



## Challenges of exclusive breastfeeding among working class women in Vwang community, JOS south local government area, Plateau state, Nigeria

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### Abstract

Breastfeeding exclusively provides a wide range of physical and psychological short- and long-term health advantages for women and their children. This research evaluated working-class women's awareness of and difficulties with exclusive breastfeeding in Vwang Community, Jos South Local Government Area, Plateau State, Nigeria. A survey research design was used for the study where questionnaire was used as the instrument for data collection, 150 working class women in Vwang community were sampled at random for the study. Data collected was analyzed using descriptive statistics. According to the results, 130 (87%) of respondents are aware that exclusive breastfeeding lasts for six months and entails the infant only consuming breast milk. 130 (87%) do practice exclusive breast feeding, 145 (96.70/0) start breast feeding at birth of a child, 134, 100 (66.7%) do not have additional food to their baby 's food. 70 (47%) have limited time to practice exclusive breastfeeding due to their job, 77 (51%) have medical conditions that doesn't ' allow them to exclusively breastfeed their children, 143 (95%) do not view exclusive breastfeeding as a cultural taboo, 142 (95%) of the respondents' religious practices don't affects their practice of exclusive breastfeeding. Conclusion: working class women in Vwang community; Have knowledge on exclusive breast feeding and are faced with job interference and other medical conditions as challenges of exclusive breast feeding. The study recommended that the Government should ensure more information being disseminated on the subject matter and encouraging working class women to practice exclusive breast feeding more. Government and other employers should implement maternity leaves to enable working women have enable space after birth to practice exclusive breastfeeding.

**Keywords:** Exclusive breast feeding, challenges women, knowledge

### Introduction

Breastfeeding has several medical and psychological advantages for mothers, babies, and young children, both in the short and long term. According to the World Health Organization, there is significant evidence that new borns who get exclusively breast milk with no additional liquids or solids have many health advantages for mothers, babies, the environment, and society. EBF is the ideal approach to feed a new-born for the first six months of life. EBF in the first six months of life, followed by continuous breastfeeding from six to eleven months, has been demonstrated to be the single most effective preventative measure for lowering infant mortality, having the potential to save 1.3 million lives globally each year (Bai, Wunderlich, & Fly, 2011) [1]. Creating effective breastfeeding promotion initiatives that contribute to the Healthy People 2020 targets of raising the percentage of women who breastfeed their children to 82% commencing in the early postpartum period, 61% nursing their infants at six months, and 34% breastfeeding at one year (U.S. Department of Health and Human Services, 2011) [22].

The proportion of infants who are exclusively breastfed at six months after birth has grown at a significantly slower rate compared to that of infants who get mixed feedings, even though breastfeeding initiation rates have generally improved as a result of breastfeeding promotion initiatives

(Rojjanasrirat & Sousa, 2010) [27]. Although there are several evidence-based recorded breastfeeding promotion efforts, according to a DHES study from 2011, EBF rates are still significantly below the declared Healthy People 2020 targets. The value of the knowledgeable assistance and guidance a woman receives on breastfeeding from medical experts is favorably correlated with the continuance of EBF (Whelan, McEvoy, Eldin, & Kearney, 2011) [23]. Improving the prevalence of breastfeeding requires the implementation of culturally tailored awareness programs and treatments targeted at populations in particular geographic locations (Gill, 2009) [5].

According to several papers, the continuance of EBF is influenced by a variety of circumstances (Philips, Brett, & Mendola, 2011; Thulier & Mercer, 2009) [16]. Evidence-based study papers stated that the absence of paid parental leave, maternal attitudes and perceptions, such as inadequate breast milk and painful nursing linked with improper infant posture and latch, were the most prevalent reasons for early breastfeeding termination (Li, Fein, Chen, & Grummer-Strawn, 2008; Ogbuanu, Glover, Probst, Liu, & Hussey, 2011) [9, 15]. Age, income, education, knowledge, and ethnicity of the mother have all been linked to the beginning and continuance of EBF (Wiener & Wiener, 2011) [28]. Exclusive breastfeeding may be hampered by a lack of encouragement and instruction from medical professionals,

family members, and friends (Moore & Coty, Murimi, Dodge, Pope, & Erickson, 2010) <sup>[14]</sup>.

