

# Breastfeeding Support and Determinants of Expressed Breast Milk Feeding Practice among Working Mothers in Sokoto, Nigeria

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## ABSTRACT

**Introduction:** The level of support for breastfeeding working mothers receive at workplace has been found to considerably influence their decision to continue with breastfeeding when they return to work. This study aimed to assess breastfeeding support and determinants of expressed breast milk feeding practice among working mothers in Sokoto, Nigeria.

**Material and Methods:** A cross-sectional study was conducted among 246 mothers of children aged 2 years and below attending the immunization clinics of the tertiary healthcare facilities in Sokoto, Nigeria. Data were collected with a set of pretested, structured, interviewer-administered questionnaire.

**Results:** The mean age of the respondents was  $27.7 \pm 4.9$  years. Although, all of them enjoyed maternity leave, only a few (4.4%) had a convenient place to express their breast milk at work, or had breastfeeding breaks at work. Thirty two (13.0%) of the 246 respondents had fair / good knowledge of expressed breast milk feeding, and only 83 (33.7%) had practiced it. The sole determinant of expressed breast milk feeding practice among the respondents was the index child's age. Mothers of infants were almost 4 times more likely to practice expressed breast milk feeding as compared to mothers of neonates and older children (adjusted Odds Ratio (aOR) = 3.748, 95% Confidence Interval (CI): 1.332 – 10.549,  $p = 0.012$ ).

**Conclusion:** This study showed low level of support for breast feeding, as well as low level of knowledge and practice of expressed breast milk feeding among working mothers in Sokoto, Nigeria. For working mothers to meet the nutritional requirements of infants, employers of labour should address the constraints to expressed breast milk feeding practice at the workplace.

**Key words:** Breastfeeding Support, Expressed Breast Milk Feeding Practice, Working Mothers

surveys (1999, 2006 and 2012), reported that maternal full-time employment was negatively associated with breastfeeding among mothers with a child aged under-one year. It was also found that full-time employed mothers were 20% less likely to breastfeed compared to part-time employed mothers. Also, full-time employed mothers were 27% less likely to breastfeed compared to non-employed mothers.<sup>5</sup>

The level of support for breastfeeding working mothers receive at the workplace has been found to considerably influence their decision to continue with breastfeeding when they return to work, in addition to maternal characteristics such as educational attainment, their knowledge of breastfeeding, commitment, and other personal factors that influence their decision on breastfeeding. In a study among working mothers in Hong Kong,<sup>6</sup> whereas 85% of the full-time working mothers returned to work within 10 weeks following delivery, only 32% of the women were able to continue breastfeeding along with the work, and short working hours, and higher maternal education were found to be associated with exclusive breastfeeding. Additionally, the workplace breastfeeding facilities and additional support for poorly educated mothers were also associated with exclusive and continuous breastfeeding. A study that examined the influence of collective support (family and non-family) for working women on continuation of breastfeeding found that returning to work was the main reason for discontinuation of breastfeeding among mothers. Whereas, about 60% of mothers planned to breastfeed on returning to work, only 40% actually practiced it. Also, 74%, 83% and 13% of mothers reported receiving family, partner and organizational supports respectively. The facilitating factors for breastfeeding at work identified by the women

## INTRODUCTION

Evidence from studies has clearly demonstrated the immense health and socioeconomic benefits of breastfeeding to babies, mothers, families and the society, particularly if practiced exclusively for the first 6 months of life, in which no other liquids or solids is given to infants.<sup>1,2</sup> Even though the exclusive breastfeeding rates have been low across the globe despite its benefits, the situation has worsened in the last few decades due to the increasing participation of nursing mothers in full-time employment and the prevalent inadequate support for breastfeeding at the workplace.<sup>3,4</sup> A study conducted in Mexico to assess the association between working mothers and breastfeeding using secondary data sourced from three national health

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were access to a separate room, flexible time to breastfeed and lactation breaks.<sup>7</sup> Similarly, a study in New Zealand also found that the factors that affect mothers' breastfeeding practices on returning to work were access to a separate room, flexible time, employer's support, and social attitude towards breastfeeding.<sup>8</sup>

