



PERCEIVED IMPACT OF EXCLUSIVE BREASTFEEDING ON JOB PERFORMANCES AMONG WORKING-CLASS NURSING MOTHERS IN GENERAL HOSPITAL IFAKO IJAYE, LAGOS

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Abstract: Exclusive breastfeeding is an essential technique of child feeding that improves children's health and survival, especially in developing and underdeveloped countries. In addition to ensuring a child's survival, this feeding is good for maternal health and protects against communicable diseases. An infant should only be fed breast milk for the first six months, according to WHO and UNICEF recommendations. The difficulties of balancing work duties and breastfeeding are one of the main reasons why women opt not to breastfeed or decide to stop breastfeeding early. Utilising a mixed-methods approach, this study investigated the perceived effects of mothers who exclusively breastfeed on work performance. Data was gathered by multiple-choice, and open-ended questions and then analysed using quantitative and qualitative data analysis methods. In contrast to how the content analysis was used to group qualitative data into themes for study, quantitative data was evaluated and presented in frequencies and percentages. Mothers at General Hospital Ifako Ijaye in Lagos conducted the study. Two hundred (200) mothers were chosen using a practical sampling technique. Mothers who could read and write in English and were inhabitants of the study region with children aged 6 to 18 months met the inclusion criteria. Sixty-five per cent of them claimed that having a kid does not lessen their workload. Only 43. Per cent of them affirmed that nursing their child had no impact on how well they did at work. While (54%) of parents leave their children in daycare while they are at work, (30.5%) claim that nursing their infant does not interfere with their ability to focus at work. The results showed a significant correlation between mothers' level of exclusive breastfeeding and their idea-related work performance (p-value = 0.001). Healthcare professionals are the leading advocates for breastfeeding knowledge. People's attitudes toward infant feeding practices, mainly how they saw exclusive breastfeeding, were highly influenced by social and religious variables. The success of exclusive breastfeeding is increased by, among other enabling factors, the support offered to lactating mothers by family, friends, and the community. When faced with challenges like uncomfortable nursing and restricted maternity leave for working women, it was suggested that gaining confidence in breastfeeding through knowledge and self-motivation would be the keys to a successful practice of six months of exclusive breastfeeding. Policies must assist mothers, promote exclusive breastfeeding, and make breastfeeding simpler.

Keywords: Job performance, practice, exclusive breastfeeding, mother, attitudes

Introduction

Breastfeeding is essential for an infant's survival, nutrition, and development, according to a World Health Organization (WHO) statement (WHO 2019). Early and exclusive breastfeeding initiation is known to increase children's intellect and academic achievement, account for healthy brain development, and boost cognitive and sensory function. (Archana & Sreedevi, 2021) One of the most crucial practices in a baby's life and the most acceptable method a mother can invest in the wellbeing of her kid is feeding her infant only breast milk, promoted by those involved in health. Among the many advantages of breastfeeding, UNICEF described it as a

"first immunisation and an affordable life saver" in a breastfeeding campaign in 2013.(Chen et al., 2019; Mondkar et al., 2022)

Neonatal mortality accounts for about half of all infant deaths globally. However, earlier studies have shown that nursing an infant immediately after delivery can considerably lower mortality (UNICEF 2019, WHO 2019). Breastfeeding is also suitable for mothers' health. Based on current breastfeeding rates, the WHO claimed in 2019 that "almost 20,000 breast cancer deaths can be averted and an additional 20,000 will be spared if nursing circumstances are improved. It strengthens the relationship between a mother and child and lowers the danger of postpartum haemorrhage, shields mothers from the risks of ovarian and breast cancer (NHMRC 2012).

The importance of exclusive breastfeeding throughout early life (the first six months of the child's life) is more significant in low-income and developing countries due to poor sanitation, a high disease burden, and restricted access to safe drinking water. The most economical, hygienic, and secure way to feed a baby is exclusively through nursing (UNICEF 2013). According to numerous publications on breastfeeding in poor nations, proper nursing practices alone can save almost 800,000 baby lives (UNICEF 2015, WHO 2016).(Joffe et al., 2019.)

