

Factors affecting exclusive breastfeeding practices among working-class women in Osun State, Nigeria

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Abstract

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. However, studies on the factors affecting exclusive breastfeeding, especially, among working-class women are sparse. This study determined the factors affecting exclusive breastfeeding among working-class women in Osun state. Multi-stage sampling was used to select a total of 316 respondents for this cross-sectional study and a pretested, interviewer-administered questionnaire was used to elicit information. More than half (57.6%) of the respondents were between the ages of 26-35 years. Ninety-eight percent (98.1%) of the respondents had good knowl-

edge of exclusive breastfeeding (EBF). Sixty-six percent (66.8%) had good exclusive breastfeeding practices. The study showed that there was a significant relationship between knowledge and practices of exclusive breastfeeding among the respondents ($P < 0.05$). Identified factors affecting exclusive breastfeeding among the respondents are: duration of maternity leave, availability of crèche near the place of work, breastfeeding break at work, husband and family support, health conditions that could hinder EBF, and engagement in other activities with work. Breastfeeding breaks at work (AOR=4.717; $P=0.000$), husband and family support (AOR=2.944; $P=0.000$), and one-month maternal leave ($P=0.000$) were factors significantly associated with EBF practices. We conclude that good knowledge and good practices of exclusive breastfeeding were found among the study group. Improved policies around maternity leave and the provision of breastfeeding friendly work environment are needed to increase exclusive breastfeeding practices. Husbands and family members should be educated on the need to provide support to breastfeeding mothers.

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Introduction

Breastfeeding has been recognized as the most essential intervention for ensuring optimal growth, development of children and decreasing infant mortality.¹ It is essential for both the physiological and psychological needs of an infant. World Health Organization defines exclusive breastfeeding (EBF) as giving only breast milk to infants for the first six months of life. It is estimated that over two-thirds of deaths occurring globally in children under the age of one are mostly linked to inappropriate feeding patterns, particularly due to poor EBF practices.² EBF enhances optimum growth, development and health of the child. Infants should thereafter receive nutritionally adequate and safe complementary foods while continuing to breastfeed for up to two years or more.

EBF has received attention as the recommended feeding practice for newborns. It improves growth, health and survival status of newborns and is one of the most natural and best forms of preventive medicine.^{3,4} EBF plays a pivotal role in determining the optimal health and development of infants and is associated with a decreased risk for many early-life diseases and conditions, including otitis media, respiratory tract infection, diarrhea and early childhood obesity.⁵

Globally, about 35% of newborns are exclusively breastfed during the first four months of life.⁶ Only 38% of infants under six months of age in developing countries are exclusively breastfed, and 21% in West Central Africa.⁷ Researchers have proposed that lack of suitable facilities outside of the home, inconvenience, conflicts at work, family pressure and ignorance adversely affect the willingness of women to practice EBF.^{8,9} The need to return to work has also been implicated as a factor interfering with EBF.¹⁰

Studies have revealed that one of the barriers to exclusive breastfeeding is work status.^{11,12} With enlarged urbanization and

industrialization, more and more women have joined the workforce.¹³ The prevalence of exclusive breastfeeding has been stagnant since about a decade ago at 17%.¹⁴ It increased to 25% in 2017 according to the Federal Government of Nigeria by Prof Isaac Adewole Federal Ministry of Health Abuja. A more detailed understanding of the factors affecting exclusive breastfeeding among working-class women is needed to develop effective interventions to improve the prevalence of EBF and thus reduce infant mortality. This study aimed at identifying factors affecting exclusive breastfeeding among working-class women in selected wards in Egbedore Local Government Area, Osun state.

Materials and Methods

Study design and study location

The study was a cross-sectional study and was conducted at Egbedore Local Government using a quantitative method of data collection. Egbedore Local Government Area is located in Osogbo at 7° 46 00N 402400E, it has an area of 270 km² and a population of 74,435 at the 2006 census. The local government is made up of 10 wards and these wards have a total of 15 primary healthcare centers.

Ethical approval

The research was approved by Adeleke University Ethics Research Committee (AUERC), Adeleke University, Ede, Osun State, Nigeria. The Ethical reference number for the research is AUERC/FBMS/IND/02.