To ensure a working environment that is compatible with breastfeeding, the International Labour Organization (ILO) had recommended minimum standards for breastfeeding support for working mothers including paid maternity leave, breastfeeding breaks at work, and provision of facilities for breastfeeding at the workplace.<sup>9</sup> The most recent ILO standard on duration of maternity leave mandates a minimum leave period of 14 weeks, up from 12 weeks in the previous Conventions.<sup>10</sup> Female workers in Nigeria are entitled to twelve (12) weeks of maternity leave, to cover pre- and post-maternity periods. Maternity leave may begin six (6) weeks before delivery after providing a medical certificate from a registered medical practitioner, confirming that delivery may take place within the next six weeks. Six weeks are then spent after delivery, but maternity leave can be extended due to illnesses (certified by a registered medical practitioner) arising from pregnancy or delivery, which make her unfit to work. In addition, female workers on maternity leave with at least six months of continuous service with the employer are entitled to receive at least 50% of their normal wages.<sup>11</sup> In 2018, the period of maternity leave for female workers in Nigeria was reviewed upwards from 12 to 16 weeks with full pay.

Since the first Convention on maternity protection, nursing breaks for breastfeeding mothers during working hours have been part of the international standards on maternity protection. However, it was left to national laws and regulations to decide the number and duration of breastfeeding breaks, as long as at least one break is provided. It also introduces the possibility of transforming breaks into a daily reduction of hours of work. These breaks are not intended to be parts of, or substitutes for lunch breaks or other breaks, but can be combined with them. National laws in more than 90 countries provide for breastfeeding breaks in some forms.<sup>12</sup> In Nigeria, nursing mothers are entitled to 30 minutes breastfeeding breaks twice a day during her working hours.<sup>11</sup>

Expressing breast milk enables working mothers to sustain exclusive breastfeeding on returning to work, as their babies can be fed with the expressed milk in their absence by another person. In addition to allowing infants left behind by their mothers to enjoy the full benefits of breast milk, breast milk expression is also of immense benefits to mothers as it brings relief from the pressure that the milk subjects the mammary glands, hence reduces the risk of breast engorgement, mastitis and breast cancer.<sup>13</sup> Breast milk expression is believed to be a feasible intervention to ensure high level coverage of exclusive breast feeding. Reports from studies across the globe showed direct association between the prevalence of expressed breast milk feeding and the overall prevalence of exclusive breast feeding.<sup>14,15</sup>

In addition, poor practice of breast milk expression has been found to be rooted in several erroneous beliefs (such as milk supply generally being insufficient for babies) and lack of knowledge, especially on how to increase their milk production.<sup>16</sup>

Studies across the globe reported wide variations in the prevalence of expressed breast milk feeding of infants. While studies conducted in the United States of America<sup>14</sup> and Australia<sup>17</sup> reported high prevalence rates of expressed breast milk feeding of 85% and 77% respectively, studies done in Maharashtra and Singapore reported very low prevalence rates of 17.9% and 18% respectively.<sup>15,16</sup> Similarly, studies conducted across Nigeria reported low prevalence of expressed breast milk feeding ranging from 3.8% to 34.4%.<sup>18,19</sup> A cause for concern is the fact that despite the wide variations observed in the prevalence of expressed breast milk feeding across the globe, little is known about the factors that influence this practice, particularly in Nigeria. This study was conducted to assess breastfeeding support and determinants of expressed breast milk feeding practice among working mothers in Sokoto, Nigeria.

## MATERIALS AND METHODS

A cross-sectional study was conducted among mothers of children aged 2 years and below attending the immunization clinics of the two tertiary healthcare facilities (i.e., Usmanu Danfodiyo University Teaching Hospital, and Specialist Hospital) in Sokoto metropolis, Nigeria, in April and May 2018. All working mothers with place of work away from their homes, and gave consent to participate in the study were considered eligible for enrollment into the study. Working mothers on treatment for breast disease and those with medical conditions for which breastfeeding was contraindicated were excluded.

### Sample Size Estimation and Sampling Technique

The sample size was estimated at 236 using the Fisher's formula for calculating sample size for cross-sectional studies,<sup>20</sup> an 18.9% prevalence of expressed breast milk feeding among working lactating mothers from a previous study,<sup>21</sup> and a precision level of 5%. It was adjusted to 248 in anticipation of 95% participant response rate.

The eligible participants were selected by systematic sampling technique; one of seven mothers presenting consecutively with their under 2 years old children at the immunization clinics of the two tertiary healthcare facilities in Sokoto metropolis and meets the eligibility criteria was enrolled into the study over an eight clinic day period until the required sample size was obtained.

