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Challenges And Prospects Of Exclusive Breastfeeding Among Working Class Lactating Mothers In Oshimilli South Local Government Area Of Delta State, Nigeria

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Abstract: ***This study focused on challenges and prospects of exclusive breastfeeding among working class lactating mothers in Oshimilli South Local Government Area of Delta State. Three research questions guided the study and two hypotheses were tested. The descriptive survey design was adopted for the study. The population of the study is 1,483 working class lactating mothers in Oshimilli South local government area of Delta state. A sample of 200 respondents was involved in the study. The instrument for data collection is a closed-ended questionnaire. The reliability of the instruments was established using Cronbach's Alpha with reliability coefficient of 0.82. Data were collected by administering the instruments to working class nursing mothers during postnatal appointments and immunization. The data obtained was analyzed using mean, standard deviation, item by item analysis, t-test and analysis of variance. The results showed that health related challenges of exclusive breastfeeding faced by working class lactating mothers include among others that breast are sometime full and heavy and experience of a tender spot in a small area of the breast which is swollen. Also, work related challenges of exclusive breastfeeding faced by working class lactating mothers include the shame of breastfeeding in public and lack of good feeding by babies when the mother is out to work making the breast heavy, lack of support from employers. The study recommended that the government should put up policy that allow lactating mothers' extension of maternity leave until they wean they children as a way to encourage exclusive breastfeeding.***

Keywords: exclusive breastfeeding, working class, lactation, colostrum, tender breast

I. INTRODUCTION

The proper growth and development, and the survival of infants depend largely on the right proportion of nutrients given to the child. Breast milk is rich in nutrients and anti-bodies. It also contains the right quantities of fat, sugar, water and protein. These nutrients are major pre-requisites to the health and survival of the baby. When a child is exclusively breast fed, their immune system is strengthened, enabling it to withstand and overcome life-threatening illnesses like pneumonia and diarrhea amongst other infections (Dattner, 2010).

Exclusive breastfeeding (EBF) according to Nkala and Msuya, (2011) can be defined as a practice whereby the infants receive only breast milk without mixing it with water, other liquids, tea, herbal preparations or food in the first six months of life, with the exception of vitamins, mineral supplements or medicines. According to WHO (2007, 2008), an infant said to be exclusively breastfed is the infant that has received only breast milk from the mother or a wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. These definitions notwithstanding, the exact definition of what exclusive breastfeeding has remained fuzzy among researchers. There is the argument that since most mineral supplement or medicine given to infants orally are mixed with water, breastfeeding is no longer exclusive. This argument and other argument forthwith have led to various patterns of breastfeeding being inclusively defined in research for the sake of clarity.

Breast feeding pattern otherwise may include predominant or almost exclusive breastfeeding, full breast

feeding, and complementary feeding (WHO, 2009). In predominant breastfeeding, the infant's predominant source of nourishment would be breast milk. However, the infant may also have received water and water-based drinks (sweetened and flavoured water, teas, infusions), fruit juice, oral rehydration salts solution, drop and syrup forms of vitamins, minerals, and medicines, and ritual fluids occasionally (in limited quantities). With the exception of fruit juice and sugar-water, no food-based fluid is allowed under this definition. Full breast feeding constitutes exclusive breastfeeding and predominant breastfeeding together. Complementary feeding involves the child receiving both breast milk and solid (or semisolid) food (WHO, 2012). Exclusive breastfeeding in this paper is however understood to mean the act of feeding the infant through the breast (not bottle or other means) for at least six months except for drugs or mineral supplements.

The WHO estimates that around 220, 000 children could be saved every year with exclusive breastfeeding (WHO, 2012). WHO recommends that colostrum, the yellowish sticky milk that is produced at the end of pregnancy as the ideal food for newborns; to be given within the first hour of birth, a process referred to as early initiation (WHO, 2007). Infants breast fed within the first hour of birth according to WHO are three times more likely to survive than those who have their first breast milk after a day. Exclusive breastfeeding is recommended with appropriate complementary food until the child celebrates second year birthday without water, food or drink. The importance of exclusive breastfeeding notwithstanding, lactating mothers do not often adopt exclusive breastfeeding.

