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Occupation And Exclusive Breastfeeding Practice; A Comparative Study of Formal And Non-Formal working Mothers in Uyo Urbanof Akwa-Ibom State, Nigeria.

[1]J. O. Charles,[2]Chimaobi Okorie,[3]Mrs. Arit O. Charles,[4]Ini S. Gibbs
[1]*Department of Social Work, University of Calabar, Nigeria*
[2]*Department of Sociology, University of Uyo, Nigeria*
Corresponding Author: J. O. Charles

Abstract: The paper discusses the impact of exclusive breastfeeding practice on the occupation of both formal and non formal working mothers in Uyo urban in Akwa Ibom State, Nigeria who had their delivery between 2000 and 2012. The formal working mothers comprised those in private and government institutions while non-formal working women comprised women who where self employed in Uyo urban. Questionnaire and indept interviews were the major instruments for data coll ection. A total of 256 mothers who were selected through simple random sampling method after a systematic sampling of the places of work were conducted. Focus Group Discussions (FGDs) with women groups in four study communities complemented the questionnaire. Simple percentages were used to analyze the social demographic data, while student t-test was used to test the hypotheses. The result of the analysis showed that in hypothesis (i), t-ratio 2.895 was greater than the significant ratio .013 thus, H_0 was rejected at 0.05 alpha and H_1 was accepted. (ii) t-ratio 2.925 was greater than .012, therefore H_0 was rejected H_1 accepted. (iii) t-ratio 2.895 was greater than .012, therefore H_0 was rejected and H_1 accepted. Findings showed that the level of awareness of exclusive breastfeeding and its associated benefits does not significantly reflect its practice by mothers in Uyo urban. The study also revealed the reasons for the gaps as mainly due to their socio-cultural beliefs and values which are at variance with the recommendation of exclusive breastfeeding practice. Data further confirmed that women's active involvement in economic activities especially particularly impeded their ability to practice exclusive breastfeeding. The study concluded that despite intensive health talks, and public awareness campaigns, the rate of practice of exclusive breastfeeding among working mothers in Uyo urban is still low.

Keywords: Exclusive breastfeeding, Formal working mothers, Non-formal working mothers.

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I. INTRODUCTION

Exclusive breastfeeding refers to the feeding of infants exclusively with breast milk for at least the first six months of the baby's life. It is adopted by World Health Organization (WHO) as the best way of feeding infants from the age of 0-2years because it contributes to their healthy growth and development of the baby [1](Gorstune and Elinor, 2009). According to [2]Ifijeh (2017), only about 17 per cent of Nigerian nursing mothers give their children exclusive breastfeeding for the first six months of life, and about 11 percent breastfeed beyond the sixth month. In the past, breastfeeding was merely a cultural practice in Africa considered an acceptable way of feeding infants for the first two years after birth. Culturally, breastfeeding was seen as a means of strengthening the bond between mother and child and to delay pregnancy as long as the child is sucking the mother's breast. It is a taboo for an African mother not to breastfeed her child [3](Ogundipe and Obinna 2011).

The introduction of baby feeding formula significantly displaced the African culture of breastfeeding despite its enormous benefits. Worried by this development, World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF, 1990) went ahead to recommend exclusive breastfeeding for the first six months of a baby's life before a complimentary solid food. In exclusive breastfeeding an infant receives only breast milk which contains essential nutrients needed for child's healthy growth and development without additional foods not even water. The Federal and State Governments of Nigeria adopted the policy on exclusive breastfeeding in 1992 [4](Oguntola, 2011); and went further to establish Baby Friendly Hospital Initiative (BFHI) health facilities with the aim of providing mothers and their infants a supportive environment for breastfeeding and promoting appropriate practices thereby helping to reduce infant morbidity and mortality rates [5](Agho, 2011). Nigeria's healthcare system has suffered tremendous setback

especially in the area of infant mortality. According to UNICEF Report 2009, Nigeria has only 2% of the World population, but with 12% of death of children under the age of five. According to [6]Oladejo (2007) breast milk contains immunoglobulin which is the living agent that helps to build a child's immunity against chest infection and diarrhea, which is also the greatest killer disease of infants but only about 13% of Nigerian children are exclusively breastfed. This deficiency partly explains why 12 percent of children under the age of 5 die in Nigeria. In a study carried out by [7]Ugboaja, O.J, Nwosu, O.B., Anthony, O.I and Obi-Nwosu, A.L. (2013), it was evident that only a small proportion of urban women access postnatal care and practice exclusive breastfeeding. The study concludes that stress and mothers' apparent refusal are the major obstacles to exclusive breastfeeding.

Studies have also shown that exclusive breastfeeding rate in Nigeria dropped from 17% to 13% in 2003 due to reasons such as ignorance, traditional beliefs and so on. The survey also revealed that Nigeria needed to reduce infant mortality rate from about 100 deaths per 1000 live births to about 35 deaths to 1000 live births in order to reach the child survival Millennium Development Goals (MDGs). To meet this target, Nigerian women were expected to exclusively breastfeed their babies for six months and continue this up to two years with appropriate complimentary foods [8](National Demographic Health Survey, 2003). World Health Organisation (WHO) and United Nations International Children Emergency Fund (UNICEF) expect and recommend 90 percent exclusive breastfeeding in children less than six months in developing countries [5](Agho, 2011).

