Original Article

Practice and Challenges of Working-class Mothers Towards Exclusive Breastfeeding in Ogbomoso Oyo State, Nigeria

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ABSTRACT

Breastfeeding practices, including initiation and duration, are influenced by interwoven factors which include health, psychosocial, cultural etc. As a result of rapid changes in the socio-cultural and economic situations worldwide, the need for income activity for women has increased. The study aimed to determine the practice and challenges of exclusive breastfeeding EBF among working-class mothers in Ogbomoso. The study was carried out among two hundred and twenty-eight working-class breastfeeding mothers across selected LGAs. A cross-sectional descriptive design was adopted for the study using an interviewer-based questionnaire. Data were analyzed using SPSS version 25.0 Descriptive analyses were done with frequencies and summary statistics. All analyses were done at a 95% confidence interval and the p-value was set at less than 0.05 significant level.The majority of the participants (54.1%) were between 20 and 29 years, 33% were government employees and 29.7% were employed in private sector. It was observed that 37% had good practice of exclusive breastfeeding while the majority (63%) had poor practice. Reported factors preventing the good practice of EBF by participants include insufficient breastmilk (64.1%), breast problems (58.9%), very tight work schedule (56.9%), maternal health issues (55%), end of maternity leave and inappropriate place for breastfeeding (53.1%). The job status of mothers was observed as one of the significant challenges faced by breastfeeding mothers, however not the prevailing problem as observed. The level of practice of exclusive breastfeeding among working-class mothers which was found to be poor is closely linked to their work schedule.

Keywords: Exclusivebreastfeeding, challenges, practice, Ogbomoso, working-class mothers.

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INTRODUCTION

Adequate nutrition is fundamental for cognitive and economic development. It is a key indicator of progress in human development[1]. Breastfeeding is the nursing of young ones with the mother's breast milk as soon as they are born, starting from the very first hour of a baby's birth[2]. Working mothers are women who are mothers who work outside the home for income in addition to the work and roles they perform at home while raising their children. They are a social group consisting primarily of people who are employed in unskilled or semi-skilled manual or industrial work[3].

At the Innocenti Declaration in 1990, the World Health Organization and United Nations Children's Funds, WHO/UNICEF, called for policies that would cultivate a breastfeeding culture that encourages women to breastfeed their children exclusively for the first 6 months of life[4] and no other liquids or solids with the exception of oral rehydration solution, syrups/ drops containing vitamins and minerals or supplements[5]. Successful breastfeeding is crucial to preventing infant malnutrition, reducing child mortality and improving maternal health[6].

Despite WHO's recommendations on breastfeeding for at least 6 months, the global picture falls short of these standards, as only 35% of infants worldwide are exclusively breastfed[4]. The 2018 Nigeria Demographic and Health Survey (NDHS) reported an exclusive breastfeeding rate of 29% for the first 6 months of life[7]. Only 38% of mothers initiate breastfeeding early, and low socioeconomic status was found to be associated with a low level of exclusive breastfeeding rates[8].

Although breastfeeding may not be completely abandoned, its exclusivity was mostly interrupted by certain factors. Some of the key drivers of exclusive breastfeeding initiation and practice in Nigeria and elsewhere include poor knowledge of mothers, lack of mother confidence, lack of skills about appropriate breastfeeding methods, poor lactation, inadequate institutional support and other workplace factors. These challenges may be amplified among working mothers in Nigeria and could result in giving substitutes other than maternal milk, early introduction of weaning foods or shorter duration of EBF due to demands from work[1,9].

The duration of a public policy of statutory maternity leave for working mothers in Nigeria is commonly three months. Providing support such as facilities for the act of breastfeeding, breast milk pumping and storage and are not widely available in most workplace environments[10]. In recognition of the problems faced by working mothers in practicing exclusive breastfeeding, World Breastfeeding Week 2015 adopted the theme, “Breastfeeding and work: let's make it work”, to garner support from all sectors to enable women worldwide to work and breastfeed successfully[11].

Several existing studies have explored the knowledge and attitude of these mothers toward the practice of exclusive breastfeeding.This study aims to determine the level of practice and identify challenges faced by working-class mothers in the Ogbomoso community toward practicing exclusive breastfeeding.

METHODOLOGY

This study was carried out among breastfeeding mothers in the Ogbomoso community located in the northern part of Oyo State Nigeria, on Latitude 8° 08' 00” East and Longitude of 4° 16' 00” North of the Equator with an area land mass covering about 37,984 square kilometers[12].

