

Assessment of Breastfeeding Practices of Working Mothers in Ilaro, Ogun State

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ABSTRACT

Background: Exclusive breastfeeding (EBF) is important for optimal growth and development of infant. However, increase in women involvement in labor sector may pose a great barrier to this. Thus, this study assessed the breastfeeding practices of working mothers in Ilaro.

Methods: A cross-sectional study involving 200 working mothers selected from Ilaro community using multistage sampling. Semi-structured and self-administered questionnaire was used to elicit data on socio demographic and economic characteristics, job description, belief on breastfeeding and breastfeeding practices of the respondents. Data was analyzed using SPSS version 25.0

Result: More than half (59.0%) of the respondents were employed in private organizations and 41.0% were civil servants. Majority (72%) of the respondents work between 8am- 4pm daily. Nearly all the respondents (93.0%) breastfed their babies their infant from birth, 76.5% gave colostrum and 50% do breast feed their baby only when demanded. Four out of five breastfeed their infant during the working hour while 5.5% and 10.5% expressed their breast milk and gave infant formula respectively during the working hour. More than half (63%) of the respondents had good breastfeeding practices while 23% and 13% were rated fair and poor respectively. Significant associated ($p < 0.05$) was observed between respondent's breastfeeding practices and some socio demographic characteristics, job description and belief on breast feeding practices

Conclusion: Good breastfeeding practices were observed among the study population and this was significantly associated with factors like age, estimated monthly income, place of work and some belief on breastfeeding.

Keywords: Exclusive breastfeeding, Perception, Working mothers, Breastfeeding practices

INTRODUCTION

Breastfeeding is a life-saving practice and one of the most cost-effective ways of enhancing optimal growth and development of infants (1, 2). Exclusive breastfeeding is 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

(3).

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 (4). It also reduces infant mortality and occurrence of common morbidities like diarrhoea and pneumonia as well as enhancing the immune response of the child (5). 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 (6). Also, studies 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 (7, 8, 9). 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. Studies have shown that nursing mothers in particular those in developing countries have some perception and attitude towards exclusive breastfeeding which in variably influence their decision (3, 10, 11, 12).

Moreover, women of reproductive age also 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 (11, 13). 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. To achieve this, it is imperative to assess the breastfeeding practices of this group of people. Also there is 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. Thus this study assessed the breastfeeding practices of the working nursing mothers in Ilaro.

METHODOLOGY

Study area,

The study was conducted in Ilaro, Ogun State; Ilaro is the headquarters of the Yewa South Local government area of Ogun State of Nigeria and it is about 50 km from Abeokuta, the Ogun State

capital, and about 100 km from Ikeja, the capital city of Lagos State.

Study design

The study was descriptive-cross sectional in design 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 (14)

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

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) (15)

q = 1-p,

d = 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 (16), yielding a value of 197. This was rounded up to 200.

Sampling Technique

A multistage sampling technique was used in selecting the respondents for this study. Ilaro was purposively selected for the study. Using a cluster sampling technique, fifteen (15) crèches was selected from forty seven (47) crèches identified in community. Working mothers with infants of zero (0) to 6 months, that bring their infants to the selected crèches were proportionately selected at various crèches and used as respondents for the study. The questionnaire was filled by the respondents at the crèche with the help of the research assistance while some of the respondents pick it up and return it the following day.

Data collection

A semi-structured and self-administered questionnaire was used for the study. The questionnaire was used to elicit information on the socio-economic and demographic characteristics, job description, believe on breastfeeding and breastfeeding practices of the respondents.

In assessing the breastfeeding practices of the respondents, the questions were structured in such a way that both correct and incorrect practices were captured. For easy categorisation of the breastfeeding practices of the respondents, the response of the respondents was scored as follows: Every correct practice was scored 1 while every incorrect practice was scored 0. The total score of each respondents was calculated, converted to percentage and categorized as good practice (75% -100%), fair practices (50%-74.9%) and poor practice (0-49.9%) (11)

To ensure data quality, the questionnaire was

pretested and necessary modifications was made on the questionnaire. The data collection was done within the period of six (6) weeks by the researcher with the help of three (3) research assistants.

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

Table 1: Socio-demographic and economic characteristics of the working mothers in Ilaro

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

for the study. More than two-fifth (39.5%) of the respondents were within the age bracket of 25-30 years, 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

Table 2: Job description of the working mothers in Ilaro

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 (n=10)		
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
Provision of unit or department for attending to or feeding of the infants		
Yes	124	62.0
No	76	38.0
Does your employer grant maternity leave		
Yes	158	79.0
No	42	21.0
Duration of maternity leave (n=158)		
< 3 month	99	49.5
3-6 month	49	24.5
>6 months	10	5.0
Not applicable	42	21.0

(89%) were married, 10% were single while 1% of the respondents was divorced. More than half (68.5%) of the respondents were Christian while others (31.5%) were Muslim. Majority of the respondents (83.5%) were Yoruba, 9.5% were Igbo while 14% of the study population were Hausa. Half of the study population (50.5%) had only one child, 46.5% 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 2 presents the job description of the respondents. More than half the respondents (59.0%) were employee of private establishment while others (41.0%) were employees of the government. 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 had 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 less than three months, three- six months and more than six months respectively to their employee to

take care of their baby after delivery.

