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ABSTRACT

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The study descriptive cross sectional study design, the populations studied were the working class nursing mothers attending the infant welfare clinics of urban communities in Ekiti- state. The study instruments were structured questionnaire. The data collected were analyzed and presented using tables and chart. The results revealed that acceptability of exclusive breastfeeding concepts is high among the population studied. It was discovered that majority of the respondents {99%} agreed and strongly agreed that exclusive breast feeding is desirable, feasible, nutritious and helps in child growth and development.

Keywords: practise, breastfeeding, mothers, job, influence.

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Breastfeeding is the first fundamental right of the child. Exclusive breastfeeding means giving a baby no other food or drink, not even water, in addition to breastfeeding [Piyush, 2007]. In other to maintain the economic status and boost family income, women started to work in different sectors, which make it difficult for them to practice exclusive breastfeeding.

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Keywords: practise, breastfeeding, mothers, job, influence.

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I. INTRODUCTION

Breastfeeding is a normal way of providing young infants with the nutrients needed for healthy growth and development (World Health Organization, 2013). It meets the nutritional as well as emotional needs of the infant [Piyush, 2010]. The practice of breast feeding in the United States has been declining since its peak in 1982, when about 60% of mothers breastfed their newborns [Donna, 2012]. The greatest decline occurred in women who were black, younger age, low-income, poorly educated or parents of low birth weight infants, and working class mothers. [Donna, 2012]. In other to maintain and boost the economic status of the family, most mothers work in different sectors, which make it difficult for them to practice exclusive breastfeeding. Only about one third [36%] of new born are exclusively breastfed for the first six months of life.

According to Moreno [2012], factors that influence the duration and barriers of breast feeding include lactating problems with previous child, family opinions, rigid feeding schedules, excessive maternal pre occupation, and working out of the home. Others are, poorly developed nipple, acute mastitis, over anxiety, breast abscess and unwillingness. UNICEF stated that every year over one million infants die and millions of other children are impaired, because they are not adequately breastfed [Unicef 2010].

Daily, between 3000-4000 infants die from diarrhoea and acute respiratory infections because of poor feeding by their mothers.

Thousands more succumb to other illness and malnutrition. [Unicef 2013].

Numerous studies have revealed that one of the barriers to breastfeeding is work status. With enlarged urbanization and industrialization, more women of the reproductive age have joined the workforce [Wyatt, 2012]. The Bureau of labour statistics reported that in 2012, “51% of U.S. women with infants were employed outside the home” [Libbus & Bullock, 2012] and according to the Ross Mother’s survey, only 22% of women employed full time breastfed their infants compared to 35.4% of mothers who were not employed [Libbus & Bullock, 2012]. Considering the benefits of EBF, therefore studying job influence on the practice of exclusive breastfeeding among working class mothers is worthwhile and justified. The broad objective is to study the effects of job on the practice of exclusive breastfeeding among career mothers in Ekiti State.

Specific objectives are

1. To determine the knowledge of working class mothers towards exclusive breastfeeding.
2. To assess the attitude of working class mothers towards exclusive breastfeeding.
3. To identify the influence of job on the practice of exclusive breastfeeding.

II. METHODOLOGY

The study was carried out on mothers attending the infant welfare clinic of in the urban

communities in Ekiti state. Ado and Ikere local governments area were chosen for the study being the predominantly urban local government in the state. Two health facilities were randomly selected from each local government. Equal numbers (25) of the questionnaires were allocated to each health facility.

The sample size for this study is 100 respondents. Convenient sampling method was used to select the participants for the study. Data were cleaned manually and analyzed using statistical package for social science (SPSS) version 21. The study included working class mothers attending the infant welfare clinic in chosen health facilities and exclude working class mothers whose children are critically ill. Ethical certificate of clearance was obtained from the Ethics and Research committee of national Open University. Participation was voluntary, informed consent was obtained, confidentiality was maintained and the study was beneficence and no harm to the participant. There was no Conflict of interest.

III. RESULTS

Table 1: Socio-Demographic Data

Socio demographic characteristics	Frequency N=100	Percentage N=100
Age		
20 - 25years	11	11
26 -36 years	74	74
37 -49 years	15	15
Marital Status		
Married	98	98
Widowed	2	2
Divorced	---	---
Religion		
Christianity	93	93
Islam	7	7
Traditional	---	---
Educational level		
Primary	1	1
Secondary	8	8
Diploma	37	37
Degree	54	54
Working experience		
≤ 2years	29	29
3-6years	44	44
7-10years	25	25
≥11 years	2	2
No of children		
1-2	69	69
3-4	30	30
5-6	1	1
≥7	---	--

The table above reveals that greater percentage of the respondents 74% falls within the age range of 26 -36 years, majority of the respondents were married and Christian by religion. Most of the respondents 54% were degree holders and greater percentage of the respondents 69% have 1-2 children.

