



Working Mother Attitude and Practice of Exclusive Breast Feeding Pattern among Banker in Abeokuta, Ogun State, Nigeria

¹Ilori O.A, ¹Nupo S.S, ²Akinlotan J.V, ¹Nupo O.A, & ³Adenekan M.K

¹Nutrition and Dietetic Department Moshood Abiola Polytechnic, Ojere, Abeokuta

²Department of Adult Education, University Of Ibadan

³Department of Food Technology, Moshood Abiola Polytechnic, Ojere, Abeokuta

ABSTRACT: Infant nutrition determines the holistic development of the child. This study was carried out to assess the attitude of working mother towards exclusive breastfeeding. A structured questionnaire was administered to one thousand eligible working mothers in selected banks across Abeokuta metropolis Ogun state Nigeria. Data were collected using heightometer for measuring height, weighing scale for measuring weight and tape measure for measuring waist circumference. The result of the study showed that 23.8% of the respondents exclusively breastfed their babies, while 76.2% breast feed with both breast feeding and breast milk substitute. About 76.2% did not have enough time to breast feed their babies, 52.1% were not aware of the suggested health benefits of exclusive breastfeeding. The results of the body mass index of the subject reviewed that 12.4% were underweight (<18.5), 54.3% were normal (> 18.5 – 24.9), 25.1% were overweight (25.0 – 29.9), 5.2% were obese grade I (30.5 – 34.9), 1.3% were obese grade II (35.5 – 39.9). The rate of exclusive breast feeding was very low among the study group. Corporate organization should give appropriate time to the workers to exclusively breast feed their babies.

INTRODUCTION

Essentially, mother's milk has antibodies which are not present in infant formula. These antibodies are what protect the body and boost the immune system of infant to enable them fight disease. The human milk in the right proportion also helps in robust and all round development¹. Hence, absence of such antibodies and lack of adequate nutrients and vitamins in infants formula, also the easy contamination of bottles and other artificial feeding methods expose the infants to various diseases like respiratory tract disease, skin infection, diarrhea which is a serious problem in infant. Exclusive breastfeeding is encouraged and recommended to all mothers worldwide with effects being made both in the private and public sector as a way of achieving the millennium development goals (MDGs) on improving maternal health. According to UNICEF (2010) exclusive breastfeeding is giving baby breast milk only and prescribed by the doctor or nurse for the first six months of life². Research showed that a large number of mothers are not practicing exclusive breastfeeding as a result of poor knowledge which result in poor attitude towards it. For instance, Chetley³ identified negative perception of breastfeeding like insufficient milk, fear of weight gain, breast sagging, sleep deprivation, exhaustion of maternal employment as the problem highlighted by poor as attitude mothers who are not positive or inappropriate practice of breastfeeding were identified as those factors which can lead to undesirable consequences which also affect mothers attitude³. Bankers live stringent and regimented life and this may pose a serious challenge to the females among them. This study was carried out to determine the working mother attitude and practice of exclusive breast feeding pattern among banker in Abeokuta, Ogun state, Nigeria

METHODOLOGY

Study population



The target population consisted of Female bankers in Abeokuta South Local Government Area. The accessible population was 1000 Female bankers.

Eligibility criteria

All child bearing bankers except those who are yet to marry and are not nursing mothers.

Data Collection methods

Questionnaire: A structured questionnaire was developed and administered to collect information on personal data, socio-economic and demographic background of the respondents, feeding pattern of the baby, anthropometric measurement, and the frequency of the food consumption.

Anthropometric Measurements

Weight Measurement

The pupils' weights were measured using a Camry digital electronic bathroom weighing scale model: ED307 with minimum clothes on. The scale was placed on a flat surface and the subjects were made to stand uprightly on it barefooted. The reading was done in duplicates to the nearest 0.1kg and the average weight was constantly checked for accuracy. The procedure was repeated for the measurement the second time and the average calculated.

Height Measurement

A Heightometer was used to measure the subjects' height. The subjects was made to stand erect on the base place without shoes, socks, head tie / cap in order to give accurate distance between the side of the feet and the crown of the head. As the subjects were looking straight ahead, the head piece was sliced down to the head crown and the heights was taken to the nearest 0.1m and repeated to obtain the average value.

Method of Data Analysis

Data were analyzed by SPSS software 21 version.

RESULTS AND DISCUSSION

A total of 1000 questionnaires were distributed to the various staff at selected banks in Abeokuta, Ogun State. Working mother attitude and practice of exclusive breastfeeding among bankers in Abeokuta, Ogun State was examined. The study shows that most of the respondents are higher degree holder. This could be the reason while most of them are aware of the exclusive breastfeeding. It also shows that most of the respondents did not exclusively breastfed their babies while 35.2% of the working mother can only do the exclusive breastfeeding for three months due to the nature of their work. This observation could be due to several reasons as deduced by as Chetley⁽³⁾ identifies negative perception of breastfeeding like insufficient milk, fear of weight gain, breast sagging, pain, sleep deprivation, maternal employment as hindrances to the practice of exclusive breastfeeding as observed in this study.