Studies have shown that moms who participated in education and support programs reported better levels of self-efficacy and breastfeeding rates (Dennis, Kupratakul, Taneepanichskul, Voramongkol, & Phupong, 2010) <sup>[8]</sup>. According to research by Shannon, O'Donnell, and Skinner, even though moms had healthy, full-term babies and got great breastfeeding teaching, successful breastfeeding requires ongoing care and direction. This study came to the conclusion that the keys to successful breastfeeding are encouragement and ongoing support. In order to start and maintain the best nursing practices, breastfeeding mothers and their families require competent breastfeeding counseling. Only 40% of infants less than six months old are exclusively breastfed globally (WHO, 2014). According to studies, the steady rise in the EBF rate in Nigeria is related to the EBF's ambiguous definition and the paucity of research on the significance of lengthening the EBF. To overcome the difficulties connected with breastfeeding cessation, it will be helpful to identify the barriers to exclusive breastfeeding in order to design suitable clinical practice recommendations. Breastfeeding education is one of the most important prenatal interventions for encouraging breastfeeding among pregnant women (Jennifer, Elaine, Athena, & Virginia, 2013) <sup>[6]</sup>. Studies on breastfeeding found that women were less likely to continue breastfeeding if they did not receive adequate support from medical professionals when they encountered breastfeeding difficulties (Cross-Barnet, Augustyn, Gross, Resnik, & Paige, 2012).

National and many other health organizations agree that breastfeeding is the best approach to nourish infants for the first six months. EBF continuation rates are low in Nigeria despite the numerous advantages it offers mothers and children (Centers for Disease Control and Prevention (CDC, 2013), Nigeria, 2014; Silfverdal, 2011) <sup>[30]</sup>. To increase the time spent exclusively nursing, it is crucial to comprehend how various elements influence breastfeeding behaviors. Increased breastfeeding length is positively correlated with maternal demographic, biological, and social variables, according to several studies (Thulier & Mercer, 2009) <sup>[21]</sup>. According to estimates, if exclusive breastfeeding rates rose from 29% to 50% at six months of age and from 64% to 75% in hospitals, Nigerians would save over 13 billion Naira annually. Numerous evidence-based research studies have found that exclusive breastfeeding has a wide variety of health advantages for both the mother and the newborn. EBF has been linked to a lower incidence of allergic disease, bacterial meningitis, bacteremia, diarrhea, respiratory tract infection, necrotizing enterocolitis, otitis media, urinary tract infection, late onset sepsis in preterm babies, lymphoma, leukemia, Hodgkin's disease, hypercholesterolemia, asthma, and post neonatal infant mortality, according to a number of studies (Dudenhausen, 2016; Silfverdal, 2011; Wiener & Wiener, 2011) <sup>[4, 30, 28]</sup>. According to studies, extended EBF has been linked to a lower incidence of respiratory infections in babies, allergic dermatitis, sudden infant death syndrome, and necrotizing enterocolitis in premature infants (Krame & Kakuma, 2012) <sup>[7]</sup>. According to studies, EBF also has several advantages for moms, including lowering the risk of mothers having

health problems including obesity, ovarian cancer, and breast cancer (Stevens, Hanson, Prasek, & Elliott, 2008; Thulier & Mercer, 2009) <sup>[21]</sup>. Multi-dimensional therapies that simultaneously address many breastfeeding problems are required in order to effectively boost breastfeeding rates (Nabulsi *et al.*, 2014) <sup>[29]</sup>. It is observed by the researcher over the years that women in Vwang community have limited knowledge about the benefits of exclusive breast feeding which affects its practice among them. They often start feeding children within the period of six months with pap and local gruel or wine (commonly known as "Kunu"), hence the motivation for the study. In order to raise the EBF continuation rate among working-class women in the Vwang community in Jos South Local Government Area, Plateau State, this study identifies obstacles that affect EBF and suggests evidence-based practice interventions aimed at resolving the obstacles.

