

Exclusive Breastfeeding Practices among Nursing Mothers in Zenith Bank Branches within Lagos Metropolis, Nigeria

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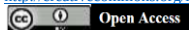
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ABSTRACT

The purpose of this study was to assess the exclusive breastfeeding among working class mothers in Zenith Bank branches within Lagos Metropolis Nigeria. The study adopted descriptive cross-sectional survey design. The sample size consisted of 195 women who work with Zenith Bank within Ikeja Local Government and have given birth to at least one child. The Statistical Package for Social Sciences version 25.0 was used to analyze the data.. The association between exclusive breast-feeding knowledge, attitudes, and practice was determined using odds ratio. Pearson's correlation was used to test the association between knowledge scores and attitude scores. The mothers who practiced exclusive breast feeding for six months were 28.2%. About 92.3% gave breast milk only as the first feed, 89.75% did not give post-lacteal, while 91.79% gave colostrum. There were positive associations between knowledge scores and attitude scores ($r=0.389$, $N=195$, $p<0.05$) on exclusive breastfeeding. Challenges to exclusive breastfeeding were breast problems, low milk production, inadequate leave and tight work schedule. In conclusion, mothers in this study had good knowledge and positive attitude towards exclusive breastfeeding, but the practice of exclusive breastfeeding for six months is lower than WHO recommendation.

Introduction

Breastfeeding is widely recognized as the optimal method for feeding infants, providing essential nutrients for growth and development, and fostering a strong bond between mother and child. For the first six months of life, exclusive breastfeeding is advised by the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF). After that, nursing should be continued with suitable supplemental foods for up to two years or longer (WHO, 2023). Despite these guidelines, breastfeeding habits varies greatly throughout communities and geographical areas due to cultural, social, and educational variables. Breastfeeding has several advantages for moms and babies. For newborns, breast milk provides a comprehensive supply of nutrients, supports immune system development, and reduces the risk of infections, allergies, and chronic illnesses such as obesity and diabetes (Victora et al., 2016). For mothers, breastfeeding promotes postpartum recovery, reduces the risk of breast and ovarian cancers, and enhances maternal-child bonding (Lessen & Kavanagh 2015).

Breastfeeding patterns in Nigeria are influenced by a complex interaction between modern influences, healthcare practices, and traditional beliefs. Despite the widespread practice of breastfeeding, exclusive breastfeeding rates are still below ideal. Just 29% of children under six months old were exclusively breastfed, according to the 2018 Nigeria Demographic and Health Survey (NDHS) (NPC, 2019). Low exclusive breastfeeding rates are caused by a number of factors, such as cultural beliefs, a lack of maternal awareness, and insufficient support from family members and healthcare professionals. The significance of maternal attitudes and knowledge in influencing breastfeeding patterns has been emphasized by numerous studies. Mothers who were more knowledgeable about breastfeeding were more likely to exclusively breastfeed, according to a study conducted in Southwestern Niger by Agunbiade & Ogunleye (2012).

In a similar vein, Onah et al. (2014) found that moms in Enugu, Nigeria, who had good views toward breastfeeding had longer breastfeeding durations. These results highlight the necessity of

ongoing instruction and assistance to encourage the best breastfeeding practices. In Nigeria, a number of obstacles to successful breastfeeding have been found. These include socio-cultural norms that encourage mixed feeding, lack of understanding about the benefits of exclusive breastfeeding, and restricted access to breastfeeding support services. (Ekure et al., 2013). Additionally, maternal employment and poor maternity leave rules sometimes impede moms from exclusively nursing their infants for the prescribed duration. (Sriraman & Kellams 2016). This study seeks to access exclusive breastfeeding behaviors among nursing moms in zenith bank branches throughout Lagos metropolis, Nigeria.

