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An Investigation into the Factors Influencing Exclusive Breastfeeding among the Working Class Mothers in Ede North Local Government Area of Osun State

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ABSTRACT

Exclusive Breastfeeding (EBF) which is defined as giving the infant no other food or drink apart from breast milk for the first six months of an infant's life is a beneficial intervention in saving children's lives. So many factors have been reported in previous studies in other parts of the country to affect EBF practices, however, not many studies conducted in this part of the country have explored these factors that may influence such practices. Hence, this study was conducted to explored factors influencing exclusive breastfeeding among working class mothers in Ede North local government area of Osun State. Using a cross-sectional study, a multistage sampling technique was used to select 200 consenting working class mothers from Ede north local government area of Osun State. A pretested interviewer-administered semi-structured questionnaire was used to collect data on respondent's personal characteristics, practice of EBF and antecedent factors influencing exclusive breastfeeding. A total of six questions were used to assess mothers practice of EBF, respondents with at least a wrong response to any of the questions were considered as those not practicing EBF. Data were analysed using descriptive statistics, Chi-square test and logistic regression with level of significance set at 0.05. Respondents were females with mean age of 39.3±1.4. Most (87.0%) were from the Yoruba tribe and 63.5% are Christians. Tertiary education was the highest level of education attained by 53.5% of them. About 28.0% of them are health workers with working experience > 15 years (15.0%). About 16.0% of them practice EBF. Significantly high proportions of those that are > 40 years (34.4%), Muslims (42.5%), non-formally educated (100.0%), with > 3 male children (50.0%), with > 3 female children (54.4%) and working experience >15 years (100.0) practice EBF. The main significant predictor of EBF was religion (OR= 93, 95% CI= 12.316 – 702.266). Exclusive breastfeeding was common among working class mothers that are Muslim, older, non formally educated with more than three children and work experience greater than fifteen years. Hence, there is a need for implementation of more programmes

on EBF targeting young-educated women and organization of these programmes right in the church or mosque so as to change women view of EBF. Also, there is a need for promotion of exclusive breastfeeding through creating an enabling breastfeeding-friendly working environment for working mothers.

Keywords: Exclusive breastfeeding, Working class mothers

1. Introduction

Exclusive Breast Feeding (EBF) which is defined as giving the infant no other food or drink, not even water, apart from breast milk (including expressed breast milk), with exception of drops or syrups consisting of vitamins, mineral supplements or prescribed medicine; when it is practiced for the first six months of an infant's life, is a beneficial intervention in saving children's lives (WHO, 2004, 2009a). Despite the benefits which results from its practice, EBF rates remain low throughout the world, where globally it is estimated that the rate of exclusive breastfeeding is 35% (WHO, 2001, 2009b; Du Plessis, 2009; Global data bank on breastfeeding, 2014). There is a wide range of variation in the practice of exclusive breastfeeding among developing countries, with the rates documented being: Brazil (58%), Lebanon (10.1%), Jordan (77%) and Tanzania (50%) (Batal *et al*., 2005; Oweis *et al*., 2009; Wenzel *et al*., 2010; Tanzania National Bureau of Statistics and ICF Macro.2011). In Nigeria, about 20% of infants has been reported to have been exclusively breastfed for the first six months (Alemayehu *et al*., 2009).

United Nations International Children Education Fund (UNICEF) and the World Health Organization (1998) recognize the importance of breast-feeding through the age of two and beyond. Research in the united state, Canada, Europe and other developed countries among predominately middle class population provides strong evidence that human milk feeding decreases the incidence and severity of diarrhea, lower respiratory infection, otitis media, baterenia, bacterial meningitis, botulism, urinary tract infection and narcotizing enter colitis and enhanced the cognitive development of the child (UNICEF and WHO, 1998). According to the American Academy of Paediatrics, 1998 which reported that Mother's milk fosters optimal growth and development of a baby's brain, immune system and general physiology and is a vital factor in preventing common illness, especially diarrhea and infection of the respiratory tract (including pneumonia), ear and urinary tract. The act of breastfeeding releases growth hormones, promotes healthy oral development and establishes a trusting relationship between baby and mother (American Academy of Paediatrics, 1998).