Study population

The study enrolled working-class women with infants aged 0-12 months who were in full-time or part-time employment and who attended postnatal care at the selected wards in Egbedore local government in Osun state. Women with infants aged 0-12 months were chosen for this study to avoid or reduce recall bias of exclusive breastfeeding practices.

Women were included if they had initiated breastfeeding, had single birth, and returned to work at the time of the interview. Women were excluded if they had never breastfed, had multiple births, or had an infant who experienced neonatal problems and interfered with breastfeeding in the first days of life.

Sample size and sampling

The formula for precision by Leslie Kish was used to calculate the sample size. The alpha was set at 5%, power of 80% and EBF prevalence of 25% was used and the minimum sample required was 288. The attrition rate of 10% was added making $n=288+28=316$.¹⁵

A multi-stage sampling technique was used to select working-class women with infants aged 0-12 months. The first stage involved a purposive selection of 5 wards out of 10 wards in Egbedore Local Government Area. In the second stage, eight primary health centers were selected using simple random sampling from a total of fifteen primary health centers in the selected wards. Then women who came for postnatal care at the selected primary health centers and who met the inclusion criteria were recruited for the study.

Study procedures

This cross-sectional study was conducted over a period of 3 months from January to April 2020. A 33-items pretested; interviewer-administered questionnaire was used as the survey instru-

ment. The questionnaires used to elicit information from the participants contained four sections which include: socio-demographic characteristics (age of mothers, age of the child in months, ethnicity, marital status, religion, educational status, employment status,), knowledge of EBF (meaning of EBF, EBF duration, benefits of EBF), EBF practices (time of initiation of breastfeeding, time of introducing complementary feeding), and factors affecting EBF practices (duration of maternity leave, availability of crèche at place of work, breastfeeding break at work, family support). Prior to administering the questionnaire, the purpose of the study was explained to the participants and those who agreed to participate in the study gave written consent.

Working-class women in this study were defined as mothers 0 to 12 months postpartum, working in the public sector including government hospitals, schools, colleges, and banks. Exclusive breastfeeding was defined as giving only breastmilk to the infant without the addition of any other liquids or solids, except for drops or syrups consisting of vitamins, mineral supplements, or medication (nothing else).⁴

Data analysis

A statistical package for social sciences version 21.0 was used for the analysis of data. Six items were used to assess the knowledge of exclusive breastfeeding as shown in Table 1. Correct answers were scored as "1" and incorrect answers as "0". The response to the 6 items was summed up to make the knowledge of the exclusive breastfeeding index. The knowledge of EBF was represented as poor knowledge (0-3) and good knowledge (4-6).

Eight items were used to assess EBF practice. Six (6) of the items' correct answers were scored as "1" and the incorrect answer as "0". The item "do you lactate very well?" was scored as yes=2 and no=1. A breastfeeding mother who does not lactate very well could be due to some physiological factors, therefore the answer "no" may not be totally wrong. Those with less than 6 months of EBF was scored as: no response=0; 1 month =1; 2 months =2; 3 months =3; 4 months =4; 5 months =5. The response to the 8 items was summed up to make the exclusive breastfeeding practice index which was presented as poor practice (0-5) and good practice (6-13). Descriptive statistics were used to summarize data. Inferential statistics of Chi-Square was used to test the association between categorical variables at $P<0.05$ and a confidence interval (95% CI) was used where appropriate.

Results

The socio-demographic characteristics of the respondents are presented in Table 2. More than half (57.6%) of the respondents were between the ages of 26-35 years. Almost (94.9%) all of the respondents were of tertiary education, respondents workplaces include: 38.6% worked in schools, 11.1% worked in Hospitals, 14.9% worked in banks, 7.3% worked in hotels, 2.5%, worked in bakeries, 5.1% works in Primary Health Care Centers, 13.6% works in a government office, 4.1% works in companies while 2.8% works at radio station. Higher percentage 87.7% were on full-time jobs while 12.3% were on part-time jobs.

The majority 97.8% of the respondents defined exclusive breastfeeding as giving baby breast milk only, 1.9% defined it as giving baby breast milk and water, while 0.3% of the respondents defined it as giving breast milk and pap. Also, 98.7% reported that initiation of breastfeeding should be immediately after delivery, 0.9% reported 2 days after delivery and 0.3% reported within the first month of delivery. Forty-nine percent (49.4%) reported the importance of the first yellow breast milk to boost immunity and

57.9% reported giving baby breast milk only for the 6 months helps to prevent the baby from getting an infection. The study revealed that 98.1% had good knowledge of EBF while 1.9% had poor knowledge.