2.0 Methodology

2.1 Study Area: In 1967, Lagos State, sometimes referred to as the "Centre of Excellence," was established. It is situated in the southwest region of the federation and borders Ogun State to the north and east as well as the Republic of Benin to the west. It spans 180 km space, 22% of which 787 sq km is made up of lagoons and streams. It serves as the commercial hub for all Nigerians and is home to a majority of Nigerians from various cultural along the Atlantic Ocean's southern shore, taking up 3,577 sq km of backgrounds. The capital of Lagos State and one of the twenty Local Government Areas (LGAs) of Lagos State, Southwest Nigeria, is Ikeja. With districts like Magodo, Oregun, Alausa, Ogba, Akiode, Opebi, GRA, Anifowoshe, Allen, and Agidingbi, the LGA is mostly an urban region. Ikeja LGA has a population of around 946,713 people, with residents from a variety of ethnic backgrounds. Both Christianity and Islam are widely practiced in the region, and Yoruba and English are widely spoken as well. Among the well-known places in Ikeja LGA are the Murtala Muhammed International Airport, the Ikeja Bus Terminal, the late Fela Anikulapo Kuti's New Afrika Shrine, and Lagbaja's Motherland. (Extracted from Lagos State data for 2018)

Population of the Study

Working-class mothers in the Zenith Bank area in Lagos State's Ikeja Local Government area participated in this research. Working class mothers were chosen for this study because of their demanding and tight work schedules, which increase the likelihood that they won't nurse their babies for the advised period of time. There are 33 branches in the Ikeja Local Government, according to statistics obtained from the Zenith Head Office, and an average of 12 moms can be found in each branch. An estimated 396 people participated in the study. This research only included women who were employed by Zenith Bank and had given birth to at least one child.

Sample size Determination

Using Cochran's formula, the sample size was determined to be $n = 317$

The target population was small (less than 10,000), hence a final sample estimate was made with the formula below:

N represents the size of the population, n is the sample size, and n_o represents the estimated sample

$$n = \frac{n_o}{1 + \frac{(n_o - 1)}{N}}$$

size for an infinite population.

$$n = \frac{317}{1 + \frac{(317 - 1)}{396}} = 176.4 \text{ (177) participants}$$

$$1 + \frac{(317 - 1)}{396} = 176.4 \text{ (177) participants}$$

To account for non-response, 10% of the calculated sample size was added.

$$10\% \text{ of } 177 = 17.7 \text{ (approximately 18)}$$

$$177 + 18 = 195 \text{ Thus, 195 people made up the entire sample.}$$

Sampling techniques The study's sample size (195) was calculated to be roughly half the estimated population size (396); consequently, every other name on the list of names in the sampling frame provided by Zenith Bank, Ikeja Local Government, was chosen to participate in this study until the desired sample size was reached, at which point the first respondent from the list was chosen using simple random sampling. Before sending out surveys, prospective participants were invited verbally and given the okay.

Data collection: Due to the lack of a validated standardized questionnaire, the present study's questionnaire was derived from studies of a similar kind that were carried out in Papua New Guinea and Saudi Arabia (Al-binali AM, 2012; Kuzma 2013) and adjusted to match the study's aims. Every day of

the two-week period saw data collection. Following a formal introduction by the researcher, informed consent was obtained before data collection began. The method of data gathering used was questionnaires.

Data Analysis: The Statistical Package for Social Sciences (SPSS) version 25.0 was used to analyze the data. To identify the relationships, odds ratio and person correlation were used.

Ethical issues

Ethical approval was obtained from Health Research and Ethics Committee of the Lagos University Teaching Hospital in Lagos, Nigeria before collection of data. Informed verbal consent was obtained from participants, who were assured of strict anonymity and confidentiality during this survey.