Owing to the known nutritional and health benefits to the infant, the World Health Organization recommends that women in resource-poor countries exclusively breastfeed until their babies reach 6 months of age (WHO., 2002). The Baby Friendly Hospital Initiative (BFHI) was introduced in Nigeria in 1992 to help educate and encourage breastfeeding practice among mothers. Some studies in Nigeria have shown that mothers who delivered in a health institution designated as baby friendly are more likely to practice exclusive breastfeeding (EBF) and breastfeed their infants for a longer time (Aidam *et al*., 2005; Ogunlesi *et al*., 2005).

A national survey done in 2008 showed that EBF rates still remains very low (13%) in Nigeria (National Population Commission and ICF Macro, 2009). This is thought to be because of several factors associated with the mothers' and the environments. Several studies have documented the impact of cultural factors, maternal age, marital status, family income/social class, mode of delivery, time of initiation of first breastfeeding and proximity to babies on feeding pattern (Lawoyin and Olawuyi, 2001; Salami *et al*., 2006; Prior *et al*., 2012). Outside maternal factors, studies have also shown that the babies' general behaviour influence what feed they receive (Karacam, 2008).

1.1 Rationale of the Study

So many factors have been reported in previous studies (Lawoyin and Olawuyi, 2001; Salami *et al*., 2006; Prior *et al*., 2012) in other parts of Nigeria to affect EBF practices, however, not many studies conducted in this part of the country have explored

these factors that may lead to such practices. Thus, this study intends to add the knowledge on the observed gap in this area by assessing factors affecting EBF practice among working class mothers in Ede Local government, Osun State. The findings of this study are expected to inform practice and policy decisions in the development of appropriate interventions to promote exclusive breastfeeding hence improvement of child health in Osun State.

The study is meant to highlight the importance of exclusive breastfeeding on child survival by protecting against infection, reducing the chances of developing allergic disorder and encouraging maternal child bonding. The effect of early bowel motion and provision of nutrients necessary for adequate development can be ensured by the study on the effect of breastfeeding on child growth and development. The study would enlighten working class mothers on the effect of exclusive breastfeeding on health of the child who are on partial breastfeeding and make recommendation which will assist the working class nursing mother to enhance exclusive breastfeeding so that their babies can remain healthy.

1.2 Statement of the problem

It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first six months of life, results in 1.4 million deaths and 10% of diseases in under-fives worldwide (WHO, 2009b). These also has long term impact, including poor school performance, reduced productivity, and impaired intellectual and social development. It can also increase the risk of dying due to diarrhea and pneumonia among 0–5 months old infants by more than two fold (WHO, 2001, 2009b). Evidence shows that of the sixty percent of under-five mortality caused by malnutrition (directly or indirectly), more than two-thirds of those are associated with inappropriate breastfeeding practices during infancy (Setegn *et al*., 2012).

Despite some improvements in child mortality rate in Africa, neonatal mortality has largely remained the same or worsened in many countries. In 2003, neonatal mortality accounted for almost 40 per cent of estimated 9.7 million children under-five deaths in Africa and for nearly60 per cent of infant deaths (Onah *et al*., 2014). According to UNICEF in 2006 of the 10 million deaths in under-5 children recorded that year, 4 million die within the first month of life, half of these within the first 24 hours (UNICEF, 2006)

The practice of exclusive breastfeeding is now gaining grand among the working class mothers in our society. But, most of the nursing mothers are still adamant about the practice. A lot of efforts have been geared towards the improvement on this practice by the federal and state government. Despite this, most nursing mothers do not yield to the instruction. It is against this background that this project was designed to investigate those factors that can influence exclusive breastfeeding among the working class mothers in Ede North Local Government of Osun State.

2. Materials and Methods

2.1 Study Area

This study was conducted in Ede North local government area (LGA) of Osun state. The LGA has an area of 111 km^2 and a population of 83, 831 at the 2006 census (Wikipaedia, 2014). It consist of twenty main towns and they are Kajola, Abere, Adejuwon, Elere, Agod, Aba Apena, Ladunjoye, Bara, Odomu, Olode, Yeyin, Arugbo, Olabe, Osorun, Gaa Fulani, Oke Pupa, Oja jimi, Aba Oloyin, Aba Oro and Ede with its headquartersin Oja Timi.