The estimated population of Ogbomoso is 654,183, and the estimated number of women within the reproductive age group is 163,546[13]. There are five local government areas in Ogbomoso namely: Ogbomoso North, Ogbomoso South, Surulere, Orire and Ogo-Oluwa local government areas each having ten wards.

The area is urbanized with social facilities like tertiary institutions which include LadokeAkintola University of Technology, two teaching hospitals namely, BOWEN University Teaching Hospital and LAUTECH Teaching Hospital. There is also many primary health care centers, comprehensive health centers and other private health facilities spread across the local government wards.

Study Design

The study adopted a cross-sectional descriptive design

Study Population

The study population was working-class breastfeeding mothers who met the inclusion criterion for this study which wasworking-class breastfeeding mothers whose children are between days zero to two years were recruited for the study. Mothers with co-morbid illnesses who are not eligible to breastfeed their babies were excluded from the study

Sample Size Determination

The sample size for the study was calculated using Leslie Fisher's formula[14]and with the prevalence of exclusive breastfeeding practice in Nigeria which stood at 29%[7]this yielded a minimum sample size of approximately 228.

Sampling Technique

A multistage sampling method was used. Three of the five local government areas (LGAs) in Ogbomoso town were selected by simple random sampling using the balloting method. Two health facilities were selected from each of the three LGAs by simple random sampling totaling six health facilities. A proportionate allocation of eligible respondents was done while respondents were systematically recruited till an allocated sample size for each health facility was reached.

Data Collection and Analysis

An interviewer-administered pretested questionnaire was used to collect relevant data from respondents. The questionnaire contained three parts. Section A contained questions on sociodemographic data, Section B asked questions on mothers' breastfeeding practices and Section C explored perceived maternal challenges towards exclusive breastfeeding.

The data collected were cleaned, collated, sorted and validated manually. The quantitative data were analyzed using Statistical Product and Service Solution (SPSS) version 25. Data were presented using percentages on charts and frequency tables. All analyses were done at a 95% confidence interval, and the significance level was at a p-value less than 0.05.

Ethical Consideration

Ethical approval to conduct the research was sought and obtained from the Ethical Review Committee, LadokeAkintola University of Technology Teaching Hospital, Ogbomoso Oyo State Nigeria. Informed consent was obtained from the participants.

RESULTS

Two hundred and twenty-eight questionnaires were administered but two hundred and nine (209) were completely and correctly filled giving a response rate of 91.7%.

Sociodemographic Status of Respondents

The majority 113(54.1%) of respondents were between 20 and 29 years, 77(36.8%) were between 30 and 39 years and 12(5.7%) were 40 years and above. Majority, 204(97.6%) were married, 4(1.9%) single and 1(0.5%) widowed. 4(1.9%), 70(33.5%), and 133(63.7%) had primary, secondary and tertiary education respectively while 2(1%) had other qualifications. 69(33%) were government employees, 62(29.7%) were privatesector employed, 46(22%) were self-employed and 32(15.3%) belonged to other categories of workers. 78(37.3%) earned less than N30,000 per month, 57(27.3%) between N30,000-N50,000 and 74(35.4%) earned above N50,000 (Table 1).

Practice of Exclusive Breastfeeding Among Respondents

It was observed that 98(46.9%) breastfed their babies exclusively, 92(44%) breastfed their babies with breastmilk and breastmilk substitutes (BMS), 10(4.8%) fed their babies with BMS while 9(4.3%) feed their babies with other substances. The majority, 181(86.6%) had their child receiving breastmilk only for the specified period while 1% were unsure. Moreso, 27(12.9%) breastfed their babies exclusively for 6 months, 17(8.1%) for less than 2 months, 70(33.5%) 3-5months and 95(45.5%) other unspecified periods. The reasons for exclusively breastfeeding their children include awareness of the benefits 154(73.7%), advised to do so 15(7.2%), personal preference 9(4.3%) and a cheaper way of feeding a child 15(7.2%), while reasons for not exclusively breastfeeding included work schedule 80(38.3%), baby rejected breastmilk 35(16.7%), poor lactation 18(8.6%), personal preference 5(2.4%) and cultural belief 1(0.5%) (Table 2).

Figure I show that 77(37%) had good practice of exclusive breastfeeding while the majority,

132(63%) had poor practice of exclusive breastfeeding.

Perceived Maternal Challenges Towards Exclusive Breastfeeding Among Respondents

The leading challenges observed include insufficient amount of breastmilk 134(64.1%), breast problems such as cracked nipples or breast engorgement 123(58.9%), very tight work schedule 119(56.9%), baby's health issues 106(50.7%), maternal health issues 115(55%), childbirth complications 105(50.2%), end of maternity leave and inappropriate place for breastfeeding 111(53.1%), and misconceptions that infant formula is equivalent to EBF 112(53.6%) (Table 3).