### Data Collection and Analysis

A pretested, structured, interviewer-administered questionnaire was developed after a thorough review of the literature and used to obtain information on the participants' and index children's socio-demographic characteristics, their knowledge of expressed breast milk feeding, and their practice of expressed breast milk feeding. It was reviewed by researchers in the Department of Community Health, Usmanu Danfodiyo University, Sokoto, Nigeria.

Variables	Frequency (%) n = 246
Age group (years)	
< 20	6 (2.4)
20 – 29	149 (58.1)
30 – 39	93 (37.8)
≥ 40	4 (1.6)
Marital status	
Married	246 (100)
Religion	
Islam	215 (87.4)
Christianity	31 (12.6)
Level of education	
Primary and below	6 (2.4)
Secondary and tertiary	240 (97.5)
Occupation	
Civil servant	246 (100)
Number of children alive	
1 – 4	200 (81.3)
5 – 10	46 (18.7)

**Table-1:** Socio-demographic characteristics of respondents

Variables	Frequency (%) n = 246
Age group (months)	
0 – 1.0	12 (4.9)
1.1 – 12.0	196 (79.7)
12.1 – 24.0	38 (15.4)
Sex	
Male	111 (45.1)
Female	135 (54.9)
Birth order	
1 <sup>st</sup>	36 (14.6)
2 <sup>nd</sup> to 4 <sup>th</sup>	167 (67.9)
5 <sup>th</sup> to 10 <sup>th</sup>	43 (17.5)

**Table-2:** Socio-demographic characteristics of index children

The necessary correction was made based on their inputs to ascertain content validity. The questionnaire was pretested on 20 working mothers attending the Paediatric Outpatient Clinic of Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria. The necessary modifications were made based on the observations made during the pretesting. Five Community Health Officers (CHOs) assisted in questionnaire administration after being trained on the conduct of survey research, the objectives of the study, and questionnaire administration.

Respondents' knowledge of expressed breast milk feeding was scored and graded on a 12-point scale. One point was awarded for a correct response, while a wrong response or a non-response received no points. This gives a minimum score of '0' and a maximum score of '12' points. Those that scored  $\geq 9$  of 12 points were graded as having 'good' knowledge; those that scored 6 - 8 of 12 points were graded as having 'fair' knowledge, while those that scored  $< 6$  of 12 points were graded as having 'poor' knowledge.

Ethical approval was obtained from the Research and Ethics Committee of Sokoto State Ministry of Health, Sokoto, Nigeria. Permission was obtained from the management of the two hospital used as study centers, and informed written consent was obtained from the study participants before data collection.

### STATISTICAL ANALYSIS

Data were analyzed using the IBM SPSS version 24 computer statistical software package. Quantitative variables were summarized using mean and standard deviation, while categorical variables were summarized using frequencies and percentages. The Chi-square test was used for bivariate analysis involving categorical variables, while multivariate logistic regression analysis was used to identify the determinant of expressed breast milk feeding practice. All

Knowledge of expressed breast milk feeding	Frequency (%) n = 246
Knew that breast milk can be expressed and given to the baby instead of the baby sucking at the breast directly	113 (45.9)
Knew the following ways of expressing breast milk:	
By hand	110 (44.7)
With a hand-held pump	47 (19.1)
With an electric pump	25 (10.2)
Knew that expressed breast milk can be stored and then given to the baby later	22 (8.9)
Knew that expressed breast milk can be stored and kept in the following conditions:	
At room temperature (26°C or lower) for 6 – 8 hours	20 (8.1)
In the fridge (4°C or lower) for up to 3 days	2 (0.8)
In the freezer compartment of a fridge for 2 weeks	0 (0)
In the deep freezer (-18°C or lower) for 6 months	3 (1.2)
Knew that expressed breast milk can be thawed by putting it in a fridge first, then in a bowl of warm water at room temperature, and gently swirling the container	18 (7.3)
Knew that cup and spoon should be used in feeding the baby with expressed breast milk	94 (38.2)
Knew that it is not proper to refreeze previously frozen breast milk if it is not used completely	45 (18.3)
Knowledge grade	
Good	10 (4.1)
Fair	22 (8.9)
Poor	214 (87.0)

**Table-3:** Respondents' knowledge of expressed breast milk feeding

levels of significance were set at  $p < 0.05$ .

