

Exclusive Breastfeeding and Its Associated Factors Among Working Mothers Presenting at The Sisters of The Nativity Hospital Jikwoyi, Urban –City, Abuja, Nigeria

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Abstract: Breast milk is the most nutritious food for infants and exclusive breastfeeding is the most sufficient type of infant feeding in the first six months of life. The purpose of this study was to assess the rate of exclusive breastfeeding among working mothers in the Sisters of the Nativity Hospital Jikwoyi, Urban – City, Abuja, Nigeria. Aim of the study was to establish the exclusive breastfeeding practices among working mothers attending the Hospital. The study utilized the cross-sectional descriptive study that made use of both the qualitative and quantitative data collection methods. The target population was 316 working women. Simple random sampling was used to sample 174 working women. Data was collected using questionnaires. The Spearman Brown Co-efficient was used to ascertain reliability. Findings established that; initiating breastfeeding within 2 hours after delivery, weaning at six months of age, exclusively breastfeeding up to 6 months and continuing breastfeeding until 2 years of age were the common exclusive breastfeeding practices among the working mothers. Factors hindering successful exclusive breastfeeding among working mothers and its promoters were determined from the findings and recommendations were duly made. The study concluded that working breastfeeding women who attend the target hospital adhere to breastfeeding practices as recommended by WHO, with the rate of 53(48.2%) which is higher than 8% out of 29% working class mothers in previous studies.

Key Words: Exclusive Breastfeeding. Working mothers. Breast milk. Factors. Promoters. Sisters of the Nativity Hospital, Jikwoyi Urban-City, Abuja, Nigeria

I. INTRODUCTION

Exclusive breastfeeding is the most sufficient type of infant feeding within the first six months of a child's life" (WHO, 2019). Physiologically, breastfeeding is a natural way of feeding infants and children within the first six months according to the World Health Organization (WHO) recommendation, the United Nations Children's Fund (UNICEF), and the Nigeria National Policy on Infant and Young Child Feeding respectively (Agho, et al., 2019).

However important exclusive breastfeeding is for the wellbeing of the child, professional working women barely have time to breastfeed their babies once their official three months maternity leave is over according to World Health Organization (WHO, 2019). The professional working women report back to their offices without their babies, either because the office does not accept babies at work, or because of discrimination, or that the office does not make provision for a mother's room or comfortable for breastfeeding mothers to conveniently breastfeed their infants. Most of these mothers inadequately breastfeed their infants by either adopting mixed feeding or entirely abandon breastfeeding their babies. This deprives the babies of the immense benefits of breast milk. Lack of adequate or complete absence of breastfeeding exposes these infants to high risk factors to conditions (infections, malnutrition, and micronutrients deficiency) that increase morbidity and mortality and psychosocial deprivation of these infants (Tadassie, et al, 2019).

Globally, breastfeeding rates are lower than 70% needed to optimally protect the health of women and their children, less than 50% infants begin breastfeeding within 1 hour of life, 41% exclusively breastfeed within 0-6months of life. However, 33% is from women that are not working, 8% of working-class women exclusively breastfed their children (WHO/UNICEF, 2018). In 2019, WHO/UNICEF proposed a breastfeeding target for 2025 after their data collation showing 38% of infants exclusively breastfed within 0-6months of age (WHO/UNICEF cited in Otonga, 2019).

In Africa, 30% women initiate breastfeeding 1 hour after delivery, 20-40% exclusively breastfed within 0-6months of age, 80% continue breastfeeding with or without supplementary foods. In America, 35-70% women initiate breastfeeding after 1hour of delivery, 15% exclusively breastfed within 0-6months of age and 5%continuebreastfeeding for 1 year. In Asia, 18% start breastfeeding within 1hour of delivery, 15-65% exclusively breastfed within 0-6months of age and 10% continue breastfeeding till 1 year (WHO/UNICEF, 2017). In Nigeria,

29% of children are exclusively breastfed without supplementary foods, 45% breastfed with supplementary food within 0-6months of life, 26% are not breastfed all. However, from the 29%, 8% is from working class women (Osigosola, 2018). Goal 2 of the Sustainable Development Goals (SDG 2) aims to eliminate hunger, especially among the poor and vulnerable, as well as all types of malnutrition, especially chronic malnutrition (stunting and wasting) among children under the age of five (Tadesse, et al., 2019). To encourage effective infant feeding practices and achieve SDG 2, a better understanding of the rate of exclusive breastfeeding is needed.

