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PRACTICE OF EXCLUSIVE BREASTFEEDING AND WORK -LIFE BALANCE STRATEGIES AMONG CAREER MOTHERS IN OREDO LOCAL GOVERNMENT AREA EDO STATE

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ABSTRACT

Exclusive breastfeeding (EBF) is recognized as a vital practice for promoting optimal infant health, growth, and survival. The World Health Organization recommends that infants be exclusively breastfed for the first six months of life; however, adherence to this recommendation remains low, particularly among working mothers. This study investigated the barriers to exclusive breastfeeding and the work–life balance strategies employed by career mothers in Oredo Local Government Area of Edo State, Nigeria. A descriptive survey research design was adopted for the study. The population consisted of 665 career mothers working in Oredo Local Government Area, from which a sample of 271 respondents was selected using a stratified convenience sampling technique from the Oredo Local Government Council Secretariat and the Edo State Secretariat (Palm House). Data were collected using a self-structured questionnaire comprising five sections: socio-demographic characteristics, knowledge, practices, barriers, and work–life balance strategies. The instrument was validated by experts and reliability was established through a pilot test with Cronbach's alpha coefficients of 0.70 and above. A total of 269 properly completed questionnaires were analyzed using descriptive statistics with the aid of SPSS version 27.The findings revealed that career mothers face considerable barriers to practicing exclusive breastfeeding. Major barriers identified include insufficient maternity leave, limited time during work hours, lack of workplace support, inflexible work schedules, and absence of private spaces for expressing breast milk, with a grand mean of 3.2 indicating strong agreement. The study also found that the work–life balance strategies adopted by the mothers were generally poor, with a grand mean of 2.3, indicating limited use of strategies such as breast milk expression, flexible work arrangements, and effective communication with employers. The study concludes that workplace-related challenges significantly hinder exclusive breastfeeding practices among career mothers and recommends improved maternity policies, breastfeeding-friendly workplace environments, and enhanced support systems to promote exclusive breastfeeding.

Keywords: Exclusive breastfeeding, career mothers, work-life balance, breastfeeding barriers, maternal education,

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Introduction

Breastfeeding is widely recognized as one of the most effective strategies for promoting infant health, growth, and survival. Exclusive breastfeeding (EBF) refers to feeding infants only breast milk, without any additional liquids or solid foods, including water, for the first six months of life. This practice provides all the essential nutrients required for optimal infant growth and offers protection against common childhood illnesses such as diarrhea and respiratory infections. Despite the well-documented health, nutritional, and developmental benefits of exclusive breastfeeding for both infants and mothers, global adherence to this practice remains relatively low (Gebeyehu et al., 2023).

In recent decades, women's participation in the labour force has increased significantly across the world. While this development reflects progress in gender equality and economic empowerment, it has also created challenges for maternal and child health, particularly in relation to infant feeding practices. Working mothers often experience difficulties initiating and sustaining exclusive breastfeeding due to work-related constraints such as limited maternity leave, inflexible work schedules, inadequate breastfeeding facilities, and time pressures (Ibekwe et al., 2022). These challenges frequently result in early introduction of formula or mixed feeding, which reduces the health benefits associated with exclusive breastfeeding.

In many low- and middle-income countries, including Nigeria, the situation is further complicated by weak institutional support systems for breastfeeding mothers in the workplace. Although national and international policies encourage breastfeeding, their implementation in many workplaces remains inadequate. Facilities such as workplace crèches, lactation rooms, and breastfeeding breaks are often unavailable, making it difficult for employed mothers to maintain recommended breastfeeding practices (Ickes et al., 2021). Consequently, working mothers are frequently faced with the challenge of balancing their economic responsibilities with their maternal role of providing optimal infant care Nigeria, which continues to experience relatively high infant morbidity and mortality rates, could benefit significantly from improved exclusive breastfeeding practices. However, available statistics indicate that exclusive breastfeeding rates remain low. The Nigeria Demographic and Health Survey (NDHS) reported that only about 29% of infants under six months are exclusively breastfed, which is below the global target recommended by the World Health Organization (Nwaodu, 2021). Several factors contribute to this low rate, including limited knowledge of exclusive breastfeeding, socio-cultural influences, lack of family support, and increasing maternal participation in formal employment (Ejie et al., 2021; Ibekwe et al., 2022).