### Research Objectives

1. To assess the knowledge of Exclusive Breast Feeding among Working Class Women in Vwang Community
2. To identify how effective working-class women in Vwang community practice exclusive breast feeding
3. To identify the challenges of exclusive breast feeding among working class women in Vwang community.
4. To identify ways of limiting the challenges militating the practice of exclusive breast feeding among working class women in Vwang community.

### Research Questions

1. What is the knowledge of exclusive breast feeding among working class women in Vwang community?
2. How effective do working class women in vwang community practice exclusive breast feeding?
3. What are the challenges of exclusive breast feeding among working class women in Vwang community?
4. What are the possible ways of reducing the challenges of exclusive breast feeding faced by working class women in Vwang community?

### Empirical Review

Diji, Bam & Owusu (2017) <sup>[3]</sup> carried out a study on Challenges and predictors of exclusive breastfeeding among Mothers attending the child welfare clinic at a regional hospital in Ghana: a descriptive cross sectional study. A descriptive cross sectional study was carried out between January and March 2015 to bring out information from 240 Mothers who were sampled using simple random sampling technique. A validated structured questionnaire was used in collecting data on participants' socio-demographic characteristics and reported breastfeeding practices. Participants' breast feeding challenges were rated on a likert scale from 1 (not at all), 2 (mild), 3 (moderate), 4 (severe) to 5 (unbearable). 95% of mothers were identified to have good knowledge of exclusive breast feeding. The top three breastfeeding Challenges of Mothers were: belief that breast milk alone was not sufficient in meeting their babies nutritional needs {mean 3.43 (standard deviation period (SD) 1.35}, Short maternity leave period (mean 3.42 (SD 1.29), and socio-cultural pressure to introduce water and artificial feeds (mean 3.39 (SD 1.28). Independent predictors of EBF were: Infant's age (adjusted odds ratio

(AOR) 0.82 (95% confidence interval (CI) 0.71, 0.95) and Self-employment (AOR 2.67 (95% CI 1.11, 6.41).

In Ghana, Tamapah- Naah, Kumi-Kyereme, and Amo Adjei (2019) [19] conducted a research on the difficulties faced by mothers who choose to exclusively breastfeed or use supplemental feeding. It is advised that mothers nurse their newborns for the first six months of their lives exclusively. The purpose of this study was to investigate barriers to breastfeeding habits in Ghana by taking into account geographic, social, and mother factors. Twenty mothers between the ages of 15 and 49 were purposefully chosen for in-depth interviews in two different parts of the nation. The barriers to exclusively breastfeeding and supplemental feeding were related to mother, social, and geographical (home and work) factors. Homework, job schedules, family influence, insufficient breast milk supply, swollen breasts or irritated nipples, availability to food, and preparing or distributing meals were among the major themes that were found.

Thomas (2016) [20] conducted a research on the obstacles faced by new moms who wanted to exclusively breastfeed during the first four weeks after giving birth. The theoretical foundation for this investigation was the notion of planned behavior. The goal of the study was to determine what prevents moms from exclusively nursing their babies during the first four weeks following delivery. This study was carried out using a straightforward sampling approach and a descriptive research methodology. 75 moms who matched the inclusion criteria and visited three chosen private practice obstetric and gynecologic doctors' offices completed a questionnaire to provide the data. Descriptive and correlational statistics were used for data analysis. Only eight moms stayed exclusively nursing for the first four weeks following delivery, according to the research. The main reasons given by mothers for stopping exclusive breastfeeding included (a) inadequate milk production, (b) uncomfortable or painful nipples, (c) returning to work or school, and (d) problematic latching. According to the research, healthcare professionals should utilize the planned behavior model to create interventions that support breastfeeding advocacy. The society will adapt socially to support exclusive breastfeeding if there is a good attitude regarding nursing.

A research on the variables influencing Exclusive Breastfeeding among working mothers in the Udipi taluk of Karnataka was conducted by Chhetri, Rao, and Guddattu (2018) [2]. Breastfeeding moms working in any type of profession and having children under the age of six months (n = 173) participated in a community-based cross-sectional survey. To determine the relationship between various factors and EBF, the chi square test was used. Although 75% of working mothers were well informed about EBF and its advantages, 17.5% of them had the condition. About 52% of the women had no benefits throughout their maternity leave. Only 11% of moms were given time off throughout the day, yet none of the mothers had access to creches at work. The most frequent justification for stopping EBF was an early return to work following deliveries. It was discovered that the practice of EBF is statistically significantly associated with factors like the educational status of the working mother and husband, the husband's occupation, the place of delivery, the new-born's gender, the frequency of breastfeeding per day, the practice of

expressing and storing breast milk before leaving for work, and breaks during working hours.

