



PERCEPTION ON EXCLUSIVE BREASTFEEDING AND BREASTFEEDING PRACTICES OF PROFESSIONAL NURSING MOTHERS IN ILARO, OGUN STATE

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Abstract

A cross-sectional and descriptive study involving 200 respondents selected using multistage sampling technique was conducted to assess the perception on exclusive breastfeeding (EBF) and breast feeding practices of professional nursing mothers in Ilaro, Ogun state, Nigeria. Using a semi-structured questionnaire, data on socio demographic and economic characteristics, perception on EBF and breastfeeding practices of the respondents was obtained and was analyzed using SPSS version 25.0. More than half of the respondents were employee of private organization while 41.0% were civil or public servants. More than half (72%) of the respondents work between 8am-4pm daily. 93.0% of the respondents have been breastfeeding their infant from birth, 76.5% gives colostrum and 50% do breast feed their baby only when demanded. Majority of the study population (82.0%) do breastfeed their infant during the working hour while 5.5%, 10.5% and 1.5% do express their breast in a containers, give infant formula and give nothing at all respectively during the working hour. 51% of the respondents had negative perception towards exclusive breastfeeding. Significant association ($p < 0.05$) was observed between respondents' perception on EBF and breastfeeding practices like feeding of the baby with colostrum, breastfeeding of infants on demand, breastfeeding during working hours, and period of breastfeeding during the working hours. Conclusively, negative perception on EBF was discovered among majority of the respondents and this was significantly associated ($P < 0.05$) with some of their breastfeeding practices.

Keywords: Breastfeeding practices, childcare, exclusive breastfeeding, Perception, professional nursing mothers.

Introduction

Breastfeeding is a life-saving practice and one of the most cost-effective ways of enhancing optimal growth and development of infants (WHO, 2001, Kramer & Kakuma, 2002). It helps in reducing the risk of the occurrence of some of the common causes of child morbidity and mortality like pneumonia, otitis media, gastrointestinal infection etc. (WHO, 2001). World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) has recommended that, for optimal growth and development of infants, nursing mothers should practice exclusive breastfeeding.

Exclusive breastfeeding (EBF) is the act of feeding an infant with breast milk only, be it directly from breast or expressed except drops or syrups containing vitamins, minerals supplement or medicine for the first six month of life, continuing to the age of two and beyond with appropriate and sufficient complementary foods (Osibogun *et al.*, 2018). Exclusive breastfeeding is also one of the components or indices of appropriate infant and young child feeding (IYCF) practices while others includes; early initiation of breastfeeding (within the first hour of life), continue breastfeeding for two years or more and introduction of safe, appropriate and adequate complimentary food at age six month (WHO, 2021). Studies (Danso, 2014, Osibogun *et al.*, 2018, Omemu & Adamu 2019, Wolde *et al.*, 2001) have shown that nursing mothers in particular those residing in developing countries have some perception and attitude towards exclusive breastfeeding which in variably influence their decision in practicing it as well as exposing the infant to various health related predicament. According to 2020 World Health Organization report on infant and young child feeding, over 820,000 under five children could be saved every year if all children between zero to twenty three (0-23) months were optimally breastfed (WHO, 2011). Also, studies (Sankar *et al.*, 2015, Ware *et al.*, 2009, Agunbiade & Oguniye, 2012) conducted on the association of breastfeeding and child mortality reported low occurrence of neonatal, infant, and under-five child mortality among the exclusively breastfed children compare to



the non –exclusively breastfed infants. Similarly, non-breast fed child has also been reported to be more likely to die in the first six month of life than a child that is exclusively breastfed (Marcelet *et al.*, 2015)

