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# Knowledge and Practice of Exclusive Breastfeeding among Working-Class Mothers in Rumuigbo Community, Obio Akpo Local Government Area of Rivers State

Janet Ene-Peter and Udo Orukwou\*

Department of Nursing Sciences, Faculty of Basic Medical Sciences, College of Medical Sciences, Rivers State University, Nigeria.

\*Corresponding author: [udo.orukwou@ust.edu.ng](mailto:udo.orukwou@ust.edu.ng); Phone: +2349060039098

<p><b>Abstract</b></p> <p>This study was carried out in Rumuigbo Community, Obio/Akpor Local Government Area in Rivers State on the knowledge and practice of Exclusive Breastfeeding by Working class mothers. Objectives of the study were to determine if the working class mothers in Rumuigbo community know the benefits of exclusive breastfeeding, to ascertain if the nature of their jobs limits the practice of exclusive breastfeeding by working-class mothers, to ascertain the level of practice of exclusive breastfeeding and to ascertain the perception of working-class mothers in Rumuigbo community towards the practice of exclusive breastfeeding. The objectives were translated into research questions. One null hypothesis was formulated, there will be no significant relationship between knowledge and practice of exclusive breastfeeding by working-class mothers in Rumuigbo community. Literature were reviewed in line with the objectives of the study. Purposive random sampling technique was used to select the sample of 100 nursing mothers from the target population of 200. The instrument used for the study was a self-constructed questionnaire which consisted of two (2) different sections. Section "A" contains the personal data of respondents and Section B contained questions constructed to elicit answers on the research variable. Data were obtained from 85 respondents out of the sample size of 100. The research questions and hypothesis formulated revealed the information needed. Percentages, tables and figures were used to present the findings of the research while the chi-square (<math>X^2</math>) statistical tool was used to test the hypothesis at alpha level of 0.05% significance. It was discovered that the majority of working-class mothers have a good knowledge of exclusive breastfeeding but do not practice it effectively. Based on the findings, the following recommendations were made: health workers especially nurses and midwives in union with Government and Organizations should map out strategies to support, promote and encourage working-class mothers to practice exclusive breastfeeding in our society. Members of the families of working-class mothers should support and assist in feeding infants with expressed milk when the mothers are away. The need for further studies such as: the effectiveness of exclusive breastfeeding in the reduction of infantile infections was also suggested.</p> <p><b>Keywords:</b> <i>Exclusive breastfeeding, breastfeeding, Working-class mothers, Rumuigbo community</i></p>	<p><b>Article History</b></p> <p>Received: 22 March 2022 Accepted: 10 April 2022 Published: 15 April 2022</p> <p><b>Scan QR code to view*</b></p> <div style="text-align: center;">  </div> <p><b>License: CC BY 4.0*</b></p> <div style="text-align: center;">  <p>Open Access article.</p> </div>
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## Introduction

Exclusive breastfeeding, is an unequaled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for health and mothers. A review of evidence has shown that, on a population basis, Exclusive Breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond (World Health Organization, 2011). Human breast milk refers to the milk produced by a mother to feed her baby.

It provides the primary source of nutrition for newborn before they are able to eat and digest other food (World Health Organization, 2010). Breast milk is the natural first food for babies. It provides all the energy and nutrients that the infant needs for the first six months of life (Akram et al., 2020). It promotes sensory and cognitive, development and protects the infants against infections and chronic diseases (Akram et al., 2020). It may also have longer term health benefits for the mother and child such as reducing the risk of obesity in children and adolescent.

Exclusive Breastfeeding means that the infant receives only milk. No other liquids or solid are given - not even water with the exception of oral rehydration solution given when the baby 'faced with disease that may

lead to loss of fluid resulting from cholera or other gastrointestinal diseases. Other drugs in drop/syrup forms may also be given.

The enormous benefits from breastfeeding have led to the global yearning for exclusive breastfeeding. The best practice ever is the use of breastfeeding as a method of family planning which is beneficial to the child, mother, family at large and then the society (Keister, 2008).