Despite these suggestions, it has been shown over time that the practice of exclusive breastfeeding has not been widely followed. While most mothers support the concept, they often give up on it a few weeks after giving birth to their child. Numerous aspects, including seven cultural, social, and financial circumstances, have been noted as potential barriers to the effective practice of exclusive breastfeeding.(Ahmed et al., 2022; Chakona, 2020; Gill et al., 2021)

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Issues about breastfeeding

According to the WHO's Convention on the Rights of a Child (2016), every child born today has a right to food and nutrition, yet only a tiny percentage of kids receive the nourishment they need to be healthy for their age. Nearly half of all child deaths worldwide are caused by poor nutrition. According to WHO fact sheets (2016) on infant and young child feeding, malnutrition causes 2.7 million baby deaths annually; however, if all children aged 0-23 months receive adequate breastfeeding, more than 800,000 infants are likely to survive.(Awaliyah et al., 2020.; Bai et al., 2020.)

Breast milk – Composition, nutritional value and storage

The primary source of nutrients, energy, and vigour for a baby is breast milk, which is a natural food and vitamin for babies. Because it is prepared at the proper temperature and is frequently available when needed, it is regarded as the most practical and secure method of feeding a baby. (AAP 2012, UNICEF 2013). In addition, breast milk contains antibodies necessary for the newborn's protection, making it the ideal meal for babies. (Lyons et al., 2019) A mother's poor feeding practices, high caffeine intake, and other products can alter the production and quality of breast milk. Breast milk is produced in varying quantities and of varying quality to satisfy a newborn's nutritional and fluid needs.(Savarino et al., 2021)

Yellowish sticky milk called colostrum is produced during the latter part of pregnancy through to Delivery; is highly recommended by WHO to be given to babies within the initial hours following Delivery. Colostrum is very definite in volume, appearance and composition; it contains an elevated level of immunologic components like secretory immunoglobulin A (IgA), lactoferrin, Leukocytes and epidermal growth factor for development. This process of breast milk (colostrum) metamorphosis continues during the first few postpartum days and results in transition milk that lasts for eight to twenty days before it converts into mature milk. Each stage of the composition of breast milk provides nutrients that a newborn needs for feeding and growth.(Chakona, 2020; Lyons et al., 2019; Mondkar et al., 2022)

Hormones within the human body enhance the growth of the breast milk duct; progesterone, estrogen, prolactin and others promote lactation before birth. However, the level of hormones reduces to enable the flow of milk. Nutrients in human breast milk include water, protein, fats, Carbohydrates, minerals and vitamins. (Lyons et al., 2019) Each nutrient in breastmilk plays a role in nourishing the baby, a breastfed child is protected against diseases through a chain of biomedical reactions which enable enzymes, hormones and immunologic substances to protect the baby against diseases while enhancing the survival of the newborn. (Lyons et al., 2019)

Breast milk has a unique and dynamic composition, unlike formula milk with a constant Nutritional composition is usually affected by the routine of feeding and differs per mother and Even population.(Lyons et al., 2019; Savarino et al., 2021)

RESEARCH METHODOLOGY

Study Population

The study population is registered Nursing mothers attending a clinic at Ifako Ijaye General Hospital. To take part in this study, the mother must be nursing a child which is not older than 6 months of age and which also are a working-class woman.

Sample Size Determination

The sample size comprises Nursing mothers registered at the Ifako Ijaye General Hospital whose children are not older than 6 months. TARO YAMANE's formula was used to calculate the sample size as explained below.

$n = N$

$1 + N(e)^2$

$n =$ Sample Size

$N =$ Total Population of the study

$e =$ Level of Significance (0.05)

$1 =$ Constant

$$n = \frac{N}{1 + N(e)^2}$$

Number of registered mothers = 385

$$n = \frac{385}{1 + 385(0.05)^2}$$

$$n = \frac{385}{1 + 385 \times 0.0025}$$

$$n = \frac{385}{1 + 0.9625}$$

$$n = \frac{385}{1.962}$$

$$n = 196.2$$

∴ The total number of respondents (n) = 200

Method of Data Analysis

In analyzing the collected data, the responses were coded and represented in percentage frequency tables. Data entry and analysis were done using the Statistical Package for Social Sciences (SPSS) software, version 21. The data were subjected to descriptive and inferential statistical analysis.

