Abstract: The study on working mothers attitude and practice of exclusive breastfeeding in AMAC. The respondents were selected through simple random sampling. In all a total of 324 were sample for the study. Data was collected randomly from various immunization clinics in AMAC, and analyzed using simple percentage 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 breastfeeding, while 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 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.

Keywords: Working-Mother, Attitude, Practices, Exclusive-Breastfeeding, AMAC-ABUJA

1. INTRODUCTION

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 (Jones, 1993: Tiwari, Zahariya and 2008). 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 (Jone, 1993).

Exclusive breastfeeding is encouraged and recommended to all mothers worldwide with efforts being made both in the private and public sector as a way of achieving the Millennium Development Goals (MDGs) on improving maternal health. These efforts are also directed at reducing infant morbidity and mortality related to mixed-feeding as breast milk is very vital for the newly born babies. According to UNICEF (2010), exclusive breastfeeding is giving baby breast milk only and nothing else, not even sips of water except for medicines prescribed by the doctor or nurse for the first six months of life.

According to World Health Organization (2006), in 1991, United Nations International Children’s Fund (UNICEF) and World Health Organization (WHO) began an international campaign called Baby Friendly Hospital Initiative. This initiative was meant to promote, protect and support breastfeeding. Most hospitals in Nigeria have Baby Friendly Initiative. One of the ten steps for Baby Friendly Initiative states that there should be no advertising of formula products used for babies under six months. In line with this agreement, Nigeria prohibits the advertisement of such products on all media in an effort to promote exclusive breastfeeding.

Consequently, this necessitated the Innocent Declaration commendation of 1990 by WHO/UNICEF Policy makers that all infants should be fed exclusively on breast milk from birth to 6 months of age (Galtry, 2003). However, this clarion call is to be answered by all mothers, in our contemporary society women are actively involved in paid job which has strict laws and codes of conduct which may not enable them have adequate time, to practice exclusive breastfeeding. In this study the researcher sets out to unravel those socio-economic determinates of exclusive breastfeeding among
working mother's in AMAC in order to give recommendations that will help improve the rate of exclusive breastfeeding.

2. **Benefits of Exclusive Breastfeeding to the Children in Nigeria**

The advantages of exclusive breastfeeding are widely documented (Dana, price, Simon & Schuster 1987).

### 2.1. Provision or Colostrums

During the early days after delivery breastfeeding provides the baby with the benefits of colostrums. Colostrums is the premilk substance secreted by the breasts, until milk is produced usually about the second or third postpartum day. Colostrums is rich in all baby's essential need like vitamins, nutrients, fluids to help clear excess mucus from the or her mouth and throat, special laxative properties that help clear the baby's intestinal tract of meconium baby's first stool) and substances that prevent infections and allergies (Jones, 1993). Breastmilk provide all the nutrient and vitamins the baby needs at least for the four to six months after birth. The baby receives everything she needs for needs for optional healthy development from the mother's milk with no supplement (Jones, 1995).

### 2.2. Prevention of Diseases

Breastmilk contains immunologic factors and antibodies that help prevent a host of diseases. Antibodies are immune substances in blood and body fluids effective in fighting infections and other foreign substances in the blood. Breast milk contains antibodies which protect the infant from any infections and diseases, particularly infection of the intestinal tract since also there is no exposure to infected water, contaminated bottles amongst other containments the breastfed baby is far less susceptible to diarrhea, which in infants, is a potentially serious condition (Jones, 1993). Measles, ear infection, and respiratory illnesses (Unicef 2001). Those who are not breastfed fall sick more often and visit hospitals and clinics more often and have 50% lower survival rate than the breastfed children.

### 2.3. Development of the Teeth and Jaw, Reduction of In famiile Obesity And Meeting of Emotional and Psychological Needs

The body teeth and jaw develop best when the mother breastfeeds, suckling at the breast appears to lower the incidence of fault closure of the teeth malocclusion (Jones, 1993). Breastfeeding markedly reduced the chance of infants, obesity. Obesity in infantile can predispose the child to obesity later in life (Jones, 1993). Breastfeeding fills many of the baby emotional and psychological as well as psychological needs. Breastfeeding offers a special closeness that helps develop the material child relationship during the early months of life. At the same time it gives the baby the emotional and physical pleasure (Lawrence 1995).

### 2.4. Reduction in Infant Mortality and Neurodevelopment and Child Growth

Studies suggest decreased rates of sudden infant death syndrome in the first year of life and reduction in incidence of insulin dependent (typed 1 and non insulin dependent (type 2) diabetes mellitus, lymphoma and leukemia disease, overweight and obesity, hypercholesterolemia and asthma in older children and adults who were not breastfed (Kramarm, et al, 2001:414).

It has been proven that and child growth breastfeeding has been associated with slightly enhance performance on tests of cognitive development (Jones, 1993). Also, child that is breastfed will have better weight and growth gain and development.

