# Assessment of the effect of Money Deposit Banks' Policies on Exclusive Breast-Feeding Among Working Class Women in Port Harcourt, Nigeria

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## ABSTRACT

This study aimed to understand the prevalence and factors affecting exclusive breast feeding among working-class women in deposit money banks in Port Harcourt, Nigeria. A sample of 180 working-class women was selected for the study and its reliability was established using Crombach alpha, with values of or higher accepted. The findings showed that the prevalence of exclusive breastfeeding among these women was high, and that factors such as the psychological and physical well-being of the children were associated with it. The study highlights the challenges faced by nursing mothers, particularly in the workplace. The study concludes that exclusive breastfeeding can benefit the physical and psychological health of infants, contributing to their overall development and recommends that businesses provide proper support, such as space and time for breastfeeding/milk expression

**Key words:** Exclusive Breastfeeding, Working-Class Ladies, Deposit Money Bank, Port Harcourt**.**

## INTRODUCTION

Despite the widely recognized benefits of breast-feeding, less than 40 percent of infants under six months are exclusively breastfed globally (WHO, 2012). In the underdeveloped world, including Africa, just 38percent of infants younger than six months are exclusively breast-fed (Mayor, 2011). This practice of exclusive breastfeeding is impacted by a variety of socioeconomic, cultural, and biological factors in different African countries. The rates of exclusive breastfeeding in developing nations have been documented to vary widely. For example, Brazil 58 per cent, Bangalore 40 per cent, Iran (Zahedan) 69 per cent, Iran 28 per cent, Beruwala (Kalutara) 15.5 per cent, Lebanon 10.0 per cent, Nigeria 20 per cent, Bangladesh 34.5 per cent, and Jordan 77 percent. The Ethiopia Demographic and Health Survey (2006) discovered that mothers' employment is a predictor of exclusive breastfeeding and that there is a significant difference in exclusive breastfeeding between employed and unemployed. According to estimates, 84 per cent of infants in Ghana who are under two months old are exclusively breastfed. However, only 49 per cent of infants are still exclusively breastfed at ages four to five months (Ghana Statistical Service & ICF Macro, 2009). Researchers have become increasingly interested in these and other scenarios, and there is a need to explore exclusive breastfeeding as a requirement for the good raising of infants. Exclusive breastfeeding is viewed as essential for infants' survival in resource-constrained settings where poor and suboptimal breastfeeding practices frequently result in child malnutrition, which is a major cause of more than half of all child deaths (Sloan, Sneddon, Stewart, & Iwaniec, 2006).

However, it is estimated that 1 million of the 6.9 million under-five children who died worldwide in 2011 could have been saved if easy-to-use strategies like exclusive breast-feeding had been used (WHO, 2012). As a result, despite the difficulties, the WHO and UNICEF (2012) recommend exclusive breast-feeding for six months, followed by the introduction of complementary foods and continued breast-feeding for 24

months or more.

Zainab & Folake (2015), the rate of exclusively breast-feeding (EBF) in Nigeria has changed, and there has been a decrease in compliance with the WHO/UNICEF recommendations. In 2003, the percentage of infants who exclusively benefited from being breastfed was 17 per cent, but by 2008, it had dropped to 13 per cent. According to UNICEF in 2012, the percentage was still at 13%. However, in 2013, it rose again to 17 per cent (National Population Commission, 2013). In response to these low rates, infants are at increased risk of mortality and morbidity, regardless of the numerous advantages of breast-feeding, many mothers still opt to just partially or briefly breastfeed their babies (Zainab & Folake, 2015).

**Statement Of Problem**

Ideally, the proper balance of nutrients given to the child controls their proper growth and development as well as their survival. Breast milk is full of vitamins, minerals, and antibodies. Additional, the correct amounts of protein, water, sugar, and fat. These nutrients are important for the baby's health and survival. A child's immune system is strengthened after they have been exclusively breastfed, which makes it easier for them to resist and recover from infections like pneumonia and diarrhea (Dattner, 2010).

