, 2008, Measure DHS, ICF Macro, Calverton, Maryland USA: National Population Commission, Nigeria.
- [15]. Nelson, W.E. (1996) Nelson textbook of Pediatrics. 15th Edition. Pennsylvania: W.B. Saunders Company.
- [16]. Nigeria Demographic and Health Survey (2014) : ICF International, Rockville, Maryland, USA.
- [17]. Ojofeitimi, E.O. Esimal: O.A; Owolabi, O.O. (2000) "Breastfeeding Practices in Urban and Rural Health Centres: Impact of Baby Friendly hospital Initiative in Ile-Ife, Nigeria, Nutrition and Health, 14:119-125.
- [18]. Otite, O. & Ogionwu, (2006) An Introduction to Sociological Studies. 2nd edition Ibadan: Heinemann Educational Book (Nig) Ltd.
- [19]. Ritzer, G. (2008). Sociological Theory. 7th Edition. McGraw-Hill, Boston.
- [20]. United Nation Children's Fund (UNICEF) (2001, 2005) Nutrition Protecting, Promoting and Supporting Breastfeeding.
- [21]. World Health Organization (WHO, 2004) "Child and Adolescent Health and Development".