



Challenges of implementing exclusive breast feeding among working-class mothers in Brass Island, Bayelsa State, Nigeria

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Abstract

Background: Baby Friendly Initiative recommended that Breast milk should be solely fed to newborns from 0 to 6 months on demand, with supplemental feeding continuing after 6 months and working class mothers are not exempted from this recommendation. No single study has been conducted on challenges of working class mothers in Brass Island. This study was designed to identify the challenges of implementing exclusive breastfeeding on working class mothers in Brass Local Government Area of Bayelsa State, Nigeria.

Materials and methods: A descriptive cross-sectional study was conducted from January to October, 2021 among (n = 251) randomly selected working class mothers who attended infant welfare clinics in two secondary health facilities in Brass Island, Nigeria. Data were collected using a self-structured questionnaire and analyzed using SPSS version20, descriptive and multi-linear regression analyses were carried out. A 95% confidence interval was used to measure the strength of association. Statistical significance was declared at P -value <0.05.

Results: Only 90 (36%) of the 251 working-class women exclusively breastfed their children. The majority of the participants (39%) said that job pressure is the most difficult challenge of exclusively breastfeeding practice. Other challenges include a lack of a comfortable environment to breastfeed at work (28%), low breast milk supply (19%), and insufficient time to breastfeed at work (14%). There is also a statistically significant association between the challenges of establishing exclusive breastfeeding and age (p=.000) and educational level (p=.000). However, challenges to implementing exclusive breastfeeding were not associated with marital status (p=.261), religion (p=.161), parity (p=.271), or the age of the nursed child (p=.234).

Conclusion: The percentage of working-class mothers who practice exclusively breastfeeding is very low due to identified challenges. There is a need for ongoing education on the importance of exclusive breastfeeding and how to deal with the challenges that come with it.

Introduction

Exclusive breastfeeding for six months (EBF) is a critical health activity that reduces infant mortality and boosts health and cognitive development in children by preventing infections. Work status has been identified as one of the impediments to exclusive breastfeeding in numerous researches. As the world has become more urbanized and industrialized, more women have entered the workforce. According to the Nigerian Bureau of Statistics, women make up 6.8% of the extractive workforce and 38% of the civil service workforce [1] demonstrating the extent to which women participate in the labor force. Approximately half of all working women are of reproductive age and return to work within a year of the birth of their children [2]. The World Bank Statistics reported that 44.82 % of women

of child bearing age are in the workforce as at 2020 in Nigeria [3] and according to the Ross Mother's Survey, only 22% of women employed full-time breastfed their infants compared to 35.4% of mothers who were not employed [3]. This is due to the difficulties they face while exclusively breastfeeding their newborns.

Working class mothers go through a lot of challenges while practicing exclusive breastfeeding. A study conducted in China and Kenya indicated that early return to work, limited flexibility of work hours, as well as a feeling of being watched and judged, lack of support including networks, tiredness and emotional support at work were cited as challenges facing working mothers [4]. Researchers examined the 1988 National Maternal and Infant Health Survey (NMIHS) to investigate the association between

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employment factors associated with breastfeeding initiation and duration. Of the 26,355 mothers sampled in the NMIHS, only 1,506 cases of employed breast-feeding women were used [3]. Results showed that maternal employment was not responsible for low rates of breastfeeding initiation. However, it was observed that breastfeeding women who returned to work weaned their infants earlier compared to breastfeeding women who did not work. The negative association between employment and duration of breastfeeding was strongest in white women, and duration of maternity leave was significantly ($P < 0.01$) associated with duration of breastfeeding [3].

