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RESEARCH ARTICLE

THE SOCIO-ECONOMIC DETERMINANTS OF THE IMPACT OF EXCLUSIVE BREASTFEEDING ON WORKING MOTHERS IN ABUJA MINICIPAL AREA COUNCIL, ABUJA

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ABSTRACT

The study on socio-economic determinants of exclusive breastfeeding on working mothers in AMAC was carried out to find out if variables like mothers level of knowledge, attitude and other socioeconomic variable affect the practice of exclusive breastfeeding practice. The respondents were selected through simple random sampling. In all a total of 324 were sample for the study. Questionnaires, indebth-oral interview and focus group discussion were the instruments used for data collection. Data was collected randomly from various immunization clinics in AMAC, and analyzed using simple percentages and chi-square, testing methods. The findings showed that the variables like mothers level of knowledge, mother's attitude towards exclusive breastfeeding, mothers, level of education among others were all significant to their practice of exclusive o breastfeeding, while spouse support and cultural beliefs are not associated with exclusive breastfeeding practice. In conclusion, the study recommended for better practice of exclusive breastfeeding. More education for mother's and the general public on the benefits and need for exclusive breastfeeding. Also the extension of maternity leave to enable other's have enough time to practice exclusive breastfeeding, and provision of creches in all offices to enable working mothers breastfeed their babies properly and teaching of mothers ways of expressing of o breast milk and storage of expressed breast milk so as to improve the rate of exclusive breastfeeding practice by working mothers and the society at large.

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INTRODUCTION

Breastfeeding, which is the act of feeding of an infant or young child 'With breast directly from female human breast rather than from a baby bottle or other container is as old humanity (Afeikhena *et al*., 2005). This act was practice and mastered by all women naturally, for several millennia human beings just like mammals: breastfeed their young ones. Unfortunately, this trend was reversed by - human beings in the 19th centuries. This era brought the introduction of in fact formula for human beings and mother's instead of breastfeeding: their infants with human milk as was done previously resorted to infant formula (Al-Sahab, 2010). The bottle came to symbolize women's freedom, and was also seen as a modern way of feeding, with these ideas came erroneous beliefs that formula was easier and healthier even when this formula was produced from mammals milk like cow. This development continued and spread all over the world. However, as years pass by, infants disease condition and infant morbidity rate was on the increase. Consequently, the trend became worrisome and of concern to the international communities and the world at large. To check this problem researchers from various international health organizations and government agencies like UNICEF, WHO USAID, UNDP ex embarked on research. The findings of their research showed that infant formula, bottle feedings, lack of clean water, malnutrition were the major causes of infant health problems. Chudasama Patel and Karishwar (2009) studies showed that infant formula no matter how close it is to human milk is not the same as human milk.

Essentially, mother's milk has antibodies which are not present in infant formula. These antibodies are what protect the body and the 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 development of re infant Al-Sahab 2010; Chudasama; Patel and Karishwar (2009). Hence absence of such antibodies and lack of adequate nutrients and vitamins in infant's formula, also the easy contamination of bottles and other artificial feeding methods exposes the infants to various diseases like respiratory tract disease, skin infection, diahorrea which is a serious problem in infants Al-Sahab (2010).

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Knowledge of Exclusive Breastfeeding

Exclusive breastfeeding means feeding newborn- infant with only breast milk. This means no water, liquids, teas, herbal preparations, or food throughout the first six months of life (Andu Aggarival *et al.,* 1998). Exclusive breastfeeding is also defined by Adeniyi *et al.* (2005) as an infant's consumption of human milk with no supplementation of any type no water, no juice, no non human milk and no foods) except for vitamins, minerals and medications for the first six months of life a further definition provided by Bartick (2010) who defines it, as the use of mother's milk usually until six months of age, as the child's sole source of nourishment Excluding even consumption of water or teas.

Evolution of Exclusive Breastfeeding in Nigeria

The practice of breastfeeding has always been part of human history but the practice of exclusive breastfeeding in Nigeria can be traced to the innocent declaration by policy makers meeting on Breastfeeding in the 1990. The innocent declaration is a global initiative that took place in Florence, Italy, on the 30th to 1st August 1990, which Nigeria was one of the participating countries. It was agreed by all the participating countries the reduction of infant malnutrition, morbidity as well as promotion of material health exclusive breastfeeding should be promoted, protected and supported. The method of breastfeeding recommended was the baby friendly initiative, which simply means exclusive breastfeeding and timely appropriate and adequate complement feeding AAP, (2002). Actually, the baby friendly initiative kicked off in Nigeria in 1991 when the Innocent Declaration of 1990 was implemented with the establishment of six teaching Hospitals as baby friendly hospital initiative (BFHI) centers. These six are Benin, Enugu, Maiduguri Lagos, Jos and Port Harcourt with the objectives of reducing malnutrition, morbidity and mortality of infants as well as promoting mothers health. The following 10 steps were given for a success breastfeeding exercise of expecting and Nursing mothers.