In North-western Ontario, McQueen, Sieswerda, Montelpare, and Dennis (2015) [12] conducted a study on breastfeeding prevalence and contributing variables among Aboriginal women. Aboriginal women who are nursing volunteered to take part in the study, totaling 130. At 4 weeks and 8 weeks postpartum, there were low rates of breastfeeding start (69%) and exclusive breastfeeding (37.5% and 35.3%, respectively). At 4 weeks (86%) and 8 weeks (78%) postpartum, duration rates among those who started breastfeeding are comparable to those in previous research. At 8 weeks, the following factors were linked to both any and exclusive breastfeeding: (a) family income; (b) intended breastfeeding length; (c) intention to exclusively breastfeed; (d) sense of achieving their planned duration objective; and (e) stronger breastfeeding self-efficacy. Support from a partner was not always connected with breastfeeding at 8 weeks. Women were more likely to still be exclusively breastfeeding at 8 weeks if they were exclusively breastfeeding while in the hospital (prevalence ratio (PR) = 48.95% confidence interval (CI) (0.27, 0.86), did not smoke during pregnancy (PR = 2.5, 95% CI (1.4, 4.3), and/or did not use drugs (PR = 4.5, 95% CI (1.5, 14).

### Theoretical Framework

The Theory of Planned Behaviour (Ajzen, 1988) was used as the framework for this study and it assumes that the best prediction of behaviour is given by asking people if they are intending to behave in a certain way. Here we note that the intention will not express itself in behaviour if it is physically impossible to perform the behaviour or if unexpected barriers stand in the way. Assuming intention can explain behaviour, how can intention be explained?. According to Ajzen, three determinants explain behavioural intention:

1. The attitude (opinions of oneself about the behaviour);
2. The subjective norm (opinions of others about the behaviour);
3. The perceived behavioural control (self-efficacy towards the behaviour).

The theory link beliefs and behaviours suggesting an individual's behaviour is determined by his/her intention to engage in the act. The theory states that attitude towards behaviours, subjective norms, normative belief and perceived behavioural control together shape an individual's intentions and behaviours.

Attitudes, subjective standards, and perceived behavioral control are all predicted by the model to influence intention, which in turn influences behavior. The three determinants of behavior, as well as the purpose, are thought to be influenced by background variables, which are demographical factors. Prior to the behavior occurring, the motive behind the behavior is explained by attitudes, subjective norms, and the perception of behavioral control. The actual behavior may be reasonably predicted from the goal. Theoretically, perceived behavioral control is also a measure of the abilities required to express the behavior and the potential to get beyond obstacles. As a result, it is assumed that perceived behavioral control directly affects behavior. Feedback on the actual behavior is a result of the expectations for the behavior.