Moreover, it is the right of all women to work for a living and to pursue a career. Equally, it is a right for both the mother to breastfeed her infant and the newborn baby has the right to her breast milk at least for the first six months. However, observations and records show that infants born of working-class mothers often suffer lack of proper breastfeeding (Danso, 2014; Hallu, Wassie & Jara, 2014; Tadassie, et al., 2019; Gebrekidan, Plummer, Fooladi & Hall, 2020). Does one of these rights (i.e. the right to work by mothers and the right to breastfeeding by the infant) obliterate the other? Or can both rights be concurrently exercised if the right environment and atmosphere is created?

Many “efforts and hard work to encourage exclusive breastfeeding have yielded less than desirable results, and a variety of studies have been performed in Nigeria and around the world to better understand and appreciate the nuances of the practice. Many of these studies have concentrated on the factors that influence and obstruct exclusive breastfeeding” (Agbo, et al., 2013; Danso. 2014; Udo-Udo & Ajayi, 2015; Tadesse, et al., 2019; Agho, et al., 2019). The health effects of exclusive and non-exclusive breastfeeding have been studied (Hallu, Wassie & Jara, 2014; Gebrekidan, Plummer, Fooladi & Hall, 2020). However, in Sub-Saharan Africa there is lack of documented attempts to investigate the rate and practice of exclusive breastfeeding among skilled working mothers.

Globally, out of 33% mortality of children within 0-5 years reported, 25% is due to malnourishment. In Nigeria, out of the alarming 46% child mortality, 31% is due to factors associated with malnourishment (Samson, 2018). The alarming increase in infant morbidity and mortality in West Africa (43%) is due to inadequate exclusively breastfeeding. The low prevalence of exclusive breastfeeding in most countries, including Nigeria, is due to a variety of maternal and child factors, including maternal jobs (Agbo, et al., 2013; Udo-Udo & Ajayi, 2015; Tadesse, et al., 2019; Agho, et al., 2019). The proportion of working women in Nigeria has been steadily rising as a result of increased urbanization and educational attainment (Udo-Udo & Ajayi, 2015). There are difficulties for mothers working in both the formal and informal sectors maintaining their jobs and breastfeeding exclusively. Returning to work after a short maternity leave can persuade working mothers not to start breastfeeding at all or to stop exclusive breastfeeding sooner than recommended (Hallu, Wassie & Jara, 2014; Gebrekidan, Plummer, Fooladi & Hall, 2020). The tendency of unemployed mothers to

exclusively breastfeed their infants is higher to that of employed mothers, according to a study by Tadessie et al. (2019).

The inability of women who are currently within the workforce to exclusively breastfed their babies stimulated curiosity during my clinical experience, and hence the resolve to carry out this study so as to be able to assess the rate of exclusive breastfeeding of working-class women. And this raised the questions: What are the exclusive breastfeeding practices among working mothers attending the Sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria? What are the factors that hinder successful exclusive breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria? What are the ways of promoting effective breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria?

The study assessed rate of working women and non-working women in relation to exclusive breastfeeding of their infants, and the high-risk factors conditions leading to mortality and morbidity rate in urban-city Abuja, Nigeria. Accordingly, the aim of the research was to fill in the present gaps in knowledge on breastfeeding among working mothers, by examining exclusive breastfeeding among working mothers; since several studies have recognized factors that are associated with exclusive breastfeeding, there is lack of sufficient data on the phenomenon of exclusive breastfeeding among working women resident in Abuja, the Nigerian capital city. The results of this study will be critical in accelerating government efforts to promote exclusive breastfeeding and, as a result, lowering infant morbidity and mortality rates and burdens.