1. Have a written breastfeeding policy that is routinely communicated in all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if should be separated from their infants.
6. Give new born infants no other food or drink other, than breast milk, medically medicated.
7. Practice rooming in allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers also called dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or the clinic.

Since the inception of BFHI in 1991, a series of programmes, seminar, workshops and conferences-aimed at promoting breastfeeding practices have been organized (Etzel and Balk, 2003).

Presently, there are on hundred and forty nine baby friendly initiative hospitals all over Nigeria and five recognized health communities on baby friendly initiative in Abuja. In Nigeria and all over the world, World Breastfeeding Week (WBW) is celebrated every 1-7 August every year with themes aim at promoting protecting and supporting exclusive breastfeeding.

Benefits to the Mother or Maternal Health

Breastfeeding offers numerous advantages to the mother and her partner.

Child Spacing

The benefits include decreased postpartum bleeding and more rapid uterine involution attributable to increased concentration of oxytocin, decreased menstrual blood and increased child attributable to lactation amenorrhea. By this, it promotes child spacing and thus improves material and child health. Full breastfeeding provides mothers with material contraception during the first six postpartum months. Lactation amenorrhea (the absence of merge resulting from full breastfeeding prevents another pregnancy from over this period. By this, it promotes child spacing and thus includes materials and child health (Al-Sahab, 2010).

Prevention of Breast and Ovarian cancer

When the child is breastfed exclusive, it reduces the chance of breast cancer. (Bandyopadhyary and Macpherson, 1998) and ovarian concern in mother (Bharati, 2000). It also help mother regain their pre-pregnancy figure because breastfeeding uses up fat reserves built up during pregnancy in preparation for lactation.

It Saves Time and Cost

Exclusive breastfeeding saves time and cost. There is no buying and preparation of formula, no cleaning and sterilizing of bottles. The time saves increase if the mother gave birth to twins or triplets. The money save from not buying formula is used for other things in the family (Chudasama; Patel and Karishwar, 2009).

Also Both Emotional and Physically Pleasurable

For many women, exclusive breastfeeding is both emotionally and physically pleasurable. Breastfeeding can help you from a close relationship with your baby. Physical contact is important to new burns and can help them feel more save, warmer and comforted and this result in physical emotional pleasure for the baby and mother.

Benefits for Families

Breastfeeding mothers are less likely to become pregnant. The continued contraceptive effect of breastfeeding is particularly important for women for whom contraception is unavailable,

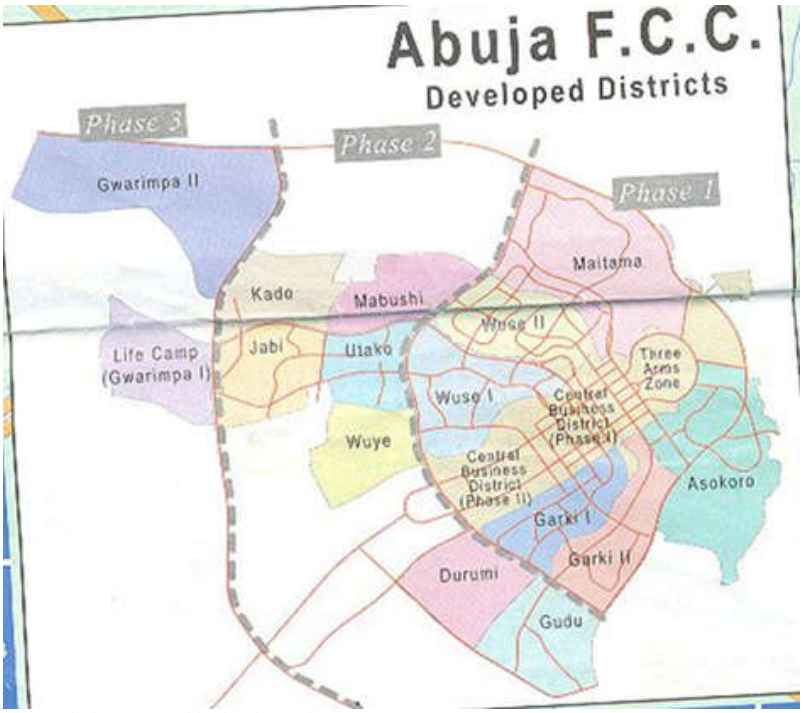
unaffordable or unacceptable. Breastfeeding saves families money that would have been spent on bottle-feeding.