3.0 Results

3.1 Associations between exclusive breastfeeding knowledge, attitudes, and practices among mothers

Association between mothers knowledge on exclusive breastfeeding and their practices Using logistic regression, the chance of mothers acting on what they learned was assessed (Table 1). The suggested practice was not significantly correlated with proper understanding of timely breastfeeding beginning (OR = 1.457; 95% C.I. 0.355- 5.982; $p = 0.599$). Contrarily, people who were aware that breast milk ought to be given to infants as their first feeding were less likely to offer them other foods (OR = 0.014; 95% CI 0.005 - 0.038; $p = 0.001$). In a similar vein, people who were aware that post-lacteals shouldn't be given to infants were eight times more likely to refrain from doing so for their own children (OR = 7.993; 95% CI 3.158 - 19.929; $p = 0.001$).

Table 1

The likelihood of mothers practicing what they knew				
Knowledge and practice	N = 195	C.I. (95%)		p-value
	Odd ratio (OR)	Lower limit	Upper limit	
Knowledge				
Initiation time				
More than 1 hour	1			
Less than 1 hour	1.457	0.355	5.982	0.599
Breast milk is first meal				
Others	1			
Breastfed	0.014	0.005	0.038	<0.001*
Not to be given Post-lacteals				
Fed with post-lacteals	1			
Not fed with post-lacteals	7.933	3.158	19.929	<0.001*
Fed with colostrum				
Not fed with colostrum	1			
Fed with colostrum	55.636	16.669	85.667	<0.001*
Exclusive breastfeeding (EBF)				
EBF not practiced	1			
EBF practiced	7.50	2.91	19.33	<0.001*

*Significant at $p < 0.05$

Colostrum should be provided to the newborn, and those who understood this were 56 times more likely to do so (OR = 55.636; 95% CI 16.699 - 85.667; $p = 0.001$), whereas those who knew this were 8 times more likely to exclusively breastfeed their infants (OR = 7.50; 95% CI 2.91 - 19.33; $p = 0.001$). Therefore, the hypothesis (H01), which claimed that there is no meaningful relationship between mothers' behaviors and knowledge of exclusive breastfeeding, was rejected.

3.2 Association between mothers attitudes on exclusive breastfeeding and their practices

Using logistic regression, the chance that mothers' opinions would influence their behavior was also examined (Table 2).

Table 2

The likelihood that a mother practiced what they believed in.

Attitude and practice Aspects	<u>N = 195</u>			
<u>C.I. (95%)</u>				
Attitudes	Odd ratio (OR)	Lower limit	Upper limit	p-value
Initiation				
Started after an hour	1			
Started within 1 hour	3. 584	0. 929	13. 826	0. 049*
The first feeding after birth should be breastmilk				
Fed with pre-lacteals	1			
Fed with only breast milk	1. 125	1. 015	1. 247	< 0.001*
Shouldn't feed with post-lacteals				
Fed with post-lacteal	1			
Not fed with post-lacteal	0.332	0.153	0.716	<0.001*
Give colostrum				
Did not give colostrum	1			
Gave colostrum	7.877	2.176	28.514	<0.001*
Exclusive breastfeeding				
Didn't breastfeed exclusively	1			
Exclusively breastfed	1. 782	0. 374	8. 495	0. 463

**Significant at $p < 0.05$*

Breastfeeding was four times more likely to begin within the required one hour for mothers who had a favourable attitude toward prompt beginning (OR = 3. 584; 95% CI 0. 929 - 13. 826; $p = 0. 049$). Similar to this, individuals who believed that breastfeeding should be the infant's first food were more likely to do so (OR = 1. 125; 95% CI 1. 015 - 1. 247; $p = 0. 001$). Post-lacteals were less likely to be given to children by those who had a negative attitude toward them (OR = 0. 332; 95% CI 0. 153 - 0. 716; $p = 0. 001$). While the attitude toward exclusive breastfeeding was not significantly linked with advised practice (OR = 1. 782; 95% CI 0. 374 - 8. 495; $p = 0. 463$), those who had a favourable attitude about administering colostrum were eight times more likely to do so (OR = 7. 877; 95% CI 2. 176 - 28. 514; $p = 0. 001$). Therefore, the hypothesis (H02), which claimed that there is no discernible relationship between mothers' beliefs and practices regarding exclusive breastfeeding, was rejected.