II. MATERIAL AND METHODS

Research Design

The researcher utilized the cross-sectional descriptive study that made use of both the qualitative and quantitative questionnaire. The study was in Urban-city Abuja, Nigeria, in the Sisters of the Nativity Hospital in Jikwoyi, Abuja in September 2021. The study population consisted of all working mothers, between 6 to 24 months postpartum, attending postnatal services in the Sisters of the Nativity Hospital Jikwoyi, Abuja, formed the target population for the study. There are 316 working women that attend postnatal services (Hospital Records).

Size Determination, Sampling and Data collection

The sample size was calculated using fisher’s formula to bring a sample size of 174. This was selected using a purposive and simple random sampling techniques. The inclusion and exclusion criteria consisted of working mothers who attend postnatal services in the Sisters of the Nativity hospital, working mothers between 6 to 24 months postpartum, women in the reproductive age (20 – 45 years), Women available in the Hospital at the time of data collection, women who were willing to participate in the study and the exclusion criteria

were women above childbearing age and in the menopause ,working mothers below 6 months and above 24 months postpartum, women who were sick, women who were not available at the time of data collection, women who did not consent. Data was collected using well-structured pretested questionnaires whereby the researcher visited the postnatal wards of the Hospital and explained the study to the respondents to get their consent. Data was statistically analyzed using descriptive statistics such as frequencies and simple percentages, and then presented on tables and charts. Due ethical procedures were followed. The confidentiality, voluntary participation, anonymity and privacy of the respondents, and consent-taking were ensured.

III. FINDINGS AND PRESENTATION

The questionnaires completed and returned were 63.2% response rate. According to Mugenda and Mugenda (2003), questionnaire return rate of above 60% is an acceptable proportion and can be termed adequate for analysis. The data was analyzed by employing descriptive statistics such as percentages and frequencies. SPSS version 20 was used to aid in analysis. Computation of frequencies in tables and bar graphs was used in data presentation. The information is presented as follows:

Socio-Demographic Information

The general data of breastfeeding working mothers was based on their age, education level, working status, working hours, marital status, religion and number of children. Respondents were asked to indicate their age. Responses are summarized and presented in Figure 1.

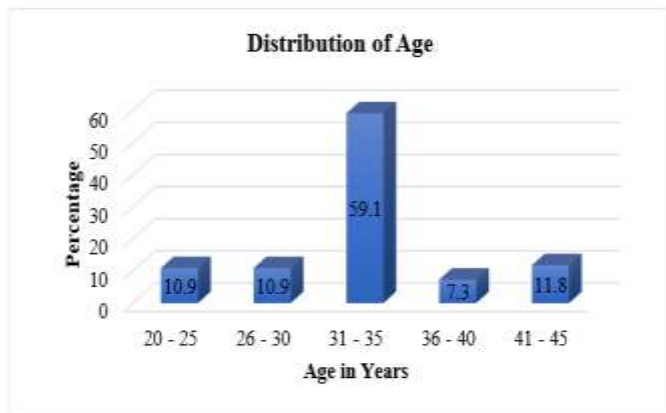


Figure 1: Age of Respondents

Figure 1 above shows that all the respondents had attained formal education and could understand the questions. Findings also showed that 98.2% (108) work full-time while 1.8% (2) work part-time. This implies that majority of the respondents work fulltime. Additionally 30% (33) of the women spent 8 hours at the workplace, 16.4% (18) for more than 8 hours and 8.1% (9) for less than 8 hours. This show that majority of the women spent at least 8 hours in the workplace.

Marital status



Figure 2: Marital Status of the women

Respondents were asked their religious affiliation. Findings are presented in Figure 4.5.