## RESULTS

### Socio-demographic characteristics of respondents and index children

Out of the two hundred and forty-eight questionnaires administered, two hundred and forty-six were fully completed and analyzed, giving a response rate of 99.2%. The ages of the respondents ranged from 18 to 50 years (mean = 27.7 ± 4.9), but most, 242 (95.9%) of the 246 respondents were

aged 20-39 years. All the respondents (100%) were married, and most of them (87.4%) practiced Islam as religion. Also, almost all the respondents (97.5%) had secondary or tertiary education, and all of them (100%) were civil servants. The respondents had between 1 and 10 children (mean = 3.1 ± 1.67), but most of them (81.3%) had 1 - 4 children [Table 1]. The ages of the index children ranged from 1 to 24 months (median = 7.0), but most, 196 (79.7%) of the 246 children were infants. Majority of them were females (54.9%) and were of 2<sup>nd</sup> to 4<sup>th</sup> birth order (67.9%) as shown in Table 2.

Variables	Frequency (%)
Given maternity leave at the workplace (n = 246)	
Yes	246 (100)
No	0 (0)
Duration of maternity leave	
Less than 3 months	22 (8.9)
At least 3 months	224 (91.1)
Availability of convenient place to express breast milk and provision of breastfeeding breaks at the workplace (n = 246)	
There is convenient place to express breast milk at work	11 (4.5)
Breaks given during working hours to breastfeed at work	11 (4.5)
Where breast milk was expressed by those without a convenient place to express breast milk at work (n = 235)	
Private office	176 (74.9)
General office	51 (21.7)
Other places	8 (3.4)
Ever experienced people making negative comments about their practice of expressed breast milk feeding (n = 246)	
Yes	24 (9.8)
No	222 (90.2)
Concern about the negative comments made by people for expressing their breast milk (n = 24)	
Not concerned at all	4 (16.7)
A bit concerned	6 (25.0)
Very concerned	14 (58.3)

**Table-4:** Social support for expressed breast milk feeding

Variables	Frequency (%)
Ever expressed breast milk to feed the baby (n = 246)	
Yes	83 (33.7)
No	163 (66.3)
Frequency of breast milk expression (n = 83)	
Very often	4 (4.8)
Often	43 (51.8)
Occasionally	36 (43.4)
Main reason for expressing breast milk (n = 83)	
Milk not enough / to make more milk	33 (39.8)
To avoid breastfeeding in public	29 (34.9)
Went back to work	16 (19.3)
Too much milk / engorged breasts	3 (3.6)
Other reasons	2 (2.4)
Main reason for not expressing breast milk (n = 157)	
Did not know how to express breast milk	82 (52.2)
Not aware of its benefits	33 (21.0)
Fear of milk contamination	7 (4.5)
Lack of convenient place (privacy) to express the milk	4 (2.6)
Not aware of breast milk expression	9 (5.7)
It is very risky	9 (5.7)
It wastes time	6 (3.8)
Other reasons	7 (4.5)

**Table-5:** Prevalence of expressed breast milk feeding among respondents

Variables	Practiced expressed breast milk feeding		Test of significance
	Yes Frequency (%)	No Frequency (%)	
Mothers' knowledge of expressed breast milk feeding			
Poor	62 (29.0)	152 (71.0)	$\chi^2 = 16.853$ , p < 0.001
Fair	14 (63.6)	8 (36.4)	
Good	7 (70.0)*	3 (30.0)	
Age of index child (months)			
≤ 1.0	2 (16.7)	10 (83.3)	$\chi^2 = 10.988$ , p = 0.004
1.1 – 12.0	76 (38.8)*	120 (61.2)	
12.1 – 24.0	5 (13.2)	33 (86.8)	
Sex of index child			
Male	46 (41.4)*	65 (58.6)	$\chi^2 = 5.367$ , p < 0.021
Female	37 (27.4)	98 (72.6)	
Birth order of index child			
1 <sup>st</sup>	4 (11.1)	32 (88.9)	$\chi^2 = 22.283$ , p < 0.001
2 <sup>nd</sup> to 4 <sup>th</sup>	53 (31.7)	114 (68.3)	
5 <sup>th</sup> to 10 <sup>th</sup>	26 (60.5)*	17 (39.5)	
*Statistically significant			

**Table-6:** Factors associated with expressed breast milk feeding practice among the respondents

Variables	AOR	95% CI		p value
		Lower	Upper	
Age of index child (months)*				
(Infants versus neonates and older children)	3.748	1.332	10.549	0.012
Sex of index child				
(Male versus females)	1.487	0.800	2.762	0.209
Birth order of index child				
(5 <sup>th</sup> to 10 <sup>th</sup> versus 1 <sup>st</sup> to 4 <sup>th</sup> )	0.338	0.160	0.711	0.600
*Determinant				