This study also evaluates the belief of the respondents on breastfeeding practices. As presented in figure 1, majority (66.5%) of the respondents believed 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.

Table 3 presents the breastfeeding practices of the respondents. Almost all (93%) the respondents reported that their baby were 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 reported to had given colostrum to their

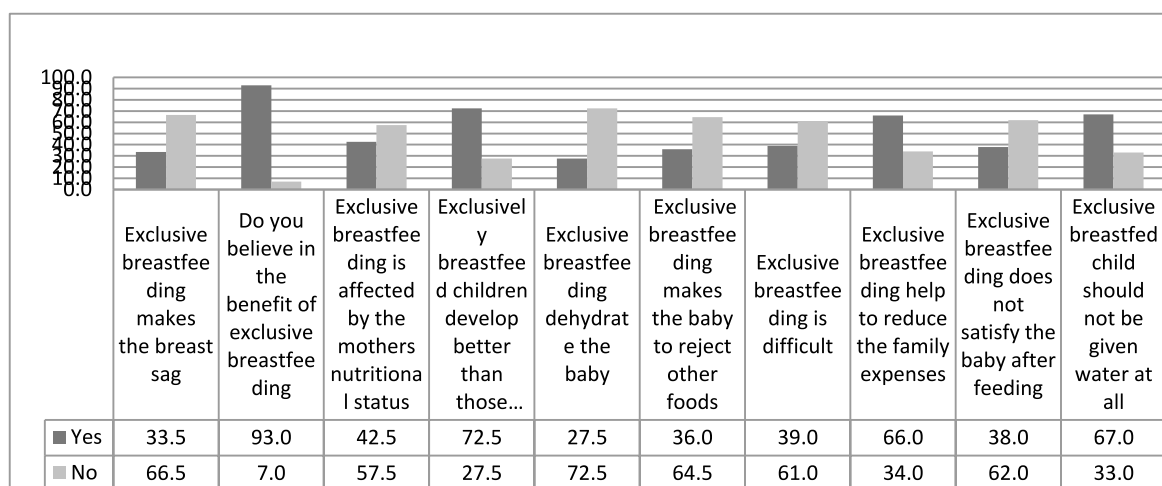


Figure 1: Belief of the respondents on breast feeding practices

child. Half (50%) of the study population stated that their baby are only breastfed on demand while 50% of the study population do not breastfed their baby only on demand. Table 3 also shows that eight (8) out of ten (10) respondents breastfed their infant during the working hours at different period of time. 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.

Figure 2 present the categorization of the overall breastfeeding practices score of the respondents. it shows that more than half of the study population (63%) had good practice, 25% had fair

practice while 13% had poor practices. Significant association ($p < 0.05$) was observed between the overall breastfeeding practices score of the respondents and socio demographic and economic characteristics like age (p -value = 0.006, $df = 8$ and $2 = 21.50$) and estimated monthly income of the respondents (p -value = 0.037, $df = 8$ and $2 = 16.39$) while marital status, religion, ethic group and number of children of the respondents were not significantly ($p > 0.05$) associated with the overall breastfeeding practice score as presented in Table 4.

Also, occupation of the respondents (p -value = 0.020, $df = 10$, $2 = 0.020$) was found to be significant associated ($p < 0.05$) with the overall breast feeding practice score while other

Table 3: Breastfeeding practices of the working mothers in Ilaro

Variable	Frequency	Percentage (%)
Breastfeeding from birth		
Yes	186	93.0
No	14	7.0
breastfeeding initiation		
Immediately after birth	103	51.5
2-5 hours after birth	70	35.0
6-10 hours after birth	11	5.5
11-16 hours after birth	5	2.5
above 24 hours after birth	11	5.5
Introduction of colostrum		
Yes	153	76.5
No	32	16.0
I don't know	15	7.5
Breastfeeding on demand		
Yes	100	50.0
No	100	50.0
Breastfeeding 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