Relationship Between Sociodemographic Characteristics and Practice of Exclusive Breastfeeding

It was noted that those that are into other forms of employment have the highest practice rate of exclusive breastfeeding 18(56.3%), followed by those that are private employees 33(53.2%) and those that are self-employed 15(32.6%). However, government employees have the least practice rate of EBF 11(15.9%). Also, theage of mothers (p = 0.000), level of education (p = 0.036) and level of income (p = 0.000) were significantly associated with the practice of exclusive breastfeeding among working mothers (Table IV).

Table 1: Sociodemographic Status of Respondents N=209

Variables		Frequency	Percent (%)
Age (in completed years)	<20	7	3.3
	20-29	113	54.1
	30-39	77	36.8
	=40	12	5.7
Religion	Christianity	156	74.6
	Islam	52	24.9
	Traditional	1	0.5
Ethnicity	Hausa	4	1.9
	Ibo	18	8.6
	Yoruba	185	88.5
	Others	2	1.0
Marital status	Single	4	1.9
	Married	204	97.6
	Widowed	1	0.5
Highest Educational Level	Primary	4	1.9
	Secondary	70	33.5
	Tertiary	133	63.7
	Others	2	1.0
Employment Type	Government	69	33.0
	Private	62	29.7
	Self	46	22.0
	Others [a]	32	15.3
Average monthly income (naira)	< N30,000	78	37.3
	N30,000 - 50,000	57	27.3
	> N50,000	74	35.4
Numberof Children	1 - 2	148	70.8
	3 – 4	54	25.8
	>4	7	3.3

Note:[a]inclusive of female students who are married and also working

Table 2: Practice of Exclusive Breastfeeding among respondents N=209

Variables		Frequency	Percent
Mode of delivery of youngest child	CS	54	25.8
	Vaginal delivery	155	74.2
Place of delivery	Home	17	8.1
	Hospital	180	86.1
	Faith homes	12	5.7
Living arrangement	Lives with parents and other children only	137	65.5
	Parents, kids, and grandparents	37	17.7
	Parents, kids, and housemaid (caregiver or nanny)	18	8.6
	others	17	8.1
Type of breastfeeding	Breastfeeding exclusively	98	46.9
	Both breastfeeding and breast-milk substitutes	92	44.0
	Breast-milk substitutes only	10	4.8
	Others	9	4.3
Interval between birth and first breastfeeding	Immediately after delivery	76	36.4
	Delivery - 30 minutes	25	12.0
	30 - 60 minutes	31	14.8
	After 60 minutes	23	11.0
Previous Breastfeeding experience (in the older children)	As soon as possible following CS[b]	54	25.8
	Yes	133	63.6
	No	76	36.4
Counselled on breastfeeding	Yes	185	88.6
	No	24	11.5
Youngest child ever fed with substitutes	Yes	132	63.2
	No	77	36.8
If yes, what?	infant formula	99	47.4
	Water	21	10.0
	Sugar/ glucose water	5	2.4
	Others	17	8.1
Child has been fed with breast milk only for a specified period	Yes	181	86.6
	No	24	11.5
	unsure/don't know	2	1.0
	Others	2	1.0
Duration of exclusive breastfeeding practiced	6 months	27	12.9
	3-5 months	70	33.5
	Less than 2 months	17	8.1
Reasons for exclusively breastfeeding child	Unspecified	95	45.5
	aware of the benefits	154	73.7
	was advised/counselled to	15	7.2
	personal preference	9	4.3
	a cheaper way of feeding a child	15	7.2
	No specific reason	16	7.7
Reasons for not exclusively breastfeeding child	work schedule	80	38.3
	the baby rejected breast milk	35	16.7
	poor lactation	18	8.6

Caesarean section

Table 3: Perceived maternal challenges towards exclusive breastfeeding among respondents

Variables	Yes	No
Insufficient breast milk/low milk supply	134(64.1%)	75(35.9%)
Excessive baby's weight gain	57(27.3%)	152(72.7%)
Physician's advice	71(34%)	138(66%)
Husband/family pressure or family influence	46(22%)	163(78%)
Breast problems (cracked nipple s, sores, breast engorgement)	123(58.9%)	86(41.1%)
Very tight work schedule	119(56.9%)	90(43.1%)
Baby's health issue	106(50.7%)	103(49.3%)
Maternal health issues	115(55%)	94(45%)
Childbirth complications	105(50.2%)	104(49.8%)
End of maternity leave an d inappropriate place for breastfeeding	111(53.1%)	98(46.9%)
Lack of adequate knowledge about benefits of Exclusive Breast Feeding	79(37.8%)	130(62.2%)
Embarrassing (disapproval and discomfort in public)	93(44.5%)	116(55.5%)
Stressful	53(25.4%)	156(74. 6%)
Lack of support from society or healthcare providers	42(20.1%)	167(79.9%)
Misconception that infant formula is equivalent	112(53.6%)	97(46.4%)