### 2.5. Attitude and Mothers Exclusive Breastfeeding Practice

Research showed that a large number of mothers are not practicing Exclusive breastfeeding as a result of poor knowledge which result in poor attitude towards it.

For instance, Chetley (2003) identified negative perception of breastfeeding like insufficient milk, fear of weight gain, breast sagging, pain, sleep deprivation, exhaustion or maternal employment as the problems highlighted by poor attitude mothers who are not positive towards exclusive breastfeeding.

In the same vain inadequate knowledge or inappropriate practice of breastfeeding were identified as those factors which can lead to undesirable consequences which also affect mother's attitude.
Nevertheless, Mennela (2001) realized from his study that women who continued breastfeeding exclusively were more determined to success and overcome any barrier, relying mostly on family support and proper time management.

2.6. Attitude Solutions with Exclusive Breastfeeding Practice

Although exclusive breastfeeding is an important behavior that has been identified as related to improved health of mothers, infants and children as well as lower health care cost. Exclusive breastfeeding based on available evidence, achievements of these goals are still far from the desired progress. Exclusive breastfeeding practices including initiation and duration are influenced by multiple interwoven factors which include health, psychosocial, cultural, political and economic factors. Among these factors, decision regarding exclusive breastfeeding in low-income countries are influenced by education, employment place of delivery, family pressure, cultural values, and spouse support within the home.

To further explain, much research which looks at exclusive breastfeeding behavior shows that there are complex relationships to it which involves not only incentive, but disincentives as well. Often the disincentives outweigh the advantages for many women. These disincentives form any barriers to compliance with the breastfeeding recommendations. These common factors which affect exclusive breastfeeding practice are the mother returning to work outside of the home, the support of the other within the home and mother psychological I health (Chudasama, Patal and Kavishwar, 2009).

Gundelman et al., (2009) identified lacking job flexibility and psychosocial stress as the barriers to exclusive breastfeeding practice by working mothers. Further explanation puts in that one of the problems continually encountered by working mothers which tends to reduce the rate of exclusive breastfeeding is sex-specific, and therefore, cannot be viewed as gender neutral in child bearing. The act of breastfeeding becomes even more difficult because many do not consider exclusive breastfeeding to be critical for baby survival. Thus specific legislation on breastfeeding of the right to pump milk, lactation at work, extra package to boost breastfeeding working mothers still remain a mirage.

2.7. Study Area of Abuja Municipal Area Council (Amac)

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

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 Ketti-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.
Furthermore, the Area Council is clustered into 12 wards namely the Wuse ward, (owagwa ward, Kabusa ward, Nyanya ward, Orozo ward, Garki ward, city centre ward, Jiwa ward, Gui ward, Karu ward, Karchi ward and Gwarimpa ward.

Though its secretariat is at Area 10, Garki Abuja with some of the AMAC people being employed by Government a good number of them are engage in Agriculture, both crop cultivation and animal rearing, sculpture calving and trading. The bulk of federal Institutions, ministries and Embassies are located with the confines of the Area Council. This provides employment for the AMAC people making it possible for a great work force to concentrate with the Area.

2.8. Population of Study

The population of the study comprises of 778,567 people (census 2006). The people they are found in various parastals and ministers located in Abuja Municipal Area Council (AMAC) of Federal Capital Territory (FCT).

2.9. Data Analysis

A total of 324 questionnaires were administered out of which 305 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.

3. WORKING MOTHER’S ATTITUDES AND THEIR PRACTICE OF EXCLUSIVE BREASTFEEDING

3.1. 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

Table 1. Cross tabulation or working mothers level of knowledge of exclusive breastfeeding and their practice of exclusive breastfeeding

<table>
<thead>
<tr>
<th>Working mothers level of knowledge of exclusive breastfeeding</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice of Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Row Total</td>
</tr>
<tr>
<td>Frequency</td>
<td>198</td>
<td>1</td>
<td>199</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>99.5</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Column Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Frequency</td>
<td>87</td>
<td>16</td>
<td>103</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>84.5</td>
<td>15.5</td>
<td>100</td>
</tr>
<tr>
<td>Frequency</td>
<td>255</td>
<td>17</td>
<td>302</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>94.4</td>
<td>5.6</td>
<td>100</td>
</tr>
</tbody>
</table>

On the level of knowledge of exclusive breastfeeding and practice, the table 1 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".