Furthermore, family structures and cultural beliefs also play an important role in shaping breastfeeding practices. In many communities, family members such as grandmothers or caregivers may influence infant feeding decisions. When caregivers lack adequate knowledge about exclusive breastfeeding, mothers may be encouraged to introduce water, formula, or complementary foods earlier than recommended (Wu et al., 2021). These socio-cultural and workplace challenges highlight the complex environment within which working mothers attempt to practice exclusive breastfeeding. Given

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these realities, understanding the specific barriers faced by working mothers and the strategies they adopt to balance employment and breastfeeding responsibilities is essential. Such knowledge can inform policies and interventions aimed at improving exclusive breastfeeding practices among career mothers, particularly in urban areas such as Oredo Local Government Area of Edo State.

Statement of the Problem

Exclusive breastfeeding (EBF) is essential for infant health, providing vital nutrients and antibodies that protect against illnesses. The World Health Organization recommends EBF for the first six months of life. Despite its benefits, global adherence to this practice remains low, with less than 40% of infants under six months exclusively breastfed. In Nigeria, the rate is even lower at 29%, highlighting significant public health concerns, especially in areas with high infant mortality rates and limited healthcare resources.

Working-class mothers face numerous barriers to EBF, including insufficient breast milk production, breast-related issues, and the challenge of balancing work and breastfeeding. Short maternity leave policies, such as Nigeria's three-month statutory leave, further complicate efforts to sustain EBF. Workplace environments often lack adequate breastfeeding facilities, leading to discomfort and embarrassment for mothers. Societal pressures and cultural norms also discourage EBF practices.

Addressing these challenges requires understanding the specific factors influencing breastfeeding among working-class mothers. Research in Oredo Local Government Area, Edo State aims to assess their EBF practices, identify obstacles, and explore coping strategies to support breastfeeding amidst work demands. Solutions are vital to improve EBF rates and enhance infant health outcomes.

Specific objective

The specific objectives are to:

1. To identify and examine the major barriers affecting the practice of exclusive breastfeeding among career mothers in Oredo Local Government Area.
2. To assess the work–life balance strategies adopted by career mothers in Oredo Local Government Area to enable the practice of exclusive breastfeeding.

Research questions

1. What are the barriers to practicing exclusive breastfeeding among career mothers in Oredo LGA?
2. What is the work-life balance strategies adopted by career mothers in practicing exclusive breastfeeding in Oredo LGA?

Literature Review

Exclusive breastfeeding (EBF) is defined by WHO and UNICEF as feeding infants only breast milk for the first six months, without any other liquids or foods except prescribed medicines (Sukamto & Basrowi, 2023; Malisova et al., 2024). Despite strong global recommendations, EBF rates remain low—44% worldwide and 29% in Nigeria—well below the WHO 2030 target of 70% (UNICEF, 2023). Multiple factors such as maternal education, cultural beliefs, access to healthcare, and workplace support influence EBF outcomes, with career mothers facing additional challenges due to employment demands,

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short maternity leave, and inadequate breastfeeding facilities.

Breast milk provides the perfect balance of nutrients and immune-protective components required for infant growth. It contains digestible proteins such as lactoferrin and alpha-lactalbumin that support immunity (WHO, 2021), essential fatty acids like DHA for brain and visual development (Lawrence & Lawrence, 2021), and lactose for energy and gut health (WHO, 2021). Vitamins A, D, E, and K, along with minerals such as iron, calcium, and zinc, further contribute to the infant's development (UNICEF, 2018). Immunological components—including IgA, lymphocytes, and macrophages—protect infants from diarrhea, pneumonia, and other infections (UNICEF & WHO, 2023). These benefits translate into long-term reductions in chronic diseases such as obesity, asthma, and diabetes (Gayatri, 2021; Muluneh, 2023).

Mothers also benefit from EBF through faster postpartum recovery facilitated by oxytocin release (Lawrence & Lawrence, 2021), weight normalization (UNICEF, 2018), reduced risks of breast and ovarian cancers (Lawrence & Lawrence, 2021), lower risks of heart disease and osteoporosis (WHO, 2011), and improved mental health through stronger bonding with the infant (UNICEF, 2018).

Different feeding types include exclusive breastfeeding (WHO, 2021), partial breastfeeding (WHO, 2011), and formula feeding (UNICEF & WHO, 2018). EBF is the gold standard due to its unparalleled nutritional and immunological advantages (UNICEF, 2018). The components and benefits of exclusive breastfeeding extend to improved immunity (Flax et al., 2022; Lubis et al., 2024), enhanced cognitive outcomes (Lubis et al., 2024), and healthier growth trajectories with lower risks of stunting and obesity (Sabattina et al., 2024). For mothers, EBF supports uterine recovery, strengthens emotional bonding (Sukamto & Basrowi, 2023), and reduces long-term cancer risks (Lubis et al., 2024).