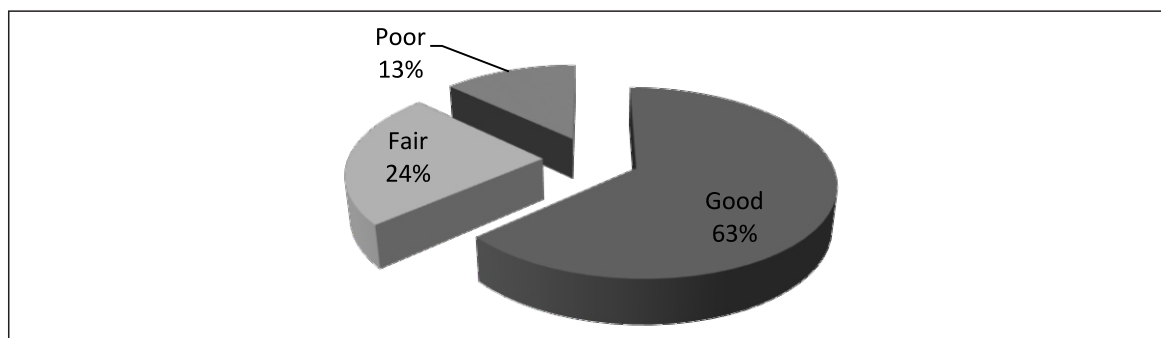


Figure 2: Overall breastfeeding practices score of the working mothers in Ilaro

variables under job description of the respondents like place of work, estimated working hours, provision of unit or department for attending to or feeding of the infants and duration of the maternity leave were not significantly associated ($P > 0.05$) with the overall breastfeeding practice score of the respondents (Table 4). Significant association ($P < 0.05$) was also observed between the overall breastfeeding practices score and some of the respondents belief on breastfeeding practices like; benefit of exclusive breastfeeding (p -value = 0.030, $df = 2$, $\chi^2 = 7.01$), exclusive breastfeeding makes the baby to reject other foods (p -value = 0.050, $df = 2$, $\chi^2 = 5.79$), exclusive breastfeeding is difficult to practice (p -value = 0.008, $df = 2$, $\chi^2 = 9.76$), exclusively breastfed babies are not usually satisfy after feeding (p -value = 0.012, $df = 2$, $\chi^2 = 8.81$) and believe that water should not be given to infant on exclusive breastfeeding (p -value = 0.000, $df = 2$, $\chi^2 = 35.02$) as presented in table 4.

DISCUSSION

The present study assessed the breastfeeding practices of working mothers in Ilaro, Ogun state. Majority of the study population 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 what was obtained in a study conducted among nursing mothers in Federal Capital Territory of Nigeria (11) and Lagos (3) in a study conducted among bankers in Lagos state. In agreement with the present study, (11) and (3) also indicate that few of the respondents were above thirty six years of age 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.

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 (17) in which work schedule was indicated as one of the factors affecting exclusive breastfeeding among working mothers and a study conducted in Singapore (18) 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 (19) in Northwest Ethiopia and study conducted in Lagos state Nigeria (3) 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 present study also discovered different beliefs of the nursing mothers on breastfeeding practices. About one third of the respondents stated that breastfeeding do leads to sagging of breast and they believe this can only be prevented

Table 4: Association between breast feeding practices and socio demographic and economic characteristics, job description and belief on breast feeding practices

Variables	Breast feeding Practices		
	χ^2	Df	p-value
Socio demographic and economic characteristics			
Age	21.50	8	0.006*
Estimated monthly income	16.39	8	0.037*
Marital status	8.59	4	0.072
Religion	0.16	2	0.924
Ethnic group	2.44	4	0.656
Number of children	4.74	4	0.316
Job description			
Place of work	1.30	2	0.524
Occupation	21.10	10	0.020*
Estimated daily working hour	5.51	6	0.480
Provision of unit or department for attending to or feeding of the infants	0.29	2	0.863
Duration of maternity leave (months)	6.60	6	0.359
Belief on breast feeding practices			
It leads to sagging of breast	4.71	2	0.095
Believe in the benefit of exclusive breastfeeding	7.01	2	0.030*
It is affected by the mothers nutritional status	1.08	2	0.582
Exclusively breastfed baby develops better than non-exclusive breastfed baby	20.98	2	0.000
Exclusive breastfeeding makes the baby to be dehydrated	2.29	2	0.319
Exclusive breast feeding makes the baby to reject other foods	5.79	2	0.050*
Exclusive breastfeeding is difficult	9.76	2	0.008*
Exclusive breastfeeding reduce family expenses	4.01	2	0.135
Exclusively breastfed babies are not usually satisfy after feeding	8.81	2	0.012*
Water should not be given to infant that is on exclusive breastfeeding.	35.02	2	0.000*

*Significant at $p < 0.05$

by not practicing exclusive breastfeeding. Similar finding was reported in a study conducted on perception and knowledge on exclusive breastfeeding among nursing mothers in Uganda (20). Though the study population in this study (20) 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 disadvantages 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 belief and 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 (21) 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 breastfed children will have a better growth and development compared to the child that is not exclusively breastfed.

The practice of exclusively breastfeeding has a great health benefit to both the mother and the infant (10). 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. Moreover, using the various responses of the respondents on their breastfeeding practices, the overall breastfeeding score of the respondents was calculated. More than half (63%) of the study population had good breastfeeding practices while 24% and 13% had fair and poor breast feeding practices respectively. The overall breastfeeding practices score was found to be significantly associated ($p < 0.05$) with socio demographic characteristics like age and estimated monthly income of the study population, place of work and some belief on breastfeeding practices.

CONCLUSION

Good breastfeeding practices were observed among the study population and this was significantly associated with factors like age estimated monthly income, place of work and some belief on breastfeeding practices. However, some beliefs and myth on breastfeeding practices was also discovered among the study population and this was also significant associated with their overall breastfeeding score

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.

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