

Attitude of Working-Class Nursing Mothers Towards Exclusive Breastfeeding in Lokoja Metropolis, Nigeria: Implications to Counselling Practice

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Abstract

Many working-class nursing women put up questionable attitude when it comes to exclusively breastfeeding their babies. The purpose of this study therefore, is to investigate the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding. Variables such as age, type of occupation and educational attainment were also examined if they would affect the respondents' expressions. Descriptive survey method was adopted for the study. A total of 200 respondents who were selected using a two-stage sampling procedure participated in the study. An instrument entitled 'Attitude towards Exclusive Breastfeeding Questionnaire' was used to collect data for the study. The instrument was validated by five experts in the 5 experts in the Departments of Counsellor Education and Adult & Primary Education, University of Ilorin, Nigeria. The reliability of the instrument was ascertained through test re-test reliability method with a reliability co-efficient of 0.83. ANOVA statistical method was used to test the formulated hypotheses at 0.05 alpha level. Result showed that the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding is positive. There was no significant difference in the attitude of working-class nursing mothers towards exclusive breastfeeding in Lokoja Metropolis based on age but there were significant differences on the basis of type of occupation and educational attainment. It was concluded that counsellors should encourage and counsel working-class mothers to adopt benefitting coping strategies so that they can maintain their positive attitude towards exclusive breastfeeding of their babies.

Keywords: Attitude, Working Class, Nursing Mothers, Exclusive Breastfeeding, Lokoja, Metropolis.

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Introduction

Breastfeeding is the feeding of an infant with breast milk directly from female human breasts rather than from animal, a baby bottle or any other container. Exclusive breastfeeding, according to the World Health Organization¹ and United Nations Children Emergency Fund² is the feeding of the infant with only breast milk for a period of 6 months without additional food or drink, including water. Thereafter, infants should receive adequate complementary foods with continued breastfeeding up to 2 years of age or beyond³. It has also been noted that breastfeeding is essential for the health and survival of many children in the developing countries⁴.

Optimal infant and young child-feeding (IYCF) practices are fundamental in ensuring appropriate growth and development, and ultimately the survival of infants and young children^{5,6}. Inappropriate breastfeeding and complementary feeding practices, coupled with high rates of infectious diseases have however been identified as the major immediate causes of malnutrition during the first two years of life. Poor breastfeeding increases the risk of illness, and it is however responsible, directly or indirectly, for one third of the estimated 9.5 million worldwide deaths that occurred in children less than 5 years of age⁷.

Worldwide, it is estimated that only 34.8% of infants are exclusively breastfed for the first 6 months of life, the majority receiving some other food or fluid in the early months, complementary foods are often introduced too early or too late and are often nutritionally inadequate and unsafe⁸. Poor breastfeeding and complementary feeding practices are widespread, particularly in developing countries, leading to early nutritional deficits which are also linked to long-term impairment in growth and health⁹. In Nigeria, even though 98% of under five children were ever breastfed at some time, 17% of children below 6 months are breastfed exclusively, and complementary foods are introduced early in life while only 10% of children are fed appropriately based on recommended infant and young child feeding practices¹⁰.

Breastfeeding addresses all four facets of health, which are physical, spiritual, mental and social for mothers, children, fathers/partners, and the immediate family^{11,12}. Exclusive Breastfeeding during the first year of a child's life ensures the

provision of certain biological and psychological needs and therefore, increases the probability of survival during this critical stage of development^{13,14,15}.

Attitude can be positive or negative and can affect the behaviour of an individual. Attitude serves the functions of bringing together the different experiences to which a person is exposed and developing them into a cohesive, organized whole^{16,17}. It is by attitude and belief systems of an individual that environmental perceptions have meanings. The effect is that, attitudes may be rigidly stacked to, rather than helping a person read his surroundings and the activities going on in becoming the perception. Research showed that many mothers are not practicing Exclusive breastfeeding because of poor knowledge which result in poor attitude towards it. For instance, identified negative attitude of women towards breastfeeding due to insufficient breast milk, fear of weight gain, breast sagging, pain, sleep deprivation, exhaustion or maternal employment. Undeniably, of the 6.9 million children under five years who were reported dead globally in 2011, an estimated 1 million lives could have been saved by undemanding and accessible practices such as exclusive breastfeeding¹⁸. Subsequently, the¹² have recommended exclusive breastfeeding for six months, followed by beginning of complementary foods and sustained breastfeeding for 24 months or more. The practice of not giving breast milk has related to unexpected infant death syndrome and other neonatal morbidity and mortality.