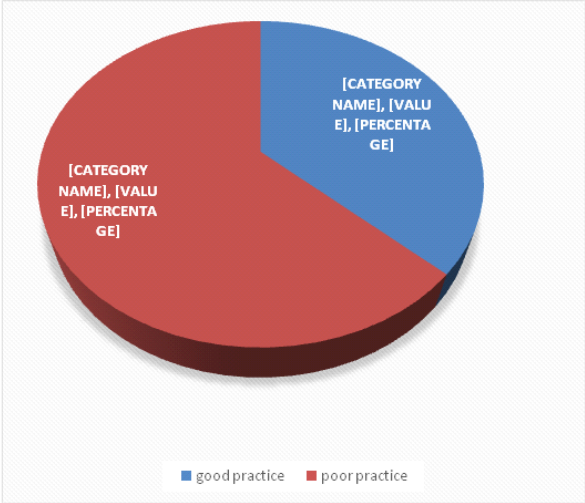

Fig. 1: Overall Practice of Exclusive breastfeeding among respondents

Table 4: Relationship between sociodemographic characteristics and practice of exclusive breastfeeding

Variables		The practice of exclusive breastfeeding		Total	X^2	Df	p-value
		poor practice	good practice				
Age (years)	<20	2(28.5)	5(71.4)	7	37.668	3	0.000*
	20-29	92(81.4)	21(18.5)	113			
	30-39	35(45.4)	42(57.1)	77			
	≥40	3(23.0)	9(75.0)	12			
Religion	Christianity	98(62.8)	58(37.1)	156	1.833	2	0.400
	Islam	34(65.3)	18(34.6)	52			
	Traditional	0(0)	1(100)	1			
Ethnicity	Hausa	1(25.0)	3(75.0)	4	4.322	3	0.229
	Ibo	14(77.7)	4(22.2)	18			
	Yoruba	116(62.7)	69(37.2)	185			
	Others	1(50.0)	1(50.0)	2			
Marital status	Single	3(75.0)	1(25.0)	4	0.839	2	0.657
	Married	128(62.7)	76(37.0)	204			
	Widowed	1(100)	0(0)	1			
Highest Educational level	Primary	0(0)	4(100)	4	8.534	3	0.036*
	Secondary	47(67.1)	23(32.8)	70			
	Tertiary	83(62.4)	50(37.5)	133			
	Others	2(100)	0(0)	2			
Average income (Naira)	< N30,000	41(52.5)	37(47.4)	78	20.986	2	0.000*
	N30,000 - 50,000	29(50.8)	28(49.1)	57			
	> N50,000	62(83.7)	12(16.2)	74			
Employment type	Government employed	58(84.1%)	11(15.9%)	69	0.771	3	0.501
	Private	29(46.8%)	33(53.2%)	62			
	Self	31(67.4%)	15(32.6%)	46			
	Others#	14(43.7%)	18(56.3%)	32			
Total		132(63.1)	77(36.8)	209			

Statistically significant at P < 0.05 #jobs including casual jobs

DISCUSSION

Results from this study showed that less than half of the respondentsbreastfed their babies exclusively, 44% practiced mixed-feeding, while a few fed their babies only on breast milk substitutes. This mirrors the global picture where only 35% of babies are breastfed exclusively globally.[13,15] Most of the respondents (36.4%) initiated breastfeeding immediately after delivery, 12% within 30 minutes and about 14.8% within one hour. This is similar to a study where only 38% initiated breastfeeding early,[8] however, contrasting to a study in Sokoto, where only 8% of mothers, initiated breastfeeding within one hour of delivery. Also, 6 out of 10 of the mothers had given their babies other substances apart from breastmilk since birth with most of the substances being infant formula (47.4%). Similarly, only one-eighth (12.9%) exclusively breastfed their babies for months in contrast to a study in Edo state Nigeria that reported that 20% exclusively breastfed their babies for months.[16]