EBF practices by the respondents are presented in Table 3. The majority 75.3% of the respondents initiated breastfeeding immediately after delivery, 18% after some days while 6.3% initiated breastfeeding a few weeks after delivery and 0.3% reported after some months. More than half (66.1%) of the respondents reported giving only breast milk to the child in the first six months, 1.9% breastfed exclusively for 1 month, 5.7% breastfed exclusively for 2 months, 14.2% breastfed exclusively for 3 months, 8.9% breastfed exclusively for 4 months and 3.2% breastfed exclusively for 5 months. The majority (76.3%) of respondents breastfed their babies' colostrum and 66.1% of the respondents introduced complementary feeding at 6 months of age. The study revealed that 66.8% of the respondents had good practice of exclusive breastfeeding while 33.2% had poor practice.

Table 3 shows factors affecting exclusive breastfeeding. The

result shows the duration of maternity leave was: one month 38 (12.0%), two months 66 (20.9%), three months 125 (39.6%), four months 58 (18.4%), five months 21 (6.6%) and six months 8 (2.5%). More than half 176 (55.7%) of the respondents had crèche near their place of work, 184 (58.2%) of the respondents had breastfeeding breaks at work, 255 (80.7%) reported that their husbands and family support them to practice exclusive breastfeeding, 64 (20.3%) had health conditions that could hinder exclusive breastfeeding and 142 (44.9%) engaged in other activities with work. Table 4 shows the relationship between knowledge and practice of exclusive breastfeeding. The result shows that there was a significant relationship between knowledge and practices of exclusively breastfeeding among working-class women in Egbedore Local Government Area ($P=0.013$). Table 5 shows factors found to be significantly associated with exclusive breastfeeding. They are: duration of maternity leave, ($X^2= 161.233$, $P= 0.000$); availability of crèche near place of work ($X^2= 196.687$, $P= 0.000$); breastfeeding break at work ($X^2= 184.812$, $P=0.000$); husband and family support ($X^2= 86.472$, $P=0.000$); morbidity that could hinder exclu-

Table 1. Knowledge of exclusive breastfeeding by respondents.

Variable	Frequency	%
Have you ever heard of exclusive breastfeeding?		
Yes	316	100
No	0	0
Total	316	100
If yes, what is your sources of information?		
Hospital	267	84.5
Friends	32	10.1
Family members	6	1.9
Media	11	3.5
Total	316	100
Exclusive breastfeeding is?		
Giving baby breast milk only	309	97.8
Giving baby breast milk and water	6	1.9
Giving breast milk and pap	1	0.3
Total	316	100
WHO recommends that infants be exclusively breastfed for?		
Three months	2	0.6
Four months	4	1.3
Six months	304	96.2
Nine months	2	0.6
Not sure	4	1.3
Total	316	100
Initiation of breastfeeding should be?		
Within the first one month	1	0.3
After 2 days	3	0.9
Immediately after delivery	312	98.7
Total	316	100
What should be given to babies immediately after safe delivery?		
Water	5	1.6
Breast milk	308	97.5
Formula	3	0.9
Total	316	100
What is the importance of the first yellow breast milk?		
To boost immunity	156	49.4
For speedy growth	91	28.8
Brain development	55	17.4
I don't know	14	4.4
Total	316	100
Benefits of exclusive breastfeeding?		
Giving baby breast milk only will not provide enough energy for the first 6 months of life	58	18.4
Giving baby breast milk only for the first 6 months helps to prevent the baby from getting infection	183	57.9
Giving baby breast milk only for the first 6 months helps to prevent diarrhea in babies	72	22.8
Exclusive breastfeeding delays the growth of the baby	3	0.9
Total	316	100

sive breastfeeding ($X^2= 39.937$, $P=0.01$); engaging in other activities with work ($X^2= 128.331$, $P=0.01$).

Discussion

EBF provides infants with the nutrients and fluids required in

Table 2. Socio-demographic characteristics of respondents.