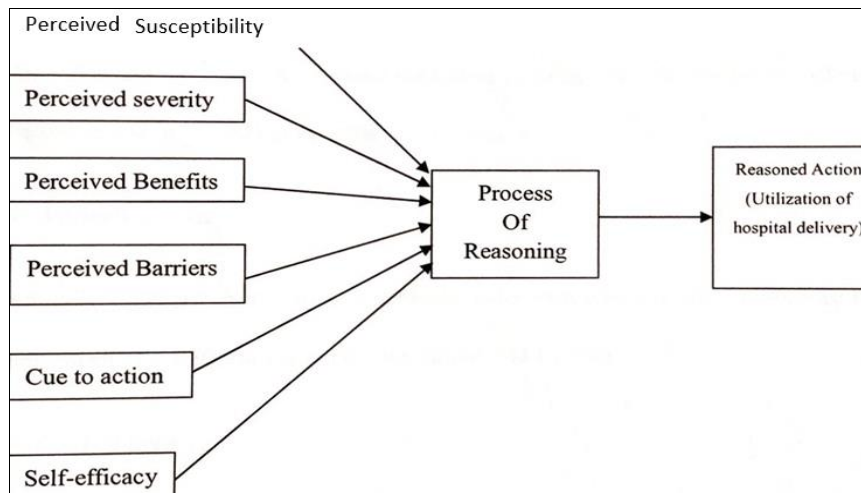


Fig 1: A schematic representation of the theory of Planned Behavior

**Application of Theoretical Framework**

The idea of planned behavior forecasts and explains the intention and behavior of exclusive breastfeeding. The perception of the women's behavioural control and attitude may be enhanced, which may increase their intention to practice exclusive breastfeeding. After birth, improving their exclusive breastfeeding practice will need providing the right postpartum support and knowledge about how to address breastfeeding challenges.

**Methodology**

The study used survey research design. A questionnaire was designed and administered to the sampled participants. The face and content validity of the questionnaire was determined by experts in test and measurement and nursing science. The setting for this research is Vwang Community, situated at the southern part of Jos in Plateau State. It is about 30 kilometres away from Jos town which is the Capital of the state in which has several ethnic groups. The community has about 1200 women according to Independent National Electoral Commission (INEC), 2019, 20% are working class women of child bearing age. There for the target population for this study is 240 working class women in Vwang community. The sample size of 150 for this study is determined using Taro Yamane formula with 0.05 at 5% level of confidence. Data was analyzed using descriptive statistics using tables and percentages and Pearson Product Correlation Coefficient were used as statistics for data analysis with the aid of SPSS version 23 software.

**The Study Area**

The target population for this study comprise of all working class women of child bearing age resident at Vwang community, Jos South Local Government Area of Plateau State. The community has about 1200 women according to Independent National Electoral Commission (INEC), 2019, 20% are working class women of child bearing age. There for the target population for this study is 240 working class women in Vwang community.

**Results and Discussion**

The findings and analysis data are presented in this part in accordance with the study's research goals.

The table below lists the respondents' demographic characteristics.

Table 1: Demographic characteristics of respondents

16 - 20 years	30	20.0
21 - 25 years	28	18.7
26 - 30 years	25	16.7
31 - 35 years	25	16.7
36 - 40 years	22	14.7
41 years and above	20	13.3
Total	150	100
<b>Educational qualification</b>		
Non-formal	15	10.0
Primary	50	33.3
Secondary	55	36.7
Tertiary	30	20.0
Total	150	100
<b>Occupation</b>		
Banker	50	33.3
Politician	15	10.0
Civil Servant	70	46.7
Others	15	10.0
Total	150	100
<b>Number of children</b>		
One	57	38
Two	33	22
Three	30	20
Four and above	30	20
Total	150	100
<b>Religion</b>		
Christianity	150	100
Islam	0	0
Traditional	0	0
Atheist	0	0
<b>Marital status</b>		
Single	6	4.0
Married	137	91.3
Divorce	2	1.3
Widow	5	3.3

Source: Primary

Table 1 above shows that the majority of respondents; 30 (20.0%) are between the ages of 16 — 20 years, most of the respondents; 55 (36.7%) had secondary education, 70 (46.7%) are civil servants 57 (38%) have only one child, all the respondents are Christians and most of the respondents;



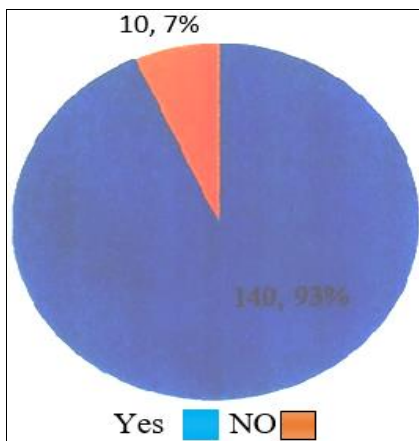
137 (91.3%) are married.