Breastfeeding provide several benefits to the mother and child. It has a significant effect on the growth, survival, health, nutrition and development of the child (Gupta *et al.*, 2015). It also reduces infant mortality and occurrence of common morbidities like diarrhoea and pneumonia as well as enhancing the immune response of the child (Eidelman *et al.*, 2012). Breastfeeding also promotes bonding between mother and child and protect infants against infectious disease. Despite the benefits of exclusive breastfeeding practices, various factors are posing a significant barrier to this practice and more indications are showing that breast feeding practice is still less than optimal in some developing countries. In Nigeria, factors like nature of job, the need to meet the daily needs, the need to resume duty and attends to various official assignments by the nursing mothers, maternal illness, poor lactation, pressure from family and friends etc. has been identified as the undermining factors to the practice of exclusive breast feeding (Agunbiade & Ogunleye, 2012). Similarly, global changes in socio-cultural and economic situation, particularly urbanization and developing processes experienced by some developing countries coupled with unfavorable and harsh economic situation as well as the need for income producing activities of mothers has also been identified as a great impediment to exclusive breastfeeding practice (Amosu *et al.*, 2011).

Furthermore, civilization and globalization also played a significant role in exclusive breastfeeding practices. Women of reproductive age constitute a larger percentage of the worldwide workforce; they are widely represented in all sectors and are no more restricted to household duties as it used to be in most communities in the past. They are given equal opportunity in various capacities like men and are even bread winner in some households. They also engaged in various activities or establishment that takes more of their time and attention from taking care of their children and family. As a result of these, working mothers are less likely to breastfeed, or to stop breastfeeding prematurely (Omemu & Adamu, 2019). With the numerous benefits embedded in exclusive breastfeeding, it is very important for working or employed mothers to understand its benefits and given the required support at every level. There is also a paucity of data on breast feeding and infant feeding practices in the study area and there is a need for continuous evaluation of breastfeeding practices among nursing mothers until there is a dramatic change in the behavior of Nigerian nursing mothers towards this trend. Thus this study assessed the perception and the breastfeeding practices of the working nursing mothers in Ilaro community of Ogun state, Nigeria.

MATERIALS AND METHODS

Study area,

The study was conducted in Ilaro, Ogun State; Ilaro is a town in Nigeria, located in ogun state. It is the headquarters of the Yewa South Local government area of Ogun State of Nigeria. Ilaro is about 50 km from Abeokuta, the Ogun State capital, and about 100 km from Ikeja, the capital city of Lagos State.

Research design

Cross sectional and descriptive research design was adopted for the present study.

Study Population

The study was conducted among the nursing mothers working in both private and Government establishment Ilaro community.

Sample size determination

The sample size for the study was calculated using sample determination formula

$$N = \frac{z^2(pq)}{d^2}$$

N = sample size,

Z = standard normal variable for a 95% confidence level (1.96),

p = 29% (Prevalence of exclusive breastfeeding among 0-5 month children) (NPC, 2018)



$q = 1-p$,
 $d = \text{precision} (= 0.05)$.

The sample size for the present study was calculated to be:

$$N = \frac{1.96 \times 1.96 \times 0.15 \times 0.71}{0.05 \times 0.05} = 164.$$

20% was added to account for non-responses⁽¹⁸⁾, yielding a value of 197. This was rounded up to 200.

Sampling Technique and Sample Size

A multistage sampling technique was used in selecting the respondents for this study. Ilaro was purposively selected, 15 crèches and pre-schools was then selected randomly. Professional working mothers with infants of zero (0) to 6 months, that bring their infants to these establishments were randomly selected and used as respondents for the study.

Data collection

A semi-structured and self-administered questionnaire was used for the study. With uniform instructions and explanations, the respondents were able to complete the questionnaire in a confidential setting. The questionnaire was used to elicit information on the socio-economic and demographic characteristics, perception, and breastfeeding practices of the respondents.

In assessing the perception of the respondents on exclusive breastfeeding, ten structured questions was formulated on the perceived effect of breast feeding on mothers, believe of the nursing mothers on the benefit of exclusive breastfeeding, perceived effect of breastfeeding on the mother's nutrient intake, perceived effect of exclusive breastfeeding on child development and perception on introduction of complimentary breastfeeding. For easy categorization of the perception of the respondents on exclusive breastfeeding, the responses of the respondent was scored as follows, a score of one (1) was allocated to every correct response while incorrect responses was scored zero (0). The total score for each respondent was converted to percentage and graded into two categories: positive perception (50%-100%) and negative perception (1%-49%).