Breastfeeding can save premature infants from life intimidating gastro-intestinal diseases such as necrotizing enterocolitis. It lessens the occurrence of otitis media, severe bacterial infections such as meningitis, bacteremia, lower respiratory infections and botulism^{19,20}. As beneficent as exclusive breastfeeding is to the child, it has been observed that many working-class nursing mothers have inappropriate attitude towards breastfeeding. This could be due to long hours of work, work stress or lack of awareness of the benefit of exclusive breastfeeding. The inappropriate attitude could also be negligence, the thought of maintaining full round breast or the feeling of wanting to train the child not to overfeed. It can also be observed that many children in the Nigerian societies are prone to sicknesses and diseases such as polio, kwashiorkor, typhoid, malaria, among others. This will leave one to wonder if these children are exclusively breastfed. This could be why item four of the eight Millennium Development Goals centers on reducing child mortality by two-thirds between 1990 and 2015; though, this step in African countries is deficient in accomplishing this goal. Even though many researches have worked on exclusive breastfeeding, for instance,²¹ worked on trends in exclusive breastfeeding. The findings showed that many working-class women do not have appropriate

attitude towards exclusively breastfeeding their babies. It is on this basis that this study investigated the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding.

Methodology

Research Design

As the study is a qualitative type, the descriptive survey method was adopted for this study. The descriptive survey method explains a phenomenon, problem, attitude or issue in its true picture. This study considered descriptive survey appropriate since the researchers are interested in finding out the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding.

Sample and Sampling Technique

The population for this study consisted of all working-class nursing mothers who are in full-time employment. A three-stage sampling procedure was adopted in selecting the samples for the study. At stage 1, simple random sampling technique was used to select 4 Local Government Areas (LGAs) in Lokoja metropolis. At stage two the simple random sampling technique was again adopted to select 2 communities in each of the LGAs in the metropolis. This sampling techniques allows for fair representation of all communities in Lokoja metropolis. At stage 3, in each community, the purposive sampling technique was used to deliberately select twenty-five nursing mothers who were willing to participate in the study. The objective of adopting this procedure was to choose a group of participants who possess the characteristics of the population of interest so that the study results can be generalized. This made a total of Two hundred respondents that participated that participated in the study.

Instrumentation

A questionnaire was used in this study because it could be administered to larger numbers of respondents concurrently, with uniform instructions and explanations. The instrument which was designed by the researcher was titled 'Attitude of towards Exclusive Breastfeeding Questionnaire'; it consisted of Fifteen items patterned along four points Likert rating scale of Strongly Agree, Agree, Disagree and Strongly Agree. The modality for scoring the instrument ranges from 4 to 1 (4,3,2,1) since the constructed items are positive statements. So, the average score any respondents can obtain is $4+3+2+1=10/4=2.5$. This follows that mean scores from 2.5 and above indicated positive attitude towards exclusive breastfeeding while mean score below 2.5 were regarded as negative attitude toward breastfeeding. However, if out of the 15 items, more than seven items have mean scores of 2.5

and above, then respondents were regarded as having negative attitude toward exclusive breastfeeding. If on the other hand, more than seven items have mean scores of less than 2.5, then respondents were regarded as having positive attitude towards breastfeeding. To measure the content validity of the instrument used, the researcher submitted the draft to the questionnaire to 5 experts in the Departments of Counsellor Education and Adult & Primary Education, University of Ilorin, Nigeria. Their corrections and recommendations were incorporated in the final draft of the instrument. The reliability of the instrument was ascertained through test re-test reliability method with a reliability coefficient of 0.83. ANOVA statistical method was used to test the hypotheses at 0.05 alpha level.

Procedure for Data Collection

The instrument for the study was administered by the researchers with the assistance of two trained personnel. This enabled the researchers to interact with the respondents which facilitated a high rate of return

and reduced errors that are likely to occur because of misconceptions about the instruments.