Variable	Frequency	%
Age of mothers in years		
≤25	94	29.7
26-35	182	57.6
≥36	40	12.7
Total	316	100
Age of child in months		
0-3	171	54.1
4-7	136	43.0
8-12	9	2.8
Total	316	100
Religion		
Christianity	174	55.1
Islam	141	44.6
Traditional	1	0.3
Total	316	100
Ethnicity		
Yoruba	251	79.4
Igbo	47	14.9
Hausa	17	5.4
Others	1	0.3
Total	316	100
Marital status		
Single	4	1.3
Married	295	93.4
Divorced	17	5.4
Total	316	100
Number of children		
1	52	16.5
2	110	34.8
3	105	33.2
4	44	13.9
Others	5	1.6
Total	316	100
Educational status		
Primary	0	0
Secondary	16	5.1
Tertiary	300	94.9
Total	316	100
Place of work		
School	122	38.6
Hospital	35	11.1
Bank	47	14.7
Hotel	23	7.3
Bakery	8	2.5
PHC	16	5.1
Radio station	9	2.8
Government office	43	13.6
Company	13	4.1
Total	316	100
Employment status		
Full time	277	87.7
Part time	39	12.3
Total	316	100
Method of delivery		
Assisted vaginal	203	64.2
Caesarean section	113	35.8
Total	316	100

Table 3. Exclusive breastfeeding practices of the respondents.

Variable	Frequency	%
When did you initiate breastfeeding?		
After delivery	238	75.3
After some days	57	18.0
After some weeks	20	6.3
After some months	1	0.3
Total	316	100
Do you lactate very well?		
Yes	232	73.4
No	84	26.6
Total	316	100
Do you extract breast milk for your baby?		
Yes	179	56.6
No	137	43.4
Total	316	100
Do you give only breast milk to your child for the first six months?		
Yes	209	66.1
No	107	33.9
Total	316	100
If no, for how long did you practice exclusive breastfeeding?		
No response	209	66.1
One month	6	1.9
Two months	18	5.7
Three months	45	14.2
Four months	28	8.9
Five months	10	3.2
Total	316	100
At what month did you introduce complementary feeding?		
Within first month	16	5.1
Second month	7	2.2
Third month	30	9.5
Fourth month	44	13.9
Fifth month	10	3.2
After sixth month	209	66.1
Total	316	100
Did you breastfeed your baby colostrum?		
Yes	241	76.3
No	75	23.7
Total	316	100
How often do you breastfeed in a day?		
Whenever the baby wants it (on demand)	104	32.9
4-6 times a day	125	39.6
6 times and above	87	27.5
Total	316	100
Factors affecting Exclusive Breastfeeding		
Variable	Frequency	%
How long is your maternity leave?		
One month	38	12.0
Two month	66	20.9
Three month	125	39.6
Four month	58	18.4
Five month	21	6.6
Six month	8	2.5
Total	316	100
Do you have crèche near your place of work?		
Yes	176	55.7
No	140	44.3
Total	316	100
If yes, do you have breastfeeding break at work?		
Yes	184	58.2
No	132	41.8
Total	316	100
Do your husband and family support you to exclusively breastfeed?		
Yes	255	80.7
No	61	19.3
Total	316	100
Do you have any health condition that could hinder you from breastfeeding?		
Yes	64	20.3
No	252	79.7
Total	316	100
Do you engaging in other activities with your work?		
Yes	142	44.9
No	174	55.1
Total	316	100

the first six months. Children who are exclusively breastfed have a lower risk of infections. EBF is the best and most effective way for reducing infant morbidity and mortality. The findings of this study revealed a very good knowledge (98.1%) of EBF practices among the study group. This represented a high degree of literacy and women's empowerment. The majority (94.9%) of the respondents had tertiary education. Breastfeeding mothers in this study have a higher level of education which is one of the most effective investments in strengthening the economy, self-reliant and healthy societies. With respect to the socio-demographic characteristics of this

study, more than half of the respondents (57.6%) were between the ages of 26-35 years, the majority of the respondents and most (64.2%) had been assisted vaginally. The delivery method of distribution in this study is low compared to the result from a previous study having 90.6% of vaginal-assisted delivery.¹⁶ The high vaginal assisted delivery method could possibly be due to the difference in the study location. However, a study carried out in South-East Nigeria showed vaginal (spontaneous or assisted) 80.0%.¹⁷

Most of the respondents (96.2%) had good knowledge of exclusive breastfeeding based on the WHO 6-month recommenda-

Table 4. Cross-tabulation of knowledge and exclusive breastfeeding practices of the respondents.

