

CHALLENGES OF EXCLUSIVE BREASTFEEDING AMONG WORKING CLASS WOMEN IN NIGERIA

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ABSTRACT

This research work seeks to investigate the challenges of exclusive breastfeeding among working class women. The objective of the present study is to investigate the attitude of working mothers to exclusive breastfeeding. The study unravel those socio-economic determinates of exclusive breastfeeding among working mother in order to give recommendations that will help improve the rate of exclusive breastfeeding. Descriptive survey design was used in the study. Descriptive survey method was used to observe, describe and document aspects of the attitude of working class mothers towards exclusive breastfeeding. 120 mothers participated in this study; they were selected based on the inclusion criteria and their availability at the time of the survey. Socio-demographic characteristics of mothers were presented. This study was carried out among working mothers attending antenatal clinic in Chukwuemeka Odumegwu Ojukwu Teaching Hospital Amaku Awka, in Anambra State Nigeria to assess the knowledge, practice and challenges of exclusive breastfeeding. Participants were obtained from a random sampling of working mothers who attended antenatal visit within the study duration. However, this work assess the level of Working class Breastfeeding mothers' views about the benefits of exclusive breastfeeding, determine the level of working class Breastfeeding mother's views about barriers to exclusive breastfeeding and proffer solution to the challenges of exclusive breastfeeding among nursing mothers.

INTRODUCTION

Exclusive breastfeeding has been defined as feeding of an infant with breast milk only without giving any other foods, not even water except the prescribed medicines, immunizations, vitamins and mineral supplements. WHO (1999), also recommended exclusive breastfeeding of infants for the first 6 months of their life and continued breastfeeding for up to 2 years, with the introduction of other foods. Breastfeeding is the act of milk transference from mother to baby that is needed for the survival and healthy growth of the baby into an adult. Breastfeeding creates an inimitable psychosocial bond between the mother and baby, enhances modest cognitive development.

Furthermore, breastfeeding reduces the risk of neonatal complications, respiratory and other varieties of illnesses. Based on anecdotal and empirical evidence on the benefits of breastfeeding to the mother and baby, the World Health Organization (WHO) has recommended 2 year breastfeeding that is; first 6 months exclusive breastfeeding; more than 8 times breastfeeding of the baby per day. However, a lot of factors not limited to race and cultural beliefs, maternal characteristics, infant health problems, socio-economic status and some psychosocial factors

may hinder the full realization of the exclusive breastfeeding. Exclusive breastfeeding for the first 6 months of life improves with the growth, health and survival status of newborns (WHO 2017) and is one of the most natural and best forms of preventive medicine. The study was done to investigate the challenges of exclusive breastfeeding among working class mothers. The purpose of this study is to understand the barriers and facilitating factors on the capacity to maintain Exclusive Breast Feeding for the recommended 6-month duration among working women. Although breastfeeding may not be completely abandoned, its exclusivity was mostly interrupted by these factors. Some of the factors hindering exclusive breastfeeding initiation and practice in Nigeria include poor knowledge of mothers, lack of mother's confidence, lack of skills about appropriate breastfeeding methods and challenges with other work problems during lactation. These challenges may be amplified among working mothers in Nigeria.

The popularity of exclusive breastfeeding among gainfully employed women is yet to be characterized in Nigeria. The current study therefore aimed to assess the prevalence, and predictors of exclusive breastfeeding among professional working mothers in Nigeria. It is hoped that the findings of the study will provide a current perceptual database that will inform all of us and more importantly the policy makers on the feelings and views of the mothers about exclusive breastfeeding so that appropriate alternatives to motivate the indulgence of exclusive breastfeeding and its support, would be developed by Working class Breastfeeding mothers, helpers and the populace of Nigeria.

DEFINITION OF TERMS

Breast milk:

Breast milk contains all the nutrients required by infants in the first 6 months of life for good health and development. It also contains bioactive factors that augment the infant's immature immune system, providing protection against infection, and other factors that help digestion and absorption of nutrients. The breast milk produced from 37 weeks of gestation to about seven days after delivery called Colostrum which is yellowish and sticky is very significant for immune defenses of the baby during the initial days of life.

Exclusive breastfeeding:

Exclusive breastfeeding was defined as the practice whereby infants receive breast milk alone with no additional fluids or solids other than syrups containing vitamins, mineral supplements, or medicines. EBF means Exclusive Breast Feeding.

Breastfeeding:

Breastfeeding is the best source of infant nutrition. Breastfeeding is a complete nutrition that is easy for the baby to digest, which promotes the child eating more often due to faster digestion.

INTERACTIVE THEORY OF BREASTFEEDING

This study used King's Conceptual System to develop the Interactive Theory of Breastfeeding. King's Conceptual System was selected, because it is open and interrelated and it is also composed of three interactive systems namely: personal, interpersonal, and social interactive systems (King IM. 1981, P.181).