3.3 Association between mothers knowledge on exclusive breastfeeding and their attitudes

Using logistic regression, it was also examined if mothers' attitudes and knowledge were related (Table 3).

Table 3

Likelihood of a mothers attitude affecting her practices

Knowledge and attitude	<u>N = 1 95</u>			
<u>C.I. (95%)</u>				
Attitudes	Odd ratio (OR)	Lower limit	Upper limit	P - value
Timely initiation of breastfeeding				
Don't know	1			
Knew	2. 939	1. 577	5. 478	< 0.001*
To be fed with Pre-lacteal				
Had no idea pre-lacteals weren't advised	1			
Knew it weren't advised	0. 156	0.119	0.205	0.021*
Not to be fed with Post-lacteals				
Had no idea	1			
Knew it weren't advised	0. 215	0.092	0.503	<0.001*
Give colostrum				
Had no idea	1			



Practice Recommended	15. 813	4.942	50.598	<0.001*
Exclusive breastfeeding is good				
Had no idea	1			
Practice Recommended	11. 323	3. 459	37. 072	< 0.001*

**Significant at $p < 0.05$*

Mothers were three times more likely to know that prompt initiation was advised if they had a good attitude toward it (OR = 2. 939; 95% CI 1. 577 - 5. 478; $p = 0. 001$). Pre-lacteals are not advised for use, however those who had a favourable attitude toward administering them were less likely to know this (OR = 0. 156; 95% CI 0. 119 - 0. 205; $p = 0.021$). Similar to this, individuals who had a favourable outlook on administering post-lacteals were less likely to be aware that doing so is not advised (OR = 0. 215; 95% CI 0. 092 - 0.503; $p = 0. 001$). In comparison, those who had a positive attitude toward practicing exclusive breastfeeding were 11 times more likely to know that it is the recommended practice (OR = 11. 323; 95% CI 3. 459 - 37. 072; $p = 0. 001$) than those who had a positive attitude toward giving colostrum (OR = 15. 813; 95% CI 4. 942 - 50. 598; $p = 0.001$). Therefore, the hypothesis (H03), which claimed that there is no meaningful relationship between mothers' attitudes and knowledge of exclusive breastfeeding, was rejected.

3.4 Association by knowledge scores and attitude scores

To ascertain the relationship between knowledge scores and attitude scores, a Pearson's correlation was performed (Table 4).

Table 4

Association between knowledge scores and attitude scores

Pearson's correlation test	N = 195	
	R	r2 P - value
Knowledge score and attitudes scores	0. 389	0. 51 < 0. 001*

**Significant at $p < 0.05$*

Maternal knowledge and attitude scores showed a somewhat favourable connection ($r = 0. 389$, $N = 195$, $p 0. 05$). The more information a mother had, the more supportive she was of the advised exclusive breastfeeding methods.

4.0 Discussion

It was shown that the majority of mothers were aware of the importance of breastfeeding, that giving colostrum to a baby is vital and essential for their growth, and that giving pre- and post-lacteals is not recommended. Furthermore, a greater percentage of moms (89.22%) stated that a newborn should be breastfed during the first hour of life. This is higher than the study by Ikegwu et al. (2021), which discovered that 59.1% of moms began nursing within an hour. The majority of mothers nursed their infants for the first hour after delivery, gave them only breast milk as their first meal, and gave them nothing else after introducing breastmilk, according to the practices. Only 28.20% of mothers actually nursed their infants exclusively for six months, though. Some mothers reported having trouble feeding their babies exclusively. These include limited milk production, maternal illness, screaming nursing babies, problems with the breasts (pain when nursing, clogged nipples, etc.), insufficient vacation time, and a demanding work schedule. Only 29% of Nigerian women exclusively nursed their newborns, according to the 2018 National Demographic Health Survey. It also aligns with Osibogun et al.'s 2018 survey, which found that 28.5% of working mothers exclusively breastfed their babies for six months.