Feeding frequency is an important aspect of breastfeeding success. On-demand feeding supports optimal milk production and infant weight gain (Agadayi et al., 2021; Lubis et al., 2024), while scheduled feeding can conflict with infant hunger cues (Agadayi et al., 2021). Working mothers must often rely on expressing and storing breast milk to maintain breastfeeding upon returning to work (Al-Attas & Shaw, 2022; Rahmita et al., 2023).

Career mothers—women combining employment with childcare—experience unique pressures such as time constraints, workplace rigidity, and lack of breastfeeding support (Lubis et al., 2024; Sukamto & Basrowi, 2023). Public sector workers may enjoy more predictable schedules, while private sector workers often experience stricter demands and fewer accommodations (Agadayi et al., 2021; Ibekwe et al., 2022). Work-life imbalance increases maternal stress, burnout, and early cessation of breastfeeding (Azizah et al., 2024; Lubis et al., 2024), which adversely affects child health, increasing the risk of infections and poor development outcomes (Sabattina et al., 2024; Flax et al., 2022).

Work-life balance strategies such as expressing milk, using flexible work hours, receiving family support, and planning feeding schedules are crucial in helping career mothers sustain

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breastfeeding (Lubis et al., 2024; Sukamto & Basrowi, 2023). However, the adoption of these strategies depends heavily on available workplace policies, social support, and access to breastfeeding resources

Methodology

Data were collected using a self-structured questionnaire divided into five sections: socio-demographic characteristics, knowledge, practices, barriers, and work–life balance strategies related to exclusive breastfeeding among career mothers. The total population for the study was 665 career mothers. A stratified convenience sampling technique was used to recruit 271 participants from career mothers working at the Oredo Local Government Council Secretariat and the Edo State Secretariat (Palm House).

The instrument was subjected to face and content validation by experts to ensure its adequacy. Reliability was established through a pilot test, which produced Cronbach's alpha coefficients of 0.70 and above, indicating acceptable internal consistency. Data collected were analyzed using SPSS version 27, employing descriptive statistics. Responses were scored based on standardized Likert and knowledge scales, and the results were presented in tables and supported with narrative summaries.

Analysis, Results and Discussions.

A total of 271 questionnaires were distributed to career mothers aged between 18 and 49 years, all working in Oredo Local Government Area, Edo State, 269 were properly filled and valid for data analysis, giving a response rate of 99.3%.

Research Question 1 What are the barriers to practicing exclusive breastfeeding among career mothers in Oredo LGA?

Table 1. Barriers to practicing exclusive breastfeeding among career mothers

Items	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Remark
I face difficulty finding enough time during my workday to breastfeed exclusively.	146 (54.3)	79 (29.4)	28 (10.4)	16 (5.9)	3.3	Barrier
I feel that my workplace does not provide adequate support for breastfeeding.	139 (51.7)	83 (30.9)	31 (11.5)	16 (5.9)	3.3	Barrier
The availability of maternity leave is insufficient for me to exclusively breastfeed my baby.	152 (56.5)	78 (29.0)	27 (10.0)	12 (4.5)	3.4	Barrier
I experience physical discomfort (such as pain or fatigue) that makes exclusive breastfeeding difficult.	121 (45.0)	82 (30.5)	46 (17.1)	20 (7.4)	3.1	Barrier

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Lack of knowledge about exclusive breastfeeding from family members or peers affects my ability to practice it.	109 (40.5)	91 (33.8)	47 (17.5)	22 (8.2)	3.1	Barrier
I find it challenging to maintain a consistent breastfeeding schedule due to work commitments.	142 (52.8)	83 (30.9)	29 (10.8)	15 (5.6)	3.3	Barrier
I feel pressured by others to introduce formula or solid foods before the recommended six months.	117 (43.5)	89 (33.1)	43 (16.0)	20 (7.4)	3.1	Barrier
I do not have access to a private or comfortable space at work to express breast milk.	134 (49.8)	86 (32.0)	31 (11.5)	18 (6.7)	3.2	Barrier
I face challenges in balancing work and exclusive breastfeeding due to the lack of flexible working hours.	141 (52.4)	85 (31.6)	27 (10.0)	16 (5.9)	3.3	Barrier
I believe that breastfeeding exclusively is too time-consuming for working mothers like me.	128 (47.6)	87 (32.3)	35 (13.0)	19 (7.1)	3.2	Barrier
			Grand Mean		3.2	Barrier