Among mothers that breastfed exclusively in this present study, the major reason cited was due to the benefits while some were advised to do so and others felt it is a cheaper way of feeding. More so, 38.3% indicated their work schedule as the major barrier for not exclusively breastfeeding their babies and 16.7% indicated that the baby rejected breastmilk. This is supported by studies in different Nigerian cities and among female resident doctors representing mothers in professions, where work schedule was identified as a barrier to practicing EBF.[17,18] Another factor reported isinfant kept on crying and refusing breastmilk.[19]

Overall, on a composite level, a little higher than one-third of the participants had good practice of EBF. This is similar to that reported in some global studies where only 35% of children less than 6 months were breastfed exclusively[6,19] Also a study in Enugu had an EBF practice rate of 33.3%,Ibadan reported a prevalence rate of 23.4%, 10% in Abakaliki and a very low practice of 2% in Zaria.[20] All these show a very low practice of EBF across all regions within Nigeria.

From the study, the age of mothers, highest educational level, and level of income are significantly related to the practice of exclusive breastfeeding among working mothers. This is closely related to studies conducted in Benin and Kano states, where a significant relationship was reported between mother's level of education and breastfeeding pattern.

A significant correlation has been reported between mother's level of education and breastfeeding pattern.[21] Mothers who had secondary and tertiary levels of education were seen to have higher rates of EBF than their counterparts with primary and no form of education. This could be due to reasons such as understanding and adhering to principles and counseling on EBF during antenatal care visits and more exposureand access to various information to successfully breastfeed either from the internet, media or hospitals.[22] Previous studies in Nigeria have also shown that mothers with no education have limited knowledge and negative attitudes toward EBF practice.[19,23] Also, a study reported that mothers with at least primary school education were more likely to exclusively breastfeed in contrast to mothers with no formal education.[8]

An association between mother's marital status and breastfeeding pattern has been reported.[24]Although, a cross-sectional study reported a significant relationship between marital status and breastfeeding patterns due to the social support received by married mothers.[25]However, in contrast to our findings where poor EBF practices areassociated with beingmarried, a report showed that mothers who were married had significantly higher EBF rates than single or divorced mothers.[24] Reasons could include social and financial support from their husbands which consequently influences adequate maternal nutrition that directly supports breast milk production, unlike single mothers who may have to fend for themselves. Single mothers may prefer to remain in vogue and to the perception of their breasts sagging they wouldn't probably sustain breastfeeding for a long time. Some single mothers would not want to be tied the whole day to their babies, they may want time to visit friends and do other social activities. Studies have shown that some single mothers find EBF a social limiting factor.[26]

It was also observed from this study that prevailing challenges faced by working-class mothers who practiced exclusive breastfeeding include: insufficient breastmilk production, cracked nipples, sores and engorgement, tight work schedule, babies' health issues, maternal health issues, childbirth complications, a misconception that infant formula is equivalent to breastfeeding, workplace factors and dynamics all influence mothers' practice of breastfeeding. This is in agreement with previous studies conducted in Nigeria.[17,19] A study conducted in Nigeria found return to work to be an important barrier to exclusive breastfeeding.[17] A study among female resident doctors in a tertiary institution in Nigeria reported that 61% of respondents found 'return to work' as the most important barrier to exclusive breastfeeding.[18]

A study among breastfeeding mothers in Southwest Nigeria identified barriers to breastfeeding to include: perceived hunger after feeding the baby, maternal health problems, fear of infant addiction to breast milk, breast pains, pressure from mother-in-law, and return to work/business.[19] Largely, these factors exert pressure on breastfeeding mothers thereby making their experience either pleasurable or painful within time and space.[27]

CONCLUSION

Although, the challenges from this study included the mother's employment status, however, not the prevailing problem. In spite of this, the level of practice of exclusive breastfeeding among working-class mothers which was found to be poor within the study area is closely linked to their work schedule. More effort is needed in order to encourage exclusive breastfeeding practice among these working mothers and to address identified challenges.

RECOMMENDATIONS

The promotion of existing policies aimed at improving and encouraging exclusive breastfeeding practices among mothers should be strengthened across various communities. Also, there is a need for enactment of regulations for breastfeeding mothers to work for a reduced number of hours post maternity leave to enable them adequately care for their babies. Community support initiatives including work-site accommodation of breastfeeding with breastfeeding-friendly sites, and a society-wide approach to creating support for mothers and babies should be promoted.

Limitations

The study utilized working-class breastfeeding mothers who visited health facilities during the specified period. This might not express the opinions of others who did not visit any health facility during the study period. Although the sampling method employed in this study was simple random technique and only three of five LGAs were sampled due to logistic constraints , however, this was hoped to limit the generalization of our findings.

Conflict of interests

The authors declared no conflict of interest.

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