To ensure data quality, the questionnaire was pretested among few respondents selected from the study community and necessary modifications was made. The data collection was done within the period of six (6) weeks by the researcher with the help of three (3) research assistants, and questionnaires were collected a few hours after distribution.

Data Analysis

Data obtained with the aid of semi-structured questionnaire was coded manually and analyzed electronically using statistical package for socio-science (SPSS) version 25.0. Descriptive statistics like frequency and percentage was used to present the information while inferential statistics like; chi-square was used determine the significant association between the categorical variable.

RESULTS

Table 1 presents the socio-demographic and economic characteristics of the respondents. A total number of 200 respondents were selected for the study. More than one third (39.5%) of the respondents were within the age bracket of 25-30years, 36% were within the age range of 31-25 years, 14% were within the age bracket of 41-45 years while few (2.5%) of the respondents were within the age bracket of 46.50 years. Also, the estimated monthly income of the respondents as presented in table 1 shows that 33.0% of the respondents earn between ₦10,000-₦20,000, 22.5% earn between ₦21,000- ₦30,000 monthly while 27.0% of the respondents earn ₦50,000 and above monthly. Most of the respondents (89%) were married, 10% were single while 1% of the respondents were divorced. Majority of the respondents (83.5%) were Yoruba, 9.5% were Igbo while 14% of the study population were Hausa. 50.5% of the respondents have just one child, 49.5% of the respondents reported that they have two to five (2-5) children while few (3%) of the total respondents have six to ten children.



Table 1: Socio-demographic and economic characteristics of the respondents

Variable	Frequency	Percentage (%)
Age(years)		
25-30	79	39.5
31-35	72	36.0
36-40	28	14.0
41-45	16	8.0
46-50	5	2.5
Estimated monthly income(₦)		
10,000-20,000	66	33.0
21,000-30,000	45	22.5
31,000-40,000	16	8.0
41,000-50,000	19	9.5
51,000 and above	54	27.0
Marital status		
Single	20	10.0
Married	178	89.0
Divorced	2	1.0
Religion		
Christianity	137	68.5
Muslim	63	31.5
Ethnicity		
Yoruba	167	83.5
Igbo	19	9.5
Hausa	14	7.0
Number of children		
< 2	101	50.5
2-5 children	93	46.5
6- 10 children	6	3.0

Furthermore, Table 2 presents the job description of the respondents. Majority of the respondents (78.0%) were employee of private establishment while others (22%) were employee of government organisation. Larger percentage of the respondents were civil/public servant (41.0%) and private school teacher (38.5%) while 3.5%, 7.0% and 5.0% were factory workers, bankers and medical practitioners respectively. Majority of the respondents (72.0%) do work between 8am -4pm, 11.5% do work for 9 hours daily, and 11.5% of the respondents have no specific working hour. More than half of the respondents (62.0%) have a particular time set aside for the breastfeeding mothers to attend to their children during the official working hour and majority (62.0%) of the employers also have a separate sections/ department or unit set aside for the mothers to their babies during the official hour. Also, larger percentage (79.0%) of the employers do give maternity leave to their employee of which, 47.9%, 24.5% and 5.0% gives a period of 1-3 months, 3-6 months and six month respectively to their employee to take care of their baby after delivery.



Table 2: Job description of the respondent

Variable	Frequency	Percentage (%)
Place of work		
Government establishment	82	41.0
Private establishment	118	59.0
Occupation		
civil servant/ public servant	82	41.0
Factory worker	7	3.5
Banking	14	7.0
Medical	10	5.0
Private school teacher	77	38.5
No answer	10	5.0
Estimated daily working hours		
Common hour (8am-4pm)	144	72.0
9 hours	23	11.5
Shift duty	10	5.0
No specific time	23	11.5
Number of working hours of the employee on shift duty		
2-6 hrs	7	3.5
7-12 hours	3	1.5
not applicable	190	95.0
Did your employer set aside a period to attending to your infants or child during official working hours		
Yes	139	69.5
No	61	30.5
If yes how long		
30 min	110	55.0
1 hour	22	11.0
1-2 hours	7	3.5
Not applicable	61	30.5
Is there a department or section set aside for taking care of your child or infants at work		
Yes	124	62.0
No	76	38.0
Does your employer grant maternity leave		
Yes	158	79.0
No	42	21.0
If yes how long		
< 3 month	99	49.5
3-6 month	49	24.5
>6 months	10	5.0
Not applicable	42	21.0

