

Effect of Exclusive Breastfeeding on Working Class Mothers accessing Antenatal/Postnatal Clinic

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Abstract:

Despite compelling evidence to support its use, the prevalence of EBF during the first six months of life has remained relatively low globally and in Nigeria specifically. This research evaluated working-class mothers' concerns about exclusive breastfeeding (EBF) at the Federal Medical Center in Keffi, Nasarawa State, Nigeria. Research has also indicated that children who did not get EBF have a high neonatal mortality rate. A suitable sample of 60 working-class moms was selected to take part in the study using a quantitative descriptive cross-sectional survey. Simple percentage analysis was used to examine the data. The results indicated that 33.3% of the population was between the ages of 31 and 35. About 46.67% of them nursed their three biological children. Approximately 66.67% of them have a bachelor's degree as their highest level of education. The reasons for the low rate, difficulties, and proactive intervention strategies of EBF were supported by 60%, 66.67%, and 60% of the participants, respectively. Financial limitations were cited by every responder as a primary factor in the low EBF rate. The majority of respondents (66.67%) believe that a brief maternity leave is a barrier to using EBF. In order to increase their awareness, the researcher suggests attending refresher courses or training on EBF. Additionally, the Nigerian State Ministries of Health should extend the duration of maternity leave for working-class mothers and provide financial assistance to all nursing moms.

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Introduction

Breastfeeding provides significant health benefits for both mothers and infants, particularly when practised exclusively during the first six months of life. Breast milk offers all the essential nutrients a baby needs in this critical stage and protects against diseases such as diarrhoea and pneumonia. The World Health Organization (WHO) (2012) advocates for exclusive breastfeeding (EBF), which involves feeding infants only breast milk—excluding water, formula, or solid food except for oral rehydration solutions or prescribed vitamins and medications. Numerous clinical and theoretical studies affirm the long-term advantages of EBF, including reduced risks of childhood obesity and enhanced cognitive development. Yet, despite widespread support for EBF from global health institutions such as the American Academy of Pediatrics (AAP), the United States Breastfeeding Committee (USBC), and WHO, its consistent practice remains limited, especially among working-class mothers.

Empirical research, such as the meta-analysis by Remley et al. (1999), demonstrates that children who are exclusively breastfed tend to perform better on cognitive tests than their formula-fed peers. However, some scholars argue these results might be influenced by factors like maternal education and socioeconomic background. Nevertheless, leading health bodies continue to uphold EBF as the biologically optimal feeding method for infants, stressing that it strengthens immunity and supports healthy growth. WHO (2012) estimated that about one million child deaths could have been prevented in 2011 alone with the universal adoption of exclusive breastfeeding. These findings highlight the importance of promoting breastfeeding practices globally, regardless of socio-economic status, to ensure all infants receive a healthy start in life.

Despite these recommendations, certain groups particularly working-class mothers face unique challenges in practising exclusive breastfeeding. Barriers such as lack of maternity leave, inadequate workplace support, and limited access to health education complicate adherence to EBF guidelines. In Nigeria, and specifically in Nasarawa State, there is a lack of focused research on the specific experiences of working mothers seeking care at tertiary health facilities. Without targeted studies, the challenges these women face remain underexplored, making it difficult to design effective interventions. Addressing these gaps is vital to understanding how social and economic realities hinder EBF and what can be done to mitigate them.

In this context, the present study seeks to examine the challenges working-class mothers encounter regarding exclusive breastfeeding at the Federal Medical Center, Keffi, Nasarawa State. The study aims to identify the causes of the low rate of EBF among these women, explore the difficulties they face in accessing prenatal and postnatal care, and propose practical solutions. By focusing on this population, the research intends to inform policy and programming that support breastfeeding among economically disadvantaged mothers, helping to ensure that all children have access to the health benefits of exclusive breastfeeding, regardless of their family's socio-economic status.

Literature Review

Breastfeeding, as a concept and practice, has long been subject to varied interpretations due to cultural, biological, and behavioural diversity. When the Interagency Group for Action on Breastfeeding convened in 1988, they recognised that the term “breastfeeding” failed to



capture the wide array of behaviours associated with it, thus causing inconsistencies in definitions and hindering comparative research (Krasovec & Labbok, 1990). Labbok (2001) reinforced the cultural and physiological significance of breastfeeding, asserting it is a shared biological experience among women that aids not only in infant nutrition but also supports maternal health by enhancing postnatal recovery and promoting maternal bonding. This underscores breastfeeding's dual benefits facilitating infant development while preserving the mother's physical and emotional well-being.