**Knowledge of exclusive breast feeding**



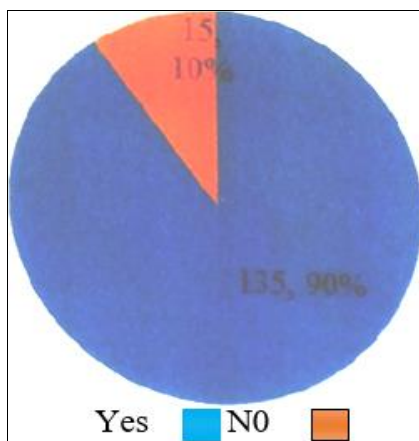
**Fig 2:** Breast feeding is the act of feeding infants and young children with breast milk

As represented in the chart above, 140 (93%) of the respondents know that breast feeding is the act of feeding infants and young children with breast milk



**Fig 3:** Breast feeding is also known as Nursing

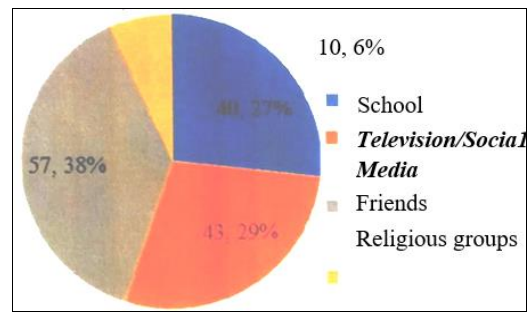
As shown in the chart above, most of the respondents; 140 (93%) know that breast feeding is also known as nursing while 10 (7%) don't know.



**Fig 4:** have you heard of exclusive breast feeding?

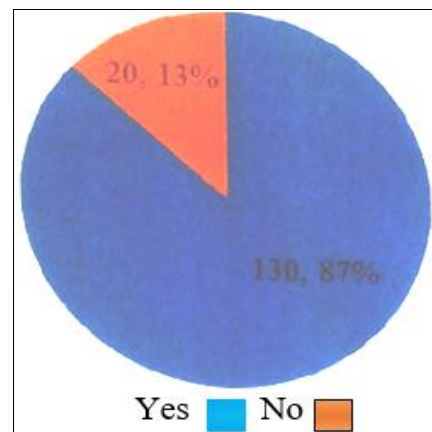
As represented in the chart above, majority of the respondents; 135 (90%) have heard of exclusive breast feeding and 15 (10%) have not heard of exclusive breast feeding

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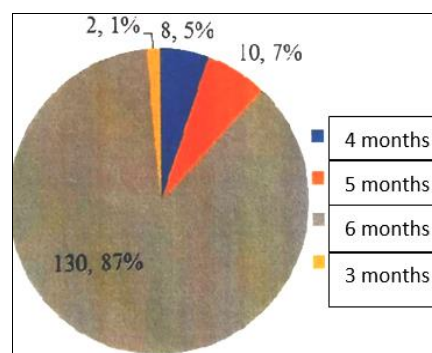
**Fig 5:** If yes to the question above, what is the source of information?

As indicated in the chart above, most of the respondents; 57 (38%) heard of exclusive breast feeding from friends, 43 (29%) heard from television/social media, 40 (27%) heard from school and 10 (6%) heard of exclusive breast feeding from religious groups



**Fig 6:** Exclusive breast feeding means that the infant receives only breast milk

As represented in the chart above, most of the respondents; 130 (87%) know that exclusive breast feeding means that the infant receives only breast milk while 20 (13%) don't know



**Fig 7:** The recommended duration for exclusive breast feeding

As represented in the chart above, majority of the respondents; 130 (87%) know that exclusive breast feeding is for the duration of 6 months.

**Table 2:** How effective do working class woman practice exclusive breast feeding

Variables	frequency	Percentage (%)
<b>Do you practice exclusive breast feeding?</b>		
Yes	130	87.0
No	20	13.0
Total	150	100
<b>At what age did you start breast feeding your child?</b>		
At birth	145	96.7
1 day old	5	3.3
At one week old	0	0.0
At one month old	0	0.0
Total	150	100
<b>Do you breast feed your baby as often as possible?</b>		
Yes	135	90.0
No	15	10.0
Total	150	100
<b>Which other liquid feed do you add to your baby's feeding before six months?</b>		
Pap	20	13.3
Milk	30	20.0
Solid food	0	0.0
There is no additional food to my baby's feeding	100	66.7
Total	150	100
<b>At what age do you stop breast feeding your child?</b>		
At six month	25	16.7
At 1 year	125	83.3
At 2 months	0	0.0
At 3 months	0	0.0
Total	150	100