2.2 Research Design

This was cross-sectional study design which employed both quantitative and qualitative methods in data collection. In this type of study design, either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer research questions of interest. It is called cross-sectional because the information which is gathered represents what is going on at only one point in time. The advantage of this study design is that in general it is quick and cheap. Since there is no follow up, less resource are required to conduct

the study. The disadvantage of this study design is has been stated that: since exposure and disease status are measured at the same time it is not possible to determine the direction of the association.

2.3 Study Participants

The population of the study comprises of working class mothers in Ede North local government area of Osun state.

Inclusion Criteria

- All working class mothers in Ede North local government area of Osun state

Exclusion Criteria

- Working class mothers that were sick during the period of the study.
- Working class mothers that did not consent to participate in the study.

2.4 Sampling Procedure.

A multistage sampling technique was use to select the respondents. A town was chosen among the twenty main towns in the Ede North local government using simple random sampling technique. In the selected town, the households were chosen using simple random sampling technique. In each household selected, all working class women were interviewed until the required sample size was attained.

2.4.1 Sample Size

A minimum sample size in the study was determined based on the formula by Leslie kish.

$$n = \frac{Z^2 Pq}{d^2}$$

Where : N=Minimum sample size

Z^2=Standard Normal Deviate set at 1.96

P= 10.2% [proportion of mothers practicing EBF in a rural community in southwest Nigeria, (Alade *et al*., 2013)]

Q= 1-p = 89.8%

d= Level of precision set at 0.05

$$n= \frac{1.96^2 * 0.102 * 0.898}{0.05^2}$$

n=140

This was rounded up to 154, making provision for 10% non response rate

2.5 Research Instruments

The research instrument used for the study was a pretested interviewer-administered semi-structured questionnaire. The questionnaire was divided into the four sections, A and B.. Section A soughted information on the personal characteristics of the respondents while sections B seeked information about respondents' practice of exclusive breastfeeding and antecedent factors influencing exclusive breastfeeding.

2.6 Data Collection Procedure

Ethical approval to conduct the study was obtained from the ethical review committee of the Osun State Ministry of Health before the data was collected. The semi-structured questionnaire was translated to Yoruba language for easy understanding of the mothers, and a research assistant was on stand-by to put them through in case they are confused about the questions. The first draft of the questionnaire was given to the project supervisor for proper arrangement and corrections. The data was then collected in each of the household visited so as to ensure a minimum sample size 154 working class women. The following was ensured during the data collection:

- The data collected from the respondents was used for the purpose of the research. The questionnaires were identified with numbers, and every data collected from the participants was safely locked and protected from a third party.
- The interviews were conducted in a friendly manner that enabled participants to communicate better.
- The research posed no harm to the respondents, as no new procedure was tested and the results obtained was used for the purpose of the study.

The participants were be free to decide whether or not to take part in the study. A voluntary consent form was attached to the questionnaire and participant voluntarily decides to participate after understanding all the procedures involved in the

study. There was no penalty attached to those who did not want to participate in the study

2.7Data analysis and techniques

A total of six questions were used to assess mothers practice of EBF. Respondents with at least a wrong response to any one of the questions were considered as those not practicing exclusive breastfeeding. Data was analysed using Statistical Package for Social Sciences (SPSS) version 23. P value below 0.05 was considered as statistically significant. Descriptive Statistics such as frequencies and percentages was used to explain characteristics of the mothers and their practice of exclusive breastfeeding. Inferential Statistics such as Chi-square test and logistic regression was used to find out the associations between various variables and exclusive breastfeeding practice.

3. Result

3.1 Characteristics of Respondents in Ede Local Government

As shown in table 1, a total of 200 respondents were interviewed. About half (50.5%) of them are from Osogbo town with mean age of 39.3±1.4. All of the respondents were married and 87.0% are from the Yoruba ethnic group. About 63.5% are Christians and tertiary education was the highest level of education attained by 53.5% of the respondents.