Scientific studies have shown that breastfeeding has been linked to higher intelligent quotient scores in later childhood. The physical closeness, skin-to-skin touching and eye contact all promote bonding with their mothers.

Numerous studies have also revealed that one of the barriers to breastfeeding is work status. With enlarged urbanization and industrialization more and more women join the workforce. An estimated 50% of women employed in one workplace are of reproductive age and return to work within one year of their infant's birth (Wyatt, 2008).

To enable mothers establish and sustain exclusive breastfeeding, World Health Organization (WHO) and United Nation International Children Fund (UNICEF) recommended initiation of breastfeeding within the first

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hour of life. They equally launched the baby-friendly hospital initiative in 1991 to straighten maternity practices to breastfeeding.

The Baby Friendly Hospital Initiative has been implemented in about 16,000 hospitals in 171 countries and it has contributed to improving the establishment of exclusive breastfeeding worldwide. While improved maternity services help to increase the initiation of Exclusive breastfeeding, support throughout the health system is required to help mothers sustain exclusive breastfeeding.

The foundation for the baby-friendly hospital initiation are the ten steps to successful breastfeeding described as protecting, promoting and supporting breastfeeding.

### Statement of problem

Exclusive Breastfeeding provides the child immunity to resist infection due to the antibodies contained in the breastfeeding. The breast-milk is a sterile food for infants and is always available at no cost.

The researcher in the course of living in Rumuigbo Community in Obio/Akpor Local Government Area of Rivers State observed that most working-class mothers feed their babies with artificial milk. When some of the working-class mothers were asked why they use feeding aids to feed their babies, they give excuses like; their breasts would sag, the nature of their job and the challenges they face at their workplace do not permit them to breastfeed exclusively, etc. This, therefore, predisposes their babies to some physiological dysfunction such as diarrhea, otitis media, and pneumonia.

Despite the effort of the World Health Organization (WHO) and the effort of the Federal Ministry of Health in Nigeria to inform the masses about the importance of breast-milk, it is observed that the percentage of working-class mothers who exclusively breastfeed their babies is still low. Therefore, the study to ascertain the perception and practice of Exclusive Breastfeeding by working-class mothers in Rumuigbo Community Obio/Akpor Local Government Area of Rivers State.

### Objectives of the study

The specific objectives of the study are the following:

- To determine if working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State know the benefits of Exclusive Breastfeeding.
- To identify whether the nature of job can limit the practice of Exclusive Breastfeeding by working-class mothers.
- To ascertain the level of practice of Exclusive Breastfeeding.
- To ascertain the perception of working-class mothers in Rumuigbo community, Obio/Akpor Local Government Area of Rivers State toward the practice of Exclusive Breastfeeding.

### Research Questions

- Do the working-class mothers in Rumuigbo Community Obio/Akpor Local Government Area of Rivers State know the benefits of Exclusive Breastfeeding Practice?
- Does the nature of their job limit their efforts of the practice of Exclusive Breastfeeding?
- To what extent do working-class mothers practice Exclusive Breastfeeding?
- What is the perception of working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State towards Exclusive Breastfeeding?

### Hypothesis

There will be no significant relationship between knowledge and practice of Exclusive Breastfeeding by working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State.

### Significance of the study

The study will expose the attitude of working class mothers in Rumuigbo Community by Obio/Akpor Local Government Area of Rivers State towards Exclusive Breastfeeding.

The result of the study will educate parents on the numerous benefits of Exclusive Breastfeeding thereby reducing infant's morbidity and mortality rate to enhance good growth and development.

The result of the study will enhance awareness on the importance of breastfeeding exclusively among the working class mothers, building their interest in Breastfeeding Exclusively thereby correcting misinformation and misconceptions of some mothers' view about Exclusive Breastfeeding.

The result of the study will encourage management of companies and significant others to formulate and adopts policies that will promote Exclusive Breastfeeding as more advantages of its practice by the employees will be make known to them.

### Scope of the study

The study was conducted to ascertain the perception and practice of Exclusive Breastfeeding by working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State.

### Limitation of the study

The study was limited by time factor due to her tight academic schedule. However, the researcher managed her time tactfully and did not let it in any way affect the study.