Most working class breastfeeding mother breast fed their new born for only three month and introduce for the child other means of nutrition while complementing it with breast milk (UNICEF, 2012). Quite a good number of those who attempt exclusive breastfeed do not always breast feed the child up to six months. There are still others who give the child water in their own terms of exclusive breast feeding. Worst still, some lactating mothers do not exclusive breastfeed the child even from the point of birth. In a day or two, the child is given water and other supplements (Ku & Chow, 2010). Moreover, studies have shown that many mothers find it difficult to meet personal goals and to adhere to the expert recommendations for continued and exclusive breastfeeding despite increased rate of initiation (Whalen & Cramton, 2010).

A number of factors have been implicated as contributors to the challenges and poor attitude to exclusive breastfeeding among working class lactating mothers. Some of the major factors that affect exclusivity and duration of breastfeeding include breast problems such as sore nipples or mother's perceptions of producing inadequate milk and societal barriers such as employment, length of maternity leave (Thurman & Allen, 2008), inadequate breastfeeding knowledge (Cherop, Keverange-Ettyan & Mbagaya, 2009), lack of familial and societal support and lack of guidance and encouragement from health care professionals (Ku & Chow, 2010; Thurman & Allen, 2008).

Another factor that leads to early cessation of breastfeeding is the advertisement of infant formulas which encourages mothers to opt for the use of pacifiers and bottle feeding (Hanif, 2011). Additionally, many working class mothers opt for breast milk substitutes because they need to resume work while others claim that they produce insufficient milk (Sloan, Sneddon, Stewart & Iwaniec, 2006). To date, there are various types of infant formulas available in the market, and which are designed to meet the nutritional needs of infants with a variety of dietary needs (United States Department of Agriculture, 2011). However, there are some problems associated with infant formulas such as the nutritional content either does not meet or exceeds the infant's needs. For instance, it was reported that some infants who were fed on formula milk have had occasional water soluble vitamins deficiencies (Nkala & Musuya, 2011). Another problem associated with bottle feeding involves high risk of exposing the child to pathogens owing to unhygienic practices during handling and preparation of infant formula (Habif, 2011).

Another major problem to exclusive breastfeeding is the poor knowledge and attitude of nursing mothers towards exclusivity in breastfeeding especially in the case of Nigeria. According to Zainab and Folake (2015) in Nigeria, there has been a decrease in compliance with the WHO/UNICEF recommendations for exclusively breastfeeding (EBF) and the rate of EBF in the country has been fluctuating. The proportion of children under the age of six months that are exclusively breastfed decreased from 17% in 2003 to 13% in 2008 (National Population Commission (NPC) & ICF Macro, 2008) and from 13% in 2010 (United Nations Children's Emergency Fund (UNICEF), 2012) and then rose back to 17 percent in 2012 (National Population Commission, 2013); these low rates place infants at increased risk of mortality and morbidity. Despite an abundance of reasons to breastfeed (Zainab & Folake, 2015) noted that a large number of women still choose to only partially breastfeed, or to breastfeed for a short duration. Work, lacks of knowledge, personal beliefs and attitudes have been implicated to influence mothers' decision (Brodribb, Fallon, Hegney, O'Brien, 2007; McCann, Baydar & Williams, 2007).

Globally, less than 40% of infants less than six months of age are exclusively breastfed, despite the documented benefits of breastfeeding (WHO, 2012). In addition, only 38% of infants aged less than six months in the developing world, Africa included, are exclusively breastfed. In many African societies, exclusive breastfeeding is influenced by various socio-economic, cultural and biological factors. There is a wide range of variation in the practice of exclusive breastfeeding among developing countries, with the rates documented being: Brazil (58%), Bangalore (40%), Iran (Zahedan) (69%), Iran (28%) Beruwala (Kalutara) (15.5%), Lebanon (10.1%), Nigeria (20%), Bangladesh (34.5%), Jordan (77%). Previous studies indicated a significant difference among employed and unemployed mothers with regard to exclusive breastfeeding and also revealed that employment of the mothers is a predictor of exclusive breastfeeding (Ethiopia Demographic and Health Survey (EDHS), (2006), Roudbari, & Fazaeli, (2009) Chudasama, Amin, Parikh, 2009).