Table 2: Perception of mothers about exclusive breastfeeding

Questions	Strongly Agreed	Agreed	Disagreed	Total
Exclusive breastfeeding is desirable	53	46	1	100
Breastfeeding helps in child's growth	54	46	-	100
Breast milk is nutritious, protective to the baby and less expensive	75	25	-	100
Other feeding options are equally good as breastfeeding	8	20	72	100
Exclusive breastfeeding is only feeding option for mothers that are not working	3	4	93	100

The above table shows that 53% of the respondents strongly agreed that exclusive breastfeeding in the first six months of life is desirable and feasible, while 46% of them agreed that exclusive breastfeeding in the first six months of life is desirable and feasible, only 1% of the respondents disagreed.

Also, 54% of the respondents strongly agreed that breastfeeding helps in child's growth while 46% of them agreed that breastfeeding helps in child's growth. Greater percentage of the respondents

75% strongly agreed that breast milk is more nutritious, protective to the baby and less expensive, while 25% agreed that breast milk is more nutritious, protective to the baby and less expensive.

On the other hand, 72% of the mothers disagree that other feeding options are not comparable to breastfeeding. Also, 93% disagree with the opinion that exclusive breastfeeding is meant for mothers that are not working only.

Table 3: Respondents opinion on job and exclusive breastfeeding

Option	Frequency N=100	Percentage=100
Do you agree that working mothers can practise baby friendly?		
Strongly agreed	34	34
Agreed	57	57
Disagreed	7	7
Strongly disagreed	2	2
Flexible working hours is need by mothers		
Strongly agreed	35	35
Agreed	58	58
Disagreed	2	2
Strongly disagreed	5	5
Working hour is a barrier to exclusive breastfeeding		
Strongly agreed	17	17
Agreed	38	38
Disagreed	35	35
Strongly disagreed	10	10
Increasing maternity leave period is needed to promote exclusive breastfeeding		
Strongly agreed	66	66
Agreed	29	29
Disagreed	3	3
Strongly disagreed	2	2
Feeding option for baby while mother is at work?		
Pap	8	8
Glucose and water	4	4
Baby's formula	36	36
Expressed breast milk	52	52
How often do you breastfeed when on duty?		
On demand	39	39
Three hourly	47	47
After working hours	12	12
Twice daily	2	2

Baby friendly facility at work place		
Mother crèche	51	51
Allowing bringing baby to work	25	25
Flexible working hour	8	8
No facility at all	16	16

The above table shows that above half of the respondents 57% agreed and 34% strongly agreed that working mothers can practise baby friendly.

Also, 58% of the respondents agreed and 35% strongly agreed that working mothers needs flexible working hour for effective practise of exclusive breastfeeding. Also, 38% agreed, 17% strongly agreed that working hour is a barrier to the practise of exclusive breastfeeding while 10% of them strongly disagreed, 35% disagreed that working hour is a barrier to the practise of exclusive breastfeeding.

Also, greater percentage of the respondents 66% strongly agreed that government should increase maternity leave to six months for effective practise of exclusive breastfeeding, 29% agreed that government should increase maternity leave to six months for effective practise of exclusive breastfeeding.

More so, above half of the respondents that 52% of the respondents fed their babies with expressed breast milk, 36 % with baby’s formula, 8% with pap and 4% of the respondents fed their babies with glucose and water when at work. Above third of the respondents 39% breastfed their babies on demand, 47% of them breastfed their babies 3 hourly, 12% of them breastfed their babies after working hours while minority 2% of the respondents breastfed their babies twice daily.

About half, 51% of the respondents have mother crèche, 25% were allowed to work with baby, 7% enjoyed flexible working hours and 16% has no is the facility in their working place that favoured baby friendly.

IV. DISCUSSION OF FINDINGS

Results revealed that levels of awareness and acceptability of breastfeeding concepts is high among the population studied. The results further indicates that majority of mothers appreciates the

benefits of exclusive breast feeding in agreement with Grant *et al* in their finding. It was discovered that majority of the respondents {99%} agreed and strongly agreed that exclusive breast feeding is desirable, feasible , nutritious and helps in child growth and development; similar to the findings of Piyush *etal*. Above half of the respondents {55%} agreed that working hours is a barrier to breastfeeding as previously reported by Kennedy et al. Majority of the respondents {93%} agreed /strongly agreed that flexible working hours is required for the effective practice of exclusive breastfeeding. More than half {52%} suggested extension of maternity leave to six months to be able to practice exclusive breastfeeding. This is in agreement with findings of Rea, Kearney, Picado and Moreno in their respective studies. Some of them {48%} still results in partial breastfeeding with a proof that there is no adequate facilities in their various places of work to enhance the policy and encourage the mothers to practise the policy adequately and effectively.

In conclusion, most of the respondents have adequate knowledge of the benefits of exclusive breastfeeding and desires to practise it. Factors that hinder the practise include limited resources, government policy, workplace flexibility option and lack of baby friendly facilities in place of work to enhance the practise of exclusive breastfeeding.

The following recommendations were made based on the findings.

Health care workers should continue to educate mothers on the advantages of breast milk over artificial or baby formula to the unwilling mothers and show good examples by practising baby friendly.

The Government should make policy for effective practise of baby friendly initiatives like extension of maternity leave, flexible working hours and provision of mothers crèche in the place of work.

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