Moreover, table 3 presents the breastfeeding practices of the respondents. Almost all (93%) the respondents reported that their baby was breastfed from birth while 14% did not. Also, more than half (51.5%) of the respondents initiated breastfeeding immediately after birth, 35% , 5.5%, 2.5% and 5.5% initiated it 2 -5 hours, 6-10 hours, 11-16 hours and 24 hours and above after the delivery respectively. Majority of the respondents (76.5%) also stated that that colostrum was given to their child, 7.5% did not even know whether the child was give or not while 16.0% stated that they did not give the colostrum to the baby. Half (50%) of the study population stated that their baby are only breastfed on demand and vice-versa among others. As presented in table 3, nearly all (82%) the respondents do breastfeed their infant during the working hours at different period of time while those that were not permitted to breastfeed their babies makes use of different coping strategies like expression of milk into a containers (5.5%), give infant formula (10.5%) and some (1.5%) don't use to give anything but wait till any available time.



Table 3: Breastfeeding practices of the respondents

Variable	Frequency	Percentage (%)
Did you breastfeed your baby from birth		
Yes	186	93.0
No	14	7.0
How long after birth did you initiate breastfeeding		
Immediately	103	51.5
2-5 hours	70	35.0
6-10 hours	11	5.5
11-16 hours	5	2.5
above 24 hours	11	5.5
Do you give colostrum		
Yes	153	76.5
No	32	16.0
I don't know	15	7.5
Do you breastfeed on demand		
Yes	100	50.0
No	100	50.0
Do you breastfeed your infant during working hours		
Yes	164	82.0
No	36	18.0
If yes how often		
Per hour	29	14.5
Every 2 hours	35	17.5
During break	100	50.0
not applicable	36	18.0
If no what do you do		
express breast milk into containers	11	5.5
give formulas	22	10.5
give nothing at all	3	1.5
not applicable	164	82.0

This study also evaluates the perception of the respondents on exclusive breastfeeding. As presented in figure 1, majority (66.5%) of the respondents stated that exclusive breastfeeding does not make breast sag while 33.5% of the respondents believed that exclusive breastfeeding can make the breast sag. Nearly all (93.0%) the respondents believe in the benefit of exclusive breastfeeding. Also, more than half (57.5%) of the respondents believed that exclusive breastfeeding can affect the nutritional status of the nursing mothers. Majority of the respondents (72.5%) also believed that exclusive breastfeed children will experience rapid development than those that are not exclusively breastfeed and does not make the baby to be dehydrated. About one third (36.0%) explained that an exclusively breastfed baby may end up rejecting other food and 39.0% of the respondents also stated that mothers do usually experience some difficulties in introducing other food (complimentary foods). More than half (66.0%) of the respondents also stated that exclusive breastfeeding is economical