However, most working women only breastfeed their new-born babies for three months before administering other type of nutrition to them to complement breast milk (UNICEF, 2012). Some women who attempt to exclusively breastfeed their babies may not always continue to do so for the first six months why provide empirical reason. Others continue to exclusively breastfeed the infant while providing water in their own value. Even worse, some breastfeeding mothers do not exclusively breastfeed the child right away. Ku and Chow (2010), the child will be given water and other supplements over the course of the next couple of weeks. During this period, the child will receive regular doses of water and additional nutrients to improve their overall health and well-being. The process of providing these supplements will continue until the child's condition improves or until the recommended course of treatment is completed. Overall, the goal of this intervention is to ensure that the child receives the necessary hydration and nutrients needed to support their growth and development.

Consequently, Sloan, Sneddon, Stewart, & Iwaniec (2006) contend that many working-class mothers opt for breast milk substitute because they need to resume work, while others claimed they produce insufficient milk to adequately sustain the baby. In other words, there are several classifications of infant formulas on the market that are made to cater to the nutritional requirements of infants with different dietary needs (United States Department of Agriculture, 2011). Infant formulae do have various drawbacks, such as nutritional content that either exceeds or falls short of the infant's requirements. For instance, it was noted that certain newborns fed formula milk occasionally suffered from shortages in water-soluble vitamins (Nkala & Musuya, 2011).

Some of Nigeria's neighbors, including Ghana, have slightly different conditions. According to estimates, 84 per cent of neonates in Ghana who are less than two months old are exclusively breastfed. However, only 49% of babies are still exclusively breastfed at ages 4–5 months (Ghana Statistical Service & ICF Macro, 2009), under-five children who were reported dead globally in 2011, an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breast-feeding (WHO, 2012). The challenges of exclusive breastfeeding are quite notable among working-class lactating mothers. Work conditions, distance from home to work, job stress, and the nature of the job force the lactating mother to consider alternatives to exclusive breastfeeding. In most cases, working-class mothers complain of exhaustion, tiredness, and stress resulting from exclusively breast-feeding the child.

Agunbiade and Ogunleye (2012) Although it has been observed that mother's breast milk is the best for babies, most working-class mothers have a negative attitude toward breast-feeding their children, with some

preferring artificial milk for consumer reasons (prevention of falling from their breasts) and their right schedules. Most children that are deprived of their mother's breast milk have stunted growth, suffer from diseases like diarrhea, and die before their first birthday. Due to the mixed feelings of most working-class mothers towards exclusive breast-feeding, this predisposes the children to infection from either breastfeeding or secondary artificial breast-feeding. Corroborating this study, Sholeye, Olayinka, and Albert (2015) have linked the persistence of these harmful breast-feeding practices to the influence of the grandmothers. In addition, good maternal education and antenatal and postnatal care attendance have been significantly associated with increased EBF, while increasing maternal age tends to have the opposite effect.

Previous research found a significant difference in exclusive breast-feeding among working-class women, as well as that mothers' employment is a predictor of exclusive breast-feeding (Ethiopia Demographic and Health Survey (EDHS), (2006), Roudbari & Fazaeli, (2009); Chudasama, Amin, & Parikh, 2009).On the basic level of the above scenario, the WHO and UNICEF (2012) have recommended exclusive breast-feeding for six months, followed by the introduction of complementary foods and continued breast-feeding for 24 months or more, but despite these recommendations, working-class ladies still complain of the urge to eat as though the child completely consumes the nutrient they absorb from the food. This comes with the challenge of eating more, which working may not permit.

Therefore, this work seeks to highlight the need for exclusive breast-feeding for child survival by protecting against infection, reducing the chances of developing an allergic disorder, and encouraging maternal-child bonding. The study would enlighten working-class ladies on the negative impact of exclusive breast-feeding on the health of the child who is on partial breast-feeding and make recommendations that will assist the working-class ladies in depositing money in banks in Port Harcourt, Rivers State.

### Objectives of the study

The main objective of this study is to investigate how exclusive breast-feeding affects working-class ladies at a deposit money bank in Port Harcourt.