In Nigeria, almost all babies are breastfed, but exclusive breastfeeding is uncommon among babies of working class mothers, with only 17% of children under the age of six months being exclusively breastfed [5]. Several studies have been carried out in Nigeria and other regions of the world on exclusive breastfeeding (EBF). Many of these research have concentrated on EBF knowledge and attitudes, health consequences of exclusive and nonexclusive breastfeeding, and husbands' potential roles in nursing decisions. However, there have been far fewer attempts to investigate the challenges of practicing exclusive breastfeeding among the working class. As a result, the purpose of this study is to investigate into the challenges of practicing exclusive breastfeeding among working-class mothers, determine the percentage of working-class mothers who practice exclusive breastfeeding, and test the relationship between challenges of exclusive breastfeeding and socio-demographic variables among working-class mothers in Brass Island, Bayelsa State, Nigeria.

Materials and methods

The study employed the descriptive cross sectional design. A self – structured questionnaire on challenges of exclusive breastfeeding among working class mothers was the instrument for data collection. To test the reliability of the instrument a test and retest technique was conducted on twenty working class mothers that attended infant welfare clinic at FMC Yenagoa, that shares the same characteristics with the working class mothers in Brass Island. First, 20 questionnaires were distributed to them and retrieved immediately with their address collected by the researchers and after two weeks another set of 20 questionnaires were administered to the women at their homes and retrieved immediately. The two sets of questionnaires were collated and analyzed with the Pearson Product Moment of Correlation to test the reliability of the instrument. A Coefficient of 0.80 was obtained, which was considered to be appropriate and reliable. Content validation was done by experts in pediatrics department.

Study location

The study was conducted in two major secondary hospitals in Brass Island, Bayelsa State, Nigeria, namely General Hospital Brass and Cottage Hospital Brass respectively.

Study duration

January-October, 2021.

Sampling method

Sample Size/Calculation :Taro-Yamane formula was adopted by researchers. A population of 250 working class breastfeeding mothers from General Hospital Brass and 130 from Cottage Hospital Brass were considered during the period of study and a sample size of 251 was calculated using the Taro Yemane formula. This formula is suitable for mathematical approach to obtain the subset of the entire population. Taro-

Yamane formula according to Eze (2008:p.94). Yaro-Yamane is used where the population is known.

$$n = \frac{N}{K + N(e)}$$

Where:

N = Population of study

K = constant (1)

e = degree of error expected

n = sample size

General Hospital Brass = 250 working class breastfeeding mothers

$$n = 250/1 + 250 (0.05)^2$$

$$n = 250/1 + 250 (0.0025)$$

$$n = 250/1 + 0.625$$

$$n = 250/1.63 = 153 \text{ working class breastfeeding mothers}$$

Cottage Hospital Brass = 130 working class breastfeeding mothers

$$n = 130/1 + 130 (0.05)^2$$

$$n = 130/1 + 130 (0.0025)$$

$$n = 130/1 + 0.325$$

$$n = 130/1.33 = 98 \text{ working class breastfeeding mothers}$$

$$\text{Total number of participants} = 153 + 98 = 251$$

Therefore the sample size for the study was 251.

Simple random sampling technique was used to recruit 251 consented working class mothers who attended infant welfare clinics for the study.

Inclusion criteria: Only working class mothers who attended the infant welfare clinic at General Hospital and Cottage Hospital on Brass Island, are breastfeeding and whose babies were between 0-6 months of age during the period of study were included in the study.

Exclusion criteria: Breast feeding mothers who are not working, whose babies are above 6 months and who did not attend the infant welfare clinic during the period of study were excluded from the study.

Procedure for data collection: The questionnaire was administered with the help of a research assistant. The instrument contains respondents' demographic data and challenges of working class mothers in the practice of exclusive breastfeeding. The respondents were instructed to answer true or false. Only mothers who gave their verbal consent were recruited in the study.

Statistical analysis

The data obtained were subjected to statistical analyses such as descriptive (frequency, percentages) and inferential (Multi-linear regression) statistics using statistical package for social sciences (SPSS) version 21. Results presented in frequency, percentages, tables and charts.