### Operational Definition of Terms

**Artificial Milk:** Is milk that is made with cow milk products or processed milk products.

**Breast:** Accessory glands of the female reproductive system known as "mammary gland" from which breast milk is secreted.

**Breastfeeding:** Is the feeding of an infant with breast milk directly from the breasts.

**Breast milk:** Is milk from the human breast which is an ideal food and is perfectly available for the newborn as it contained the needed nutrient for the baby's growth and development.

**Exclusive breastfeeding:** Is the practice of feeding a baby strictly on breast milk along without water or any artificial supplement, food or drink from time to birth to the first 6 months (0-6) of life. Infant: A small child or newborn baby (0 - 2 or 0 - 3 years).

**Infant formula:** This is milk or milk product made from cow's milk that has been mixed with additional supplements and treated to make it suitable for infants.

**Infant morbidity and mortality rate:** Is the infant's level of diseases, illness, treatment and death rate per year.

**Perception:** Is one's feeling, awareness, comprehension or understanding of a particular situation or idea.

**Practice:** is the act of putting into action what have been taught or the knowledge one has acquired.

**Unequaled:** Immeasurable is better than every other compared

### Research Methodology

This section highlights the procedures that were used for collection of data in this study.

#### Design

The design used is a non-experimental descriptive survey method. The study was done to ascertain the population perception and practice of exclusive breastfeeding by working class mothers in Rumuigbo community of Obio/Akpor Local Government Area in Rivers State.

**Setting**

This study was carried out in Rumuigbo community of Obio/Akpor Local Government Area in Rivers State.

Rumuigbo community is located in the Rivers East Senatorial district of the state. The area was chosen due to the increase number of working class mothers present in the community.

The researcher was, thus, certain that adequate sample size of working class mothers was obtained from the area.

**Target Population**

In carrying out this study, the researcher focused on two- hundred (200) working class mothers from the age 20 and above residing in Rumuigbo community, Obio/Akpor Local Government Area in Rivers State irrespective of their religion, economic status, job and level of education.

**Sample and sampling technique**

This study was conducted using one-hundred (100) working class mothers in the area of the target population.

The sampling technique used to select respondents is the purposive random sampling technique.

**Instrument for data collection**

The instrument used for collecting data from the respondents was the self-constructed questionnaire formulated by the researcher. The questionnaires consisted of two (2) sections: "A" and "B". Section A is was designed to elicit personal data from the respondents while section B contained questions on the variables of the study.

**Validity of the instrument**

The validity of the instrument was ascertained by my project supervisor who under close supervision made necessary corrections, thus making the instrument valid for the study.

**Reliability of the instrument**

The reliability of the instrument was ascertained after retesting the subjects by re-administration of the questionnaires to them. Result from the two sections were compared.

**Method of data collection**

Total number of one hundred and fifty copies of questionnaires was administered to the respondents by direct delivery method "face to face" by the researcher. The questionnaire was made to retain the confidentiality of the respondents.

**Method of data analysis**

The technique used in the analysis of the data collected was frequency counts. Percentage and figures were used to present data and the null hypothesis was tested with chi-square ( $X^2$ ) statistical tool at 0.05% level of significance.

**Ethical Consideration**

A formal letter of introduction/permission was collected from the Principal, School of Nursing, Port Harcourt to the Head Chief (Royal Highness) of Rumuigbo Community, Obio/Akpor Local Government Area in Rivers State which was granted.

The consent of the respondents was sought before questionnaires were administered.

**Results**

This section deals with the presentation of analyzed data and result with respect to the research question and hypothesis stated in the study.

Data was analyzed and presented using percentages, tables and bar charts. A total 100 hundred copies of the questionnaire were distributed, however, only ninety copies were retrieved, ten copies were not retrieved, while five were discarded due to inappropriate filling.

Hence eighty-five (85) copies which were properly completed were analyzed.

**Section A****Personal Data of Respondents**

Table 1 shows that respondents between the ages of 20 - 24 years has the frequency of 7 (8.24%), respondents between the ages of 25 - 29 years has the frequency of 18 (21.18%), respondents between the ages of 30 - 34 years has the frequency of 45 (52.94%), respondents between the ages of 35 - 39 years has the frequency of (11.76%) respondents between the ages of 40 years and above has the frequency of 5 (5.88%).