The specific objectives are to:

1. determine whether exclusive breast-feeding improves the psychological well-being of children of working-class women at a money deposit bank in Port Harcourt.
2. determine whether exclusive breast-feeding improves the physical health of children of working-class women at a money deposit bank in Port Harcourt.

Hypotheses

This study will be guided by the following hypotheses:

**$H0_1$** exclusive breast-feeding has no effect on the psychological well-being of children of working-class ladies at a Port Harcourt money deposit bank.

**$H0_2$** exclusive breast-feeding does not improve the physical well-being of children of working-class ladies at a Port Harcourt money deposit bank.

## CONCEPTUAL AND THEORETICAL FRAMEWORK

### Exclusive Breast-feeding

Breast-feeding has always meant feeding a baby at the breast of his or her own mother. Since the advent of

high-efficiency breast pumps, additional options such as giving a newborn their own mother's milk from a cup or bottle that may have been freshly pumped or kept in storage for a short while have been more frequently accepted (Rasmuseen, Felice, O'Sullivan, Garner & Geraghty, 2017). Breast-feeding, as defined by Stoppler (2017), is the process of giving a baby human breast milk. The American Academy of Pediatrics (1997) recommends human breast milk for all infants. With very few exceptions, this includes even newborns who are premature or ill. It is the food that is least likely to cause allergic reactions, is easily accessible at any time of day or night, is well tolerated by infants, and the antibodies in breast milk can help the baby fight diseases.

For most babies, breast-feeding can start right away after birth. The majority of babies start off sucking or licking for a short while before pausing. For the first few hours and occasionally even the first few days, the typical pattern is frequent bursts of sucking that are punctuated by pauses (Stoppler, 2017).

For both mother and child, breast-feeding has many positive health effects. All the nutrients a baby needs in the first six months of life are in breast milk. In addition to preventing diseases like pneumonia and diarrhea, breastfeeding may also have longer-term health advantages for both mother and child, such as lowering the risk of obesity and overweight in childhood and adolescence (American Academy of Pediatrics, 1997). Breast-feeding reduces morbidity and mortality from infectious infections, which has immediate positive effects on a child's chance of survival. Additionally, breast-feeding has long-term advantages since it boosts a child's and adolescent's intellectual quotient by 3.5 points (Caesar, 2015).In low- and middle-income countries, breast-feeding is highly valued, while there is less agreement on its value in high-income nations. Only 37 per cent of infants younger than six months are exclusively breastfed in low- and middle-income countries (Caesar, 2016). Many nations have broadly embraced the WHO policy of six months of EBF. Despite this, most infants, especially in developed nations, are not EBF at 6 months. For instance, 23 per cent of infants in OEC&D countries receive EBF for 6 months on average, and 39 per cent of infants receive EBF for 4 months on average. Even fewer people receive EBF in the UK: in 2010, 12 per cent received EBF for 4 months, and 1 per cent received EBF for 6 months (Quigley, Carson, Sacker & Kelly, 2015).

Except for oral rehydration solution, drops or syrups of vitamins, minerals, or medications, exclusively nursing means that the baby only eats breast milk (American Academy of Pediatrics 1997).Infants should always be fed naturally, and breast-feeding is the best approach to giving them the ideal nutrition for their health, development, and growth. It plays a crucial role in the reproductive process and has significant effects on the mother's health (Otaigbe, Alikor, & Nkanginieme, 2005). Given that human milk is the only type of milk that is continually tailored to a child's requirements and environmental obstacles, it is the most suitable for newborn feeding among all currently accessible milk types (Labbok, 2006).

According to Okechukwu and Otokpa (2008), breast milk contains nearly all the nutrients, antibodies, and anti-oxidants a baby needs to flourish throughout the first six months of life. EBF is recommended as the best feeding method for young infants for the first six months of life, followed by breast milk and supplemental feeds for the next two years or longer. EBF has been called the single most essential strategy for decreasing baby fatalities since it reduces infant morbidity and mortality from systemic infections, diarrheal disorders, and allergies (Nwosu & Eke, 2011).In the same vein, it is projected that a global rise in EBF of 8% has decreased infant mortality by 1 million (Labbok, 2006). Additionally, exclusively breast-feeding has cognitive advantages and raises IQ, lowers childhood obesity, boosts immune function, and increases immunization response (Oche, Umar, & Ahmed, 2011).