	Practice of exclusive breastfeeding		Total	X ²	P
	Poor practice	Good practice			
Knowledge of exclusive breastfeeding	Poor	0	12	6.207	0.013
	Good	105	199		
Total		105	211	316	

Cross tabulation of exclusive breastfeeding practices and factors affecting it practices

s/n	Items	Option	Good practice	Poor practice	Frequency	X ²	Df	P
1	Duration of maternity	One month	38	38	0	161.233	5	.000
		Two month	66	66	0			
		Three month	89	125	36			
		Four month	8	58	50			
		Five month	2	21	19			
		Six month	8	8	0			
		Total		211	316			
2	Availability of crèche near the place of work	Yes	176	176	0	197.687	1	.000
		No	35	140	105			
		Total		211	316			
3	Breastfeeding break at work	Yes	179	184	5	184.812	1	.000
		No	32	132	100			
		Total		286	316			
4	Husband and family support	Yes	201	255	54	86.472	1	.000
		No	10	61	51			
		Total		211	316			
5	Morbidity that could hinder breastfeeding	Yes	64	64	0	39.937	1	0.01
		No	147	252	105			
		Total		211	316			
6	Engaging in other activities with work	Yes	142	65	0	128.331	1	0.01
		No	69	316	105			
		Total		211	316			

Table 5. Binary logistics regression analysis of exclusive breastfeeding practices and factors affecting it practices.

Variables		Odds ratio	Df	P-value	95% Confidence interval	
					Low	Upper
Duration of maternity leave	One month	-	5	0.000	-	-
	Two month	0.000	1	1.000	.000	-
	Three month	0.000	1	1.000	.000	-
	Four month	-20.298	1	0.999	.000	-
	Five month	-23.035	1	0.999	.000	-
	Six month	-23.454	1	0.999	.000	-
Availability of crèche near the place of work		22.302	1	0.994	.000	-
Breastfeeding break at work		4.717	1	0.000	42.251	296.232
Husband and family support		2.944	1	0.000	9.044	39.845
Health condition that could hinder breastfeeding		20.866	1	0.997	.000	-
Engaging in other activities with work		21.623	1	0.995	.000	-

tion for exclusive breastfeeding. The finding of this study is slightly high compared to a study carried out by Ukegbu *et al.*¹⁸ who found that the majority 91.2% of the nursing mothers had a good knowledge of breastfeeding. This high percentage could be that this study was conducted in a health facility where most of the respondents had received health education on EBF, and the present awareness of EBF now could be higher than when the study was carried out. The majority of the respondents (84.5%) reported the hospital as their source of EBF information. This is supported by a study carried out in the three regions of Nigeria with 84.5% in Ebonyin. The result of this study is lower compared to 90.5% reported in Ibadan and 92.2% reported in Zaria.¹⁹