Exclusive Breastfeeding as a Problem among Working Mothers

It is argued that acceptance and practice of exclusive breastfeeding are allegedly low among mothers in the developing world in spite of the increasing efforts towards promoting optimal infant feeding. Working women tend to pay less attention to the nutritional development of their children due to the conflicting demands of business, domestic activities and official work [9](Patel, 2011). This has resulted in the feeding of infants with more of water, processed infant formula and locally made supplements such as pap and water then natural breast milk. It is believed that traditional beliefs also contribute significantly to the non-practice of exclusive breastfeeding in the developing world especially in Sub-Saharan Africa.

Exclusive breastfeeding in children less than six months of age in Nigeria are amongst the lowest in the world, even when compared with other neighbouring countries in the region. According to the Information Center of the Ministry of Health Uyo, very little is known about exclusive breastfeeding and the dangers associated with the non-practice of it among both lactating women in Uyo urban [5](Agho, 2011). It is also noted that the increasing rate of women involvement in economic activities is a major factor that impedes on the women's ability to complete their six months breastfeeding practice. A bank manager in Baruwa, Ipaja Local Government Area of Lagos state is reported to have stopped breastfeeding her baby since she resumed work after her maternity leave. According to her, "Three months after maternity leave, I could not cope with giving him breast milk. I think he also likes the formula as well, hence making my decision even easier" [5](Agho 2011).

The study therefore attempts to answer the following questions; are working mothers whether in informal or formal sectors generally aware of the practice of exclusive breastfeeding and its benefits? To what extent has the formal or non-formal mothers' knowledge of the benefits of exclusive breastfeeding been translated into practice? Do cultural beliefs impede or promote the practice or non-practice of exclusive breastfeeding among women in the formal and non-formal settings. And to what extent does occupation affect exclusive breastfeeding of infants, in Uyo urban of Akwa Ibom State, Nigeria?

Literature and Theoretical Framework:

In almost every human society, the culture of breastfeeding is a valued activity for the benefit of the mother, the child and the family. Exclusive breastfeeding, a new child feeding paradigm has been recommended for the healthy growth of children due to its numerous health benefits such as protection against illness for the infant and reducing the risk of breast cancer for the nursing mother [10](Philip and Radford, 2006). However, it has still remained critically insignificant across most cultures.

In an effort to promote the exclusive breastfeeding culture among mothers, UNICEF and WHO launched the Baby Friendly Hospital Initiative in 1992. Currently, about 19,600 hospitals worldwide in 152 countries have achieved Baby-Friendly status which shows the rate of acceptance of the Initiative by nursing mothers across nations [11](AAFP 2010). The Baby Friendly Initiative has increased breast-feeding rate, reduced complications and improved mother's health experience[12] (Jones and Stopped 2011). In spite of the growing population of exclusive breastfeeding, several factors still hamper its use among mothers in the developing world. These include ignorance, cultural beliefs, and work status of women.

[13]Field, Siziya, Katepa-Bwalya, Kanasa, Moland, and Tylleskar (2008) held that most mothers were ignorant of the benefits of breast milk. Their study revealed that most urban and rural mothers often pressed and discarded the colostrums. Their belief was that colostrums is dirty. They rather preferred giving raw water to

wet the mouth of the newborn rather than fresh breast milk. [14]Pathfinder International (2007) for instance reported that women in Sokoto, Northern Nigeria still depend on their cultural knowledge about child nutrition by feeding newborn with fresh cow milk for three days before changing to the mother's milk. They also discard the highly protective colostrums that the new borns need most for cultural reasons.

[15]Oritz (2005) believes that formula feeding is associated with fat babies who are more likely to survive. Their study disclosed that most mothers view breast milk as an unstable source of nutrition for the new born. They argue that its consistency depends on the mother's health and nutrients intake, and which may be compromised. Antenatal counseling by trained health personnel has a role in the promotion of breast feeding. In the rural health set up, the Auxiliary Nurse Midwife (ANM) is the health functionary closest to the community. He/she visits homes in the designated villages and provide health education services to motivate the pregnant women to come to the sub-center for initial check-ups and to take the recommended supplements. However, the researcher's observation has revealed that nearly half the pregnant women did not receive information regarding exclusive breastfeeding which creates low awareness and inhibits the practice of exclusive breastfeeding. Another common cultural belief that seems to persist which also tends to dissuade mothers is that a mother might not have sufficient milk supply for the baby if uncontrolled breastfeeding is practiced [16](Shen-li, 2011). This belief is held in ignorance of the fact that baby's sucking action encourages mother's milk production.