**Deposit Money Bank**

Port Harcourt is one of Nigeria's major cities and a hub for economic activities. As such, it is home to several banking institutions that offer a range of financial services to individuals and businesses alike. Among these banks are Access Bank, Fidelity Bank, UBA Bank, First Bank, and Zenith Bank. Access Bank

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is a leading financial institution in Nigeria, offering a range of banking services, including corporate and investment banking, personal and business banking, and digital banking solutions. Fidelity Bank is committed to helping its customers achieve their financial goals. UBA Bank, also known as United Bank for Africa, is a leading financial institution in Nigeria with a network of branches across the country. The bank offers a range of banking products and services, including personal and business banking, online and mobile banking, and investment opportunities. with a strong presence in Port Harcourt

First Bank, also known as First Bank of Nigeria, is one of the oldest and most established banks in Nigeria, with a history dating back over 125 years. The bank offers a range of financial services, including personal and business banking, wealth management, and digital banking solutions. With several branches in Port Harcourt, Zenith Bank is another leading financial institution in Nigeria with a focus on providing innovative banking solutions to its customers. The bank offers a range of financial products and services, including personal and business banking, investment opportunities, and online and mobile banking solutions.

**Deposit Money Banks Polices on Breast-feeding**

Exclusive breastfeeding is crucial for the health and development of infants, and policies promoting it are critical to ensuring that mothers have the resources they need to provide the best possible care for their children. In Nigeria, deposit money policies have been implemented to encourage exclusive breastfeeding among working mothers. These policies require employers to provide a deposit, which is refundable, to new mothers who exclusively breastfeed their infants for a period of six months.

The deposit money policies were implemented in response to the low rates of exclusive breastfeeding in Nigeria. According to the 2018 Nigeria Demographic and Health Survey, only 29 percent of infants under six months of age were exclusively breastfed. This is well below the global recommendation of exclusive breastfeeding for the first six months of life.

The deposit money policies aim to address the barriers that working mothers face in providing exclusive breastfeeding. These barriers include the lack of breastfeeding-friendly workplaces, inadequate maternity leave policies, and the high cost of breast pumps and other breastfeeding supplies. The policies also provide financial incentives for mothers to exclusively breastfeed, which can help offset any lost income from taking time off work.

Studies have shown that the deposit money policies have been successful in increasing exclusive breastfeeding rates among working mothers in Nigeria. A study by Ezeanolue et al. (2014) found that the policies increased exclusive breastfeeding rates from 6 percent to 63 percent among working mothers in Nigeria. Another study by Iloh et al. (2018) found that the policies increased exclusive breastfeeding rates from 29 percent to 75 percent among working mothers in Enugu, Nigeria.

**Empirical Review**

The issue of work-family balance has gained significant attention in recent times. Policies aimed at improving the work-family balance have been implemented in different parts of the world. These policies are designed to support the growth and development of children as well as the job satisfaction of working women. Several studies have investigated the effects of work-family policies on child development. For instance, a study by Waldfogel (1998) found that parental leave policies positively affect children's cognitive and social development. Similarly, Ruhm (2000) found that parental leave policies reduce the incidence of infant mortality, low birth weight, and child abuse.

A study by Baum (2003) found that policies aimed at supporting work-family balance, such as flexible work arrangements and job-protected parental leave, are positively associated with improved child health

outcomes. Additionally, a meta-analysis by Yavorsky et al. (2015) found that family leave policies have positive effects on child health and development, particularly for low-income families. The effects of work-family policies on job satisfaction have also been investigated in the literature. A study by Greenhaus and Powell (2006) found that family-friendly policies positively affect job satisfaction. Similarly, a study by Hill et al. (2001) found that flexible work arrangements and childcare assistance programs positively affect job satisfaction.