**Table 1:** Age Range of the respondents

Age of Respondents	Frequency	Percentage (%)
20-24 years	7	8.24
25 - 29 years	18	21.18
30 - 34 years	45	52.94
35 -39 years	10	11.76
40 years and above	5	5.88
<b>Total</b>	<b>85</b>	<b>100%</b>

Table 2 shows that 66 (77.64%) of the respondents are married, 13 (15.29%) are single, 2 (2.35%) are Divorced and 4 (4.71%) are widows.

**Table 2:** Marital status of respondents

Marital Status	Frequency	Percentage (%)
Married	66	77.64
Single	13	15.29
Divorced	2	2.35
Widow	4	4.71
<b>Total</b>	<b>85</b>	<b>100%</b>

Table 3 shows that 20 (23.53%) respondents has 1-2 children, 37 (43.53%) respondents has 3 - 4 children and 28 (32.94%) respondents has 5 children and above.

**Table 3:** Number of children of respondents

No. of children	Frequency	Percentage (%)
1-2 children	20	23.55
3-4	37	43.53
5 children and above	28	32.94
<b>Total</b>	<b>85</b>	<b>100%</b>

Table 4 shows that 45 (52.94%) respondents are Civil servants, 18 (21.18%) respondents are entrepreneurs and 22 (25.88%) respondents are private staff.

**Table 4:** Occupation of respondents

Occupation	Frequency	Percentage (%)
Civil servants	45	52.94
Entrepreneur	18	21.18
Private staff	22	25.88
<b>Total</b>	<b>85</b>	<b>100%</b>

Table 5 shows that 3 (3.53%) respondents had primary education, 10 (11.76%) had secondary education and 72 (84.71%) had tertiary education.

**Table 5:** Educational status of respondents

Educational Status	Frequency	Percentage (%)
Primary	3	3.53
Secondary	10	11.76
Tertiary	72	84.71
<b>Total</b>	<b>85</b>	<b>100%</b>

Table 6 shows that 76 (89.41%) respondents are Christians, 7 (8.24%) respondents are Moslems and 2 (2.35%) respondents belong to the African Traditional Religion.

**Table 6:** Religion of respondents

Religion	Frequency	Percentage (%)
Christianity	76	89.41
Islam	7	8.24
African traditional religion	2	2.35
Others	-	-
<b>Total</b>	<b>85</b>	<b>100%</b>

## Section B

### Research questions

Sample size 85

Table 7 shows that 71 (84%) working class mothers understand what exclusive breastfeeding is, also 71 (84%) indicated that they are aware of the benefits of breastfeeding, more so, 70 (82%) affirmed that exclusive breastfeeding means breastfeeding a child from birth 0-6 months without any source of food, furthermore, 59 (69%) opined that exclusive breastfeeding does not determine the health status of the child.

**Table 7:** Response on exclusive breastfeeding

S/N	Items	RESPONSES									
		SA	%	A	%	SD	%	D	%	Total	%
	<b>Determining the knowledge</b>										
1.	You understand what exclusive breastfeeding is	71	84	10	12	2	2	2	2	85	100
2.	You are aware of the benefits of exclusive breastfeeding	71	84	10	12	1	1	3	4	85	100
3.	Exclusive breastfeeding means breastfeeding the child from birth to six months (0 - 6) of life without any source of food.	70	82	10	12	2	2	3	4	85	100
4.	Exclusive breastfeeding determines the child's health status.	65	76	15	18	1	1	4	5	85	100
5.	Children that are exclusively breastfed have better immunity than those exclusively breastfed.	65	76	16	19	2	2	2	2	85	100
6.	The first milk from the breast after birth is not good for the baby' health.	59	69	8	9	8	9	10	12	85	100

Table 8 indicates that 52 (61%) of the working class mothers have practiced exclusive breastfeeding, 68 (80%) of the working class mothers are not satisfied with the practice of exclusive breastfeeding.