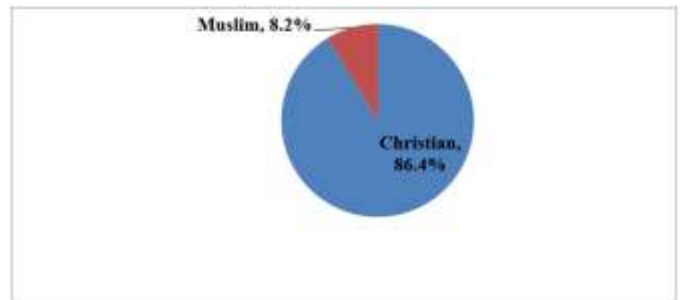


Figure 3: Religious Affiliation of the women

Figure 2 show that 86.4% (95) were Christians while 8.2% (9) were Muslims. This implies that majority of the respondents were Christians. The respondents were further asked the number of children they have with. Findings are presented in Table 2

Table 1: Number of children

Number of children	Frequency	Percentage
1-3	60	54.5
4-5	14	12.8
More than 5	9	8.2
No response	27	24.5
Total	110	100.0

Table 4.2 show that 54.5% of the respondents had/lived with one or two children, 12.8% with four or five children and 8.2% of the women had/lived with more than five children. However, 24.5% number of women preferred not to say the number of children they had/lived with. The working women were asked whether they were given maternity leave. Findings are presented in Table 4.8.

Table 2: Maternity Leave

Responses	Frequency	Percentage
Yes	88	80.0
No	16	14.5
No response	6	5.5
Total	110	100

Table 4.3 show that 80% of the women had a maternity leave while 14.5% did not have maternity leave. This shows that majority of the employees allowed the women staff to take time off after birth.

The Practice of Exclusive Breastfeeding among the Working Mothers

The first objective sought to establish the exclusive breastfeeding practices among the working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria. Respondents were asked to respond to various questions related to breast feeding practices. Findings are presented in Table 3.

Descriptive Statistics on Maternal Factors Related Intention and Initiation practice

The maternal factors, intention and initiation practices among working mothers are presented in

Table 3: Maternal Factors

Questions	Yes		No		No response	
	F	%	F	%	F	%
Did you have intention to breastfeed during your last pregnancy?	95	86.4	13	11.8	2	1.8
Did you initiate breastfeeding within 2 hours after your last child delivery?	110	100.0	0	0	0	0
Do you continue frequent, on-demand breastfeeding until 2 years of age or beyond?	42	38.2	66	60.0	2	1.8
Do you Practice responsive feeding, applying the principles of psycho-social care?	106	96.4	2	1.8	2	1.8
Did you start at six months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding?	92	83.6	16	14.5	2	1.8
Did you exclusively breastfeed your last child up to 6 months?	69	62.7	39	35.3	2	1.8

Maternal Social Related Practice

The maternal social related factors among working mothers are presented in Table 3

Table 4: Maternal Factors

Questions	Yes		No		No response	
	F	%	F	%	F	%
Did your family members help you in feeding your child?	91	82.7	17	15.5	2	1.8
Did you have anyone that will help you to feed your child at home with expressed breast milk?	62	56.4	46	41.8	2	1.8

Maternal Factors Related Intention and Initiation practice

The maternal work-related factors among working mothers are presented in Table 4.6

Table 5: Work Related Practices

Questions	Yes		No		No response	
	F	%	F	%	F	%
Did you think your work prevent you from breastfeeding your child?	69	62.7	41	37.3	0	0
Are you always allowed to carry your breastfeeding child to your workplace?	59	53.6	24	21.8	0	0

Table 3 show that all the respondents (100%) initiated breastfeeding within 2 hours after child delivery. Another 96.4% practiced responsive feeding, applying the principles of psycho-social care, 86.4% intended to breastfeed during their last pregnancy. In addition, 83.6% started weaning at six months of age with small amounts of food and increased the quantity as the child grew older, while maintaining frequent breastfeeding, 82.7% were helped by the family members to feed the baby, 62.7% opinion that their work prevented them from breastfeeding their child, 62.7% exclusively breastfed their last child up to 6 months, 56.4% had someone to help them feed their child at home with expressed breast milk, 53.6% were always allowed to carry their breastfeeding child to their work place although it was optional for 24.5% of the women and 38.2% of the working mothers continued frequent, on-demand breastfeeding until 2 years of age or beyond.