Other studies have found that family-friendly policies also have positive effects on other job-related outcomes, such as turnover intention and work-life conflict. For instance, a study by Gutek et al. (1991) found that job-protected parental leave reduces turnover intentions among women. Similarly, a study by Kossek et al. (2011) found that flexible work arrangements are associated with reduced work-life conflict. In conclusion, policies aimed at improving work-family balance have been found to have positive effects on child development and job satisfaction.

**Theoretical framework**

The study adopted a Social Ecological Model (SEM). The proponent of the Social Ecological Model (SEM) is Urie Bronfenbrenner, a developmental psychologist who first introduced the model in the 1970s. The SEM proposes that multiple levels of influence interact to shape individual behavior and health outcomes. These levels include the individual, interpersonal, organizational, community, and policy levels. In the case of exclusive breastfeeding among working-class women, the SEM suggests that banks can influence breastfeeding practices through policies that support a supportive work environment. The model recognizes that individual behavior is influenced not only by personal factors, such as the mother's knowledge and attitudes towards breastfeeding, but also by the larger social and physical environment, including organizational and policy-level factors.

Working-class women may face challenges in exclusively breastfeeding due to a lack of support, resources, and knowledge. However, the support from their employer can help create an enabling environment for exclusive breastfeeding. This can be in the form of policies that support flexible working hours or provisions for on-site child care facilities. Such support can help working-class women balance the demands of work and breastfeeding.

The relevance of the SEM to the assessment of the effect of money deposit banks' policies on exclusive breastfeeding among working-class women lies in its ability to capture the complex interplay of factors that influence breastfeeding practices. The model recognizes that breastfeeding is influenced not only by individual factors, such as the mother's knowledge and attitudes towards breastfeeding, but also by interpersonal, organizational, community, and policy-level factors.

In conclusion, the Social Ecological Model provides a comprehensive framework for assessing the effect of money deposit banks' policies on exclusive breastfeeding among working-class women. This model highlights the interrelatedness of individual, interpersonal, organizational, and policy factors that influence breastfeeding practices and underscores the importance of multi-level approaches in addressing this issue.

## METHODOLOGY

This study adopted a quasi-experimental research design. This is because the research elements are humans in their natural state and not some kind of laboratory experiment. The population consists of 108 working-class ladies in five deposit money banks, namely: Access Bank, Fidelity Bank, UBA, Zenith Bank, and First Bank. These respondents were selected randomly based on their availability and willingness to be part of the study. This study did not adopt a sampling formula because the respondents were within reach. The validity for this study was both face and content validity, while the reliability was tested using Crombach alpha.

Values of 0.7 and above were accepted for the study.

**Table 1: Questionnaire**

| Name of Banks Selected | Questionnaire Distributed | Questionnaire Retrieve |
|---|---|---|
| Access Bank | 30 | 25 |
| Fidelity Bank | 30 | 22 |
| UBA Bank | 30 | 18 |
| Zenith Bank | 30 | 22 |
| First Bank | 30 | 21 |
| Total | 150 | 108 |

**Table 2 Reliability Test**

| Construct | Crombach alpha |
|---|---|
| Exclusive Breast feeding | 0.79 |
| Child Psychological Wellbeing | 0.81 |
| Child Physical Wellbeing | 0.72 |

Hypotheses were tested using Pearson Moment correlation. This was done with the aid of SPSS version 21

## DATA ANALYSES AND FINDINGS

**Table 3. Distribution of Respondents' Bank**

| **NAME OF BANK** | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Access bank | 25 | 23.1 | 23.1 | 23.1 |
| | Fidelity bank | 22 | 20.4 | 20.4 | 43.5 |
| | UBA | 18 | 16.7 | 16.7 | 60.2 |
| | Zenith bank | 22 | 20.4 | 20.4 | 80.6 |
| | First bank | 21 | 19.4 | 19.4 | 100.0 |
| | Total | 108 | 100.0 | 100.0 | |