Ethical clearance

Before the collection of the data, ethical clearance was obtained from the Bayelsa State Ethical Review Committee. During data collection, the researchers followed ethical guidelines, and the outcomes of this study were presented with ethical concerns. The study concentrated on the three ethical

Table 1. Demographic variables

Item	Place of employment						Total %
	Private Organization		Government/Company		Self Employed		
	Frequency	%	Frequency	%	Frequency	%	
No of participant	30	12	180	72	41	16	251 (100)
Age of participants							
15-25	8	26	30	17	20	49	58 (23)
26-35	12	40	50	28	2	5	64 (25)
36-45	5	17	77	43	17	41	99(39)
46 and above	5	17	23	13	2	5	30(12)
Marital status							
Single	10	33	110	61	24	59	144 (57)
Married	18	60	60	33	15	37	93(37)
Divorced	2	7	10	6	2	5	14(6)
Widowed	0	0	0	0	0	0	0(0)
Religion							
Christianity	20	67	140	78	23	56	183(73)
Islam	5	17	20	11	15	37	40(16)
Traditional	4	13	13	7	1	2	18(7)
Others	1	3	7	4	2	5	10(4)
Educational level							
FSLs/WAEC	10	33	5	3	5	12	20(8)
NCE/OND	8	27	40	22	12	29	60(24)
HND/BSc	11	37	95	52	15	37	121(48)
Masters/PhD	1	3	40	22	9	22	50(20)
Parity of participants							
1-2	1	3	5	3	3	7	9 (4)
2-4	10	33	150	83	20	49	180(72)
5 and above	19	63	25	14	18	44	62(25)
Age of the nursed child in months							
0-3	10	33	150	83	20	49	180 (72)
4-6	20	15	30	17	21	51	71 (28)

principles of respect, beneficence, and justice. Before sharing information with the respondents, they were informed about the study's goal, adhering to the concept of informed consent.

Results

Demographic composition of respondents

Majority of the respondents were within 36-35 years (39%), single (57%), Christians (73%), had HND/BSc (48%), had 2-4 children (72%) and nursed child between 0-3months (72%) as shown in table 1. The mean age of respondents is 32.9.

Percentage of participants who practiced exclusive breastfeeding

According to the table below, only 90 (36%) of the 251 participants were exclusively breastfeeding their children at the time of the study, while the rest (64%) were not (Figure 1).

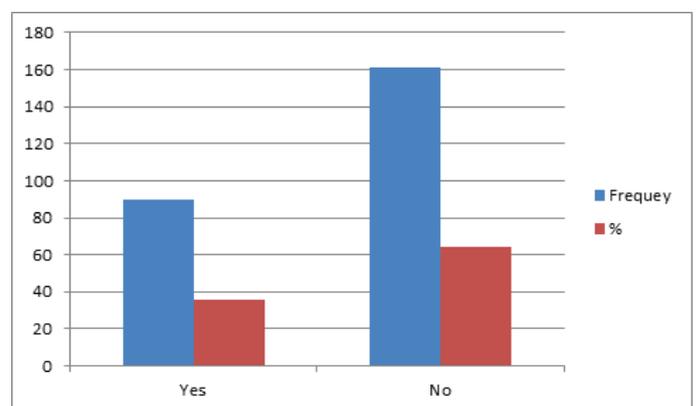


Figure 1. Percentage of participants who practiced exclusive breastfeeding

Challenges of Exclusive Breastfeeding among working class mothers

Majority 99(39%) of the participants indicated that work pressure was the challenge they face while practicing exclusive breastfeeding. This was followed by a lack of a comfortable environment to breastfeed at work 70(28%), Low breast milk supply 47(19%), and insufficient time to breastfeed at work 35(14%) as shown in figure 2.

Association between challenges of exclusive breastfeeding and demographic variables

BAge (p=.000) and Educational level (p=.000) of participants were significantly associated with the challenges of exclusive breastfeeding because p<0.05. However, there was no significant association between challenges of exclusive breastfeeding and marital status (p=.261), Religion (p=.161), Parity (p=.271) and age of nursed child (p=.234) as shown in table 2.