Results

The distribution of respondents by age indicated that none of the respondents fall below 20 years, 114 (57.0%) of the respondents were between 21-30 years, 82 (41.0%) of the respondents are between 31-40 years while 4 (2.0%) of the respondents are above 40 years. The demographic data showed that 28 (14.0%) of the respondents are self-employed, 64 (32.0%) are private sector workers while, 108 (54.0%) are Government workers. The distribution of respondents by educational qualification revealed that 40 (20.0%) hold NCE/OND certificate, 114 (72.0%) hold Fst degree/HND certificate while 16 (8.0%) hold Master's Degree and above.

The mean and rank order of attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding. Only 5 items on the table have mean scores above 2.5, this implies that the

Table 1:
Mean and Rank Order of Attitude of working-class nursing mothers towards Exclusive Breastfeeding

Item No.	I feel that exclusive breastfeeding:	Mean	Rank
5	makes the baby too attached to the mother	3.40	1 st
8	distracts mothers in their work places	2.86	2 nd
7	will not make the baby feed well after 6 months of life	2.82	3 rd
3	takes a lot of time	2.76	4 th
4	it's too tedious	2.60	5 th
2	could sag my breast	2.44	6 th
12	will not satisfy the baby	2.42	7 th
13	will make me lose weight	2.42	7 th
6	makes the baby to lose body nutrients	2.30	9 th
9	when breastfed for a long time negatively affect the child	2.14	10 th
14	can cause mother to child transmission of diseases	2.00	11 th
4	makes the child to overfeed	1.94	12 th
11	will affect my health	1.84	13 th
15	Will make the baby sick	1.58	14 th
10	Will reduce my beauty	1.55	15 th

Table 2:
Analysis of Variance (ANOVA) on the Attitude of working -class nursing mothers on towards Exclusive Breastfeeding based on Age

Age Diff.	SS	df	MS	Cal. F	Crit. F	Decision
Between group	55.198	2	27.599	0.66	3.00	Not Rejected
Within group	8253.682	197	41.897			
Total	8308.880	199				

Table 3:
Analysis of Variance (ANOVA) on the Attitude of working -class nursing mothers towards Exclusive Breastfeeding based on Type of Occupation

Type of Occupation	SS	df	MS	Cal. F	Crit. F	Decision
Between group	2540.865	2	1270.433	43.39*	3.00	Rejected
Within group	5768.015	197	29.279			
Total	8308.880	199				

P<0.05

Table 4: Duncan Multiple Range Test (DMRT) Showing Direction of Difference in the Attitude of working -class nursing mothers towards Exclusive Breastfeeding based on Type of Occupation

Duncan Grouping	Mean	N	Rank	Type of Occupation
A	32.93	108	1	Government Worker
B	35.81	64	1	Private Worker
C	*43.57	28	2	Self Employed

Table 5: Analysis of Variance (ANOVA) on the Attitude of working -class nursing mothers towards Exclusive Breastfeeding based on Educational Attainment

Educational Attainment	SS	df	MS	Cal. F	Crit. F	Decision
Between group	635.924	2	317.962	8.16*	3.00	Rejected
Within group	7672.956	197	38.949			
Total	8308.880	199				

Table 6: Duncan Multiple Range Test (DMRT) Showing Direction of Difference in the Attitude of working -class nursing mothers Towards Exclusive Breastfeeding based on Educational Attainment

Duncan Grouping	Mean	N	Rank	Edu. Attainment
A	36.51	144	1	NCE/OND
B	35.50	16	1	1 st Degree/HND
C	*31.50	40	2	Master's Degree & above

attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding is positive. Working-class mothers do not feel that exclusive breastfeeding could sag their breasts, will not satisfy the baby, will make them lose weight, makes them baby to lose body nutrients, when breastfed for a long time negatively affect the child among others.

The Analysis of Variance on the attitude of working-class nursing mothers indicated that the calculated F-value is 0.66 while the critical F-value is 3.00. Since the calculated F-value of 0.66 is less than the critical F-value of 3.00 at 0.05 level of significance, the hypothesis is therefore, not rejected. This means that there is no significant difference in the attitude of working-class nursing mothers towards exclusive breastfeeding based on age.

The Analysis of Variance on the attitude of working-class nursing mothers indicated that the calculated F-value is 43.39 while the critical F-value is 3.00. Since the calculated F-value of 43.39 is greater than the critical F-value of 3.00 at 0.05 level of significance, the hypothesis is therefore, rejected. This means that there is a significant difference in the attitude of working-class nursing mothers towards exclusive breastfeeding in Lokoja Metropolis based on type of occupation. The Duncan Multiple Range Test of the differences noted showed respondents who are self-employed contributed most to the difference.