Source: Primary

As represented in table 2 above, most of the respondents; 130 (87%) do practice exclusive breast feeding, majority; 145 (96.7%) start breast feeding at birth of a child, 134, (90%) breast feed their baby as often as possible, most of the respondents; 100 (66.7%) do not have additional food to their baby' feeding and majority of the respondents; 125 (83.3%) stop breast feeding their baby at one year.

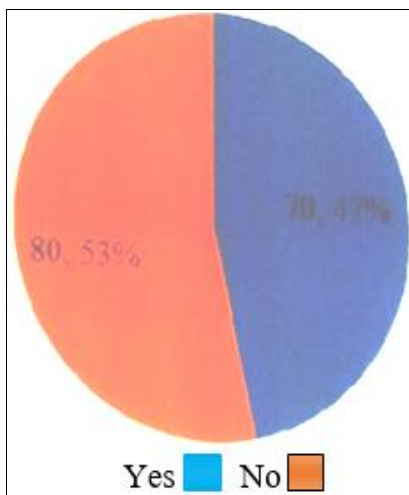
**Challenges of exclusive breast feeding**

From the chart above, considerable number; 70 (47%) of the respondents have limited time to practice exclusive breast feeding due to their job while 80 (53%) don't.

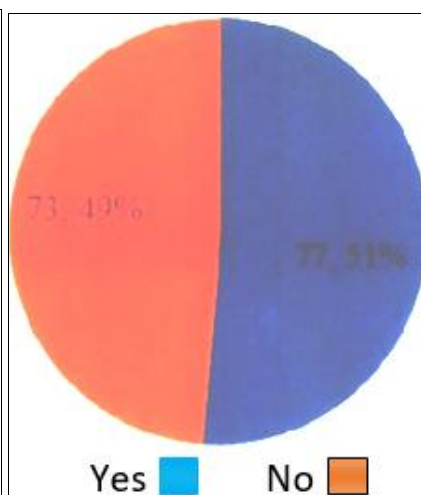
As shown in the figure above, most of the respondents; 77 (51%) have medical conditions or sickness that doesn't allow them to exclusively breast feed their children while 73 (49%) of the respondents don't.

As indicated in the figure above, most of the respondent' culture (143, 95%) do not view exclusive breast feeding as a cultural taboo, and 7 (5%) of the respondent' culture views exclusive breast feeding as a taboo.

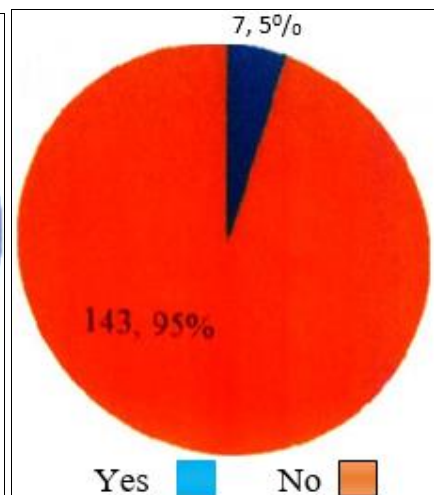
The majority (142, 95%) of respondents indicated that their religious beliefs had no bearing on whether they exclusively breastfed their children, whereas 8 respondents (5%) indicated that their religious beliefs had an impact.



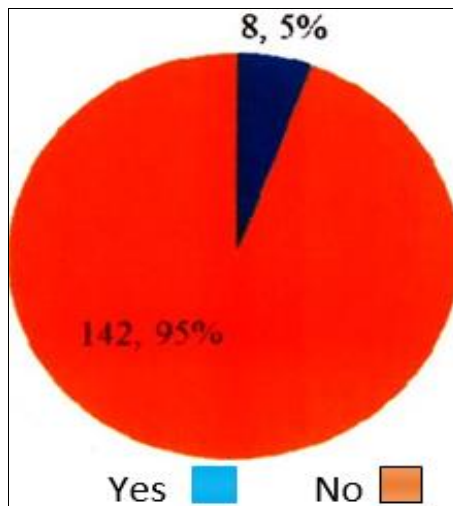
**Fig 8:** Does your job gives you limited time to practice exclusive breast feeding?