According to reports, Western societies undermine the culture of exclusive breastfeeding, [17](http://www.attachementacrosscultures.org/belief/bfeed7/01/2010). This is predicated on their belief that children need to learn to be independent almost from the time of birth. This is demonstrated in their hospital practice of separating mothers from their new born soon after birth for long period. This practice has a negative effect on successful breastfeeding especially as infant develops strongest sucking reflex within the first thirty minutes after birth. This process is triggered instinctively and biologically and if it is interrupted during this critical 30 minutes period, then the whole process of breastfeeding as well the associated benefits will be affected. This weakens the bond between mother and child and further promotes early child/mother separation, through early weaning. Early weaning in Western societies is seen as a sign of development. It is against the norm to breastfeed walking toddler. It also enables a working mother to return to work. In North America and Europe, it is against the norm for women to breastfeed their babies in public places. This is due to the belief that breast is associated with sex and as should not be exposed [16](Shen-li, 2011). In North America also, women's clothing style is usually not very conducive because the mothers do not dress in loose fitting clothes that can allow breastfeeding outside the home especially in winter. Since breast is perceived as a sexual object this supports the myth that women who breastfeed are more likely to have breasts that sag or drop. This myth challenges the fact that breast changes occur in all women regardless of feeding choice, but are perceived primarily on hereditary, age and height of women, [18](Gyalenn 2003).

In a study conducted by [19]Agho, Dibley, Odiase and Ogbonwan, (2011) it was noted that the rate of exclusive breastfeeding in Nigeria is very low and falls below the target of 90% exclusive breastfeeding by women the first six months of life which is believed to result in 10% reduction of death of infants less than five years. Among the Yoruba in Nigeria, for example, which is the second largest ethnic group exclusive breastfeeding practice is considered dangerous to babies because of the need to quench thirst with water, as well as to promote normal development. Most mothers in these communities adopt mixed feeding during child birth which could lead to child morbidity [20](Krueger, 2003).[9] Patel (2011) noted that socio-cultural factors in Kenya impede effective exclusive breastfeeding as 85-95% of women offer fluid to babies in place of breast milk. It was disclosed that breastfeeding rates in Kenya has remained at 15% for some years which is low compared to other developing countries such as Ethiopia and India with breastfeeding rate of 83.3%.

In a study report published by Lancet recently, it was stated that children who are exclusively breastfed perform better in school [2](Ifijeh, 2017). The report linked exclusive practice to high academic performance. Also, in terms of health, the study further revealed that exclusively breastfed children are less likely to be obese and less prone to suffer diabetes, cancer, hypertension and several other problems even later in life. According to the findings from WHO and partners, [21](published in This Day newspaper, March 16, 2017), it is estimated that global economic losses from lower cognition due to failure to exclusively breastfeed infants reached above USD$300 billion in 2012, which is equivalent to 0.49 percent of the world's Gross National Income (GNI).

In Malaysia, working mothers are given only two months maternity leave and facilities for breastfeeding at work places are not acceptable or flexible. The situation affects working mothers' ability towards exclusive breastfeeding practice. It was also observed that mothers in rural areas are more commonly involved in exclusive breastfeeding practice then their counterpart in the urban areas. This is as a result of the high rate of involvement of urban women in paid jobs which could be seen as a consequence of higher socio-economic demands and challenges common in urban family lives, [22](WHA 2011). Similarly, according to a study by [23]Ashimka, M; Deerajen, R; Priti, P; and Rajesh, J (2013), women having professional jobs especially in urban areas stop breastfeeding earlier than the recommended duration because they have reduced access to

their children as against those involved in traditional works who have more time and therefore maintain longer period of lactation.

In a survey carried out by Kakute, Ngom, Mitchel, Knoll Ngwany and Meyer in 2005, women in rural region of North-West province of Cameroon are culturally encouraged to mix-feed their infants. All women sampled introduced water before the first six months of their babies' lives. This practice is predicated on cultural pressure from the elderly women that breast milk provides insufficient nutrition for babies, [24](Mika, 2011; Lambonathan and Steward 1995). This is also the case in China, Cambodia and Vietnam where women undergo customary practice called "during the month", [25](Agnew and Gilmore 2007) which stipulates that in the first 28 days of postpartum, women are expected to stay at home, avoid draught and bathing, dress warmly and stay in bed. During the period women are expected to eat food classified as "hot" only. Customarily, food is classified as hot, cold or neutral according to the intensive nature of the food rather than the basis of the temperature or spiciness of the food. This custom prevents women from eating raw and cold vegetables and fruits for maintaining the health of the baby and mother. Based on these reports, it has been noted that many countries in the world are reluctant to promote or practice exclusive breastfeeding, despite the health benefits derived from the practice for both mother and child.

[26]Green (2002), however, argues that breastfeeding rises with education and economic status in industrialized countries, while the reverse appears to be the case in developing countries where decline in exclusive breastfeeding is common among women including elite group [27](Samm, 2010). Developing countries tend to believe that a child cannot be healthy without some porridge and a bit of water. Occupation as well as women's increasing involvement in economic activities all over the world is generally a major set-back in the practice of exclusive breastfeeding. [28]Amfem (2003) posits that 46.5% of civilian workforce is outside the home. Apparently, work affects the duration of breastfeeding and industrialized nations have lower breastfeeding records ranging from 3-4 months, [29](Maternity Alliance Campaign Group, 1997). Women who work outside the home for a longer period or who had shift jobs or had flexible working hours encountered obstacles in maintaining exclusive breastfeeding and gave it up within one month after resumption of work [30](Chiang and Morrow 2000).