3.2 Occupation History of Respondents in Ede Local Government

About 28.0% of the respondents were nurse/health workers followed teachers (47.0%) with 63.5% reporting Osogbo as their primary place of work (Table 2). More than one tenth (15.0%) of them reported they have been working for more than 15 years.

3.3 Level/degree of Practice of Exclusive Breastfeeding among Respondents in Ede Local Government

In table 4.3, less than half (41.5%) of the respondents breastfed for more than 6 months and 58.5% reported breastfeeding for more than once per working day. Most (80.5%) of the respondents reported bringing their baby to work and 85.0% reported breastfeeding their child as often as they demanded. All the respondents said they are accepted EBF and 85.0% of them reported that EBF is better than artificial feeding.Most (84.0%) of them did not practice EBF (Table 4)

3.4Knowledge and Perception about EBF among Respondents in Ede Local Government

Most (85.0%) of the respondents knew EBF help in preventing childhood illnesses and diseases and 53.0% perceived occupation as an important factor influencing EBF followed by lack of support from husband (30.0%) (Table 5).

3.5 Perceived Efforts that are required to Encourage EBF Practice

About [94/200 (47.0%)] of the respondents suggested that increase paternal involvement will help in encouraging EBF practice followed by support from the family and social members [43/200 (21.5%) (Figure 1).

3.6 Associations between Characteristics of Respondents and Practice of EBF among Respondents in Ede Local Government

Among the association between respondents characteristics and EBF practice, age, religion, educational status, number of male and female children and working experience were statistically significant (Table 4.6). Respondents that are > 40 years (100.0%) did not practice EBF compared to those that are ≤ 40 years (65.2%), p= 0,000. Respondents that are Christians (99.2%) did not practice EBF compared to those that do Islam (57.5%), p = 0.000. Those that had formal education (98.8%) did not practice EBF compared to those that had no formal education (0.0%). Those with ≤ 3 males (99.3%) did not practice EBF compared to those with more than 3 males (50.0%), p= 0.000. Those with ≤ 3 females (99.3%) did not practice EBF compared to those with more than 3 females (45.6%), p= 0.000. Those with working experience ≤ 15 years (98.8%) did not practice EBF compared to those with more than 15 years (0.0%), p= 0.000.

Table 1: Characteristics of respondents in Ede local government

Variables	Frequency n=200	Percentage (%)
Town/Village		
Ede	99	49.5
Osogbo	101	50.5
Age in years		
20-40	107	53.5
41-60	93	46.5
Mean±SD	39.3±1.4	
Marital status		
Married	200	100.0
Ethnic group		
Yoruba	174	87.0
Igbo	26	13.0
Religion		
Christians	127	63.5
Islam	73	36.5
Highest education qualification		
No formal education	30	15.0
Primary	5	17.5
Secondary	58	46.5
Tertiary	107	53.5

Table 2: Occupation history of respondents in Ede local government

Variables	Frequency n=200	Percentage (%)
Occupation		
Teacher	47	23.5
Nurse/Health worker	56	28.0
Civil servants	35	17.5
Others	62	31.0
Place of work		
Ede	73	36.5
Osogbo	127	63.5
Working experience in years		
≤5	58	29.0
6-10	73	36.5
11-15	39	19.5
>15	30	15.0

Table 3: Level/degree of practice of Exclusive breastfeeding among respondents in Ede local government

Variables	Respondents with the right responses (n=200)	Percentage (%)
Proportion that breastfed for more than 6 months	83	41.5
Proportion that breastfed more than once during working hours		
Proportion that bring their baby to work for breastfeeding	117	58.5
Proportion that breastfed their child as often as they demand	161	80.5
Proportion that reported they are positive to EBF	170	85.0
Proportion that reported that EBF is better than artificial feeding	200	100.0
	170	85.0

Table 4: Exclusive breastfeeding practice among respondents in Ede local government

Categorized scores	Frequency	Percentage (%)
Practice EBF	32	16.0
Does not practice EBF	168	84.0