Table 2. Association between challenges of exclusive breastfeeding and demographic variables

Item	Responses				Total (%)	Regression (p-value)	Decision
	Insufficient time to breast-feed at work	A lack of a comfortable environment to breastfeed at work	Work pressure	Low breast milk supply			
Age of participants							
15-25	2	20	30	6	58 (23)	.000	Significant P<0.05
25-35	10	20	25	9	64 (25)		
36-45	18	15	40	26	99(39)		
46 and above	5	15	4	6	30(12)		
Total	35 (14%)	70 (28%)	99 (39%)	47 (19%)	251(100)		
Marital status							
Single	10	30	89	15	144 (57)	.261	Significant P<0.05
Married	20	35	8	30	93(37)		
Divorced	5	5	2	2	14(6)		
Widowed	0	0	0	0	0(0)		
Total	35(14%)	70 (28%)	99 (39%)	47 (19%)	251 (100)		
Religion							
Christianity	15	55	80	33	183(73)	.161	Significant P<0.05
Islam	10	10	15	5	40(16)		
Traditional	5	2	3	8	18(7)		
Others	5	3	1	1	10(4)		
Total	35(14%)	70 (28%)	99 (39%)	47 (19%)	251 (100)		
Educational Level							
FSLs/WAEC	5	5	8	2	20(8)	.000	Significant P<0.05
NCE/OND	10	30	10	10	60(24)		
HND/BSc	10	10	76	25	121(48)		
Masters/PhD	10	25	5	10	50(20)		
Total	35(14%)	70 (28%)	99 (39%)	47 (19%)	251 (100)		
Parity of Participant							
1-2	1	5	2	1	9 (4)	.271	Significant P<0.05
2-4 (72)	30	50	80	20	180		
5 and above	4	15	17	26	62(25)		
Total	35(14%)	70 (28%)	99 (39%)	47 (19%)	251(100)		
Age of the nursed child in months							
0-3	20	50	70	40	180 (72)	.234	Significant P<0.05
4-6	15	20	29	7	71 (28)		

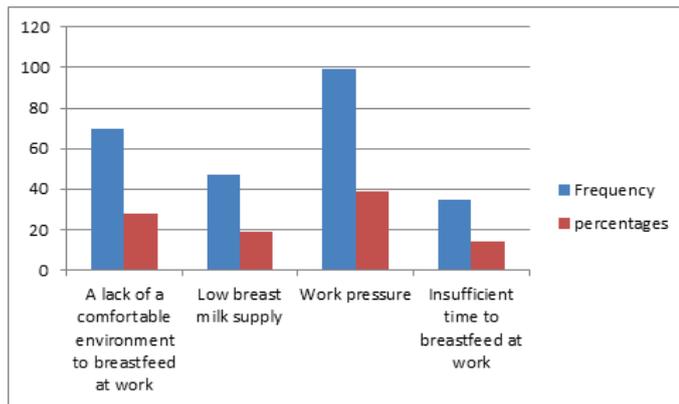


Figure 2. Percentage of participants who practiced exclusive breastfeeding

Discussion

The result of this study showed that more than half of the respondents are within the age range of 36-45 years and a strong majority of the respondents were single (57%). Most of the respondents are Christians by religion (73%). Majority of the respondents had their HND/BSc (48%) and working in Government/Company establishments (59.8%). Majority had 2-4 children (72%) and the children they are nursing are within 0-3 months of age (72%). This contradicts the result of the study conducted in Kenya where working class mothers work at commercial flower farms and 90% were married [6].