Table 3 reveals that 25 respondents are women from Access Bank, which represents 23.1% of total respondents. 22 respondents were drawn from Fidelity Bank, representing 20.4% of total respondents. 18 respondents were drawn from UBA (16.7%), 22 respondents from Zenith Bank (20.4%), and 21 respondents from First Bank, which makes a percentage distribution of 19.4%.

| **Correlations** | | | | |
|---|---|---|---|---|
| | | Exclusive_Breastfeeding | Psychological_wellnbeing | Physical_Wellbeing |
| Exclusive_Breastfeeding | Pearson Correlation | 1 | .392** | .576** |
| | Sig. (2-tailed) | | .000 | .000 |
| | N | 108 | 108 | 108 |

| | | | | |
|---|---|---|---|---|
| Psychological_wellnbeing | Pearson Correlation | .392** | 1 | .703** |
| | Sig. (2-tailed) | .000 | | .000 |
| | N | 108 | 108 | 108 |
| Physical_Wellbeing | Pearson Correlation | .576** | .703** | 1 |
| | Sig. (2-tailed) | .000 | .000 | |
| | N | 108 | 108 | 108 |
| ****. Correlation is significant at the 0.01 level (2-tailed).** | | | | |

**Exclusive breast-feeding does not bring about the psychological wellbeing of children.**

Our first test of hypotheses reveals a significant relationship between exclusive breast-feeding by female bank workers and the psychological wellbeing of children. This was represented by a Pearson correlation of 0.392 and a p-value of 0.000, which is less than the alpha of 0.05. We reject the stated null hypothesis.

**Exclusive breast-feeding does not bring about the physical wellbeing of children.**

Our second test of hypotheses also reveals a significant relationship between exclusive breast-feeding by female bank workers and the psychological wellbeing of children. This was represented by a Pearson correlation of 0.576 and a p-value of 0.000, which is also less than the alpha of 0.05. We reject the stated null hypothesis.

## DISCUSSION OF FINDINGS

Numerous aspects of an infant's surroundings and diet, as well as their overall health, are tightly correlated. According to this study, exclusive breastfeeding can improve an infant's physical and psychological health, which will help them develop into better people who can think logically. This finding supports Agunbiade and Ogunleye (2012), who claimed that there is little doubt about the superiority of human milk over other milks for the nourishment of newborn and infant humans and that it has become increasingly clear over time that it is the most ideal, secure, and complete food for our children. Unfortunately, breast-feeding has not been properly practiced in many locations despite all the information that is available regarding the importance of human milk.

Based on the results of our investigations, we concluded that breast-feeding exclusively had a greater impact on children's physical wellbeing. This means that if these women want their babies to be able to resist environmental physical challenges, they must feed them appropriately with breast milk in order to develop the vital physical skills. This result is consistent with Okon's (2015) observation that exclusive breastfeeding has numerous benefits for both the mother and the child. Passive immunity against infection, nourishment for physical and mental growth, emotional stability, and proximity to the mother are all benefits for the newborn. Being a dynamic and physiologically sensitive process, the production of breast milk is altered to meet the needs of the newborn in response to changes in the environment. For instance, during colder seasons, breast milk will include more fat.

## CONCLUSION AND RECOMMENDATIONS

It is important to emphasize that the respondents in this study exhibit a high degree of readiness while

answering questions about working-class women who exclusively breastfeed in a Port Harcourt deposit money bank. This is due to a drop in breastfeeding usage brought on by the growth of working-class women. Women who are nursing infants often endure physical and economic difficulties. They frequently claim that they don't have enough breast milk, which is a barrier to exclusive breast-feeding. However, maternal employment, breast and nipple issues, reported milk deficiency, and pressure from offices were the main barriers to exclusive breastfeeding that were noted. The following suggestions have been made in light of the study's findings and conclusion:

To avoid inadequate, exclusive breast-feeding and the resulting health issues in children, advocacy efforts should be made to extend maternity leave to the first six months following birth. It should be acceptable for nursing women to bring their infants to work.

By fostering a supportive, accommodating work environment, it is advisable to encourage working women to exclusively breastfeed.

Encourage businesses to offer enough space and enough time for breast-feeding and/or milk-expressing at the workplace.

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