Study Area of Abuja Municipal Area Council (AMAC)

This study was carried out in Abuja Municipal Area Council (AMAC). Abuja Federal Capital Territory Nigeria.

Furthermore, twelve hospitals one from each ward were selected in this order Wuse ward-Wuse general hospital, Gwagwa ward-the crown hospital, Kabusa ward-Lugbe PHC, Nyanya ward-Hospital, Orozo ward- Orozo PHC, Garki ward Hospital city centre ward-National hospital, Jiwa ward-Iddu Kahno, Gui ward-Gui PHC, Karu ward-Karu PHC, Karshi ward- Karshi hospital and Gwarimpa ward-Kalina hospital.

Map of Abuja Municipal Area Council (AMAC)



Source: Abuja Geographical Information System

Figure 1. Map of Abuja Municipal Area Council (AMAC) Showing the Study Sites

The Area Council is located on the eastern wing of the federal capital territory. It has a land mass of 1,200 sq km (approximately and the copulation of (AMAC Diary), The Area Council is accessible by land, air and telecommunication the area is accessible from other parts of the country by load through the Abuja Suleja road on the north, on the east through the eastern Kelti-Nyanya road and thought the Lokoja-Gwagwalada road on the west within the Area Council itself is a well laid good network of roads. Also, AMAC is bounded on the east by Nasarawa state, Kuje Area Council on the west and on the North, by Gwagwalada Area Council and Niger State. Adakayi and Dawam (2000).

Sample and Sampling Procedure

The respondents of the study who are working mothers were selected from twelve hospital both public and private across the twelve wards of AMAC, using a smulti-stage cluster sampling technique and simple random sampling technique. First, AMAC was stratified on the basis of the existing 12 wards namely Wuse ward, Gwagwa ward, Kabuse ward, Nyanya ward, Orozo ward, Garki ward, city centre ward Jiwa ward, Gui ward, Karu ward, Karshi ward and Gwarimpa ward.

Method of Data Analysis

The questionnaire data collected through the questionnaire was processed arid analyzed by means of computer using the statistical package for social sciences (SPSS) version 17. The SPSS helped to analyze and separate data into frequency tables and cross tabulation to show the major trends that help to answer the research questions and while chi- square was used to test the hypotheses formulated in order to determine the level of significance/relationship between the independent variable and the dependent variables. The qualitative data were analyzed using thematic narratives of participants and key informants' views and opinions as expressed during the discussions and interview sessions.

Data Analysis

A total of 324 questionnaires were administered out of which 302 were duly completed and returned and they were all found fit for the analysis. This represents 93% response rate. The high rate could be attributed to the researcher's effort in administering the instruments personally and also researcher wisdom in choosing two experienced researcher assistance to help the researcher in data collection.

Knowledge and Practice of Exclusive Breastfeeding

On the level of knowledge of exclusive breastfeeding and practice, the table1 above shows that 99.5% of the respondents on the question on working class mothers' knowledge of exclusive breastfeeding (i.e item 11 in section. It cross tabulated with responses on the practice of breastfeeding (i.e item 14) in section B of the questionnaire believed their mother level of knowledge on exclusive breastfeeding does affect their practice of it. The implies that working mothers who are well informed on exclusive breastfeeding do practice it. This finding also continued the positions of the discussants and information's. For example one of the discussants from the focus group in the capital Area puts her view thus. "Exclusive breastfeeding is appreciated when you are well informed about it. This way you will not be pushed around by neighbors because you will be convinced that exclusive breastfeeding has a lot offer so you will go for it against all adds"

Therefore a mother who is not favourably dispose to exclusive breastfeeding does not find it wise to it.

RESULTS AND DISCUSSION

The study attempted to examine the socio-economic variables of the impact of exclusive breastfeeding among working class mother in AMAC, in order to come out with a valid and reliable result, the researcher formulated three null hypotheses which were in line with the three research questions and tested.

The hypotheses used chi-square test to determine the relationship between the exclusive breastfeeding practice and the socio-economic variables. Such as mother level of knowledge on exclusive breastfeeding mother attitude towards exclusive breastfeeding, age, time, mother's educational level, spouse support, income and cultural beliefs.