Furthermore 62 (73%) of the working class mothers do not express their milk before going to work, 70 (82%) of the working class mothers opined that they do not have a significant order or caregiver to assist them breastfeed their child at home while at work.

**Table 8:** Response on practice of exclusive breastfeeding

S/N	Determining the practice	SA	%	A	%	SD	%	D	%	Total	%
7.	You have practiced exclusive breastfeeding before	3	4	52	61	13	15	17	20	85	100
8.	You are satisfied with the practice of exclusive breastfeeding	3	4	4	5	7	8	68	80	85	100
9.	You breastfeed only when your child	73	86	5	6	3	4	4	5	85	100
10.	You give the child water to drink ' after breastfeeding	5	6	6	7	59	69	15	18	85	100
11.	You express your breast milk and store before going to work.	7	8	7	8	9	11	62	73	85	100
12.	You store your breastmilk in a	9	11	67	79	5	6	4	5	85	100
13.	You have a significant order or caregiver to assist you at home while you are at	4	5	8	9	3	4	70	82	85	100
14.	Your caregiver actually give the expressed breastmilk to the baby.	3	4	7	8	10	12	65	76	85	100

Table 9 shows that 75 (88%) of the working class mothers strongly agreed that mothers who practice exclusive breastfeeding tend to develop a saggy breast, 80 (94%) of the working class mothers accepted that exclusive breast feeding is time consuming, also 81 (95%) of the working class mothers accepted that exclusive breastfeeding is stressful.

More so, 80 (94%) of the working class mothers affirmed that the nature of their job limit/affect their practice of exclusive breastfeeding and 80 (94%) of the working class mothers strongly disagreed that they could conveniently breastfeed their child at work.

**Table 9:** Response on factors influencing the choice of exclusive breastfeeding

S/N	Determining the perception/factors militating against E. breastfeeding	SA	%	A	%	SD	%	D	%	Total	%
15	Mothers who practice exclusive breastfeeding tend to have/develop saggy breast.	75	88	3	4	3	4	4	5	85	100
16	Exclusive breastfeeding make you eat more food you desire.	81	95	2	2	1	1	1	1	85	100
17	Breastfeeding is time consuming	80	94	3	4	-	0	2	2	85	100
18	Exclusive breastfeeding is practiced by mothers who cannot afford bottle feeding	1	1	72	85	7	8	5	6	85	100
19	The nature of your job limit/affect your practice of exclusive breastfeeding	80	94	5	6	-	0	-	0	85	100
20	Exclusive breastfeeding makes you come to work late	2	2	78	92	1	1	4	5	85	100
21	Exclusive breastfeeding is stressful.	81	95	3	4	-	0	1	1	85	100
22	You are satisfied with 90 working day maternity leave.	-	0	2	2	4	5	7	9	85	100
24	You have a problem with getting soaked with breast milk at work.	4	5	78	92	1	1	2	2	85	100
25	Your husband supports and encourages you to practice exclusive breastfeeding	75	88	3	4	4	5	3	4	85	100

**Testing of hypothesis**

There is no significant relationship between the knowledge and practice of Exclusive Breastfeeding by working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State.

**Step 1** (Table 10) is on the presentation of data for hypothesis calculation and testing.

**Table 10:** Data analysis

S/N	Items	SA	A	SD	D	Row Total
1.	<b>Knowledge</b> You understand what exclusive breastfeeding is	a 71	b 10	c 2	d 2	85
2.	<b>Practice</b> You have practiced exclusive breastfeeding before	e 3	f 52	g 13	h 17	85
	<b>Column total</b>	<b>74</b>	<b>62</b>	<b>15</b>	<b>19</b>	<b>170</b>

Expected frequency =  $\frac{\text{Row total} \times \text{Column Total}}{\text{Grand total}}$