The situation is a little different some neighbouring countries to Nigeria such as Ghana. In Ghana, an estimated 84% of infant younger than 2 months are being exclusively breastfed. By age 4 to 5 months, however, only 49% continue to receive exclusive breastfeeding (Ghana Statistical Service

& ICF Macro, 2009). These situations among other had won the interest of researchers and there has been an increasing need to examine exclusive breastfeeding as a must for the healthy upbringing of infants. In resource limited settings where poor and suboptimal breastfeeding practices frequently result to child malnutrition which is a major cause of more than half of all child deaths (Sloan, Sneddon, Stewart & Iwaniec, 2006), exclusive breastfeeding is regarded as imperative for infants' survival. Indeed, of the 6.9 million under five children who were reported dead globally in 2011, an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breastfeeding (WHO, 2012). Consequently, the WHO and UNICEF (2012) have recommended exclusive breastfeeding for six months, followed by introduction of complementary foods and continued breastfeeding for 24 months or more despite the challenges.

The challenges of exclusive breastfeeding are quite notable among working class lactating mothers. Work conditions, distance of home from work place, work stress and nature of work force the lactating mother to look for other alternatives to exclusive breastfeeding. In most cases working class mothers complain of exhaustion, tiredness and stress resulting from breast feeding the child exclusively. Also, exclusive breastfeeding mothers of working class complain of the urge to eat as though the child completely consume the nutrient they absorb from the food. This comes with the challenge of eating more which working may not permit. The researcher is therefore poised to examine not only, the challenges of exclusive breastfeeding but also the prospects for working class mothers.

The possibility of the future success of exclusive breastfeeding among working class mothers is not out of reach. Working class mothers are the best position to state what situations could improve their ability to exclusively breastfeed their infants. It is against this background that this study seeks to investigate the challenges and prospects of exclusive breastfeeding among working class lactating mothers.

PURPOSE OF THE STUDY

The purpose of the study is to examine the challenges and prospects of exclusive breastfeeding among working class lactating mothers in Oshimilli South local government area of Delta state: challenges and prospects. Specifically, the study seeks to identify:

- ✓ The health related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State.
- ✓ The work related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State.
- ✓ Factors that can increase the possibility of future success (prospects) of exclusive breastfeeding among working class lactating mothers in Oshimilli South L.G.A. Delta State.
- ✓ Difference between the views of working class lactating mothers on work related challenges of EBF in Oshimilli South L.G.A. Delta State based on their age.
- ✓ Difference between the views of working class lactating mothers on the possibility of future success in EBF in Oshimilli South L.G.A. Delta State based on the type of work.

RESEARCH QUESTIONS

- ✓ What are health related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State?
- ✓ What are the work related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State?
- ✓ What factors can increase the possibility of future success (prospects) of exclusive breastfeeding among working class lactating mothers in Oshimilli South L.G.A. Delta State?

HYPOTHESES

- ✓ There is no significant difference between the mean perceptions scores of working class lactating mothers on work related challenges of EBF in Oshimilli South L.G.A. Delta State based on their age.
- ✓ There is no significant difference between the perceptions of working class lactating mothers on the possibility of future success in EBF in Oshimilli South L.G.A. Delta State based on type of work.