It has been observed that there is very little support of breastfeeding in workplaces and the work environment serves as a major hindrance to mothers' continuance in exclusive breastfeeding practice for the baby's perfect food is breast milk [31](Bullock, 2004). Krueger (2004) argues that the attitude of bosses and co-workers who did not breastfeed their babies can severely hinder Baby-Friendly compliant mothers' effort to combine nursing and working as most bosses will expect such working mothers to use infant formula which they consider more convenient. Baby-Friendly mothers expectedly would feel guilty about their breastfeeding success; and conditions at workplace can be viewed as a variable against exclusive breastfeeding outside cultural influences [25](Agnew and Gilmore, 2007).

[9]Patel (2011) argues that women who work in industries and service organizations are usually found in urban centers. He identified urbanization as one of the factors that are responsible for low exclusive breastfeeding. Patel notes that increasing urbanization in Kenya causes women to have jobs that separate them from their babies for long days leading to dependence on formulas. Among urban women in Eastern European society, discontinuing with exclusive breastfeeding is blamed on return to work because job security is not guaranteed. It can, therefore, be concluded, that apart from cultural beliefs and practices, the threat of job security and prevalence of baby-unfriendly work places contribute significantly to mixed and supplemented infant feeding by working mothers. They pose a major threat to the realization of sustainable exclusive breastfeeding of infants by their mothers.

A number of factors usually determine the decision and choice made by individuals at different times and circumstances. Choice itself is only possible when there are alternatives, and certain factors guide choices made by individuals when they are facing a conflicting range of opinions/situations. Coleman was noted for his interest in the understanding of man as a rational being. [32]Charles (2010) believes that Coleman apparently took after the neo-classical economist mode of analysis of economic behaviour based strictly on utilitarianism. In the context, Coleman believes that a number of factors which include; beliefs, goals, desires as well as costs and benefits determine the choice made by man. Significantly therefore, this theory implies that working mothers are faced with the choice of either infant formula or exclusive breastfeeding for their babies as well as commitment to exclusive breastfeeding and good nutrition for their babies at the expense of their jobs. The choices made under these circumstances are rationalized and supported by the mother's belief and economic goals.

II. METHODOLOGY

A sample of 256 respondents which comprised both formal and non-informal working mothers was drawn for the study. This sample was selected by dividing Uyo urban into 4 clusters which had 'Ibom Connection" as its central location, being the centre of the metropolis. The four adjoining roads that were

selected had banks, schools, government establishments and health institutions located along them. Each of the roads also transversed the major communities that make up the Uyo urban. Thirty-two (32) public institutions were systematically selected for the study. Four (4) respondents (mothers) were randomly selected from each of the public offices sampled. A total of one hundred and twenty eight (128) respondents constituted the representative sample for the study. Four (4) Focus Group Discussants were conducted, two each from the formal and non-formal working mothers. A five (5) point Likert scale questionnaire was administrated by hand to the working mothers in their offices. The same five (5) point Likert scale interview schedule was used for the non-formal working mothers because of their inability to read and write.

III. RESULTS

The results below show demographic characteristics of the respondents as well as cultural variables concerning the practice of exclusive breastfeeding

Table 1: Percentage Distribution of Respondents by Age

Age	Respondents		Percentage
	Formal working mothers	Non-formal working mothers	
18 – 25	20 (7.8%)	28 (10.93%)	18.73%
26 – 33	50 (19.53%)	42 (16.40%)	35.93%
34 – 41	42 (16.41%)	46 (17.96%)	34.37%
42 and above	16 (6.25%)	12 (4.6%)	10.85%
Total	128 (50%)	128 (50%)	100%
Grand Total	256		

Table 2: Percentage Distribution of respondents by marital status

	Formal working mothers	Non-formal working mothers	
Single	1 (0.39%)	3 (1.17%)	1.56%
Married	127 (49.61%)	125 (48.82%)	98.43%
Divorced	-	-	-
Total	128 (50%)	128 (50%)	100%
Grand Total	256		

Table 3: Percentage Distribution of Respondents by Educational Attainment

	Formal working mothers	Non-formal working mothers	
FSLC	10 (0.78%)	8 (3.13%)	3.91%
SSCE/GCE	20 (7.81%)	34 (13.28%)	21.09%
OND/NCE	40(15.63%)	28 (10.93%)	26.56%
B.Sc/HND	41 (16.01%)	30 (11.72%)	27.73%
Others	25 (9.77%)	28(10.93%)	20.7%
Total	128 (50%)	128(50%)	100%
FSLC	10 (0.78%)	8 (3.13%)	3.91%
Grand total	256		