**Fig 9:** Do you have any medical condition or sickness that does not allow you to exclusively breast feed your child?



**Fig 10:** Is exclusive breast feeding a taboo in your culture?



**Fig 11:** Does your religious practices affect you exclusively breast feeding your child?

**Table 3:** Strategies for reducing the obstacles to the practice of exclusive breastfeeding n = 150

Variables	SA		D	SD	Mean	Remark
Women should be thought by healthcare professionals and other stake holders the importance of exclusive breast feeding and encourage them to practice	100 (66.7%)	49 (32.7%)	(0.7%)	(0.0%)	3.7	Agreed
Programs and TV shows should be directed towards enhancing the public' knowledge on exclusive breast feeding	81 (54%)	62 (41.3%)	5 (3.3%)	2 (1.3%)	3.5	Agreed
Employers should allow pregnant and women who newly gave birth; maternal leave to allow them space to exclusively breast feed their child	80 (53.3%)	60 (40%)	7 (4.7%)		3.4	Agreed
HIV mothers should be encouraged to enrol in taking antiretroviral drugs which will limit the viral load in their system and women feel safer to breast feed their children	79 (52.7%)	61 (40.7%)		4 (2.7%)	3.4	Agreed
Husbands and family members should assist the women in some of the responsibilities she has to allow her time for proper breast feeding	69 (46%)	51 (34%)	16 (10.7%)	14 (9.3%)	3.3	Agreed
Religious and cultural leaders should be involved in creating awareness to women concerning the benefits of exclusive breast feeding	68 (45.3%)	52 (34%)	15	15 (10%)	3.2	Agreed

Source: primary

As shown in the table above, most of the respondents with mean value of 3.7 accept that women should be thought by healthcare professionals and other stake holders the importance of exclusive breast feeding and encourage them to practice its. Also the majority of the respondents with mean value of 3.5 agrees that Programs and TV shows should be directed towards enhancing the public' knowledge on exclusive breast feeding. Most of the respondents with mean value of 3.4 accept the fact Employers should allow pregnant and women who newly gave birth; maternal leave to allow them space to exclusively breast feed their child. Also, majority of the respondents with mean value of 3.4 agrees that HIV mothers should be encouraged to enrol in taking antiretroviral drugs which will limit the viral load in their system and women feel safer to breast feed their children. In addition, most of the respondents with mean value of 3.3 agree that Husbands and family members should assist the women in some of the responsibilities she has to allow her time for proper breast feeding. And majority of the respondents with mean value of 3.2 accept that Religious and cultural leaders should be involved in creating awareness to women concerning the benefits of exclusive breast feeding.

**Conclusion**

The research was conducted to identify the challenges of exclusive breast feeding among working class women in

Vwang community of Jos South LGA.

A sample of 150 respondents was used to collect data (information) using a questionnaire as the tool for data collection. After administration of questionnaires data were obtained and analysed and expressed as finding of the study. The results of this findings showed that working class women in Vwang community have good knowledge on exclusive breast feeding, and the challenges of exclusive breast feeding identified in the study include: job and other medical conditions interfering with the practice of exclusive breast feeding. The researcher ensured ethical considerations in all findings.

**Recommendations**

Based on the findings in the study, the researcher concludes that; the working class women in Vwang community; Have knowledge on exclusive breast feeding and are faced with job interference and other medical conditions as challenges of exclusive breast feeding and also recommends that,

1. The Government should ensure more information being disseminated on the subject matter and encouraging working class women to practice exclusive breast feeding more.
2. Government and other employers should implement maternity leaves to enable working women have enable space after birth to practice exclusive breast feeding.
3. The researcher also recommends that Health Workers

most especially those working in the local community should engage in post natal supervision to ensure working class women practice exclusive breast feeding and to encourage them on the subject matter.

**Conflict of Interest**

Not available

**Financial Support**

Not available

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