Expected frequency of Column 1 =  $\frac{85 \times 74}{170} = 37$

Expected frequency of Column 2 =  $\frac{85 \times 62}{170} = 31$

Expected frequency of Column 3 =  $\frac{85 \times 15}{170} = 7.5$

Expected frequency of Column 4 =  $\frac{85 \times 19}{170} = 9.5$

**Step III: Calculation of Chi-square (X<sup>2</sup>)**

Chi-square (X<sup>2</sup>) =  $\frac{(of-ef)^2}{ef}$

ef

Where: of = Observed frequency  
ef = Expected frequency

X<sup>2</sup> of cell a =  $\frac{(71 - 37)^2}{37} = 31.2$

X<sup>2</sup> of cell b =  $\frac{(10 - 32)^2}{32} = 15.1$

X<sup>2</sup> of cell c =  $\frac{(2-8)^2}{8} = 4.5$

X<sup>2</sup> of cell d =  $\frac{(2-12)^2}{12} = 8.3$

X<sup>2</sup> of cell e =  $\frac{(3-37)^2}{37} = 33.1$

$$X^2 \text{ of cell f} = \frac{(52-32)^2}{32} = 12.5$$

$$X^2 \text{ of cell g} = \frac{(13-8)^2}{8} = 3.1$$

$$X^2 \text{ of cell h} = \frac{(17-12)^2}{12} = 2.1$$

Total calculated value of  $X^2 = \text{Cell a} + \text{Cell b} + \text{Cell c} + \text{Cell d} + \text{Cell e} + \text{Cell f} + \text{Cell g} + \text{Cell h} = 31.2 + 15.1 + 4.5 + 8.3 + 12.5 + 3.1 + 2.1 = 108.9$   
Thus, calculated value of  $X^2 = 108.9$

#### Step IV: Calculation of Degree of Freedom

Degree of freedom = (Row - 1) x (Column - 1)  
= (4 - 1) x (2 - 1)  
= 3 x 1  
= 3

#### Step V

The decision of accepting the hypothesis depends on comparing the calculated chi-square  $X^2$  value and the critical value from the table.

From the findings, calculated  $X^2$  value is 108.9 while the critical value from the table is 7.815. Thus, it was concluded that since the calculated hypothesis is greater than the critical hypothesis, the researcher reject the null hypothesis.

Therefore, there is a significant relationship between the knowledge and practice of exclusive breastfeeding by working class mothers- in Rumuigbo Community of Obio/Akpor Local Government Area.

#### Discussion

The analysis of personal data in terms of age shows that respondents between the ages of 20 - 24 years has the frequency of 7 (8.24%) respondents between the ages of 25 - 29 years has the frequency of 18 (21.18%), respondents between the ages of 30 - 34 years has the frequency of 45 (52.94%), respondents from the age of 40 years and above has the frequency of 5 (5.88%).

It was discovered that 66 (77.29%) of the respondents are married, 13 (15.29%) are single, 2 (2.35%) are divorced and 4 (4.71%) are widows. On the analysis of the number of children, 20 (23.53%) of the respondents has 1-2 children, 37 (43.53%) of the respondents has 3-4 children and 28 (32.94%) respondents has 5 children and above.

It was also observed that 45 (52.94%) respondents are civil servants, 18 (21.18%) respondents are entrepreneurs and 22 (25.88%) respondents are private staff.

On analysis of their educational level, 3 (5.3%) respondents had primary education, 10 (11.96%) had secondary education and 72 (84.71%) had tertiary education.

On analysis of their religion, 76 (89.41%) are Christians, 7 (8.24%) are Moslems and 2 (2.35%) of the respondents belong to the African Traditional religion.

#### Research Question One

##### **Do the working class-mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State have the knowledge and understanding of the benefits of exclusive breastfeeding?**

Findings in table 4.7 showed that 71(84%) respondents are knowledgeable about exclusive breastfeeding. The result also shows that 71 (84%) of the respondents are aware of the benefits of exclusive breastfeeding.

This agrees with Azubuike J. C. (2009) who said that most Nigerian women are knowledgeable about exclusive breastfeeding.

#### Research question two

##### **Does the nature of their job limit their efforts of the practice of exclusive breastfeeding?**

The study indicates in table 4.9 that 80 (94%) of the respondents strongly agree that the nature of their job limits their effort to practice exclusive breastfeeding, also 80 (94%) of the respondents strongly disagreed that they could conveniently breastfeed their child at work.