Mean Cut-off = 2.5

The findings revealed that career mothers in Oredo Local Government Area experience substantial barriers to the practice of exclusive breastfeeding. This is evidenced by the grand mean score of 3.2, which is above the cut-off point of 2.5, indicating that the respondents generally agreed that several factors hinder their ability to practice exclusive breastfeeding. Among the identified barriers, insufficient maternity leave recorded the highest mean score (3.4), suggesting that the duration of maternity leave available to working mothers is inadequate to sustain exclusive breastfeeding for the recommended six months. This finding aligns with earlier assertions that short maternity leave policies often make it difficult for working mothers to maintain exclusive breastfeeding after returning to work (Ahmad et al., 2022).

In addition, the results show that lack of time during the workday, inadequate workplace support, and inflexible working hours significantly affect the ability of career mothers to breastfeed exclusively. These work-related constraints make it difficult for mothers to maintain consistent breastfeeding schedules or express breast milk during working hours. This observation supports the view that workplace environments that lack breastfeeding-friendly policies and facilities can hinder exclusive breastfeeding practices among employed mothers (Ickes et al., 2021).

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Furthermore, the findings indicate that the absence of private or comfortable spaces for expressing breast milk, physical discomfort associated with breastfeeding, and social pressure to introduce formula or complementary foods also contribute to the challenges faced by career mothers. These factors collectively demonstrate the complex interplay between workplace demands, social influences, and personal health conditions that shape breastfeeding behavior. Overall, the findings reinforce the argument that maternal employment, particularly in environments with limited institutional and social support, remains a major barrier to the successful practice of exclusive breastfeeding among working mothers.

Research Question 2: What are the work-life balance strategies employed by career mothers in practicing exclusive breastfeeding in Oredo LGA?

Table 4.5: Work-life balance strategies employed by career mothers in practicing exclusive breastfeeding

Items	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Remark
I use a breast pump to express milk for my baby when I am away from home or at work.	42 (15.6)	56 (20.8)	95 (35.3)	76 (28.3)	2.2	Poor
I have made changes to my work schedule to ensure that I can exclusively breastfeed my baby.	40 (14.9)	58 (21.6)	99 (36.8)	72 (26.8)	2.2	Poor
I seek support from family members to help me maintain exclusive breastfeeding while managing my work-life balance.	47 (17.5)	60 (22.3)	98 (36.4)	64 (23.8)	2.3	Poor
I plan my feeding schedule in advance to ensure I can exclusively breastfeed my baby.	45 (16.7)	58 (21.6)	101 (37.5)	65 (24.2)	2.3	Poor
I take breaks during my workday to express milk and maintain exclusive breastfeeding.	44 (16.4)	59 (21.9)	102 (37.9)	64 (23.8)	2.3	Poor
I rely on the support of colleagues who encourage and assist me in maintaining exclusive breastfeeding.	38 (14.1)	53 (19.7)	106 (39.4)	72 (26.8)	2.2	Poor
I use flexible working hours or work-from-home arrangements to continue exclusive breastfeeding.	35 (13.0)	52 (19.3)	108 (40.1)	74 (27.5)	2.2	Poor

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I have researched and implemented effective strategies to manage the challenges of exclusive breastfeeding while working.	42 (15.6)	55 (20.1)	103 (38.3)	70 (26.0)	2.3	Poor
I engage in open communication with my employer about my needs to continue breastfeeding exclusively.	39 (14.5)	56 (20.8)	104 (38.6)	70 (26.0)	2.2	Poor
I use a combination of breast milk storage techniques (e.g., freezing, refrigeration) to maintain exclusive breastfeeding while working.	41 (15.2)	55 (20.4)	102 (37.9)	71 (26.4)	2.3	Poor
			Grand Mean		2.3	Poor

Mean Cut-off = 2.5

Table 2: Work-Life Balance Strategies for Exclusive Breastfeeding

The findings revealed that the work–life balance strategies employed by career mothers in practicing exclusive breastfeeding in Oredo Local Government Area were generally poor, as indicated by the grand mean score of 2.3, which is below the benchmark of 2.5. This suggests that most respondents rarely adopt practical strategies that could help them sustain exclusive breastfeeding while balancing workplace responsibilities. Although some respondents reported modest efforts such as seeking support from family members, planning feeding schedules in advance, taking breaks at work to express milk, and storing breast milk through refrigeration or freezing, these strategies were not widely practiced among the majority of the respondents.