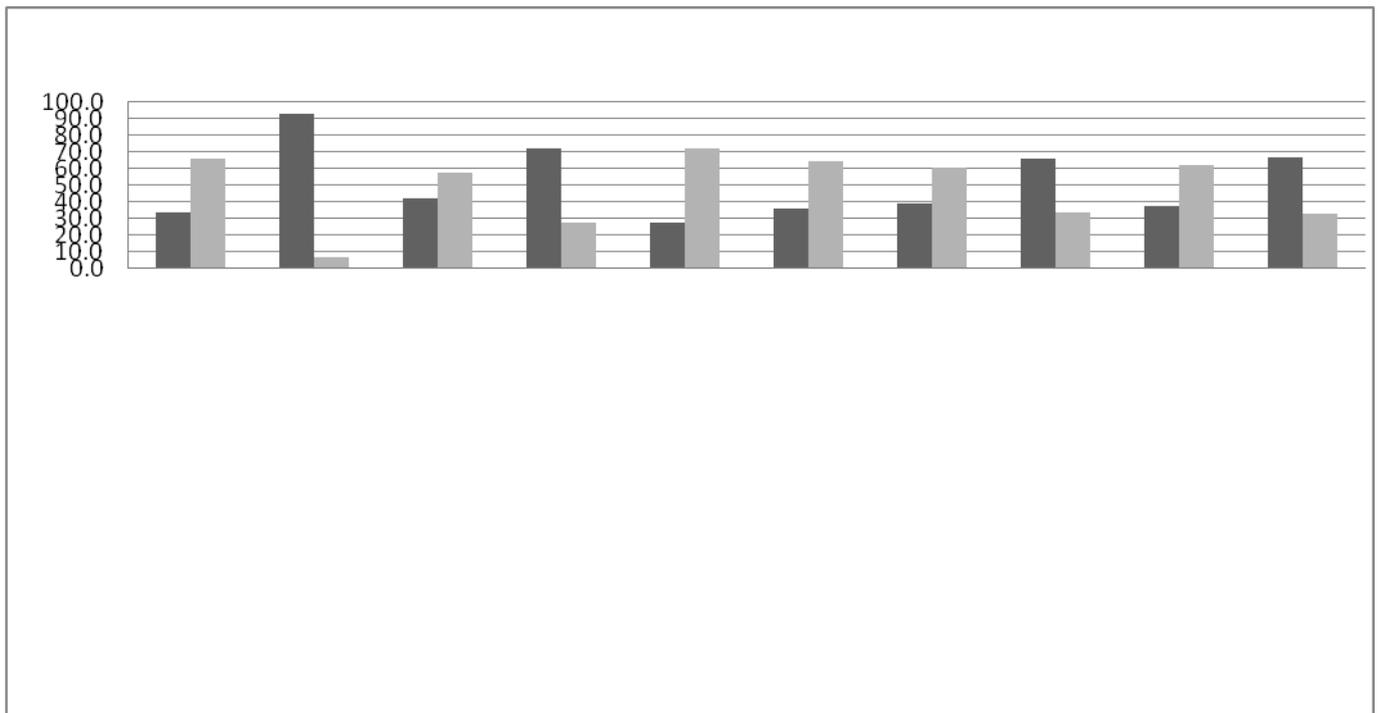


Figure 1: Perception on exclusive breastfeeding

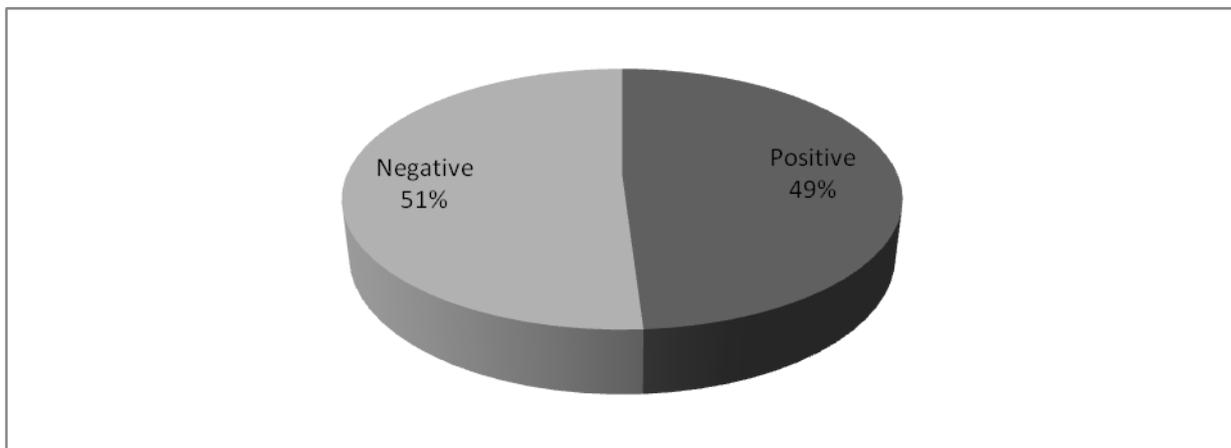


Figure 2: level of perception of the respondents on exclusive breastfeeding.

Moreover, based on the information presented in figure 1, the perception of the respondents is categorized into two categories; positive and negative category. More than half (51%) of the respondents had a positive perception towards exclusive breastfeeding while less than half (49%) of the respondents had a positive perception towards exclusive breastfeeding.