The women were also asked why they were not allowed to carry their breastfeeding child at workplace. Findings are presented in Table 6

Table 6: Reasons for not Breastfeeding at Workplace

Reasons for not breastfeeding at workplace	Frequency	Percentage
Not allowed to carry child to work	14	12.7
Fear of exposure of child to disease	29	26.3
Work is stressed that you cannot go with your child	17	15.5
All of the above	15	13.6
None of the above	29	26.4
No response	6	5.5

Table 6 show that 26.4% of the women were not able to breastfeed at workplace because they feared exposing the child to disease, 15.5% felt that the work is stressful, and they cannot go with their child and 12.7% of the women did not breastfeed at work because they are not allowed to carry child to work. However, 26.4% have no reasons for not breastfeeding at workplace.

Respondents were asked whether they were sure that they could give their child breast milk only for the first 6months of life. Findings are presented in Table 7.

Table 7: Responses on Exclusive Breastfeeding Surety

Responses	Frequency	Percentage
Sure	74	67.3
Not sure	31	28.2
No response	5	4.5
Total	110	100.0

Findings in Table 7 show that 67.3% of the women were sure that they could give their child breast milk only for the first 6months of life and 28.2% were not sure that they could give their child breast milk only for the first 6months of life.

The working mothers were also asked to tick on the extent to which they agree that when children are not given breast milk only in the first 6months of life, they can easily fall sick. Findings are presented in Table 8.

Table 8: Respondents Agreement Level on Consequences of Failure to Breastfed Exclusively

Agreement level	Frequency	Percentage
Strongly Agree	25	22.7
Agree	53	48.2
Undecided	9	8.2
Disagree	7	6.4
No response	16	14.5
Total	110	100.0

Findings in Table 4.6 show that 48.2% of the respondents agreed that when children are not given breast milk only in the first 6months of life, they can easily fall sick, 22.7%, strongly agreed, 8.2% were undecided while 6.4% disagreed that when children are not given breast milk only in the first 6months of life, they can easily fall sick.

The researcher further sought to find out the women’s current breastfeeding practice. Findings are presented in Table 9

Table 9: Current Breastfeeding Practice

Current feeding practice	Frequency	Percentage
Exclusive breastfeeding (Only breast milk)	53	48.2
Breast milk and formula	46	41.8
Formula feeding only	6	5.5
No response	5	4.5
Total	110	100.

Table 9 show that 48.2% of the respondents are currently feeding their babies on breast milk only, 41.8% on breast milk and formula and 5.5% are currently feeding the babies formula only.

The Hindrances to Successful Exclusive Breastfeeding among Working Mothers

The second objective sought to identify the factors that hinder successful exclusive breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria. Respondents were asked to tick on the factors which prevented them from exclusive breast feeding. Findings are presented in Table 10

Descriptive Statistics on Work Related Factors among Working Mothers

The work-related factors among working mothers are presented in Table 4.11

Table 10: Work Related Factors

Questions	Yes		No		No response	
	F	%	F	%	F	%
Return to Work	67	60.9	41	37.3	2	1.8
Stressful duty	74	67.3	32	29.1	4	3.6
Lack of Accommodation for easy breastfeeding	64	58.2	40	36.3	6	5.5
Work arrangement	70	63.6	36	32.7	4	3.6
Lack of support from workplace	72	65.4	34	31.0	4	3.6
Lack of information on benefits of exclusive breastfeeding	31	28.2	73	66.4	6	5.5
Lack of support from healthcare providers	26	23.6	78	70.9	6	5.5
Insufficient breast milk	68	61.8	36	32.7	6	5.5
Health challenges (Illnesses to mother or child, nipple pain or sores, etc.)	71	64.5	33	30.0	6	5.5