Table 4: Percentage Distribution of respondents by marital status

	Formal working mothers	Non-formal working mothers		
Bankers	32 (12.5)	House wives	32(12.5)	25
Teachers	32 (12.5)	Petty traders	32(12.5)	25
Health workers	32 (12.5)	Farmers	32(12.5)	25

Civil servants	32 (12.5)	Artisans	32(12.5)	25
Total	128(50)		128(50)	100
Grand total	256			

Source: Fieldwork

Tables 1-4 shows Age, marital, educational and marital characteristics of respondents. The table shows that the formal working mothers subgroup were within the age range of 26 – 33 years (19.53 percent), followed by those within the ages of 34 and 41 years, who made up 16.41 percent. Working mothers aged 18 – 25 years were 7.8 percent, while those of 42 years and above made up 6.25 percent of the respondents. This shows that majority of the respondents were adult in their reproductive years. Non-formal working mothers' subgroup comprised 17.96 percent of those aged 34 – 41 years. Those aged 26 – 33 years were 16.4 percent, while those of age bracket 18 – 25 years constituted 10.93 percent. Those above 42 years were 4.6 percent.

The marital profile of the respondents in Table 2 clearly shows that the majority were married and still living with their spouses. For both the formal and non-formal working mothers, 49.61 percent and 48.82 percent respectively making a total of 98.43 percent of nursing mothers were married women. Unmarried mothers comprised a total of 1.57 percent of the total sample. The high percentage of respondents still in marriage could be of advantage to breastfeeding campaign as male spouses do have a lot of influence on their wives decision to practice exclusive breastfeeding.

The respondents' educational profile indicated a fairly high level of formal educational attainment. As shown on Table 3 above, formal working mothers with Bachelor's Degree or Higher National Diploma were 16.01 percent and Ordinary National Diploma were 15.63 percent. A total of 7.8 percent had only secondary school education, while others (9.77percent) had other forms of education including skill training in various trades. Non-formal working mothers who had SSCE/GCE were 13.28 percent which was the highest. Those with B.Sc/HND were 11.72 percent; those with OND/NCE made up 10.93 percent and others with qualifications in other fields of trade were 10.93 percent while those with FSCL comprised only 3.13 percent. The formal and non-formal working women had some enhanced adoption and practice of exclusive breastfeeding as education enhances knowledge and understanding of what is good and acceptable.

The formal working mothers were subdivided into civil servants, health workers, teachers and bankers who comprised 12.5 percent of the sample. The non-formal working mothers were subdivided into four dominant categories namely; petty traders, house wives, farmers and artisans, each represented by 12.5 percent of the respondents.

Table 5: Formal and Non-Formal Working Mothers Knowledge of the benefits of Exclusive Breastfeeding and the Practice.

FORMAL WORKING MOTHERS						**NON FORMAL WORKING MOTHERS**				
RES	**Teachers %**	**Civil Servants %**	**Health Workers %**	**Bankers %**	**Total %**	**House Wives %**	**Petty Traders %**	**Farmers %**	**Artisans %**	**Total %**
SA	18(7.03)	20(7.8)	24(9.4)	22(8.6)	84(32.8)	20(7.8)	18(7)	22(8.6)	19(7.4)	79(31)
A	9(3.52)	8(3.1)	8(3.1)	9 (3.5)	34(13.3)	8(3.1)	9(3.5)	7(2.7)	9(3.5)	33(13)
UN	1 (0.39)	0	0(0)	0(0)	1(0.4)	1 (0.4)	1 (0.4)	1(0.4)	1(0.4)	4(1.6)
D	3(1.17)	2 (0.85)	0(0)	0(0)	5(2)	1 (0.4)	3(1.2)	1(0.4)	2(0.8)	7(2.7)
SD	1 (0.39)	2(0.8)	0	1 (0.4)	4(1.6)	2(0.8)	1 (0.4)	1(0.4)	1(0.4)	5(2)
Total	**32(12.5)**	**32(13)**	**32(12)**	**32(13)**	**128(50)**	**32(13)**	**32(13)**	**32(12)**	**32(13)**	**128(50)**

Source: Fieldwork

Table 5 shows that both the formal and the non formal working mothers in Uyo urban had appreciable knowledge of the benefits of exclusive breastfeeding. About 46.1% of the 128 respondents who made up the formal working mothers agreed strongly to their awareness of exclusive breastfeeding, while 43% of the 128 respondents who made up the non-formal working mothers also agreed strongly to knowing about the benefits of exclusive breastfeeding. In all categories of formal working mothers, all the 32 health workers repeated Strongly Agreed/Agreed to the benefits of exclusive breastfeeding. This is not surprising because this policy is a health based and all of them are close to the source of knowledge. This perhaps strongly explains why knowledge dissemination and adherence could be the key to the breastfeeding crusade.

Research Question II
Cultural beliefs affect the practice of exclusive breastfeeding.