Table 4: Association between perception on exclusive breastfeeding and breastfeeding practices

Breast feeding practices	Perception		χ^2	P-value
	Positive/good perception	Negative/Poor Perception		
Did you breastfeed your baby from birth				
Yes	93(46.9)	93(46.9)	1.06	0.30
No	5(2.5)	9(4.5)		
How long after birth did you initiate breastfeeding				
Immediate	58 (29.0)	45(22.5)	7.22	0.13
2-5 years	31(15.5)	39(19.5)		
6-10 years	5(2.5)	6(3.0)		
11-16 years	2 (1.0)	3(1.5)		
Above 24 hours	2(1.0)	9(4.5)		
Do you give colostrum				
Yes	83(41.5)	70(76.5)	7.42	0.02* ^f
No	11(5.5)	21(10.5)		
Do you breastfeed on demand				
Yes	44(22.0)	56(28.0)	2.00	0.10* ^f
No	54(27.0)	46(23.0)		
Do you breastfeed your infant during working hours				
Yes	88(44.0)	76(38.0)	7.91	0.00* ^f
No	10(50.0)	26(13.0)		
If yes how often				
Per hour	10(5.0)	19(9.5)	21.15	0.00*
Every two hours	13(6.5)	22(11.0)		
During break	65(32.5)	35(17.5)		
Not applicable	10(5.0)	26(13.0)		
If no what did you do?				
Milk expression	2(10%)	9(4.5)	8.50	0.04*
Give infant formula	7(3.5)	15(7.5)		
Give nothing at all	1(0.5)	2(1.0)		
Not applicable	88(4.4)	76(38)		

Figure in the parenthesis denote percentage, *Significant at $p < 0.05$, ^fFisher's exact p value.

Table 4 presents the association between the breastfeeding practices of the respondents and their perception toward towards perception of the respondents on exclusive breastfeeding practices. No significant association ($p > 0.05$) was observed between the act of breastfeeding of the infants from birth and their perception towards exclusive breastfeeding. Similarly, no significant association ($p < 0.05$) was observed between the perception of the respondents on exclusive breastfeeding and the period of breastfeeding initiation. However larger percentage (29.0%) of the respondents that initiated breastfeeding immediately after birth has positive perception towards breastfeeding. Conversely significant association ($p < 0.05$) was observed between the perception of the respondents on exclusive breastfeeding and administration of colostrum to the infants. However larger percentage (76.5%) of the respondents that gave colostrum to their babies has negative perception toward exclusive breastfeeding. Also, significant association ($p < 0.05$) was observed between the perceptions of the respondents on exclusive breastfeeding and breastfeeding practices like; breastfeeding of the infants on demand, breastfeeding of the infant during the working or officer hour and consumption of infant formula to compliment breast milk.

DISCUSSION

The present study assessed the perception on exclusive breastfeeding and breastfeeding practices of the professional/working nursing mothers in Ilaro, Ogun state. The study also assessed the socio-demographic and economic



characteristics of the respondents. It was discovered that majority of the respondents were between 25-35 years old, married and living with their spouse, practice Christianity religion and belong to Yoruba ethnic group. The socio demographic characteristics of the nursing mothers involved in the present study is similar to those involved in the study conducted by Omemu and Adamu, (2019) in a similar study conducted among nursing mothers in federal capital territory of Nigeria, Abuja and Osibogun *et al.*, (2018) in a study conducted among bankers in Lagos state. In agreement with the present study, Omemu and Adamu, (2019) and Osibogun, *et al.* (2018) also indicate that few of the respondents were above thirty six (36) years old which implies that the respondents were still at the active reproduction stage of life and being in this stage does not stop them from sourcing for a means of surviving. It also confirms the opinion of Ijarotimi, (2010) that the average reproduction age of Nigerian women is 25-35 years.