Exclusive breastfeeding (EBF), a refined subset of breastfeeding, has undergone definitional evolution, particularly with the World Health Organization (WHO) playing a pivotal role. Initially, EBF included breast milk in combination with supplementary feeding. However, in 2001, WHO revised its stance, defining EBF as the sole provision of breast milk either directly from the breast or expressed for the first six months of life, with the exception of prescribed drops or syrups of vitamins, minerals, or medicines (Patricia et al., 2007; Okafor et al., 2019). This exclusive approach is based on evidence suggesting that optimal infant nutrition and immunity can be achieved without introducing any other liquid or solid during the early stages of life. Despite the clarity in its definition, the practical implementation of EBF remains uneven due to multiple social and economic constraints.

A growing body of research identifies significant challenges that hinder the practice of exclusive breastfeeding, particularly among working-class mothers. Joshua et al. (2019) listed constraints such as work demands, limited breast milk production, painful breastfeeding experiences, and lack of access to nutritious food. Gbagbo et al. (2020) categorised these obstacles into workplace-related challenges including insufficient maternity leave, inflexible working hours, and inadequate institutional support and informational challenges, where mothers lack proper guidance on EBF. Raje et al. (2018) and Danso (2014) further added that full-time employment and social influences from family discourage mothers from adhering to EBF. These findings reveal a pattern where working conditions and societal dynamics combine to suppress the practice of EBF, despite its known health benefits for both mother and child.

The Theory of Planned Behavior (TPB) provides a compelling lens through which to examine mothers' attitudes and practices regarding exclusive breastfeeding. Developed by Icek Ajzen, TPB posits that human behaviour is guided by behavioural intention, attitude towards the behaviour, and perceived social norms (Ajzen, 1991 in Asare, 2015). In the context of EBF, working-class mothers must first form a positive intention to practice it, assess its benefits or drawbacks, and evaluate their ability to meet social and workplace expectations. Many mothers may acknowledge EBF's health advantages but still fail to adopt it due to unfavourable workplace norms and insufficient support structures. TPB highlights that even well-informed intentions can falter when external barriers overshadow internal motivation, especially in rigid employment environments.

In complement to TPB, Rational Choice Theory (RCT) also sheds light on the decision-making processes of working-class mothers concerning EBF. Stemming from the ideas of Adam Smith, RCT argues that individuals make decisions based on rational evaluations to maximise personal benefit (Owumi & Sakiru, 2013). For mothers in economically constrained situations, the decision not to practice EBF often stems from rational considerations, such as



maintaining employment or balancing work-family demands. Despite the health incentives of EBF, if workplace policies do not accommodate prolonged maternal leave, many mothers logically choose job security over six months of exclusive nursing. Thus, EBF becomes less about maternal choice and more about navigating competing priorities within restrictive social and economic contexts. Through TPB and RCT, it becomes evident that successful EBF promotion must extend beyond awareness campaigns to include structural changes in workplace policies and social support systems.

Methodology

In order to thoroughly document the features, such as the circumstances of working class women attending prenatal and postnatal care at the Federal Medical Center Keffi Nasarawa State, the study will use a descriptive research approach. The complete group of people that the researcher wants to draw conclusions from is referred to as the target population (Khan, 2012). Working-class moms at the Federal Medical Center in Keffi, Nasarawa State, were the study's target group. These moms have nursed at least one to four children. Primiparous expecting moms were not included in the research. Additionally, excluded were those who met the requirements but chose not to take part.

Convenience sampling, often referred to as inadvertent or incidental sampling, is a non-probability sampling approach that selects research participants or items based on their accessibility (Burns & Groove, 2010). The convenience sampling approach method was selected due to its ease of use and the time and cost savings it offered. Solving the Taro Yama formula (1960) yielded the sample size, which is as follows:

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{71}{1 + 71(0.05)^2}$$

$$n = \frac{71}{1 + 71(0.0025)}$$

$$n = \frac{71}{1 + 0.1775}$$

$$n = \frac{71}{1.1775}$$

$$n = 60$$

Where n= sample size, N=Population size, e= margin of error.

60 people, or 10% of the population, make up the research sample.

The researcher employed a self-made questionnaire comprising four sections to collect data. Section A focused on demographics, while Sections B and C explored the causes of low exclusive breastfeeding rates, associated challenges, and possible solutions. The instrument's validity was ensured through alignment with research objectives and supervisor review. It was designed for clarity and concise responses. Data analysis involved descriptive statistics using simple percentages, with the results presented in tables and charts for clarity and ease of interpretation.

Results and Discussion of Findings

Simple percentages were used to evaluate all of the data. Tables and charts were used to display the outcome. According to the study's goals, the chapter also discusses the results of a comparison between the current findings and those of earlier research on the issue.