Table 6: Percentage Distribution of Respondents Showing their Cultural Belief as it Affects the Practice of Exclusive Breastfeeding

	Formal working mothers					Non-formal working mothers				
RES	**Teachers %**	**Civil Servants %**	**Health Workers %**	**Bankers %**	**Total %**	**House Wives %**	**Petty Traders %**	**Farmers %**	**Artisans %**	**Total %**
SA	19(7.42)	18(7)	19(7.4)	19(7.4)	75(29)	18(7)	19(7.4)	20(7.8)	19(7.4)	76(29.7)
A	9(3.52)	9(3.5)	9(3.5)	9(3.5)	36(14)	9(3.5)	9(3.5)	8(3.1)	9(3.5)	35(13.7)
UN	0(0)	1(0.4)	0(0)	0(0)	1(0.4)	1(0.4)	0(0)	1(0.4)	0(0)	2(0.8)
D	3(1.18)	3(1.2)	3(1.2)	3(1.2)	12(4.7)	3(1.2)	3(1.2)	1(0.4)	3(1.2)	10(3.8)
SD	1(0.39)	1(0.4)	1(0.4)	1(0.4)	4(1.6)	1(0.4)	1(0.4)	2(0.8)	1(0.4)	5(2)
Total	**32(12.5)**	**32(13)**	**31(13)**	**32(12)**	**128(50)**	**32(12)**	**31(13)**	**32(13)**	**32(13)**	**128(50)**

Source: Field Survey

It is shown in table 6 above that 43% of the 128 respondents of formal working mothers and 43.4% of the non-formal working agreed strongly/agreed repeating that "Breast milk is insufficient for babies; that elderly relatives advise mothers to give water to babies to quench their thirst". It is therefore evident that there are some cultural beliefs, especially giving of water to babies and the belief on breast milk insufficiency that hinder mothers' practice of exclusive breastfeeding. Furthermore, from the findings above in Table 6, it is revealed that three categories of the formal working mothers (teachers, health workers and bankers) strongly agreed that cultural beliefs of mothers influence their practice of exclusive breastfeeding because every mother has a cultural background**.** People uphold their cultural beliefs and practices irrespective of who they are, where they are and where they work. Among the non-formal working mothers subgroup, it is revealed that the highest, that is, twenty-eight (28) out of thirty-two (32) respondents who strongly agreed/agreed were farmers. This also applied to artisans and petty traders respectively, this is so because farmers, artisans and petty traders are the ones who mostly reside and do business in communities. They believe and adhere to the culture of the land on mothers pertaining to child care and postpartum practices.

Research Question III
Do types of occupation done by mothers affect the practice of exclusive breastfeeding?

Table 7: Percentage Distribution of Respondents Showing Occupation of Mothers and Its Effect on Exclusive Breastfeeding Practice.

	Formal working mothers					Non-formal working mothers				
RES	**Teachers %**	**Civil Servants %**	**Health Workers %**	**Bankers %**	**Total %**	**House Wives %**	**Petty Traders %**	**Farmers %**	**Artisans %**	**Total %**
SA	20(7.81)	18(7)	23(9)	22(8.6)	83(33.4)	20(7.8)	20(7.8)	18(7.03)	19(7.4)	77(30.1)
A	8(3.13)	9(3.5)	7(2.7)	10(3.9)	34(13.3)	8(3.1)	8(3.1)	5(2)	9(3.5)	30(11.7)
UN	0(0)	1(0.4)	0(0)	0(0)	1(0.4)	1(0.4)	0(0)	1(0.4)	1(0.4)	3(1.2)
D	2(0.78)	3(1.2)	2(0.8)	0(0)	7(2.7)	1(0.4)	2(0.8)	5(2)	2(0.8)	10(3.53)
SD	2(0.78)	1(0.4)	0(0)	0(0)	3(1.2)	2(0.8)	2(0.8)	3(1.2)	1(0.4)	8(3.13)
Total	**32(12)**	**32(13)**	**32(12)**	**32(13)**	**128(50)**	**32(12)**	**32(13)**	**32(13)**	**32(13)**	**128(50)**

Source: Field Survey

It could be seen in Table 7 that 46.7% of the formal working mothers and of the non-formal working mothers repeating agreed strongly to the assertion that "time spent at work place is long, and that tight duty schedules and responsibilities in the office do not allow for the practice of exclusive breastfeeding". This further reveals that most of the respondents in the formal sector of employment are constrained from the practice of exclusive breastfeeding. The non-formal working mothers though not bound by bureaucratic rules and have

flexible working hours were equally constrained from practicing exclusive breastfeeding because of the type of trade they engaged in. Among the formal working mothers, the subgroups of health workers and bankers had the highest number of 30 and 32 respectively out of the 32 respondents who complained about the occupation and the negative effect this has on the practice of effective breastfeeding. Their work is tasking and very demanding. Oftentimes these two work places are so busy that the mothers have no time for break and this could adversely affect mothers who might have been willingness to practice exclusive breastfeeding. Housewives and petty traders share the same percentage of 7.8% respectively because they assert that home chores occupy them so much and sap their energy so that they cannot practice exclusive breastfeeding effectively.