The high percentage across the region could imply that health workers are doing well in the area of health education and health promotion. Ninety-eight percent (98.7%) had good knowledge about the appropriate time to initiate breastfeeding (immediately after delivery). This is high compared to a study done by Tadele and Habta that found 73.3% of the mothers had good knowledge about the initiation of breastfeeding.²⁰ Also a study done by Hadijah *et al.* that showed 52.8% of the mothers had good knowledge of when breastfeeding should be initiated.²¹ The high percentage of knowledge about the initiation of breastfeeding observed in this study could be attributed to the fact that the target population is highly educated compared to their counterparts in the other study. Evidence from this survey showed high EBF practices (66.8%), with sixty-six percent (66.1%) breastfed exclusively for 6 months. This is in contrast with the report of the Nigerian Demographic and Health Survey,²² that reported only 17% of children under 6 months of age are exclusively breastfed. The finding of this study is high compared to 37.3% reported in a study carried out in Anambra State.²³ And is slightly high compared to 66.2% reported in a study by Aloysius and Nnoka in Enugu.²⁴ The (66.1%) of 6 months of exclusively breastfeeding could be a result of the country's adoption of the baby-friendly hospital initiative (BFHI) program, before the adoption of the program, formula milk was freely advertised and used by nursing mothers. Most of the respondents (76.3%) breastfed their baby colostrum, this is similar to findings from a previous study having a higher percentage 79.8%.¹⁶ A lower percentage (33.9%) predominantly engaged in complimentary breastfeeding. These respondents did not give "breast milk only" for the first six months. This corroborates with a study among breastfeeding mothers in Nnewi South-East Nigeria which reported 39% of complementary breastfeeding. Reasons for this could be that some breastfeeding mothers believe that exclusive breastfeeding for the first six months of birth delays complementary feeding at six months as the baby might find it difficult to accept other feeds than breastmilk. Therefore, some mothers prefer complimentary breastfeeding in order to save them time to engage in other activities. Another reason could be because in Yoruba and Bini cultures, for example, EBF is considered to be harmful to the health of the newborn, who is thought to need water to satiate thirst or halt hiccoughs.²⁵ This study revealed that there was a significant relationship between knowledge and the practice of exclusive breastfeeding among the study group ($\chi^2= 6.207, P=0.013$). This is in contrast with Ukegbu *et al.*²⁰ who found that there was no significant association between EBF knowledge and its practices ($\chi^2= 3.32, P=0.14$). This implies that a breastfeeding mother could have a good knowledge of EBF and yet not engage in EBF practices. According to Somerall,²⁶ in predicting health behavior it is important to consider individual characteristics (personal factors- biological, psychological and sociocultural factors), as well situational influences. This could be the reason for the insignificant relationship between knowledge and practices of exclusive breastfeeding among the respondents. Factors affecting exclusive breastfeeding

practices include: duration of maternity leave for mothers (1 month maternity=12%, 2 month=20.9%, 3 month=39.6%, 4 month=18.4%, 5 month=6.6%, and 6 month=2.5%); availability of crèche near the place of work (55.7%); breastfeeding break (58.2%), only (58.2%) of the respondents had breastfeeding break at work which implies that there is inadequate workplace-based support for exclusive breastfeeding in the populace. Osiyosola *et al.*¹⁵ highlighted the importance of workplace-based support for mothers practicing exclusive breastfeeding. In Nigeria, the breastfeeding facilities at the workplace were still low even though there is a national policy on infant and young child feeding and one of the specific objectives is to protect, promote and support exclusive breastfeeding in the first six months of life. Breastfeeding is related to privacy, hygiene, and discipline; without proper support, breastfeeding seems difficult. Husband and family support (80.7%), the result of this study is a little lower compared to a study done by Tilahun *et al.*¹⁸ that reported 87.8% of mothers were supported by their husbands to feed their infants exclusively on breastmilk. For a breastfeeding mother to achieve a successful EBF practice there is a need for the husband and other family members' support especially in the area of feeding to consume foods rich in high nutrients (a balanced diet). Health conditions could hinder breastfeeding (20.3%) and engage in other activities with work, which makes the breastfeeding mother have a very busy schedule (44.9%). The finding is in contrast to Osiyosola *et al.*¹⁵ who reported 58.8% of busy work schedules as one of the factors affecting EBF. This study revealed the duration of maternity leave, availability of crèche near the place of work, breastfeeding break at work, husband and family support, morbidity that could hinder exclusive breastfeeding, and engaging in other activities with work as factors significantly associated with EBF practices. Finally, binary logistics regression analysis showed breastfeeding break at work (AOR=4.717: P=.000), Husband and family support (AOR=2.944, P=.000), and 1-month maternal leave (P=.000), as factors significantly associated with EBF practices.

Limitation of the study

Recall bias was a potential limitation due to the fact that information on EBF is based on recall since birth and some women might not remember when they specifically introduced other liquids or solids. Hence the data gathered relied on women's self-report. Also, this was a quantitative study and the study participants have no opportunity to express their opinions and concerns that are not catered for by the questionnaire. Further study should include a qualitative assessment probably focus group discussion to add more information to this field of study.

Conclusions

This survey established a good knowledge and good practice of exclusive breastfeeding among working mothers in Egbedore Local Government Area in Osun State. Yet, it is important to increase workplace-based support for exclusive breastfeeding among working-class mothers. There is a need to revise the postpartum maternity leave. Also, health workers, professional bodies and other stakeholders should advocate for a mandatory six months maternity leave for all working-class mothers.

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