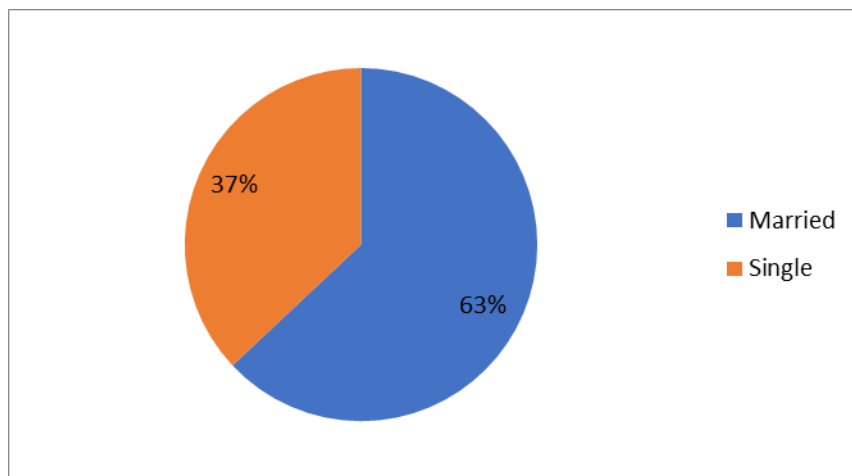
Table 1: Age of respondents

AGE	FREQUENCY	PERCENTAGE
18-25	10	16.6
26-30	18	30.0
31-35	20	33.3
Above 35	12	20.0
TOTAL	60	100.0

Source: Field Data, 2024

Marital Status

The results showed that 38 (63%) were married and 22 (37%) were single. This indicates that almost two-thirds of those surveyed were married. The pie chart that follows shows the respondents' marital status.

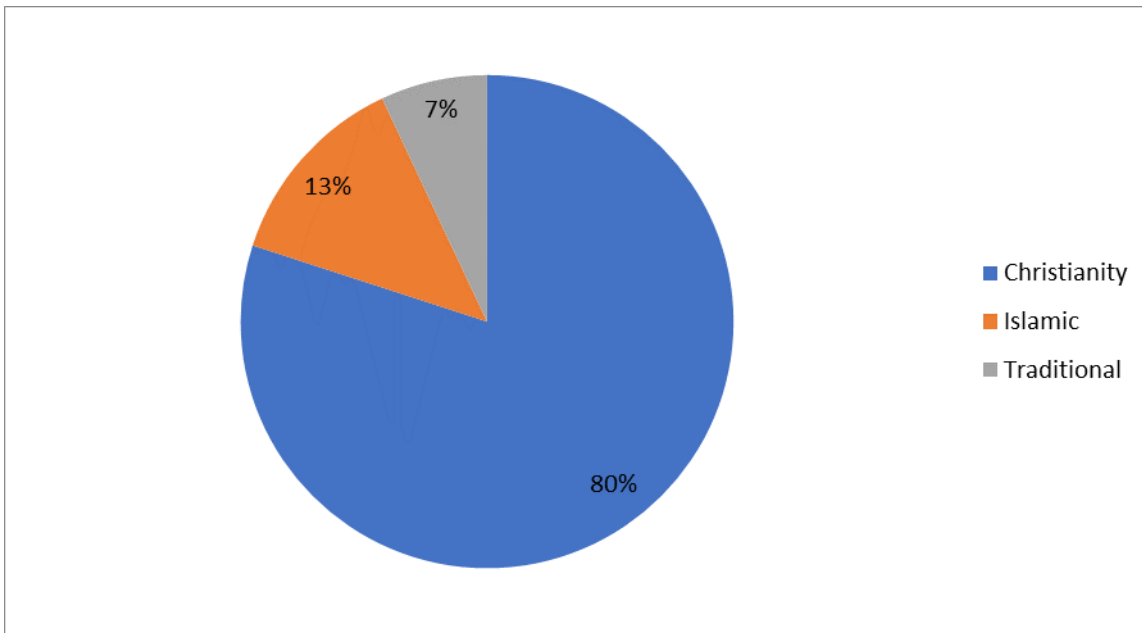
Fig 1 Showing Marital Status of respondents

Source: Field data, 2024

Religion

Of the respondents, 48 (80.0%) identified as Christians, 8 (14.0%) as Muslims, and 4 (7.0%) as traditionalists, according to the data. Christians make up the majority of those who identify as religious.