The result also expressed that only 90 (36%) of the 251 participants were exclusively breastfeeding their children at the time of the study, while the rest (64%) were not. This confirms the result of a study conducted among female resident doctors in tertiary health institutions in Plateau state which indicated that Exclusive Breast Feeding was practiced by just a small percentage of women [7, 11]. In another Ethiopian survey of nurses and midwives' breastfeeding practices, the exclusive breastfeeding rate was found to be less than, with over half of the respondents exclusively breastfeeding for only 3 months or less [8]. However, it contradicts the findings of a study conducted at University of Lagos teaching hospital which showed that majority (59.8%) of the respondents have good practice of exclusive breastfeeding [5].

Furthermore, the study also showed that the commonest challenge of exclusive breastfeeding among working class mothers in Brass Local Government Area is work pressure (39%). Other challenges include no comfortable place (crèche) to breastfeed at work (28%), Low breast milk production (19%) and inadequate time at work to breastfeed (14%). This confirms the findings of a study conducted in Ghana to explore the views of working class mothers of the challenges of exclusive breastfeeding which indicated that low breast milk and work schedule were their challenges [9]. Another study conducted among working class mothers in South-West Nigeria indicated that nurses bemoaned the impact of their workload on their ability to provide high-quality breastfeeding to their babies [12]. However, a study conducted at Lagos state university and Port Harcourt contradicted the findings where health condition of the mother (58.7%), health condition of the baby (52.4%), and cracked or sore nipples (39.2%) were the challenges identified [5, 10].

The findings of the study also revealed that Age ($p=0.000$) and Educational level ($p=0.000$) of participants were significantly associated with the challenges of exclusive breastfeeding because $p<0.05$. However, there was no significant association between challenges of exclusive breastfeeding and marital status ($p=0.261$), Religion ($p=0.161$), Parity ($p=0.271$) and age of nursed child ($p=0.234$). This confirms the findings of a study conducted by West that failure to exclusively breastfeed at least one child was statistically associated with mothers from a high socioeconomic class ($p=0.01$) [10].

Implication to public health

Public health professionals are saddled with the responsibility to create awareness on the importance of exclusive breastfeeding and the proper way of breastfeeding among mothers attending Antenatal clinic as well as the public. This will help inform mothers and the community at large on the effect the practice of non-exclusive breastfeeding will have on both mother and baby which will improve the overall practice of exclusive breastfeeding and also improve the child's well-being. They should also assist in policy formulation on how best to improve the practice of exclusive breastfeeding and address the challenges of exclusive breastfeeding among working class mothers.

Summary

The purpose of this study was to look into the challenges of practicing exclusively breastfeeding among working-class mothers in the Brass Island in Bayelsa State, Nigeria. In order to obtain a thorough understanding of the topic, the researcher did an exhaustive literature study to gather information on prior similar studies. The data was collected using a structured questionnaire, which was examined and indicated that only 90 (36%) of respondents practice exclusive breastfeeding. Exclusive breastfeeding challenges include work pressure (39%), a lack of a convenient place to nurse at work (28%), low breast milk supply (19%), and insufficient time at work to breastfeed (14%). The challenges of exclusive breastfeeding were significantly associated with Age and Educational level of participants because $p<0.05$. However, there was no significant association between challenges of exclusive breastfeeding and marital status, Religion, Parity and age of nursed child because their $p>0.05$.

Conclusion

In Brass Local Government Area of Nigeria, the percentage of working-class mothers who practice exclusively breastfeeding is extremely low due to work pressure, no suitable area to nurse at work, low breast milk supply, and insufficient time at work to breastfeed. In addition, there is an association between respondents' challenges with exclusive breastfeeding and their age and educational level. There is a need for ongoing education on the importance of exclusive breastfeeding and how to deal with the challenges that come with it.

Recommendations

Based on the findings of this study the following were recommended:

Public health professionals should continue to embark on public awareness campaigns about the benefits of exclusive breastfeeding for a child's health and well-being, as well as assist the government in developing policies to address the challenges of exclusive breastfeeding among working-class mothers.