II. METHOD

The design of the study is descriptive survey. The population of the study is 1,483 lactating mothers registered in public health care centres in Oshimilli South Local Government Area of Delta state (Source: Planning, Research and Statistics Department, Ministry of Health, Asaba, 2018). The area comprises mainly of civil servants and small business owners. The area is also a host to many health care centres including the Federal Medical Centre Asaba, Oshimilli South primary health care centre, general hospital Okwe, and lots of clinic and maternity homes both public and private. The researcher therefore, chose the area since the many of the working class lactating mothers are registered to the numerous health care centres situated in the area and could be easily reached and involved in the study. The sample for this study is 200 working class nursing mothers. The sampling was multi-stage. First, strata of working class lactating mothers and non-working class nursing mothers was formulated from list of lactating mothers obtained from:

- Federal Medical Centre
- Asaba, General Hospital Okwe
- Umuagu Primary Health Care Centre
- Asaba, Caify nursing and maternity home
- Asaba, Rina nursing and maternity home
- Asaba, Supreme God nursing and maternity home
- Asaba, Maco maternity home
- St. Angel nursing and maternity home, Asaba, Oshimilli South local government area.

Working class lactating mothers who have a child of 0 to 2 years old, who may still be visiting hospitals/clinic, health care centres and maternity homes for post-natal care services and for various types of immunizations for their babies in Oshimili South local government area, Delta State was accidentally sampled in the study. The choice of accidental sampling is because only those available during post-natal services can be easily reached and therefore, those met in the hospital during the services would be easily involved in the study.

The instrument for data collection is a closed-ended questionnaire developed by the researcher from challenges and prospects of exclusive breastfeeding as contained in literature. It was developed based on the research questions. The instrument comprised two sections. Section A was used to collect information on personal data of the respondents. Section B was divided into three sub-sections which will generate data for analyzing the three research questions. The items in these sub-sections were structured and scaled on a four-point scale with the following response categories: SD – Strongly Agreed, A – Agreed, D – Disagreed, SD – Strongly Disagreed. The instrument has also an introductory note on the purpose of the research and that would direct the respondent on how to give their responses in the absence of any directives from the research assistants or the researcher.

The initial draft of the instrument, the objectives of the study, the research questions and hypotheses were given to three experts: staff from Human Kinetics/Health Education Department, Nnamdi Azikiwe University, Awka and one staff from Post-natal Department of Primary Health care centre, Umuagu in Asaba and one staff from Federal Medical Centre Asaba, Delta State for validation. All the corrections, suggestion and recommendation were effected in the final copy of the instrument. The reliability of the instrument was established using Cronbach Alpha. The choice of Cronbach Alpha is because it is the most suitable reliability estimate of internal consistency of instruments with multiple rating or weighted responses (polytomously scored). The instrument was therefore, administered once to ten working class lactating mothers at the Central hospital in Agbor which is not part of the area of the study. The data collected were collated and analyzed using Cronbach Alpha. The analysis of the obtained data yielded a coefficient of internal consistency of 0.82.

The researcher, with the help of three research assistants who were nurses working under the postnatal care and record keeping departments of the sampled health care centres administered 215 copies of the validated questionnaires to the respondents. The instruments were administered mostly on the day of postnatal services and immunization and collected on the sport to ensure high return. E-mail addresses of working class nursing mothers (those who indicated e-mail addresses in their files) were also obtained from the record departments and copies of the questionnaire were sent to them. At the end of the questionnaire administration, only completely filled questionnaire were included in the study. Therefore, to reduce sample mortality, the researcher administered an excess of fifteen more questionnaire during data collection. A total of 201 copies were returned with 200 copies completely filled. The completely filled 200 copies were used for data analysis. The data generated from the questionnaire were analyzed using item by item analysis, item mean and standard deviation. The cut-off mean was 2.5. Any item with mean equal to or above the cut off mean was considered accepted. Items with mean below the cut-off mean was rejected. The decision rule for the hypothesis is that whenever the P-value is less than 0.05, we reject the null hypothesis, otherwise, the null hypotheses was accepted.

III. RESULTS

RESEARCH QUESTION 1: What are health related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State?