The limited use of these strategies may be attributed to the demanding nature of work environments and the lack of supportive workplace structures. For instance, the low mean scores recorded for the use of breast pumps, flexible work arrangements, and communication with employers about breastfeeding needs suggest that career mothers have limited opportunities to implement these strategies effectively. This finding supports the view that many working mothers struggle to maintain exclusive breastfeeding due to rigid work schedules and insufficient workplace support systems (Azizah et al., 2024). When workplaces fail to provide flexibility or breastfeeding-friendly environments, mothers may find it difficult to combine their professional responsibilities with optimal infant feeding practices.

Furthermore, the relatively higher mean scores for family support and advance planning indicate that informal support systems play a role in helping mothers cope with breastfeeding challenges. Family members often assist with childcare or feeding arrangements when mothers are away at work, which may help sustain breastfeeding practices to some extent. This observation is consistent with earlier studies which noted that support from family members and caregivers can influence a mother's

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ability to maintain exclusive breastfeeding while managing employment demands (Paramashanti et al., 2022).

Overall, the findings highlight that despite the availability of potential coping mechanisms, many career mothers in the study area are unable to effectively adopt work–life balance strategies that support exclusive breastfeeding. This situation underscores the need for improved workplace policies, breastfeeding-friendly facilities, and supportive institutional frameworks that can enable working mothers to balance employment responsibilities with recommended infant feeding practices

Summary/Conclusions/Recommendations.

This study examined the barriers to exclusive breastfeeding (EBF) and the work–life balance strategies adopted by career mothers in Oredo Local Government Area of Edo State. Exclusive breastfeeding remains a crucial practice for improving infant health, reducing childhood illnesses, and supporting optimal growth and development. Despite these benefits, many career mothers face difficulties sustaining EBF due to work-related responsibilities and limited institutional support.

Findings from the study revealed that career mothers in Oredo LGA encounter several significant barriers that hinder the practice of exclusive breastfeeding. Major barriers identified include insufficient maternity leave, lack of time during work hours, inadequate workplace support, lack of flexible working hours, and the absence of private spaces for expressing breast milk. Other barriers such as physical discomfort, social pressure to introduce alternative feeding, and limited knowledge among family members also contribute to the challenge. The overall mean score indicated that these factors constitute substantial obstacles to exclusive breastfeeding among career mothers.

The study also assessed the work–life balance strategies adopted by career mothers to sustain exclusive breastfeeding. The results showed that the strategies employed were generally poor, as indicated by the grand mean score below the benchmark. Although some mothers reported making efforts such as seeking family support, planning feeding schedules, taking breaks to express milk, and storing breast milk, these strategies were not widely practiced. Other strategies, including using breast pumps, adjusting work schedules, utilizing flexible work arrangements, and communicating breastfeeding needs with employers, were adopted infrequently.

Conclusion

Based on the findings of the study, it can be concluded that career mothers in Oredo Local Government Area face considerable barriers that limit their ability to practice exclusive breastfeeding for the recommended six months. Workplace-related factors such as inadequate maternity leave, rigid work schedules, and lack of breastfeeding-friendly facilities are major challenges. Additionally, the limited use of effective work–life balance strategies further complicates the ability of mothers to combine employment responsibilities with optimal breastfeeding practices.

The study therefore highlights the need for improved institutional, workplace, and social support

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systems that will enable career mothers to practice exclusive breastfeeding successfully while maintaining their professional roles. Without such support, efforts to increase exclusive breastfeeding rates may remain limited.

Recommendations

1. **Extension of maternity leave policies:** Government and relevant authorities should consider extending maternity leave to at least six months to align with the World Health Organization recommendation for exclusive breastfeeding.
2. **Breastfeeding-friendly workplace policies:** Employers should establish workplace policies that support breastfeeding, including the provision of lactation rooms, flexible work schedules, and designated breastfeeding breaks.
3. **Workplace awareness programs:** Organizations should conduct awareness programs to educate employers and employees on the importance of supporting breastfeeding mothers in the workplace.
4. **Provision of breastfeeding facilities:** Workplaces should provide private and hygienic spaces where mothers can comfortably express and store breast milk during working hours.
5. **Family and community support initiatives:** Community health programs should educate family members and caregivers on the importance of exclusive breastfeeding so they can provide better support to working mothers.
6. **Training and counseling for mothers:** Health professionals should provide continuous counseling and practical training for working mothers on strategies such as breast milk expression, storage techniques, and time management to help them sustain exclusive breastfeeding while working.

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