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# A study of the knowledge and support level of breast-feeding among the workers in formal employment in South-Western Nigeria

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## ABSTRACT

*This cross-sectional and descriptive study was carried out to assess the knowledge and support level of breast-feeding among professionals in formal employment institutions. One thousand and twenty-five randomly selected professionals recruited for the study were served with structured questionnaires. Data were analyzed with the method of descriptive statistics using frequencies and percentages. Analysis of the questionnaires showed that out of the 1025 respondents, 10.1% were below 20 years of age, 55.1% between 20 - 30 years, 24.9% between 31-40 years and 9.9% above 40 years of age. The respondents were made up of 492 males and 533 females. Out of these, 46.0% were single, 51.0% were married and 3.0% divorced. Occupationally, the respondents were made up of 21.0% medical practitioners, 8.8% pharmacists, 37.8% confidential secretaries, 10.4% computer scientists, 18.5% bankers, and 3.5% lawyers. Also, 78.2% of the respondents were Christians, 20.3% were Muslims while 1.5% were of traditional and other religions. The professionals represented the various ethnic groups in Nigeria: Yoruba 74.5%, Igbo 20.0%, Hausa 3.0% and others, 2.5%. Among the workforce, 96.5% were knowledgeable about the benefits of breast-feeding but only 29.2% were willing to take an extra work in order to allow a colleague, who is a nursing mother, to go and breast-feed her baby at intervals. The results of this study show that although the workers have knowledge about the benefits of breast-feeding, only a few will take on extra duty in order to allow a nursing colleague to go and breast-feed her baby.*

**Key words:** Knowledge and support level, breast-feeding, professionals, formal employment.

## INTRODUCTION

Infants need to receive preparation for an active and useful life, as well as protection from various diseases, hazards and handicaps to which they are generally more vulnerable than adults.

The nutritional needs of a normal full-term baby have been found to be adequately met by the breast milk of a healthy mother for the first four to six months of life [1], [2]. Scientific evidence abound on the unique life sustaining properties of breast milk, which no other substitute possesses [3], [4].

Breast-feeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development [5], [6]. It is one classical example of a practice that has changed for the worse. The breast is now becoming more of a sex object with its feeding function much under-emphasized or seen as a threat to its attractiveness as a sex object. However, breast-feeding is a matchless way of providing ideal food for the healthy growth and development of infants, having a distinct emotional and biological influence on the health of both mother and child. Mature breast milk and its precursor, the colostrum (produced in the first few days after birth) provide babies with a free and safe nutritious food which also provides protection against infection [1], [7]

The prevalence and duration of breast-feeding have declined in many parts of the world for a variety of social, economic and cultural reasons [8], despite its recognition as a human right [9]. The promotion, protection and support activities of breast-feeding help to safeguard the rights of children and contribute to the empowerment of women, who are however, expected to make their own choices concerning the feeding and nurture of their babies. The process of child nurturing is as old as mankind and has been a fundamental duty every woman owes a child. One of the traditional practices related to child care which is undergoing the most rapid change in the Third World is that of breast-feeding [10].

Breast-feeding trends have been observed to be falling in some parts of the world, and most especially in those areas where it is found very crucial to breastfeed babies if they are to survive [11]. A decline in breast-feeding rates have indeed been observed in virtually all developing countries in recent times, particularly in urban areas and in areas influenced by “Western” values and behaviour [12]. Prominent among these values and behaviour are Western education and formal employment. Studies have shown that breast-feeding rates have greatly reduced among educated and employed women.

Nigeria, where feeding bottles were actively marketed beginning from about four decades ago, exemplifies a country where exclusive breast-feeding rates are very low with only 17% of babies exclusively breastfed in the first month of life, and fewer thereafter [13].

As a result of rapid changes in the socio-cultural and economic situation worldwide, particularly the rapid urbanization and developing processes going on in developing countries, the need for income producing activity of women has increased. It has been observed that breast-feeding tends to be more unpopular with economic development and accompanying industrialization, availability of artificial feeds and attendant commercial pressure [14]. The educational and occupational statuses of the mother are different attributes that decides the time allocation for women and children [15]. Women, who are expected to breast-feed however, require support at every level, especially from the workforce.

Virtually all women can lactate and pathological reasons for not being able to breast-feed are rare [8]. For breast-feeding to be successfully initiated and established, mothers need the active support during pregnancy and following birth, not only of their families and communities, but also of the entire health system. Breast-feeding should be seen as a health and nutrition policy that needs encouragement by everyone in society.