S/N	Item Statement	$\bar{X}$	SD	Remark
1	Sometimes mothers feel lump in breast which cause milk to build up	2.12	1.71	Not accepted
2	Breast are sometime full and heavy	3.06	0.23	Accepted
3	During breastfeeding you experience a tender spot in a small area of the breast which is swollen, red and hot	2.71	1.62	Accepted
4	Insufficient breast milk	2.55	1.01	Accepted
5	Breast leakage of milk	2.66	1.05	Accepted
6	Your breast are sometimes hard	3.42	0.94	Accepted
7	You experience sore or cracked ripples	1.33	1.93	Not accepted
8	Sometimes your breast are reddish and painful	3.53	0.33	Accepted

Table 1: Health related Challenges of Exclusive Breastfeeding faced by Working Class Lactating Mothers

Table 1 shows that items 2, 3, 4, 5, 6, 8 with respective mean scores of 3.06, 2.71, 2.55, 2.66, 3.42, 3.53 which are above the cut off mean. Thus, health related challenges of exclusive breastfeeding faced by working class lactating mothers: breast are sometime full and heavy, experience of a tender spot in a small area of the breast which is swollen, red and hot, insufficient breast milk, hard breast, reddish and painful breast.

RESEARCH QUESTION 2: What are the work related challenges of exclusive breastfeeding faced by working class lactating mothers in Oshimilli South L.G.A. Delta State?

S/N	Item Statement	$\bar{X}$	SD	Remark
1	It is shameful to breastfeed baby in public and during work	2.77	0.75	Accepted
2	Babies placed on EBF are never fed well when they mother are out to work making the breast heavy	3.12	0.19	Accepted
3	Lack of support from employers	4.00	1.04	Accepted
4	The director or managers of worker place do not accept any excuse for not delivering	2.11	0.55	Not Accepted

	at work			
5	EBF reduces attention to work demand	2.81	0.74	Accepted
6	Work time may affect availability breastfeed the baby	3.16	0.12	Accepted
7	The babies are left to cry for a long time when at work since they cannot be fed with any other food	2.90	0.72	Accepted
8	Mothers feel EBF could hinder them from having time for their work/business	1.09	0.66	Not Accepted

Table 2: Work related Challenges of Exclusive Breastfeeding faced by Working Class Lactating Mothers

Table 2 shows that items 1, 2, 3, 5, 6, 7, and 8 with respective mean scores 2.77, 3.12, 4.00, 2.81, 3.16, and 2.90, have means that are above the cut of mean. Thus, the work related challenges of exclusive breastfeeding faced by working class lactating mothers are: the shame of breastfeeding in public, lack of good feeding by babies when the mother is out to work making the breast heavy, lack of support from employers, reduction of attention to work demand, work time affect availability to breastfeed the baby, babies cry for a long time before being fed.

RESEARCH QUESTION 3: What factors can increase the possibility of future success (prospects) of exclusive breastfeeding among working class lactating mothers in Oshimilli South L.G.A. Delta State?

S/N	Item Statement	$\bar{X}$	SD	Remark
1	Enlightenment programmes on exclusive breastfeeding	3.31	.46	Accepted
2	Lectures on benefits of EBF for both mother and child	3.38	.55	Accepted
3	Health policy stipulating EBF for lactating mothers and support from employers	1.80	.98	Rejected
4	Providing facilities to take care of health related problems of exclusive breastfeeding	3.02	.92	Accepted
5	Incentives like nursing mother's bra	3.19	.94	Accepted
6	Provision of breast milk enhancing food	3.43	.50	Accepted
7	Knowledge of correct breast feeding pattern and positions	3.51	.50	Accepted
8	Education to remove misconception associated with EBF	3.32	.47	Accepted
9	Ensuring good health condition for lactating mothers through health care programmes	3.54	.50	Accepted

Table 3: Factors can increase the Possibility of Future Success (Prospects) of Exclusive Breastfeeding among working Class Lactating Mothers

Table 3 shows that all the items have means that are above the cut of mean except item 3 with mean below 2.50. Thus, factors can increase the possibility of future success (prospects) of exclusive breastfeeding among working class lactating mothers are: enlightenment programmes on exclusive breastfeeding, lectures on benefits of EBF for both mother and child, provision of facilities to take care of health related problems of exclusive breastfeeding, incentives like nursing mother's bra, provision of breast milk enhancing food, knowledge of correct breast feeding pattern and positions, education to remove misconception associated with EBF and ensuring good health condition for lactating mothers through health care programmes.