The Analysis of Variance on the attitude of working-class nursing mothers indicated that the

calculated F-value is 8.16 while the critical F-value is 3.00. Since the calculated F-value of 8.16 is greater than the critical F-value of 3.00 at 0.05 level of significance, the hypothesis is therefore, rejected. This means that there is a significant difference in the attitude of working-class nursing mothers towards exclusive breastfeeding based on educational attainment. The Duncan Multiple Range Test of the differences noted showed respondents who have Masters' Degree and above contributed most to the difference contributed most to the difference.

Discussions

The findings of this study revealed that the attitude of working-class nursing mothers in Lokoja Metropolis toward exclusive breastfeeding is positive. Working-class nursing mothers did not feel that exclusive breastfeeding could sag their breasts, will not satisfy the baby, will make them lose weight, makes them baby to lose body nutrients, when breastfed for a long time negatively affect the child among others. The reason for this finding could be that an unexplainable affection and attachment exist between mothers and their children; mothers will want their children feed and grow well. This might be why the respondents have positive attitude towards exclusive breastfeeding. This finding negates²¹ who found that the attitude of mothers towards appropriate feeding practices is negative.

Hypothesis one which stated that there is no significant difference in the attitude of working-class

nursing mothers in Lokoja Metropolis towards exclusive breastfeeding based on age was not rejected. This implies that varying ages of working-class mothers in Lokoja Metropolis do not influence their attitude towards exclusive breastfeeding. This could be that the respondents are all mothers and they must breast feed their babies either exclusively or not irrespective of their ages. This finding tally with that of Subbiah²² which showed that age of mothers does not influence their attitude toward exclusive breastfeeding.

Hypothesis two which stated that there is no significant difference in the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding based on type of occupation is rejected. This means that the type of occupation that working-class mothers in Lokoja Metropolis engaged in have considerable influence on their attitude towards exclusive breastfeeding. Further analysis showed that mothers who are self-employed contributed most to the differences noted. This could be that the nature of self-employment permits one to resume and close from work at any time and it does not warrant reporting to any superior. This could be why the respondents who are self-employed responded differently. This finding negates the findings²³ that type of occupation could cause or lead mothers to developing negative attitude towards exclusive breastfeeding hence making it influence mother's attitudes.

Hypothesis three which stated that there is no significant difference in the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding based on educational attainment is rejected. This means that educational attainment influences the attitude of working-class nursing mothers in Lokoja Metropolis. Further analysis showed that mothers who have NCE/OND contributed most to the differences. The reason for this could be that lower degrees could mean lower rank at work. This could also mean limited freedom at work to practice exclusive breastfeeding. This finding negates²⁵ that educational attainment does not influence the attitude of mothers towards exclusive breastfeeding.

Conclusion

The attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding is positive. There was no significant difference in the attitude of working-class nursing mothers in Lokoja Metropolis towards exclusive breastfeeding on the bases of age while, there were significant differences based on type of occupation and educational attainment.

Implications for Counselling Practice

The finding of this study showed that the attitude of working-class nursing mothers towards exclusive breastfeeding in Lokoja Metropolis is positive.

Therefore, counsellors should:

1. encourage mothers to take the pain of breastfeeding exclusively for the benefit of their children.
2. ensure continuous awareness on the benefit of exclusive breastfeeding to help mothers maintain their positive attitude towards it.
3. liaise with Government to extend maternity leave to enable working-class nursing mothers the opportunity to practice exclusive breastfeeding.
4. encourage and counsel working-class mothers to adopt benefitting coping strategies so that they can maintain their positive attitude towards exclusive breastfeeding of their babies.

Recommendations

Recommendations are made that:

- Maternity leave be should extended for working-class mothers in private and government sectors to the tune of 6 and 12 months respectively. This would allow for the practice of exclusive breastfeeding among working-class nursing mothers and will also ensure healthy growth of their babies.
- Government and Private parastatals should remunerate and compensate working-class nursing mothers for the period that they are on maternity leave.
- Social workers should provide support to working-class mothers by helping them overcome the challenges they may have during exclusive breastfeeding.
- Health workers should further encourage working-class nursing mothers to practice exclusive breastfeeding.

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