Baby-friendly hospital initiative was launched in mid-1991. The idea is to persuade all hospitals to follow the 'Ten steps to successful breast-feeding', and 52 hospitals in 12 countries were declared 'baby friendly' early in 1992. More often than not, breast-feeding is seen as an inconvenience to life and work patterns [16]. The nursing mother faces a role conflict when she works outside the home, and this is why such a woman often decides not to breast-feed or discontinue breast-feeding. Women need increased community support to exercise the option of breast-feeding, and though for them, it may be an option, for the poor infant, it is a basic right [17], [18].

Managers and health policy makers are yet to fully appreciate the importance of breast-feeding. Presently, maternity leave is generally considered to be a privilege accorded to a working mother as an individual, and not particularly an expression of the full responsibility of the entire community to uphold the need for mothers to breast-feed their babies. The creation of a supportive environment is necessary so that breast-feeding can be continued and reinforced in harmony with other responsibilities, in and out of household.

Socially acquired attitudes are more important determinants of the method of feeding chosen and of the duration of breast-feeding. Improving knowledge without creating positive attitudes about breast-feeding will not increase the incidence or duration of breast-feeding [19]. The decline in breast-feeding is not an unavoidable result of industrialization if the necessary measures for its promotion and support are taken ([20].

This study was carried out to assess the knowledge and support level of breast-feeding among the workforce in some formal employment institutions in Osun state, Nigeria.

## METHODOLOGY

This is a cross-sectional, descriptive and investigative study to assess the knowledge and support level of breast-feeding among professionals in formal employment institutions, in five randomly selected local government areas of Osun state, Nigeria. One thousand and fifty randomly selected professionals of varying categories, who consented to participate in the study, were recruited and served with pretested structured questionnaires. Out of these, 1,025 respondents returned their duly completed questionnaires.

The subjects were of both sexes and the minimum age limit for participation in the study was twenty years for men and eighteen years for women. The workers were drawn from diverse formal professionals and represented various tribes in Nigeria viz: Hausa, Igbo and Yoruba. Preliminary visits were made to various formal employment institutions in order to establish rapport with the workforce and motivate them to cooperate.

In analyzing questionnaire responses, descriptive statistical methods involving the use of frequencies and percentages were adopted.

## RESULTS

### Demographic characteristics of the respondents

It was observed that out of the 1,025 respondents, 103 (10.1%) were below 20 years of age, 565 (55.1%) between 20 - 30 years, 256 (24.9%) between 31-40 years and 101 (9.9%) above 40 years of age. The respondents were made up of 492(48%) males and 533(52%) females. Out of these, 46% were single, 51% were married and 3% divorced. Concerning occupation, the respondents were made up of 215 (21.0%) medical practitioners, 90 (8.8%) pharmacists, 387(37.8%) secretaries, 107 (10.4%) computer scientists, 190 (18.5%) bankers, and 36(3.5%) lawyers. Also, 78.2% of the respondents were Christians, 20.3% were Muslims while 1.5% were of Traditional and other religions.

### Research question I:

Will age, gender, marital status, religion and profession of people in formal employment institutions influence their preference for breast-feed? Eighty-one (78.6%) respondents below 20 years of age agreed that infants should be breastfed while 21.4% disagreed. In the age group 20-30 years, 537 (95.0%) of them agreed that every child should be breastfed while 5.0% had a contrary opinion. Out of 256 respondents in the age group 31-40 years, 94.9% supported breastfeeding of all infants while only 5.1% did not agree. All the 101 respondents in the age group above 40 years however, agreed that every newborn baby should be breastfed.

Almost all the males in the study population, 490 (99.6%) agreed that every infant should be breastfed while 1.4% disagreed. Similarly, 529 (99.3%) female respondents supported breastfeeding of all infants. Out of the married respondents, 96.2% agreed to the breastfeeding of infants while 3.8% disagreed. Also, 97.5% single respondents and 87.6% of those who are divorced had a positive disposition towards breastfeeding.

Among the professionals, all the medical practitioners and lawyers agreed to the exclusive breastfeeding of infants. Also, 89.4% pharmacists, 97.8% secretaries, 93.6% computer scientists, and 95.1% bankers supported exclusive breastfeeding of infants.

Seven hundred and eighty-five (97.9%) of all Christians, 89.7% Muslims and 72.4% of Traditional and other religion believers in the study sample agreed to exclusive breastfeeding of infants. As for ethnic influence, 96.8% Yoruba, 88.2% Igbo, and 79.3% Hausa respondents were observed to fully support exclusive breastfeeding of infants.

### Research Question 2

What is the level of awareness of the benefits of breast-feeding among the respondents?

Nine hundred and eighty-nine (96.5%) of respondents were aware of the benefits of breast-feeding while 36 (3.5%) have little or no information about the benefits of breast-feeding.