Findings in Table 9 to Table 10 show that 67.3% of the breastfeeding working women ticked stressful duty as a hindrance to successful exclusive breastfeeding among working mothers, 65.4% ticked lack of support from wokplace, 64.5% ticked health challenges (Illnesses to mother or child, nipple pain or sores, etc.), 63.6% ticked work arrangement, 61.8% ticked insufficient breast milk, 60.9% ticked return to work, 58.2% ticked lack of accommodation for easy breastfeeding, 39.1% ticked concern that baby will not receive adequate nutrition, 36.4% ticked lack of support from the partner or family members, 28.2% ticked lack of information on benefits of exclusive breastfeeding, 26.4% ticked another pregnancy, 23.6% ticked lack of support from healthcare providers, 20.0% ticked bad breastfeeding experience in the past, 18.2% ticked belief system e.g. giving water and 16.4% of the breastfeeding working women ticked on concern that formula feed is better than breast milk as a hindrance to successful exclusive breastfeeding among working mothers.

The Promoters of Exclusive Breastfeeding among Working Mothers

The third objective sought to determine promoters of exclusive breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria. Respondents were asked to tick on the factors which they thought would promote exclusive breast feeding among working mothers. Findings are presented in Table 11

Descriptive Statistics on the Promoters of Exclusive Breastfeeding among Working Mothers

NGO policies for working mothers are presented in Table 11

Table 11: NGO Policies for Mothers

Questions	Yes		No		No response	
	F	%	F	%	F	%
Support from the partner or family members	104	94.5	2	1.8	4	3.6
Good Nutrition	97	88.2	11	10.0	2	1.8
Positive breastfeeding attitude and practices	104	64.5	2	1.8	4	3.6
Adequate information on benefits of exclusive breastfeeding	100	90.9	8	7.3	2	1.8
Accommodation for easy breastfeeding	104	94.5	4	3.6	2	1.8
Early closure from work	100	90.9	6	5.5	4	3.6
Prolonged maternity leave	102	92.7	6	5.5	2	1.8
Support from workplace	102	92.7	6	5.5	2	1.8
Support from Government Programmes	106	96.4	2	1.8	2	1.8
Support from Health Professionals	92	83.6	14	12.7	4	3.6
Breastfeeding supporting policies at work and public places	106	96.4	2	1.8	2	1.8

The findings shows that 96.4% of the breastfeeding working women opinion that support from Government Programmes would help to promote exclusive breast feeding among working mother, 96.4% suggested breastfeeding supporting policies at work and public places, 94.5% suggested support from the partner or family members, 94.5% suggested accommodation for easy breastfeeding, 92.7% suggested prolonged maternity leave, 92.7% suggested support from workplace, 90.9% suggested early closure from work, 88.2% suggested good Nutrition, 83.6% suggested support from Health Professionals and 64.5% of the breastfeeding working women suggested positive breastfeeding attitude and practices would help to promote exclusive breast feeding among working mother .

IV. DISCUSSION

The study established that the common exclusive breastfeeding practices among the working mothers were initiated within 2 hours after delivery, applying the principles of psycho-social care, weaning at six months of age with small amounts of food and increasing the quantity as the child

grows older, seeking help from family members to feed the baby, exclusively breastfeeding up to 6 months and continuing frequent, on-demand breastfeeding until 2 years of age or beyond. The women further admitted that they were unable to breastfeed at workplace because they either feared exposing the child to disease, felt that the work is stressful, and they cannot go with their child or because they are not allowed to carry child to work. Majority of the women were sure that they could give their child breast milk only for the first 6months of life, agreed that when children are not given breast milk only in the first 6months of life, they can easily fall sick and are currently feeding their babies on breast milk only. Findings concur with Danso (2014) who revealed that professional working mothers were able to practice exclusive breastfeeding and Hallu, Wassie and Jara (2014) that mothers exclusively breastfed their children as per recommended standard.