IV. RESEARCH HYPOTHESES AND DISCUSSIONS

This section of the research deals with the test of hypotheses.

Hypothesis One

H_i: There is a significant relationship between mothers knowledge of the benefits of exclusive breastfeeding and its practice among formal and non-formal working mothers in Uyo urban.

H_o: There is no significant relationship between mothers knowledge of the Benefits of exclusive breastfeeding and its practice among formal and non-formal working mothers in Uyo urban

Hypothesis I

Table 8: The relationship between the knowledge of the benefits of exclusive breastfeeding by mothers and the practice of exclusive breastfeeding.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Intervalof the Difference	
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mothers	Equal variances assumed	2.927	.111	2.895	13	.013	5.75000	1.98639	1.45867	10.04133
	Equal variances not assumed			2.978	12.178	.011	5.75000	1.93111	1.54929	9.95071

Source: SPSS Version 17; Fieldwork, 2011

Since the t-ratio 2.895 is greater than the significant .013 (2 tailed), the null hypothesis (Ho) is rejected at 0.05 alpha, and the alternative hypothesis (H_O) is accepted at 0.05 alpha. In order words there is a significant relationship between mothers' awareness of exclusive breastfeeding and its practice in Uyo urban.

In spite of the statistical analysis from the test of hypotheses, mothers' knowledge of exclusive breastfeeding in Uyo urban is not significantly related to their practice of breastfeeding. Mothers' mode of acceptance and health concerns are among the factors identified as affecting the practice of exclusive breastfeeding which also discourage women from breasting their infants optimally. This finding is unexpected because it is often assumed that knowledge is power; that knowledge of exclusive breastfeeding will lead to its acceptance and subsequent practice by both formal and non-formal working mothers. The finding was supported by the report by participants at the Focus Group Discussion in the study area. Participating women pointed out that they were aware of exclusive breastfeeding and its benefits and they were told of it at the ante-natal clinics they attended. About 35 percent of the respondents sampled said they heard of it over the radio and others from friends and associates. They however, reported that they have not been able to practice it due to some reasons. According to the FGD discussants:

We have heard of exclusive breastfeeding from the hospital and over the radio but it is not something that we can cope with because it is stressful and the babies cry so much. We cannot turn down the crying baby as a mother. So we will give the baby water and once this is done the baby stops crying, which means the baby was hungry. (FGD participants; working mothers, aged between 26-33 years; Ikot Oku-Uyo).

Another group of FGD participants had this opinion:

We are aware of exclusive breastfeeding and it is emphasized in hospitals but we are unable to practice because we see it as a way of punishing the child. It is obvious that breast milk alone does not satisfy the baby. FGD participants non-formal working mothers, aged between 26 – 33 years; Ikot Oku– Uyo).

Hypothesis Two

Hi: There is a significant relationship between socio-cultural belief of mothers and the practice of exclusive breastfeeding among formal and non-formal working mothers in Uyo urban.

Ho: There is no significant relationship between the socio-cultural belief of mothers and the practice of exclusive breastfeeding among formal and non-formal working mothers in Uyo urban.

Hypothesis II

Table 9: The effect of socio-cultural belief on the practice of exclusive breastfeeding by formal and non-formal working mothers.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mothers	Equal variances assumed	3.85	.072	2.925	13	.012	5.72222	1.95601	1.49652	9.94792
	Equal variances not assumed			2.641	7.427	.032	5.72222	2.16652	.65836	10.78609

Source: SPSS Version 17; Fieldwork

Since the t-ratio 2.925 is greater than the significant ratio .012 (2 tailed), the null hypothesis (Ho) is rejected at 0.05 alpha, and the alternative hypothesis (H_1) is accepted at 0.05 alpha. This means that there is a significant relationship between socio-cultural belief of mothers and exclusive breastfeeding practice in Uyo urban. Socio-cultural beliefs have been identified as a key determinant in the practice of exclusive breastfeeding. Evidence emerging from the FGD sessions corroborated the findings and result of the hypothesis. Participants stated that they gave water to their babies within the first three months. This practice was informed by the belief that breast milk alone cannot satisfy the baby and the babies are thirsty, and should take water. These feedings were captured in the following comments by the participants;

There is no special practice regarding infant feeding in our community. But one thing is certain; babies must be given water to make them satisfied with the breast milk they suck, and water gives life, strength, all will help nourish the baby, (FGD) participants: non-formal working mothers, 34 – 41 years, Itiam Village Uyo).

Another group of participants during the FGD expressed their feelings as follows;

There is no significant belief, but we give water to babies to make them robust and strong. You know water is life; so water plus breast milk will make the baby to be good looking. (FGD participants: formal working mothers 26 – 33 years, Iboko Offot, Uyo).

The implication of these findings is that both the formal and non-formal working mothers in spite of their awareness of exclusive breastfeeding still uphold strongly to their cultural practices. While some do it ignorantly, others embrace it as older generation handed over down to them. Both the formal and the non-formal working mothers are greatly influenced by their cultural beliefs and practices, irrespective of where they come from, their educational level and work exposure. They still hold strongly to what they learnt from their aged mothers and grandmothers.