**Table-7:** Determinant of expressed breast milk feeding practice among the respondents

### Respondents' knowledge of expressed breast milk feeding

Only a few, 10 (4.1%) of the 246 respondents had good knowledge of expressed breast milk feeding, 22 (8.9%) had fair knowledge, while most of the respondents 214 (87.0%) had poor knowledge. Less than half of respondents knew that breast milk can be expressed and given to the baby instead of the baby sucking at the breast directly (45.9%), and that it can be expressed by hand (44.7%). The respondents' knowledge of the other aspects of expressed breast milk feeding is shown in Table 3. There was no association ( $p > 0.05$ ) between good / fair knowledge of expressed breast milk feeding and any of the respondents' socio-demographic variables.

### Support for expressed breast milk feeding among respondents

Although, all the respondents were given maternity leave at their workplace, some (8.9%) had less than 3 months duration of maternity leave. Only a few, 11 (4.4%) had a convenient place to express their breast milk at work, or had breastfeeding breaks at work. Of the 235 respondents that reported not having a convenient place to express their breast milk at work, majority, 176 (74.9%) expressed their breast milk in their private offices.

Although, only a few, 24 (9.8%) of the 246 respondents have ever experienced people making negative comments about

them for expressing their breast milk, majority of those affected (58.3%) were very concerned about it [Table 4].

### Prevalence of expressed breast milk feeding among respondents

Only about a third, 83 (33.7%) of the 246 respondents have ever expressed their breast milk to feed their babies. Of these, 47 (56.6%) did so often or very often. The main reasons cited for expressing their breast milk were not having enough milk / to make more milk (39.8%), to avoid breastfeeding in public (34.9%), and going back to work (19.3%).

Of the 157 respondents that gave the reasons for not practicing expressed breast milk feeding, the main reasons given were that they did not know how to express their breast milk (52.2%), and not being aware of its benefits (21.0%). Other reasons given for not practicing expressed breast milk feeding are as shown in Table 5.

### Factors influencing expressed breast milk feeding practice among respondents

Whereas, there was no association ( $p > 0.05$ ) between the practice of expressed breast milk feeding and any of the respondents' socio-demographic variables, it was found to be associated with their knowledge of expressed breast milk feeding, and the index child's age, sex and birth order. The proportion of respondents who practiced expressed breast

milk feeding statistically significantly increased from 29.0% among the respondents with poor knowledge, to 63.6% among those with fair knowledge, and 70.0% among those with good knowledge of expressed breast milk feeding ( $\chi^2 = 16.853$ ,  $p < 0.001$ ). The proportion of respondents who practiced expressed breast milk feeding was statistically significantly higher among mothers of infants (38.8%), as compared to mothers of neonates (16.7%), and those with older children (13.2%),  $\chi^2 = 10.988$ ,  $p = 0.004$ .

The prevalence of expressed breast milk feeding was also statistically significantly higher among those with male children (41.4%), as compared to those with female children (27.4%),  $\chi^2 = 5.367$ ,  $p = 0.021$ . The proportion of respondents who practiced expressed breast milk feeding also statistically significantly increased from 11.1% among respondents with children of 1<sup>st</sup> birth order to 31.7% among those with children of 2<sup>nd</sup> to 4<sup>th</sup> birth order, and 60.5% among those with children of 5<sup>th</sup> to 10<sup>th</sup> birth order ( $\chi^2 = 22.283$ ,  $p < 0.001$ ) as shown in Table 6.

In logistic regression model the age of the index child was the sole determinant of expressed breast milk feeding practice among the respondents. Mothers of infants were almost 4 times more likely to practice expressed breast milk feeding as compared to mothers of neonates and older children (adjusted Odds Ratio (aOR) = 3.748, 95% Confidence Interval (CI): 1.332 – 10.549,  $p = 0.012$ ) as shown in Table 7.