Table 1. Socio-Economic Variables and their Practice of Exclusive Breastfeeding

Socio-Economic		Response on the practice of exclusive breastfeeding		
Characteristics		Yes	No	Total
Age l Age Level	18-25	6 (42.9%)	8(57.1%) 85(33.9%)	14(100%)
	26-35	166(66.156)	6(21.4%) 4(44.4)	251(100%)
	36-45	22(78.6%)		28(100%)
	Above 45	5(55.6%)		8(100%)
Total	Total	199	103	302
Time	No Time	47 (61.8%)	29(38.2%)	76(100%)
	Time Factor	152 (67.3%)	74(32.7%)	266(100%
	Total	199	103	302
Education Qualification	ESLC	4 (66.7%)	2(33.3%) 12(54.5%) 7(31.8%) 15(50%)	6(100%)
	Secondary	10(45.5%)	51(33.3%) 5(27.8%) 11(21.6%)	22(100%)
	ND/NCE/Dip	(15(68.2%)		22(100%)
	HND	15(50%)		30(100%)
	B.Sc/B.Ed	102(66.7%)		152(100%)
	M.Sc/M.Ed	13(72.2%)		18(100%)
	Other	40(78.4%)		51(100%)
	Total	199	103	302
Spouse Support Does your spouse support aid you in practice of exclusive, breastfeeding	Yes	38(69.1%)	17(30.9%) 86(34.8%)	55(100%)
	No	161(65.7%)		247(100%
	Total	199	103	302

Another participant still supporting the finding said "exclusive breastfeeding is good and my practice it was like war because my mother in-law did not like the idea at all, but I paid deaf ear and even when I resumed, I always drop my baby in our office creches and breastfeed conveniently for six months. That was my first child. This one everyone knows my stand so they milk less though are still on leave now, but I don't intend to stop before six months".

Attitude and Exclusive Breastfeeding Practice

On the level of attitude of exclusive breastfeeding and practice. The Table 2 above shows that majority of the respondents (98%) on the question on working class mother's attitude of exclusive breastfeeding (i.e item 17) in section B cross tabulation with responses on the practice of breastfeeding (i.e item 14) in section B of the questionnaire believed that mother attitude on exclusive breastfeeding does affect their practice of it.

This implies that working mothers who are well informed on exclusive breastfeeding and have positive attitude practice it.

Conclusion

The present study shows that there are barriers against exclusive breastfeeding by working mothers in AMAC. These barriers has identified in the study are both social and economic barriers. From the study, it was found out that although majority of the mothers believed in exclusive breastfeeding, not all who were fully aware of the benefits and need of it could do it successfully because of above mentioned hindrances and principally because of time constraint.

The study therefore concludes that, for the rate of exclusive breastfeeding to improve all hands must be on desk to ensure that exclusive breastfeeding ideally become a norm accepted by the society, endorsed by health professionals and supported by all for optimal health of mother and baby as well as healthy family and society at large.

Recommendations

Based on the respondents responses and the general knowledge of the research work the following recommendations were reached.

- They should be more education of the employers, expectant mothers, nursing mothers and the general public on the benefits and need for exclusive breastfeeding by the health workers, mass media, and international and national health organizations.
- The duration of maternity leave should be extended to six months by government, employers and all stakeholders so that working mothers can conveniently practice exclusive on demand
- There should be provision of creches in all offices by all employed so that mother's can conveniently as need be.

REFERENCES

Adakayi P.E. and Dawam, 2000. Climate of Federal Capital Territory. Geography of Federal Capital Territory Abuja 82(13): Pp 1399.

Adeniyi, G. Razag, O. 7 Afeikhena J. 2005. Statistics for the Social Sciences Ibadan, Ibadan University Press.

Al-Sahab, B. Lanes, A Feldman, Mc Tamin, H. 2010. ¨Prevalence and predicators of 6 months Exclusive Breastfeeding among Canadian Women". A national survey utilized USA; Little field, Adams & Co Publishers.

American Academic of Pediatrics: Medical Home Initiative for Children with Special needs Project Advisory Committee. *The Medical Home Pediatrics,* 2002: 110-184

Andu Aggarival *et al.* 1998. 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.

Arnold, M. Culture and Anarachy: 1882. New York: Macmiljan and Co. Publishers.

Bandyopadhyary M. and Macpherson, S. 1998. Women and Health: Tradition and Culture in Rural India UK: Ashgate Publishing Ltd.

Bartick M. Reinhold, 2010. The Burden of Suboptimal Breastfeeding in the United States: A Pediatrics Cost Analysis Pediatrics 125 (5) 1048- 1056.

Bharati: S. R. 2000. Socio-economic Dimensions of Breastfeeding. A study in Hyberabad": Health and Population Perspectives and Issue 23 (2), 144-159 USA Cambridge University Press.

Chudasama, R.K. Patel, P.C. Karishwar A.B. 2009. "The Determinant of Exclusive breastfeeding in South Gujerant" 1(2) 102-108 India.

Etzel, R.A. and Balk, S.J. 2003. Report of the Committee on Infections Diseases America: EIK Grove.

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