Various factors hindering successful exclusive breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria were identified as stressful duty, lack of support from workplace, health challenges, work arrangement, insufficient breast milk, return to work, lack of accommodation for easy breastfeeding, concern that baby will not receive adequate nutrition, lack of support from the partner or family members, lack of information on benefits of exclusive breastfeeding, another pregnancy, lack of support from healthcare providers, bad breastfeeding experience in the past, belief system and concern that formula feed is better than breast milk. Finding agrees with Agunbiade (2012) that barriers to breastfeeding include perceived hunger after feeding baby, maternal health problems, fear of infant addiction to breast milk, breast pains and return to work/business. Danso (2014) also found that full time employment status and family members' influence undermine the practice of exclusive breastfeeding.

The key promoters of exclusive breastfeeding among working mothers attending the sisters of the Nativity Hospital Jikwoyi Urban-city, Abuja, Nigeria were support from Government Programmes, breastfeeding supporting policies at work and public places, support from the partner or family members, accommodation for easy breastfeeding, prolonged maternity leave, support from workplace, early closure from work, good Nutrition, support from Health Professionals and positive breastfeeding attitude and practices would help to promote exclusive breast feeding among working mother. Findings concur with Agbo, et al., (2013) that breastfeeding education intervention of nursing staff significantly increases the compliance of the Baby-friendly Hospital Initiative (BFHI). The finding also supports Udoudo and Ajayi (2015) findings that strategies such as the Baby-Friendly Hospital Initiative (BFHI), peer counseling, paternal support, and education of the mothers and health care professionals help to promote breastfeeding.

V. CONCLUSION

It was concluded that working breastfeeding women adhere to breastfeeding practices as recommended by World Health Organization and rate of exclusive breastfeeding in Sisters of the Nativity Hospital Jikwoyi, Abuja, Nigeria is 53(48.2%) which is higher than 8% out 29% working class mothers in the previous study reported (Osigosola, 2018) The practices such as initiating breastfeeding within 2 hours after delivery, weaning at six months of age, exclusively breastfeeding up to 6 months and continuing frequent, on-demand breastfeeding until 2 years of age or beyond helps to improve baby's immunity and also ensures that records good growth.

Work and family related factors hinder exclusive breastfeeding. Some women would like to go to work with their babies but the organizations they work for do not allow workers to carry along their small babies, maybe because of constant work disruption. Stress at work and from family members, affects milk production and the mother might not produce enough milk for the baby and might need alternatives such as formula milk. Some health challenges also hinder exclusive breastfeeding especially sore/painful nipples. Some nursing mothers work on very tight schedules that force them to stop breastfeeding their babies. When women are forced to go back to work after three months, they are forced to either express milk that is if they produce enough for the day or to seek for alternatives such as baby formula for feeding the baby while the mother is away. Various strategies could be adopted to promote exclusive breastfeeding among working mothers. These could involve implementation of breastfeeding supporting policies at work and public places to ensure that babies can be breastfed at workplace and in public places. Reviewing maternity leave to about six months to ensure exclusive breastfeeding within the first six months, allocating more breaks for nursing mothers or allowing them to leave work early and provision of guidance on good nutrition to ensure that the mother produces enough milk.

VI. RECOMMENDATIONS

Based on the foregoing discussion of the findings and conclusion, the following recommendations are offered:

- ❖ Breastfeeding antidiscrimination laws should be established to solve the issue of discrimination against mothers who wish to breastfeed in the workplace. This will ensure that nursing mothers will not shy away from breastfeeding in the public domain.
- ❖ Maternity leave should also be extended to allow the new mothers to have more time with the babies and to enhance exclusive breastfeeding for the recommended six months.
- ❖ Creches should be available in offices to enable working mother's breastfeed their babies properly and teaching of mother's ways of expressing of breast milk and storage of expressed breast milk so as to improve the rate of exclusive breastfeeding practice by working mothers and the society at large.

- ❖ The government must guarantee that workplace is free of harassment and discrimination against women who prefer to breastfeed their babies through appropriate mechanisms.
- ❖ Organizations should establish policies that will enable new mother to come to work with their babies like day care centres at the workplace
- ❖ There is need to undertake more research on the rate of exclusive breastfeeding among working mothers in other cities in Nigeria for comparison purpose.

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