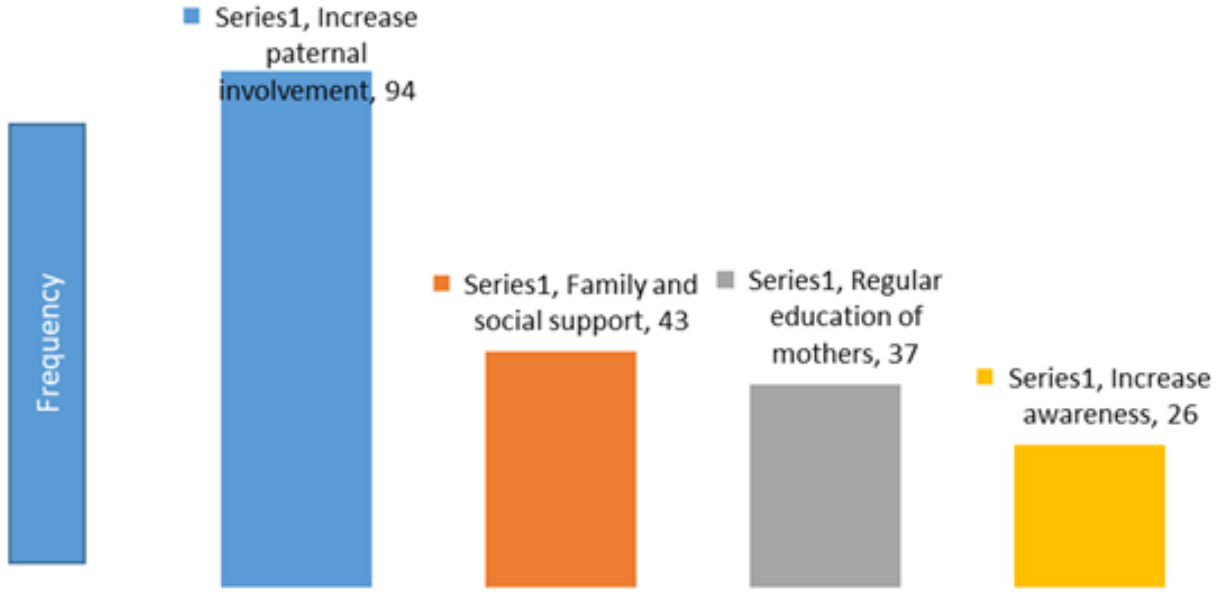

Figure 1: Perceived efforts that are required to encourage EBF practice among respondents in Ede local government

Table 6: Associations between characteristics of respondents and practice of EBF among respondents in Ede local government

Variables	Exclusive breastfeeding		Total	Chi-square	P-value
	Yes	No			
Age in years					
≤40	0 (0.0)	107 (100.0)	107	43.8	0.000
>40	32 (34.4)	61 (65.2)	93		
Ethnic group					
Yoruba	31 (17.8)	143 (82.2)	174	3.2	0.070
Igbo	1 (44.4)	25 (96.2)	26		
Religion					
Christian	1 (0.8)	126 (99.2)	127	59.9	0.000
Islam	31 (42.5)	42 (57.5)	73		
Educational status					
Non-formal	30 (100.0)	0 (0.0)	30	185.3	0.000
Formal	2 (1.2)	168 (98.8)	170		
Number of male children					
≤3	1 (0.7)	137 (99.3)	138	77.3	0.000
>3	31 (50.0)	31 (50.0)	62		
Number of female children					
≤3	1 (0.7)	142 (99.3)	143	87.4	0.000
>3	31 (54.4)	26 (45.6)	26		
Working experience					
≤15 years	2 (1.2)	168 (98.8)	170	185.3	0.000
>15 years	30 (100.0)	0 (0.0)	30		

3.7 Logistic Regression Association between Characteristics of Respondents in Ede Local Government and EBF

The main significant predictor of EBF was religion (Table 4.7). Respondents that practice Islam were more likely to practice EBF compared to those that are Christian (OR= 93, 95% CI= 12.316 – 702.266).