This result is in agreement with the work done by Sorgia M. (2013) who said that the nature of job is the major militating factor against the practice of exclusive breastfeeding by working class mothers if only they will be given more time for maternity leave and job flexibility.

#### Research question three

##### **To what extent do working class mothers practice exclusive breastfeeding?**

Findings showed that in table 4.8, 52(61%) of the respondents have practiced exclusive breastfeeding before, 62 (73%) of the respondents do not express their breast milk and store before going to work and 70 (82%) of the respondents do not have a significant order or Caregiver to assist them at home while at work.

The result showed obviously that most working class mothers do not express their breast milk and store before going to work because they do not have a significant order at home to assist them breast feed their child while they are at their work place. Therefore, this invariably affects their willingness to practice exclusive breastfeeding.

#### Research question four

##### **What is the perception of working class mothers in Rumuigbo Community, Obio/Akpor Local Government Area of Rivers State have the knowledge and understanding of the benefits of exclusive breastfeeding?**

From findings in table 4.9, 75 (88%) of the respondents strongly agreed that mothers who practiced exclusive breastfeeding tend to have/develop saggy breast, also 80 (94%) of the respondents affirmed that exclusive breast feeding is stressful.

This implies that a greater number of the total respondents have negative perception towards the practice of exclusive breast feeding.

#### Implication for nursing

From the analysis of the data collected, majority of the respondents are aware of exclusive breastfeeding, but the nature of their job limits their practice of exclusive breastfeeding. Furthermore, they have a negative perception towards exclusive breastfeeding which also affects their practice of exclusive breastfeeding.'

If the Government and companies, organizations introduced measures to encourage and improve health, safety and job flexibility for pregnant and breastfeeding mothers, more working class mothers in Rumuigbo community will adhere to the practice of exclusive breastfeeding.

The result of this research work is also very important to nurses, midwives and other health/medical professionals as they will help to educate and correct the negative perception of the working class mothers towards exclusive breastfeeding so as to promote the practice of exclusive breastfeeding and prevent infectious diseases.

#### Summary and Conclusion

This study was carried out to ascertain the knowledge and practice of exclusive breastfeeding by working class mothers in Rumuigbo community, Obio/Akpor Local Government Area of Rivers State.

The result showed that there is low to moderate practice of exclusive breastfeeding in Rumuigbo community. This was attributed to the effect

the nature their job had on the practice and their negative perception towards exclusive breastfeeding.

In view of the topic, the researcher's questions and hypothesis were formulated, answered and tested respectively using tables, bar charts, percentages (%) and chi-square ( $\chi^2$ ) statistical tool to test the hypothesis in order to determine the success of-the study.

The designed used is a non-experimental descriptive survey method. The simple sampling technique was designed and employed in the study using 100 (one hundred) respondents and 100 (one hundred) self-constructed questionnaire were used to gather data from Rumuigbo community in Obio/Akpor Local Government Area of Rivers State but out of the 100 copies of questionnaire served, 85 (eighty-five) copies were retrieved and analyzed.

The research was conducted, analyzed and results completed with respect to the data collected.

### Recommendations

Having carried out the study, the researcher decided to make the following recommendations:

- Health workers especially nurses and midwives in union with Government and Organizations should map out strategies to support, promote and encourage working class mothers to practice exclusive breastfeeding in our society.
- Working class mothers should be given more time for maternity leave and job flexibility.
- Health workers especially nurses and midwives should be properly trained on updates of breastfeeding through seminars, symposia, handbills and various lectures.
- The health workers should be of good example and role models. Health personnels should extensively health educate women of reproductive age especially working class mothers during ante-natal and post natal clinic days on the importance and benefits of exclusive breastfeeding to the entire family and the complications if not practiced.
- Members of the families of working class mothers should support and assist in feeding infants with expressed milk when the mothers are away.
- Finally, it should be known to all nursing mothers that exclusive breastfeeding is the best gift they can give to their children/babies in life and should therefore make sacrifices in ensuring that their children enjoy the numerous benefit of exclusive breastfeeding.

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