**Research Question 3**

What percentage of professionals agreed that infants should be breastfed exclusively for the first 4-6 months of life?

Seven hundred and twenty-one (70.3%) professionals agreed that exclusive breast-feeding should be practiced for the first 4-6 months of life.

**Research Question 4**

What percentage of professionals agreed that exclusive breast-feeding should continue for up to 2 years?

Eight hundred and eighty-four (86.2%) professionals were of the opinion that exclusive breastfeeding should be discontinued before the end of 2 years post delivery, while only 13.8% believed that it should continue for up to 2 years.

**Research Question 5**

Do these professionals consider it practicable and convenient to breastfeed infants in the work place?

Seventy-nine per cent of them have the opinion that breastfeeding can be carried out in any place while the remaining 21.0% stated that breastfeeding should be confined to the home. Also, 89.2% respondents saw the breast-feeding act as inconvenient to life while 10.8% felt otherwise.

**Research question 6**

What is the level of support of breast-feeding in the work place among the workforce?

Only 29.2% respondents were ready to take on additional duty to allow a colleague go out to breastfeed while the rest would not. Furthermore, 48.7% respondents have the view that lactating mothers should be paid extra wages as a motivation for breast feeding while 51.3% did not share the view. Also, only 19.4% respondents believed that there should be a law that makes exclusive breast-feeding mandatory while 80.6% disagreed. Finally, 66.9% respondents suggested that maternity leave should be extended to a period of 6 months to allow nursing mothers exclusively breastfeed their babies at home, while the remaining 33.1% did not agree.

**Research Question 7**

What percentage of men will support their wives to breastfeed their babies exclusively for the periods of 4-6 months and 2 years continuously after the child has started eating home diet?

Fifty-six per cent of the men agreed to support their wives breastfeeding exclusively for 4-6 months while 44.0% will not. However, only 19% of the men will support their wives breast-feeding their babies continuously for 2 years.

**Knowledge score and grade of respondents**

In testing for this, the score of each subject out of the 12 questions asked on knowledge about breast-feeding was examined.

It was observed that 6.3%, 25.2% and 28.1% of all respondents have poor, fair and good knowledge respectively about breastfeeding. Also, 23.6% and 16.8% respondents have a very good and an excellent knowledge of breastfeeding respectively.

#### **Support score and grade of respondents**

In testing for this, the score of each respondent out of the 10 questions asked about support for breast-feeding was examined.

Our observation revealed that 3.1%, 4.3% and 13.2% respondents have a very poor, poor and fair support respectively for breastfeeding. However, 34.4%, 41.2% and 3.8% respondents have good, very good and excellent support for breast-feeding.

### **DISCUSSION**

Professionals from diverse fields and ranks took part in the study. Out of the 1050 questionnaires administered, 1025 were returned duly completed.

A large percentage, 96.5%, of workers was aware about the benefits of breast-feeding. This is probably the reason why many still have preference for breastfeeding. However, of all respondents, only 13.8% agreed that a child should be breastfed for up to 2 years. This disagrees with WHO/UNICEF [9]), which states that breastfeeding should continue for 2 years, although complementary foods should be added, starting from 4-6 months.

The implication of this is that the problem does not lie in the initiation of breastfeeding, but in its duration. This finding is in line with the result of a 1981 survey of developing countries, which showed that a large number of women initially breastfeed their infants but do not continue for long [21]. The finding is also in agreement with NDHS [13], where it was reported that only 17.0 % of Nigerian babies are exclusively breastfed in the 1<sup>st</sup> month of life and fewer thereafter. Furthermore, the finding agrees with the findings of another researcher [22], who reported that the practice of exclusive breastfeeding in Nigeria is poor, and as many as 86% stopped it when their infants were less than one month of age.

Most professionals (89.2%), in the study were of the opinion that breast-feeding is inconvenient to life, a finding which corresponds with that of Campbell [16], who observed that breast-feeding was seen as inconvenient to life and work patterns.

While 66.0% of the men will support their wives breastfeeding exclusively for 4-6 months, only 19.0% of them will consent to their wives breastfeeding continuously for 2 years. This implies that more support still has to come from the home front as reported by Elliot and Fitzsimons [23], who observed that encouragement and support must be given to the lactating mother by close relatives, and most importantly, the husband. This is also buttressed by another researcher [10], who reported that women need increased home and community support to effectively carry out breastfeeding.



## CONCLUSION

The results of this study show that although the workers have knowledge about the benefits of breast-feeding, only a few will take on extra duty in order to allow a nursing colleague to go and breast-feed her baby. The alleviation of nutritional, environmental and social stresses will however, go a long way in assisting mothers to breast-feed successfully.

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