Hypothesis Three

Hi: There is a relationship, between the occupation of mothers and the practice of exclusive breastfeeding among formal and non-formal working mothers inUyo urban.

Ho: There is no relationship, between the occupation of mothers and the Practice of exclusive breastfeeding among formal and non-formal working mothers in Uyo urban.

Hypothesis Hi

Table 10: The Relationship between Occupation of mothers and the practice of exclusive breastfeeding.

	Levene's Test for Equality of variance		T-Test for Equality of Means						
								95% Confidence, (interval of the	
								Difference	
	F	Sig.	T	Df	Sig. (2 tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mothers Equal Variances	1.916	071	2.974	13	.012		1.87528	1.45867	10.04133
Assumed									
Equal Variances not assumed	2.986	11.178	.011	11.178	.011	5.64000	1.91000	1.54929	9.95071

Source: SPSS version 17; Fieldwork, 2011

Since the t-ratio 2.895 is greater than the significant ratio (2 tailed), the null hypothesis is rejected at 0.05 alpha, and alternative hypothesis (Hi) accepted at 0.05 alpha. This means that there is a significant relationship between occupation of mothers and the practice of exclusive breastfeeding in Uyo urban.

Findings further revealed that there exists a significant relationship between occupations of formal and non-formal working mothers and the practice of exclusive breastfeeding in Uyo urban. The study shows that nursing mothers spend long time at work which interferes with breastfeeding time. This is further complicated as there were no crèches at workplaces. Work schedules were tight and official responsibilities for mothers did not allow time for practicing exclusive breastfeeding.

Participants at the FGD expressed their reaction to work culture and the practice of exclusive breastfeeding thus:

In recent times women do not want to be lazy and completely dependent on the husband, so after three months (3months) of delivery a mother must leave the house in search of some money. We must go back and continue with what we used to do in order to keep the family going. This decision of going back to business will conflict seriously with excusive breastfeeding because you may not be able to carry the child about. It is not easy to combine the two things (FGD formal working mothers, 26 – 33 years, Aka Uyo).

Another FGD participants said:

Women must work to be empowered financially. We have to help our husbands to certain things at home. We were called "owounwam" (literary"help mate") to our husbands so when you give birth to a child after some months you must leave the child and go out to continue with your trade. The problem is some of us are traders and we do travel to village to buy goods. It is impossible to stress the child that much by carrying the child about. As mothers; we must look for substitutes to breast milk so exclusive breastfeeding for six months and our business cannot be combined. When we are back home we do continue with breastfeeding. (FGD Non-formal working mothers, 26 – 33 years Iboko Offot, Uyo.)

From the findings, it was not feasible to effectively combine their career, occupations or trades with exclusive breastfeeding because in most cases, the business or work schedule whether at formal or informal settings would not favour this practice. They leave home very early and come back late; work environments usually are not conducive to keep a child.

V. CONCLUSION AND RECOMMENDATIONS

It is evident in the study that in spite of the numerous health benefits associated with the practice of exclusive breastfeeding and intensified mass awareness; lactating mothers in Uyo urban are yet to adopt the practice due to reasons such as cultural beliefs, economic constraints, and unfriendly work schedules. This study particularly compared the rate of practice of exclusive breastfeeding between formal and non-formal working mothers in Uyo urban, Akwa Ibom State.

According to the results of the hypotheses, both categories of working mothers showed reasons for their poor involvement in exclusive breastfeeding practice despite the health benefits associated with the practice and the efforts to promote the practice. Finally, the study revealed that the economic realities of the recent times have subjected the formal and non-formal working mothers in Uyo urban to social and economic pressure which has frustrated their efforts towards the practice of exclusive breastfeeding.

In order to improve on the rate of practice of exclusive breastfeeding by working mothers in Uyo urban, the study made the following recommendations'

i. Formal working mothers whose duty hours exceed eight (8) hours should express enough milk that will sustain the baby until they are back from work.
ii. Nursing mothers should seek the encouragement and cooperation from their employees, spouses and colleagues to be able to achieve optimal breastfeeding practice by allowing breastfeeding mothers at least one hour break period for three months after maternity leave.

Also in accordance with the recommendations of the Campaign Group of the Maternity Alliance (CGMA 1997) on the legal obligations of employers towards breastfeeding mothers;

- Every nursing mother should be given enough time to breastfeed her baby and they should be given special concession on the report to work, time for break and time to go off duty.
- Employers should provide comfortable, private and equipped room for breastfeeding employees to feed their babies or express breast milk.

It is apparent from the study that exclusive breastfeeding is still not practiced by both the formal and the non-formal working mothers in Uyo Urban and by extension, other urban communities in Nigeria even with the intensified mass awareness. The reasons bother mainly on economic, social and cultural constraints for a successful implementation and practicalization of exclusive Breastfeeding culture in Nigeria. These constraints should be adduced to foster compliance by women who are workers.

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