Moreover, larger percentage of the respondents in the presents study were employee of private organization while less than half of the respondents were either state or Federal government employee. Specifically, most of these employees of private organisation were private school teachers with the daily working hours of 8 am -4pm. This working hour in particular among the respondent working in schools where there is no provision for crèche will not only have a negative effect on the practices of exclusive breastfeeding but also affect the effectiveness of the mother at work has she may not have a sense of satisfaction for taking care of other people's children without given due attention to her own child. Also, most of the employer of the respondents in the present study do set aside a particular period for the nursing mothers to attend to their infant during the official working hour while about one third of the respondents were dined of this. Similar trend was discovered in the study conducted in Nairobi by Lakati (2002) in which work schedule was indicated as one of the factors affecting exclusive breastfeeding among working mothers and a study conducted in Singapore by Ong *et al.* (2001) in which work schedule was found to be affecting the duration of breastfeeding but have nothing to do with the initiation of breastfeeding. Also similar study conducted by Chekol *et al.* (2017) in Northwest Ethiopia and Osibogun, *et al.* (2018) in a study conducted in Lagos state Nigeria presents similar findings. This implies that there is a need for improved workplace-based support for breastfeeding mothers as well as revising the two—three month postpartum maternity leave in private organizations.

The practice of exclusively breastfeeding has a great health benefit to both the mother and the infant (Danso, 2014). The present study also assessed the breastfeeding practices of the respondents. Nearly all the respondents has been breastfeeding their babies from birth and more than half of the study population initiated breastfeeding immediately after delivery while others initiated it 2-5 hours, 6-10 hours, 11-16 hours or 24 hours after delivery. Timely initiation of breastfeeding observed in this study is highly commendable; this will protects the new-born from acquiring infections as well as reducing infant mortality rate. Also, more than half of the respondents feed their baby with the colostrum and half of the study population do breastfeed their baby only on demand.

Furthermore, the act of breastfeeding of infant at work was found to be more common among the study population. Specifically, half of the entire respondents do breastfeed their babies during the break period only while 17.5% and 14.5% of the respondents do breastfeed their babies every one hour and two hours respectively at work. This breastfeeding practices shows that most of the organization provides a breastfeeding supportive environment for their employee and this will not only help the mothers to provide the needed attention to the baby alone but will also increases their productivity at work.

The present study also discovered different perceptions of the nursing mothers on exclusive breastfeeding practices. About one third of the respondents stated that exclusive breastfeeding could lead to sagging of breast and they believe this can only be prevented by not practicing exclusive breastfeeding. Similar finding was reported by Ampeire, (2008) in a study conducted on perception and knowledge on exclusive breastfeeding among nursing mothers in Uganda. Though the study population of the present study did not specifically identified sagging of breast as one of the disadvantage of exclusive breastfeeding but more than one third of the study population reported various perceived disadvantages of exclusive breastfeeding. Conversely, nearly all the respondents in the present study believed in the benefit of exclusive breastfeeding practices. This implies that, despite the fact that the respondents are aware of health benefit of exclusive breastfeeding they still believed in some perceived disadvantaged of this act. This indicate that educating nursing mothers on the benefit of exclusive breastfeeding alone is not enough but also find a means of correcting various wrong perception on exclusive breastfeeding. Similarly, almost half of the respondents believed that exclusive breast feeding can affect the nutritional status of the mothers. This assertion was also reported by Sylvia *et al.* (2020) in a similar study conducted on perception of working mothers on breastfeeding self-efficacy.



However, with all these assertion, majority of the study population believed that exclusively breastfeed children will have a better growth and development compared to the child that is not exclusively breastfeed. Generally, based on the various responses of the study population on their perception towards exclusive breastfeeding, more than half of the respondents have a negative perception towards exclusive breast feeding. The overall level of perception of the respondents was found to be significantly associated with some of the breastfeeding practices of the respondents like given of colostrum, breastfeeding based on demand, the act of breastfeeding at work, the time or period of breastfeeding during the working hour and strategies used in feeding infant whose mother were not permitted to breastfeed during the working hour

Conclusion

Good breastfeeding practices were observed among the study population. However, negative perception on exclusive breastfeeding was also discovered among the study population and significant association was observed between some breastfeeding practices of the study population and their perception on exclusive breast feeding.