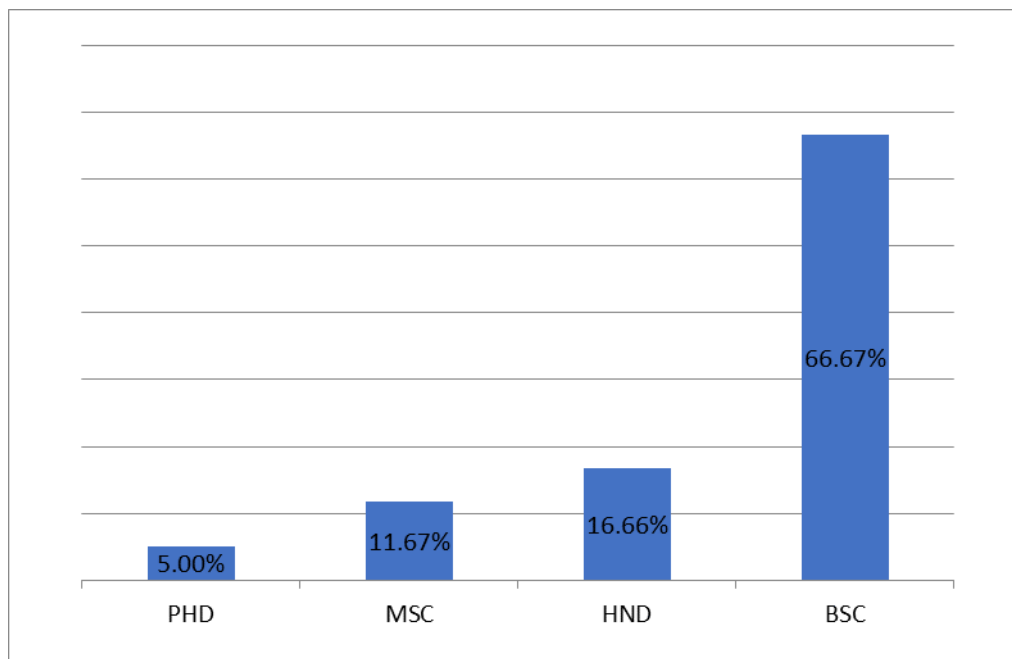
Fig 2: Showing the religion affiliation of the respondents



Source: Field data, 2024

Educational Qualifications:

Forty (66.67%) of the 60 responders, or the majority, possessed a bachelor's degree. Ten people (10.66%) had a higher national diploma (HND). However, 7 (11.67%) had a master's degree. Then three (5.0%) are Doctor of Philosophy (Ph.D.) graduates. According to the results, the majority of respondents had a Bachelor of Science (B.Sc.) degree, while the smallest percentage had a PhD. The results of the educational qualification were displayed below.



Responses on Causes of Low Rate of Exclusive Breastfeeding

Regarding the problems and reasons behind the low prevalence of exclusive breastfeeding, every respondent identified financial limitations as a primary problem or reason. According to the table below, around 27 (45.0%) of the respondents identified inadequate breast milk as the reason.

Table 2: Responses on causes of low rate of EBF

STATEMENT	YES		NO	
	F	%	F	%
Financial constraints	60	100.0	0	0.0
EBF IS Stressful	38	63.3	22	36.67
Less time due to work	32	53.3	28	46.67
Insufficient Breast milk	27	45.0	33	55.0

Source: Field data, 2024

Table 3: Responses on Challenges of EBF

STATEMENT	YES		NO	
	F	%	F	%
Work policies against breastfeeding	34	56.67	26	43.3
Short period of maternity leave	40	66.67	20	33.3
Health challenges	9	15.0	51	85.0
Inadequate information on EBF	38	63.3	22	36.67
Breast sagging	12	20.0	48	80.0

Source: Field data, 2024

Conclusion

The study's findings demonstrated that working-class moms are well-versed in exclusive breastfeeding. The study came to the conclusion that the participants had good health discussions on the reasons behind the low percentage of exclusive breastfeeding, as well as the difficulties and proactive intervention strategies. The low percentage of exclusive breastfeeding was attributed by all respondents to time restrictions and financial limitations brought on by their jobs. Additionally, working-class moms acknowledged that a significant obstacle to exclusive breastfeeding was a shorter maternity leave duration. It has also been revealed that working-class moms want both a better economic standing for women and more government recognition of exclusive breastfeeding.

Recommendations

The following suggestions were made in light of the study's results and conclusion. The media should be used as a platform to appropriately educate women on the necessity of exclusive breastfeeding, and mothers should get refresher awareness training to raise their morale on the topic in child, prenatal, and postnatal clinics. In order to prevent issues, nursing moms should be trained to disclose any difficulties they may be having. They would visit medical institutions throughout the prenatal and postnatal periods in order to be informed of the negative effects of not nursing exclusively on both the mother and the unborn child. Every woman should be evaluated in accordance with the WHO guidelines, and public health



professionals should properly monitor and supervise women who are exclusively nursing to ensure that the guidelines are being followed. Any deviations should be reported.

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