According to a 2021 study by Ikegwu et al., 81.8% of mothers exclusively nursed their children for six months. Data from 112 moms were analyzed using the survival analysis approach. The current study's median EBF duration of three months was less than the five months that Chudasama et al. (2009) reported for 498 mother-infant pairs in the South Gujarat region of India five years prior. Conversely, the current study's median EBF duration is comparable to the three months reported by Setegn et al. (2012) among 608 mothers in Southeast Ethiopia's Goba district. It is noteworthy, nonetheless, that the median duration of EBF recorded in this study was greater than the national period of half a month but less than seven months reported by the National Population Commission in Southwest Nigeria (2008). The current study found that the end of the first month was the month when the greatest number of women stopped using EBF. This result may be explained by the impact of returning to work. In Nigeria,

working moms are typically granted 12 weeks of maternity leave, or around three months. In these situations, moms are advised to supplement infant formula before three months of age in order to help their babies become used to bottle feeding. This problem may also be exacerbated by maternal exhaustion and the challenge of balancing the demands of employment and breastfeeding. The results suggest that it should be a top priority to enact and implement laws that assist working moms who wish to exclusively breastfeed. These laws include extending maternity leave to encourage moms to exclusively breastfeed their infants in order to enhance child health outcomes, as well as establishing work settings that are conducive to nursing.

Two groups of infants those of first birth order and those of second or higher birth order—were asked about their experiences with exclusive breastfeeding (EBF). Infants with second or more order were shown to have a considerably longer median duration of EBF. This observation may be connected to their moms' prior breastfeeding experiences. There is ongoing debate over the impact of mother parity on the length of EBF. While some writers have found that EBF lasts longer when parity is lower, others have found that EBF lasts longer when parity is higher (Wojcicki, 2011). According to a different study (Seid et al., 2013), parity had no discernible impact on the length of EBF. Positive personal experiences seem to encourage moms to practice EBF with subsequent babies, whilst unpleasant experiences seem to have the opposite effect.

Once more, personal motivation may persuade a mother who had a bad experience the first time to try EBF again. As a result, the degree to which motivation and prior experiences influence EBF will vary among mother cohorts. The current study found that a longer duration of EBF was linked to a prenatal EBF plan using prenatal feeding recommendations. This result was consistent with a study of mothers in Northwest Ethiopia's Bahir Dar City (Wojcicki, 2011). Planning, greater readiness, and dedication to achieving EBF may be responsible for this. Similarly, the postnatal feeding advice was associated with longer duration of EBF

5. Conclusion

Mothers employed by Zenith Bank Plc in Lagos State's Ikeja Local Government Area are highly knowledgeable about exclusive breastfeeding. Most mothers have a positive opinion of the recommended exclusive breastfeeding practices. While many moms were unable to breastfeed exclusively for the whole six months, most mothers adhered to the WHO/UNICEF guidelines. Just 28.2% of mothers exclusively breastfed for six months. The mothers had to deal with challenges like limited milk supply, breast problems, a demanding work schedule, and insufficient leave. Since there is a relationship between knowledge and practice, attitudes and practice, and women's knowledge and attitudes toward exclusive breastfeeding, all three hypotheses were refuted

Recommendation

We suggest that the Ministry of Health's Division of Nutrition, the Health Division of Ikeja Local Government, and other relevant organizations prioritize strengthening post-natal education on how to deal with exclusive breastfeeding challenges at health facilities and places of employment. The gaps in exclusive breastfeeding education, such as the benefits it offers mothers, knowledge and practice on complementary feeds and breastfeeding on demand, should be filled by making sure that all mothers attending pre and postnatal clinics are given more maternity leave, and nursing mothers receive the support they need.

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