## DISCUSSION

This study assessed breastfeeding support and determinants of expressed breast milk feeding practice among working mothers in Sokoto, Nigeria. Whereas, the poor awareness of expressed breast milk feeding among the respondents in this study correlates perfectly with their poor awareness of the methods of expressing breast milk, their level of knowledge of expressed breast milk feeding was abysmally low, as most of them (87.0%) had poor knowledge of the practice. It is therefore not surprising that only about a third of respondents (33.7%) had practiced expressed breast milk feeding, with the main reasons cited for not practicing it being that they did not know how to express their breast milk (52.2%) and not being aware of its benefits (21.0%). The findings in this study are in consonance with the low prevalence of expressed breast milk feeding obtained in recent studies conducted among working mothers in other developing countries including Kenya (18.9%) and India (11.0%); and in these studies, the knowledge of expressed breast milk feeding was generally poor among the respondents.<sup>21,22</sup> On the contrary, high prevalence of expressed breast milk feeding was obtained in studies conducted in the developed countries including Australia (98.0%) and USA (85%); and this could be related to the promotion of expressed breast milk feeding by several organizations in these countries.<sup>14,23-25</sup>

Another cause for concern is the insufficient support for breastfeeding the respondents in this study received from their employers. Although, all of them (100%) were given maternity leave in their workplace, and for a period of at least 3 months in most cases (91.1%), only a few (4.4%) reported

availability of a convenient place to express breast milk at work, with most of them conducting breast milk expression in private or general offices. It is also disturbing that only 4.4% of respondents reported being given breastfeeding breaks at work. This contravenes the provisions of the Nigeria Labour Act<sup>11</sup> that mandates employers of labour to give working mothers 30 minutes break twice during working hours to breastfeed their babies. It is therefore imperative for health care providers to sensitize the members of the public on the provisions of the law regarding breastfeeding at work. In addition, advocacy visits should be paid to employers of labour to sensitize them on the need to support breastfeeding by providing convenient premises for working mothers to breastfeed their babies, and also give them breastfeeding breaks while at work.

Although, only a few (9.8%) of the respondents in this study reported ever experiencing people making negative comments about their expressing their breast milk, majority of those affected (58.3%) felt very concerned about it. In a study among working mothers in Nairobi, Kenya<sup>21</sup> poor perception of the community was identified as one of the main obstacles to the practice of expressed breast milk feeding. It is therefore necessary for healthcare providers and other stakeholders in the developing countries (particularly those currently experiencing urbanization and industrialization, with increasing participation of women in full-time employment) to promote expressed breast milk feeding and facilitate positive attitude towards it among the populace, by educating them on its benefits, safety and acceptance in many developed countries across the globe.

Whereas, there was no association ( $p > 0.05$ ) between the practice of expressed breast milk feeding and any of the socio-demographic variables of the respondents in this study, it was associated with their knowledge of expressed breast milk feeding, and the index child's age, sex and birth order; but the age of the index child was the sole determinant of expressed breast milk feeding practice, with mothers of infants being almost 4 times more likely to practice expressed breast milk feeding as compared to mothers of neonates and older children (adjusted Odds Ratio (aOR) = 3.748, 95% Confidence Interval (CI): 1.332 – 10.549,  $p = 0.012$ ). This could be due to the relatively higher requirement for breast milk among infants as compared to neonates (who are of small size, and required less quantity of milk), and older children (who are majorly on adult diet for their increased requirements for energy and growth).

Other studies have identified some facilitating factors for breastfeeding at work; these include: access to a separate room, flexible time to breastfeed and breastfeeding breaks, employer's support, and social attitude towards breastfeeding. In addition, many issues have been found to disrupt mother's breastfeeding plan at work. Commonly cited issues include lack of workplace breastfeeding facilities, lack of family support, mothers' inadequate knowledge about breastfeeding and feeling of embarrassment;<sup>4,26</sup> as well as lack of privacy for breastfeeding, place to store breast milk (refrigerator), limited paid maternity leave and fear over job insecurity.<sup>4,27</sup>

Although these factors appear not to influence expressed breast milk feeding practice among the respondents in this study, some of them were cited as the main reason for not practicing it, particularly that they did not know how to express breast milk and not being aware of its benefits. The findings of this study highlight the low uptake of expressed breast milk feeding and the constraints to its uptake among working mothers in Sokoto, Nigeria. For working mothers to meet the nutritional requirements of infants, employers of labour should address the constraints to this highly rewarding practice at the workplace.

## CONCLUSION

This study showed low level of support for breast feeding, as well as low level of knowledge and practice of expressed breast milk feeding among working mothers in Sokoto, Nigeria. For working mothers to meet the nutritional requirements of infants, employers of labour should address the constraints to expressed breast milk feeding practice at the workplace.

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