HYPOTHESIS 1: There is no significant difference between the mean perceptions scores of working class lactating mothers on work related challenges of EBF in Oshimilli South L.G.A. Delta State based on their age.

Age	N	$\bar{x}$	SD	Df	t-cal.	t-crit.	Decision
Below 30	154	89.17	6.57	118	3.03	1.960	Significant
Above 30	46	85.18	5.448				

Table 4: T-test for testing difference between the Mean Perceptions Scores of Working Class Lactating Mothers on work related challenges of EBF based on their Age

Table 4 shows that the t-calculated value of 3.03 is greater than the t-critical value of 1.960 at 718 degree of freedom and 0.05 level of significance. Therefore, the null hypothesis was rejected. Thus, there is significant difference between the mean perceptions scores of working class lactating mothers on work related challenges of EBF in Oshimilli South L.G.A. Delta State based on their age.

HYPOTHESIS 2: There is no significant difference between the perceptions of working class lactating mothers on the possibility of future success in EBF in Oshimilli South L.G.A. Delta State based on type of work.

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	750.131	3	187.533	4.580	.071
Within Groups	29275.534	197	40.945		
Total	30025.665	200			

Table 5: ANOVA for testing difference between the Perceptions of Working Class Lactating Mothers on the possibility of future success in EBF based on Type of Work

Table 5 shows that at 3 degree of freedom numerator and 197 degree of freedom denominator, the F-value of 4.580 was not significant at 0.05 level of significance (P>0.05). Therefore, reject the null hypothesis. Thus, there is no significant difference between the perceptions of working class lactating mothers on the possibility of future success in EBF in Oshimilli South L.G.A. Delta State based on type of work.

IV. DISCUSSION

The results of the study revealed that the health related challenges of exclusive breastfeeding faced by working class lactating mothers: breast are sometimes full and heavy, experience of a tender spot in a small area of the breast which

is swollen, red and hot, insufficient breast milk, hard breast, reddish and painful breast. The practice of exclusive breastfeeding sometimes results in heavy breast and heavy milk when the lactating mother does not feed the child for some hours especially during work. Sometimes, within two days after giving birth, the mother's breast might engorge with milk. More commonly, engorgement of breasts happens after the breast begins to produce milk. This usually occurs three to four days after childbirth. This resultant heavy breast, may become quite discomforting and may dissuade lactating mothers from wanting to adopt exclusive breastfeeding. More so, when for certain work demands, lactating mothers are taken away from the child who are yet to wean, there breast may become swollen and reddish. Engorgement is the condition in which the milk glands are not completely emptied and symptoms include very tender and very swollen breast, a more localized tender and firm area in the breast called milk stats, fever and increases in white blood cells. The combination of these factors may make the lactating mothers to reject the adoption of exclusive breastfeeding.

The observed result of insufficient milk could result when the child suckle continuous for days. The lactating mother may therefore need to feed on breast milk enhancing formulas. Some may take locally made food and supplements such as local palp, nuts or tea are taken to produce more breast milk. The stress of adapting to these breast milk enhancing foods and supplement may distort the lactating mothers' work life. The result is often one of the reason for which lactating mothers of working class may not practice exclusive breastfeeding. Another factor which the study showed as influencing lactating mothers' choice of exclusive breastfeeding is breast leakage of milk. The breast milk leakages often require that lactating mothers wear milk driers. This may discomfort the lactating mother who when the driers slip away may get wet with breast milk which may produce smells that may disrupt work activities. The problem is made worse by the nature of the lactating mothers' work. Certain work line done not easily allows frequent or continuous easing of self.