Table 7: Logistic regression association between characteristics of respondents in Ede local government and EBF

Variables	Adjusted odd ratio	95% confidence interval		P-value
		Lower	Upper	
Ethnic group				
Igbo	5.4	0.707	41.520	0.104
Yoruba				
Religion				
Islam	93.0	12.316	702.266	0.000
Christianity				
Number of household wives				
≤3	0.1	0.024	1.414	0.104
>3				
Number of household males				
≤3	1.0	0.000	1.200	1.000
>3				
Number of household females				
≤3	1.1	0.000	1.111	1.000
>3				
Working experience				
≤15 years	1.3	0.000	1.333	0.997
>15 years				

4. Discussion

The findings of this study highlighted the proportion of EBF among working class mothers in Ede north local government area of Osun State and identified factors that are associated with EBF. The result of this study may not be generalized to represents the whole of Nigeria because of the limited coverage. The study has shown that EBF is more influenced by mother's age, religion, educational status, number of males and females children and working experience.

4.1 Socio-demographic Characteristics of Respondents in Ede North Local Government

The age of respondents documented in our study was at variance with earlier studies. Omotola *et al*. (2005) in their study among mothers in Epe local government area of Lagos State Nigeria reported that most of their respondents were adolescents whereas in our study more than half of the respondents belong to the 20 - 40 years age group. This shows that age at becoming a mother is increasing in Nigeria. This could be attributed to more women attending schools thereby delaying marriage and child bearing. Most of the respondents were of Yoruba origin and this could be explained because the study area is an indigenous part of Osun State. The religious affiliation of the respondents documented by our study was different from what had ben earlier documented by Titiloye and Brieger (2009) that a high proportion of the respondents in their study were Muslims.

A high proportion of respondents in our studied perceived occupation and lack of support from husband could hinder exclusive breastfeeding of their child. Other studies have also evaluated the relationship between attitudes towards breastfeeding and breastfeeding intention and reported that partner or friend/family support is important (Persad and Mensinger, 2008) as is confidence or prior experience (Kloeblen-Tarver et al., 2002) and fear of pain (Hurley et al., 2008) in deciding not to breastfeed.

4.2 Prevalence of EBF and Factors influencing it

In our study, the rate of EBF was found to be 16%. This shows that exclusive breastfeeding was not given priority by the mothers, which is higher than

the 13% documented by the 2008 NDHS survey in Nigeria (National Population Commission (NPC) Nigeria and ICF Macro, 2009) and relatively similar compared to those reported in other studies in Africa such as Tanzania (13.3%) and Kenya (16%) and lower compared to that in Ethiopia (30.6%) and Uganda (40%) respectively (Ochuma and Waudo, 2005; Matovu *et al*., 2008; Maru and Haidaru, 2009; Young *et al*., 2010). This observed difference may be due to the strengthened preventing mother-to-child transmission (PMTCT) services. The national PMTCT guideline states that women should be counseled about different possible infant feeding options. Mothers are therefore left to choose which option is suitable for them. The choice is often influenced by fear, familial, medical, cultural attitudes, norms and economic capabilities (Ochuma and Waudo, 2005; Ministry of Health and Social Welfare the United Republic of Tanzania, 2011).

4.3 EBF and Respondent's Education in Ede North Local Government

Exclusive breastfeeding is compromised even when water is given to a child (Lilian *et al*., 2006). This may be connected to the fact that in general, women of child-bearing age may not be adequately informed. The fact that educational attainment may not be a determinant of this practice does not preclude the fact that education still remains the most viable means of reaching everybody on the benefits of breastfeeding. A significantly high proportion of respondents that had no formal education practice EBF compared to those with formal education in our study. This implies that higher level of education of parents doesn't determine their practice of EBF. Similar report had been made by previous authors, which indicated a declining trend of exclusive breastfeeding practice with the higher maternal education status (Oweis *et al*., 2009; Wenzel *et al*., 2010). However, other authors (Yngve *et al*., 2001; Wojcicki *et al*., 2010) reported that non educated women are less likely to breastfeed their children. Setegn *et al*. (2010) reported in their study that maternal educational status and exclusive breastfeeding did not show any significant association

4.4 EBF and Respondents Working Experience in Ede North Local Government

In our study, a high proportion of respondents with working experience > 15 years significant practice EBF compared to those with ≤15years. This might be attributed to the fact that mothers with more working experience might have adjusted to the working system or environment compared to those lower working experience. Previous author (Khassawneh *et al*., 2006) has reported that mothers' working status (where mothers rarely care for their babies in the first 2 days post-operatively) influence EBF practice. Hospitals and work places without facilities for breastfeeding can be detrimental for breastfeeding. Cohen and Mrtek showed that women employed by businesses that are "breastfeeding friendly" were able to maintain a breastfeeding regimen for at least six months at rates comparable to the rate of women who are not employed outside home (Cohen and Metek, 1994).