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".
Working Mother Attitude and Practices of Exclusive Breastfeeding in Amac, Fct-Abuja

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

Table 2: Cross Tabulation of Working Mothers Attitude Towards Exclusive Breastfeeding and their Practice of Exclusive Breastfeeding

<table>
<thead>
<tr>
<th>PRACTICE OF EXCLUSIVE BREASTFEEDING</th>
<th>WORKING MOTHERS LEVEL OF KNOWLEDGE OF BREASTFEEDING</th>
<th>YES</th>
<th>NO</th>
<th>ROW TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>PERCENTAGE (%)</td>
</tr>
<tr>
<td></td>
<td>YES FREQUENCY</td>
<td>195</td>
<td>4</td>
<td>98.0</td>
</tr>
<tr>
<td></td>
<td>PERCENTAGE (%)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>NO FREQUENCY</td>
<td>58</td>
<td>45</td>
<td>56.3</td>
</tr>
<tr>
<td></td>
<td>PERCENTAGE (%)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>FREQUENCY</td>
<td>253</td>
<td>49</td>
<td>83.8</td>
</tr>
<tr>
<td></td>
<td>PERCENTAGE (%)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>COLUMN TOTAL</td>
<td></td>
<td>58</td>
<td>45</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>PERCENTAGE (%)</td>
<td>56.3</td>
<td>43.7</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3: Distribution of respondents according to attitude towards exclusive breastfeeding in all mothers

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed</td>
<td>100</td>
<td>32.8</td>
</tr>
<tr>
<td>Disagreed</td>
<td>205</td>
<td>67.2</td>
</tr>
<tr>
<td>Total</td>
<td>305</td>
<td>100%</td>
</tr>
</tbody>
</table>

The above table 2 shows that 205(67.2%) of the respondents do not agree to the fact that exclusive breastfeeding is practical while 100(32.8%) agree that it’s practical. This shows that most mothers do not believe that they can breastfeeding their babies exclusively for six months. According to Abuja National Hospital of Obstetricians and Gynecologists, (2012), efforts are being done worldwide to educate mothers on exclusive breastfeeding as it is crucial and practical.

Distribution of respondents according to attitude towards exclusive breastfeeding in all mothers

4. Results

The finding was different from that of Salami (2004) and Calbury 2003 whose earlier research indicated that there was an affirmation between cultural beliefs, religion among others and the rate of exclusive breastfeeding.

Knowledge of Exclusive Breast Feeding (EBF) is not synonymous with its practice in the study area. The fact that 65% of the respondents have been informed of EBF did not guarantee their practicing it. The rural women need to be educated on the advantages of EBF over traditional more familiar inclusive Breast Feeding (IBF). The findings in Table 2 that nursing mothers above the age of 1 years and prim-parous were less likely to practice EBF is in consonance with Mascarehas et al (2006) and Nwosu et al (2004); however, this finding was at variance with Rajesh et al (2009) who posited that maternal age which was considered factor affecting Exclusive Breast Feeding has not shown any significance. This new finding was congruent with the reports of Lawoyin et al (2001); Ojofehintimi et al (2001) and Aghaji (2001). The reason for this finding may not be unconnected with the fears held by these young ladies that EBF may make their breast to become flaccid, saggy and unattractive to their husbands.
The findings that married mothers who are living with their husbands practice EBF more than single, divorced or widowed mothers is an indication of husbands influential role as breadwinners and decision makers in family matters. Husbands probably give the much needed financial support to promote and sustain EBF till 6 months. This finding is congruent with Onayade et al (2004).

The findings that nursing mothers on paid employment, like civil servants practice EBF more than any other occupational group but discontinue midway without sustaining it till 6 months is in consonance with the work of Agbaji (2002), Nwankwo and Breiger (2002) and Rajesh (2009). The reason could be that they discontinue with EBF on resumption of duty from maternity does not exceed 3 to 4 months (ogbona et al, 2000) The finding that peasant farming mothers least practice EBF than any other occupational group is attributable to ignorance, low level of education, abject poverty because of their low level of income. This finding corroborates the work of Nwankwo and Breiger (2002); Nwosu et al. (2004); Onayade et al. (2004); Rajesh et al (2009) and Losch et al. (1995).

5. CONCLUSION AND RECOMMENDATIONS

According to the research, exclusive breastfeeding is very crucial for the health of babies as mixed feeding results in diseases among babies. Despite the health education done at hospitals and communities on awareness of exclusive breastfeeding up to six months, mothers are reluctant to stick to the teachings. Failure to follow exclusive breastfeeding is attributed to social, cultural and religious factors which promote other feedings as a way of safekeeping of the babies. Working mothers also showed that they have a problem in exclusive breastfeeding their babies since the maternity leave is short and they will have to supplement breast milk with other feeds when they are at work which includes porridge and baby milk bought in shops. The greater number of child bearing mothers is aged between 20-30 years and the research reveals that the mothers are literate but they think that exclusive breastfeeding is associated with the mother being HIV positive. There is also a perception by junior mothers who feel breast milk alone for less than six months is not enough to satisfy the baby.

_In a way to improve exclusive breastfeeding, the research came up with the following recommendations:_

1. Formation of social support group on exclusive feeding
2. Nursing mother working hour of half a working day for the period of 1 year after delivery to enable the mother care adequately for the infant.
3. Health workers especially nurses should try and leave by example. It is discouraging for nurses to preach about exclusive breastfeeding while they themselves do not practice it.
4. Copies of this report should be circulated to all health parastals in the country, this will be informative and educative to every category of health worker as a prelude to the real training of health workers on modern breast feeding management which, is part of the activities of the Breastfeeding promotion And Counseling Group (B.P.C.G.) stated for 1998.

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