RESULTS AND DISCUSSION

Table1. Participants Demographic Data (n = 200)

VARIABLES	Frequency (N=200)	Percentages (%)
Age		
15-25years	19	9.5
26-35years	122	61.0
36-45years	59	29.5
Total	200	100.0
Religion		
Christianity	148	74
Islam	48	23
Traditional religion and others	6	3
Total	200	100.0
Tribe		
Yoruba	85	42.5
Igbo	75	37.5
Hausa	18	9
Others	22	11
Total	200	100.0
Occupation		
Civil servant	109	54.5
Self-employed	59	29.5
Employed in the private sector	32	16
Total	200	100.0
Level of Education		
Primary	16	8
Secondary	42	29.5
Tertiary	134	67
Total	200	100.0

Table 1 above shows the demographic characteristics of the respondents, majority of the respondents (61%) are mothers between the age of 26 and 35 years. (29.5%) of them are between the age of 36 and 45 years, while the least of them (9.5%) are mothers between the age of 15 and 25 years. The majority of them are Christians (74%), (23.%) are Muslims while the remaining (3.%) are traditional rulers and other religions. 42.5% of the respondents are Yoruba by tribe, 37.5% are Igbo, 9% Hausa, while 11% of them constituted another tribe. Although all of these respondents are nursing mothers, 80% are married, 11.5% are single mothers, 6.5% are divorced, and 2% of them are widows. A larger percentage (67%) of the respondents had tertiary education, 8% had primary education, 21% had secondary education, and only 4% are without formal education. More than half of the respondents (54.5%) are civil servants, 29.5% are self-employed, and 16% are employed in the private sector.

Table 2.

Breastfeeding at the workplace (Impact of work on EBF) (N=200)

Variables	Response	Frequency	Percentages
Do you get maternity leave when it is due	Yes	195	97.5
	No	5	2.5
Do you have childcare at workplace	yes	121	60.5
	No	79	39.5
Are there rooms for breastfeeding at work	Yes	68	34
	No	132	66
Are breastfeeding education available from Employer	Yes	28	14
	No	172	86
The attitude of your employer-friendly During breastfeeding	Yes	77	38.5
	No	123	61.5

Table 2 above shows responses to questions on the perceived impact of the workplace on exclusive breastfeeding. The majority (97.3) stated that they get maternity leave when due. 60.4% of the respondents have a nursery for childcare at their workplace, in another response, 65.8% of them stated that there is no separate room for breastfeeding at their workplace. Only 14.2% of them get information regarding breastfeeding options from employers upon return from maternity leave. 61.5% of the respondents stated that the attitude of their employers is not friendly when they need to breastfeed their children at work.

Table 3.

Perceived Impact of Exclusive Breastfeeding on Job Performance (N = 200)

Variable	Response	Frequency (N=200)	Percentage (%)
Exclusive breastfeeding means feeding infants with only breast milk for six months after birth	Yes	118	59
	No	82	41
Does breastfeeding help mothers lose pregnancy weight faster?	Yes	76	38
	No	124	62
Does exclusive breastfeeding aid healthy child growth?	Yes	152	76
	No	48	24
Does exclusive breastfeeding help prevent diseases in infants?	Yes	137	68.5
	No	63	31.5
Termination of breastfeeding on resumption of work may be harmful to the infant.	Yes	92	46
	No	108	54
Sub-optimal breastfeeding may be harmful to the infant.	Yes	121	60.5
	No	79	39.5
Can sub-optimal breastfeeding cause death among infants?	Yes	74	37
	No	126	63
Can termination or sub-optimal breastfeeding cause malnutrition in infants?	Yes	87	43.5
	No	113	56.5
Can termination or sub-optimal breastfeeding lead to the inability of the mother to lose pregnancy weight?	Yes	75	37.5
	No	125	62.5

Table 4 shows the level of knowledge of exclusive breastfeeding (EBF) among the respondents, the first part of the table presented their level of knowledge of the definition and advantages of EBF while the second part shows their level of knowledge of the disadvantages of not practising EBF. From their responses, 59% know the meaning of EBF, while 41% don't know what exclusive breastfeeding means. Only 38% responded that EBF helps mothers lose pregnancy weight faster and 53.5% stated that EBF improves mental performance in developing children.