Table 1 shows that 13% of the respondents were within the ages of 18-27 years; 71.9% of the respondents were within the ages 28-37 years, while age 38-50 and above contained 14.2% of the respondents. It thus implies that most of the respondents fell within the age. Marital status revealed that 98.2% of the respondents are married, while 1.8% had marital problems. This indicated that a larger proportion of the respondents were married. Religion revealed that 63.1% of the respondents were Christians, while 36.9% were Muslims. This shows that majority of the respondents were Christian, showing that majority of the female staff in various selected banks were Christian. Level of education shows that out of 1000 respondents, 98.7% of the respondents were higher degree holders and 6 or 0.6% of the respondents were Vocational Aptitude holders. The study reveals that 49.4% of the respondent's child sex are male, while female is 50.6%. Baby's weight reveals that baby's with 2kg has 42.9% weight at birth, while baby's with 3kg has 33.1% weight at birth.

Feeding pattern of the baby reveals that 55.3% of the respondents breastfeed their baby exclusively, 11.7% of the respondents fed their baby with breast milk substitute (infant formula). The result of the health professionals reveals that 61.2 % of the respondents have been resolving their problems through the health professionals, this observation could be due to their educational level. About 54.1 % of the respondents breastfed their baby on demand, 29.4 % of the respondents fed their baby on routine, while 16.5% of the respondent breastfed their baby on a circumstance. It could be deduced that majority of the mothers breastfed their baby on demand while continuation of exclusive breastfeeding reveals that 7.4% of the respondents continue exclusive breastfeeding for a month, 27.2% of the respondents continue exclusive breastfeeding for two months, 35.2% of the respondent continue exclusive breastfeeding for three months, while 29.9% of the respondents continue the exclusive breastfeeding for six months. Majority of the working mother can only continue the exclusive breastfeeding for three months due to their work. On the willingness to breastfeed reveals that 31.0% of the respondents breastfed at will. Based on occupation reveals that 21.7% of the respondents didn't have enough time to breastfeed their baby based on their occupation. Therefore, majority of the working mother didn't have enough time to exclusively breastfeed their baby based on their occupation. Awareness of health benefits of exclusive breastfeeding also reveals that 42.5% of the respondents were aware of the suggested health benefits of exclusive breastfeeding, while 52.1% of the respondents were not aware of the suggested health benefits of exclusive breastfeeding.

Table 4.6 reveals that 12.4% of the respondents' Body Mass Index (B.M.I) were within <18.5 under weight, 54.3% of the respondents Body Mass Index (B.M.I) fall within 18.5-24.9 Normal weight, 25.1% of the respondents Body Mass Index (B.M.I) fall within 25.0-29.9 Over weight, 5.2% of the respondents fall within 30.5-34.9 Obesity Grade I, while 1.3% of the respondents fall within 35.5-39.9 Obesity Grade, Majority of the working mother Body Mass Index (B.M.I) are normal (18.5-24.9). There is significant relationship between attitude of the working mother and nutritional status ($r = 0.106$). There is



significance relationship/correlation between attitude of the working mother and exclusive breastfeeding ($p < 0.005$)

CONCLUSION

The findings revealed that majority of the respondent is not aware of suggested health benefit of exclusive breastfeeding, and also, no advice have been given about how long the baby should suckle/breastfeed. However, it can be concluded that;

- There is significant/weak positive relationship between attitude of working mother and exclusive breastfeeding.
- There is significant/weak negative relationship between their work and their nutrient intake.

RECOMMENDATION

- Government should sponsor exclusive breastfeeding programs in different media that will discourage beliefs, attitudes and practices that do not promote breastfeeding.
- The management can improve exclusive breastfeeding by extending their maternity leave like up to six months so as to enable the mother to practice exclusive breast feeding.
- Dietary guide should be given to lactating mothers so as to feed on the right proportion of food for health benefits of the babies
- Health care providers and practitioners should organize nutrition campaign, programs and initiatives to counsel nursing mothers and improve their knowledge of breastfeeding practices

Table 1: DEMOGRAPHIC VARIABLES

Parameter	Frequency	Percent
Age		
18-27 years	133	13.3
28-37 years	719	71.9
38-50 years	142	14.2
Total	994	99.4
Marital status		
Married	982	98.2
Divorced	15	1.5
Total	997	99.7
Religion		
Christian	631	63.1
Islam	369	36.9
DEMOGRAPHIC VARIABLES		
Total	1000	100.0
Level of education		
Higher institution	987	98.7
Vocational aptitude	6	.6
Total	993	99.3