4.5 EBF and Age of Respondents in Ede North Local Government

Della *et al* report that duration of exclusive breastfeeding increases as the age of the mother increases thus women with older age are more experienced and can practice exclusive breastfeeding compared to the ones with younger age (Della et al., 2006). Our study was similar to that of Della *et al.* (2006) earlier stated and Hornell *et al*, also reported the same findings in Sweden that younger women are less likely to breastfeed compared to older mothers. Oniyangi*et al*. (2014) reported that underage mothers seldom have less time to utilize exclusive breastfeeding unlike matured mothers who appreciates the cordiality that exists between mother and infants as a result of exclusive breastfeeding practices. This was supported by Spitz, (2005) who confirmed that babies need intimate involvement with other human beings for their immediate survival as well as for their long term emotional health. It is generally believed that the first twelve hours after birth is probably the critical period in which bonding lakes place in humans. However, different report had been made by previous authors in Nigeria where younger mothers had been found to practice EBF than the older ones (Hornell *et al*., 2001; Adejuyigbe *et al*., 2008).

4.6 EBF and Religion of Respondents in Ede North Local Government

In our study, religion had an influence on EBF and also served as the only predictor of EBF among the respondents. Respondents that are Muslims were more likely to practice EBF compared to those that are Christian, Similar report had been made by previous authors (Esan, 1999; Oniyangi *et al*., 2014) who confirmed that religious women don't usually have enough time to breastfeed their infant, although the religion is not against exclusive breastfeeding.

4.7 EBF and Number of Children Had By the Respondents in Ede North Local Government

Numbers of males and female children had by the respondents has been found in our study to influence EBF, and a significant higher proportion of mothers with > 3 males and females children practice EBF more than those with ≤ 3 males and females children. This might be attributed to the assumption that mothers with > 3 children had more experience of breastfeeding than mothers with ≤ 3 children. Previous author had reported different findings that those mothers with less than two children were more likely to practice EBF compared to those with more than two children which in turn might influence the weight of the baby and immune status of the child (Radhakrishnan and Balamuruga, 2002).

5. Conclusion

This study highlights the factors that contributed to adherence to EBF among working class mothers in Ede north local area of Osun State using a cross-sectional study design. All the participants responded and the main factors that was found to influence EBF practice were age, religion, education, work experience and number of male and females children the respondents have given birth to.

Non adherence to EBF was found among women that are Christians, young, formally educated, with work experience less than 15 years and less number of children. The main predictor of EBF practice was religion of the respondents as those that are Muslims are more likely to practice EBF compared to those that are Christians.

6. Recommendations

In this study it was found that mothers that are young and formally educated did not practice EBF compared to those that are older and non formally educated, creating the need for implementation of more programmes on EBF targeting young women, advocating its importance to the child and ensuring that this women especially the educated ones practice what they might have learn from this programmes.

This study assessed factors that influence exclusive breastfeeding from the working class mother's perspectives due to limited time; therefore further research is needed to assess health workers perspectives to identify related factors in order to inform policy and foster promotion of exclusive breastfeeding.

Breastfeeding should be linked to public health education for the whole community. In an American survey, Li *et al*. (2004) showed that the overall population approved breastfeeding in public places and that establishing work place breastfeeding policy and lactation rooms were the most acceptable modes for promoting breastfeeding. Consideration should be given to providing privacy to nursing mothers in both working and public places. Promotion of exclusive breastfeeding through creating an enabling, breastfeeding-friendly working environment for working mothers is recommended. In addition, advocacy efforts targeting the extension of maternity leave up to the first six months after delivery should be exerted to prevent sub-optimal exclusive breastfeeding and associated health problems among children.Nursing mothers should be allowed to carry their babies to work.

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