In the second part, only 46% of the respondents indicated that it is harmful to terminate breastfeeding on resumption of work when the six months have not been completed. 60.5% answered that sub-optimal breastfeeding may harm infants; while only 37% answered that sub-optimal breastfeeding can cause death in infants. 43.5% of them answered that termination or sub-optimal breastfeeding cause malnutrition in infants, and only 37.5% answered that termination or sub-optimal breastfeeding may lead to the inability of the mother to lose pregnancy weight.

CONCLUSION

Discussion of Findings

200 working-class nursing mothers took part in this study, majority of the respondents (61%) are mothers between the age of 26 and 35 years. 29.5% of them are between the age of 36 and 45 years, while the least of them (9.5%) are mothers between the age of 15 and 25 years. The majority of them are Christians (74%), and (23%) are Muslims while the remaining (3%) are traditional rulers and other religions. 42.5% of the respondents are Yoruba by tribe, 37.5% are Igbo, 9% Hausa, while 11% of them constituted another tribe. Although all of these respondents are nursing mothers, 80% are married, 11.5% are single mothers, 6.5% are divorced, and 2% of them are widows. Larger percentage (67%) of the respondents had tertiary education, while only 4% are without formal education. More than half of the respondents 54.5% are civil servants, 29.5% of them are self-employed, and 16% are employed in the private sector. Similar demographic distributions of respondents were observed in the work of Ahmed et al., 2022).

The study revealed that the majority of the respondents in this study (97.5) stated that they get maternity leave when due. (60.5%) of the respondents have a nursery for childcare at their workplace; in another response, (66%) of them stated that there is no separate room for breastfeeding at their workplace. Only (14.5%) of them get information regarding breastfeeding options from employers upon return from maternity leave. In the work of (Lyons et al., 2019), A similar outcome was observed where few respondents get information on EBF from their employers. From the summary of the results in table 2, it is observed that some factors such as the non-availability of a separate room to breastfeed babies and employers' attitudes negatively impacted EBF among the studied participants.

On the impact of EBF on job performance; 46% of respondents agreed they spend more time performing a task when they are nursing a baby than when they are not. 33.5% stated that they get lighter jobs allotted to them by their employers during periods when they are breastfeeding their babies. Likewise, this percentage of the respondent agreed they do less work because they are nursing a baby, while a larger percentage of them 66.5 claimed nursing a baby does not reduce their workload. Only 43% claimed nursing a baby does not affect their job performance. 30.5% stated that nursing a baby does not affect their concentration at work, while 54% leave their baby at daycare when they are at work. In summary of this EBF can be said to have a light of zero impact on job performance among the studied group. These observations are incongruent with those of (Chakona, 2020; Gill et al., 2021).

On the knowledge of EBF as shown in table 4; 59% of the respondents know the meaning of EBF, while 41% don't know what exclusive breastfeeding means,(Gill et al., 2021), reported a similar outcome. Only 38% responded that EBF helps mothers lose pregnancy weight faster and 53.5% stated that EBF improves mental performance in developing children. Only 46% of the respondents indicated that it is harmful to terminate breastfeeding on resumption of work when the six months have not been completed. 60.5% answered that sub-optimal breastfeeding may harm the infants; while only 37% answered that sub-optimal breastfeeding can cause death in infants. 43.5% of them answered that termination or sub-optimal breastfeeding cause malnutrition in infants, and only 37.5% answered that termination or sub-optimal breastfeeding may lead to the inability of the mother to lose pregnancy weight. Summarily, it can be said that the level of knowledge of EBF among the studied respondents is average.

Conclusion

From observations in this study, it can be concluded that work negatively impacted EBF mainly due to some factors such as the non-availability of separate breastfeeding rooms. EBF can be said to have zero impact on job performance among the studied group as it was shown to rarely affect respondents' performance at work. It can also be concluded that respondents have an average level of knowledge of EBF, making it important to educate the public on the importance of EBF.

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