No	238	23.8
Total	850	85.0
Missing system	150	15.0
Total	1000	100.0

Table 3: Exclusive breastfeeding pattern

Would you have liked more help with regards to exclusive breastfeeding?	Frequency	Percentage
Yes	910	91.0
No	88	8.8
Total	998	99.8
Missing system	2	.2
Total	1000	100.0
How did/do you feed your baby?		
On demand	541	54.1
Give routinely	294	29.4
Dependent or circumstance	165	16.5
Total	1000	100.0
How long did/do you continue exclusive breastfeeding for?		
One month	74	7.4
Two months	272	27.2
Three months	352	35.2
Six months	299	29.9
Total	997	99.7
Exclusive breastfeeding pattern		
Missing system	3	.3
Total	1000	100.0
Do you feed for as long as you wished to?		
Yes	310	31.0
No	682	68.2
Total	992	99.2
Missing system	8	.8
Total	1000	100.0
What advice have you been given about how long your baby should suckle?		
No advice given	683	68.3
For a limited time, if so, for how long?	203	20.3
For as long as my baby want to	102	10.2
Others	12	1.2
Total	1000	100.0
Based on your occupation do you have enough time breastfeed your baby?		
Yes	217	21.7
No	766	76.6
Exclusive breastfeeding pattern		
Total	983	98.3
Missing system	17	1.7
Total	1000	100.0
Are you aware of the suggested health benefits of exclusive breastfeeding?		
Yes	425	42.5



No	521	52.1
Total	946	94.6
Missing system	54	5.4
Total	1000	100.0

Table 4: Frequency of Consumption

Food groups	Daily	Once / weekly	Occasionally	Rarely	Total
Carbohydrate	618	99	18	3	723
Fat and Oil	281	149	279	97	806
Animal Protein	227	182	203	185	797
Vegetable	164	316	236	108	824
Plant Protein	393	264	152	15	822
Fruit / vegetable	398	170	67	84	719
Snacks	174	221	376	22	793

Table 4.6

Body Mass Index	Frequency	Percent	Valid Percent	Cumulative Percent
<18.5 under weight	124	12.4	12.6	12.6
18.5-24.9 Normal weight	543	54.3	55.2	67.9
25.0-29.9 Over weight	251	25.1	25.5	93.4
30.5-34.9 Obesity Grade I	52	5.2	5.3	98.7
35.5-39.9 Obesity Grade II	13	1.3	1.3	100.0
Total	983	98.3	100.0	
Missing System	17	1.7		
Total	1000	100.0		

Descriptive Analysis for the Entire Energy Intake

Descriptive Statistics

Table 4.7 above reveals the descriptive statistics on each of the energy intake by the working mother, the mean and the standard deviation.

HYPOTHESES TESTING

Table 4.8

Correlations

		Based on your occupation do you have enough time to breastfeed your baby?	Nutritional status
Kendall's tau_b	Based on your occupation do you have enough time to breastfeed your baby?	1.000	.106**
	Nutritional status	.106**	1.000
	Correlation coefficient		
	Sig. (2-tailed)		
	N	983	535
	Correlation coefficient		
	Sig. (2-tailed)	.004	.
	N	535	535



9. Jones, C. (2003) *Breastfeeding your Baby A Guide for the Contemporary Family*. New York: Macmillam Publishing Company.
10. Kramarm *et al.* (2001). The impact on Breastfeeding of Labour Market Policy and Practice in Ireland Sweden and USA: *Social Science & Medicine Journal* 57 (1) 167-177, USA; Cambridge Publishers.
11. Lawrence (2005) Promotion of Breastfeeding Intervention Trial (PROBIT): A Randomized Trial in Republic of Belarus *TAMA*.205: 413-420.
12. Leon – Lava *et al.* (2002) Host defense benefits of breastfeeding for the infant, *Journal of Pediatrics* 58(8) 105-125,218.
13. Menila, J.A. (2001) Regulation of Milk Instate alter exposure to alcohol in mother's milk.
14. Nwazor., (2004); 'Factors Influencing the Practice of Exclusive Breast Feeding in Rural Communities of Abia State, Nigeria'. *Nigerian Journal of Applied Psychology*,8(2); 133-147.
15. UNICEF. (2010) breastfeeding among urban women of low socio-economic states, Factors influencing introduction of supplementation feeds before four months of Age", *Indian Pediatrics* 35 (3) 10-11.
16. UNICEF, (2012), *Breastfeeding pamphlets*. UNICEF in collaboration with Ministry of Health and Child Welfare in Nigeria.
17. WHO (2000). The Cost of not Breastfeeding: A commentary, *Human Lactation* 13(2) 93-97.
18. WHO and UNICEF. (2003) *Breastfeeding and Child Health in the States*: 25 (2) 187-194.
19. WHO and UNICEF (2009) National Planning Commission causes of childhood mortality estimated contribution in Child Survival, Protection and development in Nigeria Key Social Statistics.