Recommendation

Advocacy program targeted at educating the professional /working nursing mothers on the benefit and important of exclusive breastfeeding as well as correcting various wrong believes and perception on exclusive breastfeeding is recommended. Efforts should also be initiated by various employer of labour in the study area to support exclusive breastfeeding practices among their female employee.

REFERENCE

- Agunbiade, M. & Ogunieye V., (2012) Constraints to Exclusive Breastfeeding practice among breastfeeding mothers in southwest Nigeria: implications for scaling up. *International Breastfeeding Journal*. 7 (5).1 -10
- Ampeire Isaac Petit. (2008) Perception and knowledge on exclusive breastfeeding among women attending antenatal and postnatal clinics. A study from Mbarara Hospital, Uganda. Official publication of the Tanzania medical students association.
- Asika N. (2001) Research Methodology in the Behavioral Sciences, 3rd ed., p. 29. Lagos: Longman Nigeria Ltd.
- Chekol, D. A., Biks, G. A., Gelaw, Y. A, Melsew, Y. A (2017). Exclusive breastfeeding and mothers' employment status in Gondar town, Northwest Ethiopia: A comparative cross-sectional study. *International Breastfeeding Journal*. 2017;12:27.
- Danso Janet (2014). Examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana. *International Journal of Nursing*. 1(1): 11-24.
- Eidelman, A. I., Schanler, R. J. & Johnston, M. (2012) Breastfeeding and the use of human milk. *Pediatrics*.129(3): 827-841.
- Gibson, R. S. (2004) Principles of Nutritional Assessment, 2nd ed., pp. 1–45. New York: Oxford University Press.
- Gupta, A., Dadhich, J.P. and Suri, S. (2015) Infant Malnutrition/Breastfeeding. Reference Module in Biomedical Sciences: Elsevier. 2015.
- Kramer, S. & Kakuma, R., (2002) The optimal duration of exclusive breastfeeding. A systematic review. *Advances in Experimental Medicine and Biology*. 554: 63-77
- Lakati, A., Binns, C. & Stevenson M. (2002). The effect of work status on exclusive breastfeeding in Nairobi. *Asia Pac J Public Health*. 14(2):85–90.
- National Population Commission (NPC) Nigeria and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja , Nigeria Rockville, Maryland, USA: NPC and ICF



- Omemu, V. O., Adamu, S. A., (2019). Assessment of breastfeeding knowledge and practices among working mothers in the federal capital territory Nigeria. *International Journal of Community Medicine and public Health*. 6(1):20-29
- Ong, G., Yap, M., Li, F.L., Choo, T.B (2001). Impact of working status on breastfeeding in Singapore: evidence from the National Breastfeeding Survey 2001. *European Journal of Public Health*. 15(4):424–30.
- Osibogun, O. O., Olufunlayo, T. F. & Oyibo, S. O. (2018) Knowledge, attitude and support for exclusive breastfeeding among bankers in Mainland Local Government in Lagos State, Nigeria. *International Breastfeeding Journal* 13(38): 1-7
- Sankar, M. J., Sinha, B., Chowdhury, R., Bhandari, N., Taneja, S. Martines, J. & Bahl, R. (2015) optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatrica*. 104(467): 3–13.
- Sylvia, D. W., Budi, S., Mira, T. & Novri, S. (2020) Perception of working mothers toward breastfeeding self-efficacy. *Jurnal Ners*. 15(2): 50-56
- Ware, J. L., Chen, A., Morrow, A. L. & Kmet, J. (2009) Associations Between Breastfeeding Initiation and Infant Mortality in an Urban Population. *Breastfeed Medicine*. 14(7): 465-475
- Wolde, F. B., Ali, J. H. & Mengistu, Y. G. (2021) Employed mothers' breastfeeding: Exploring breastfeeding experience of employed mothers in different work environments in Ethiopia. *PLoS ONE* 16(11): 1-16
- World Health Organization (2001). Global strategy of infant and young child feeding. The optimal duration of Exclusive breastfeeding 2001: Geneva.
- World Health Organization. (2021). Infant and young child feeding. Exclusive breastfeeding for six months best for babies everywhere. Available at: <http://www.who.int/new-room/fact-sheets/detail/infant-and-young-child-feeding>. Accessed 13 April 2022.