Certain cultural practices may move working class lactating mothers to either accept or reject the practice of EBF. For instance, Zainab and Folake (2015) noted that some communities in Nigeria believe that colostrums is stale milk and therefore should not be given to the infant. In some cultures, the mothers do believe that if breast milk is expressed to the ground, the baby will die and also that breast-feeding can make a woman to be sick. There is the belief that breast-milk becomes hot when the mother stayed outside the house for a long time and that if given to the baby without cooling it, the baby becomes ill and dies. In some culture, it is believed that the child who drinks enough of the mother's breast milk may grow to become wise and intelligent. Thus, no matter the engagement, lactating mothers who imbibe these cultural ideologies may practice exclusive breastfeeding. However, certain culture require the new born to be introduced to some local foods and supplements as they grow in order to make them strong and well adapted to the environment.

Another factor revealed by the study to influence working class lactating mothers' choice of practicing EBF is the support from family and fellow workers. In most Nigerian communities, the lactating mothers receive support from their mothers who visits them to help them in the cultural practice of "omugwo". The cultural practice enables lactating mothers of working class to receive some help to enable them carry out work functions with ease. This help is boosted when the working class lactating mother receive the needed support from fellow workers or management. The findings of the study also supports the findings of Eva (2001) who reported that breast engorgement is a common problem for breastfeeding mothers, especially those who are breastfeeding for the first time. The findings of the study is also in line with that of Alikasi (2001) and Fawole (2003) that advertisement for artificial feeds appear in most outpatient, poly clinics and chemist shops throughout the Middle East (tropics and subtropics) and other regions resulting is rejection of exclusive breastfeeding. The finding of the study is however in contrast to those of Udoudo, and Ajayi (2015) who reported that factors that influence exclusive breastfeeding are: level of knowledge, mother's attitude towards exclusive breastfeeding, mothers and level of education among others.

Fagbule and Adedoyin (2003) observed that nipple soreness are common to many lactating mothers, especially mother lactating for the first time. They opined that nipple soreness is usually worse three days after delivery and it gradually gets better as the nipples get used to sucking. To them, the common causes of nipple soreness are: not positioning the baby properly at the breast and not taking care of the nipples. A small extent of nipple tenderness at the beginning of breastfeeding is normal but breastfeeding should not hurt. Fagbule and Adedoyin (2002), explained that it Is not normal to have cracked, bruised, bleeding or blistered nipples, but if has sore nipples she is more likely to postpone breastfeeding because of the pains and this they stated can lead to the breast becoming overly full or engorged which can then lead to plugged milk ducts in the breast. The findings of the study is in line with that of Eileen (2003) that the problems associated with breastfeeding to include: flat nipples, inverted nipples, breastfeeding engorgement, sore nipples and insufficient milk supply.

The finding of the study showed that the work related challenges of exclusive breastfeeding faced by working class lactating mothers are: the shame of breastfeeding in public, lack of good feeding by babies when the mother is out to work making the breast heavy, lack of support from employers, reduction of attention to work demand, work time affect availability to breastfeed the baby, babies cry for a long time before being fed. The fear of engorged painful beast which occur when the breast milk is not emptied may challenge the working class lactating mother's decision to practice EBF or not. This is because working with pains in their breast may affect certain work postures and activities which may discomfort the lactating mother and reduce has attention to work demands. Also, when employer are pissed with lactating mother's babies crying when not given attention or breastfeeding when their attention is needed, lactating mothers may be feel very uncomfortable. This kind of work related challenge to EBF is what makes babies cry for a long time before being fed. However, strategies should be put in place to reduce these challenges. The study revealed that factors can increase the possibility of future success (prospects) of

exclusive breastfeeding among working class lactating mothers are: enlightenment programmes on exclusive breastfeeding, lectures on benefits of EBF for both mother and child, provision of facilities to take care of health related problems of exclusive breastfeeding, incentives like nursing mother's bra, provision of breast milk enhancing food, knowledge of correct breast feeding pattern and positions, education to remove misconception associated with EBF and ensuring good health condition for lactating mothers through health care programmes. Giving incentive generally has been known to motivate people. So the idea to give incentives such as lactating mother's bra to lactating mothers may motivate them to practice EBF. Education is the key to success. Programmes that enlighten nursing mothers on the benefits of EBF both for themselves and their babies could also help them to appreciate the benefits of exclusive breastfeeding.

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