The main purposes of the Interactive Theory of Breastfeeding are: to describe, explain and to analyze the factors that precede and affect the breastfeeding process. The dynamic interaction between mother and child involves perception, judgment, action and reaction during positioning, latching, and suckling for the mutual objective, which is breastfeeding. This dynamic interaction is ensured by verbal and non-verbal communication between mother and child. Family and social authority is a transactional process in which the values, background, and perceptions of each member who takes part in the breastfeeding process have an influence on the control, direction, and change in women's behaviour with regard to breastfeeding. This time of breastfeeding is divided into two types: the length of the breastfeeding process, which includes the time gap between the first feeding and weaning, and the length of each feeding. The length of feeding is the time required to satisfy the child's needs, and it can vary from child to child. The breastfeeding length is determined by the mother-child dynamic interaction.

Interaction theory of breastfeeding is a process of exchange (action and reaction) that takes place when the nurse and the client are in liaison, when they perceive each other and make a judgment about each other. (King IM. 1981). In view of this concept, interaction is characterized by action and reaction, and it is mediated by different forms of communication. The Interactive Theory of Breastfeeding postulates that some concepts have an influence on breastfeeding, modulating it in a more distal way, and they are: woman's body image; space for breastfeeding; mother's role; organizational systems for the protection, promotion, and support of breastfeeding; and family and social authority. Therefore, they are more likely to be closely linked to or strongly influenced by the social system. According to King's Conceptual System, women report that during breastfeeding they feel pleasure and happiness, but they are also concerned with their milk supply, with sagging breasts, and embarrassed by breastfeeding in public (Foley W, Schubert L, Denaro T. 2023, Rocha NB, Garbin AJI, Garbin CAS, Moimaz SAS. 2010, Nabulsi M. 2011). The woman's perception of breastfeeding is based on their emotions, their backgrounds, personal, family, and social experiences with breastfeeding, as well as on skills, knowledge, beliefs, and clichés learned throughout their lives, thus varying between women (Rocha NB, Garbin AJI, Garbin CAS, Moimaz SAS. 2010, Boucher CA, Brazal PM, Graham-Certosini C, Carnaghan-Sherrard K, Feeley N. 2011, Tyler L, Kirby R, Rogers C. 2014). For many of the women, breastfeeding is an act of love, of divine gift, but it also requires a sense of duty and obligation.

BREASTFEEDING AND COMPLEMENTARY FEEDING: ITS CHALLENGES

The importance of breastfeeding practices for a healthy growth and development of infants and young children have been presented in numerous policy documents (World Health Organization 2017, United Nations Children's Fund 2017). Breastfeeding practices are categorized into two broad aspects; exclusive breastfeeding and complementary feeding (WHO indicators for assessing breastfeeding practices 1991). For each of these aspects, guidelines are stipulated as to how to appropriately practice each of them to yield maximum outcomes for the good health of children. For instance, mothers are encouraged to exclusively breastfeed their infants for the first six months of their lives. It is worth mentioning that breastfeeding is much more than giving infants and young children breast milk. Breastfeeding is a complex adaptive process that bonds a mother and her child. During this process according to Raju TNK (2011: 257-259), "physical, biochemical, hormonal, and psychological exchanges occur to facilitate the transfer of needed essential nutrients between the mother and her child". After six months of exclusive breastfeeding, breastfeeding should still continue with added complementary foods as recommended by World Health Organization (WHO 2018).

The introduction of complementary foods is necessary since after the sixth month, breast milk alone is no longer enough to meet the nutritional requirements of infants (WHO 2018). At this stage, it is a transitional period when infants are introduced gradually to family foods. Also, it is recommended that the feeding process should start with other milks and non-milk liquids; and as the children grow older, then other semi-solid or soft foods could be given to them (UNICEF 2018). Wood KM, Qureshi K (2017: 1-9) asserts: “Mothers in their quest to feed their children, as recommended, are sometimes confronted with both personal and external challenges”. Interviews with working mothers, further suggested that preparing complementary foods and feeding children appropriately was very challenging. Also, mothers expressed concerns about the lack of means to keep the foods they have prepared warm: “Preparing the food is the problem. If there is no time to feed her at work and also when you send the food to the work place and it cools, you cannot feed the child as required. As you don’t have heater or microwaves or coal pot at work place, it becomes a serious headache” (A 30-year-old mother). Low breast milk production also poses a problem. Mothers reported that insufficient breast milk was major challenges that hinder efforts towards attaining optimum exclusive breastfeeding. Mothers who were unable to meet their children’s demands for breast milk found themselves in a state of despair. Wood KM, Qureshi K (2017) further stated “that mothers are sometimes negatively influenced by significant others as to how to practice breastfeeding”. Diji AK-A et al, (2017), Gatta L (2018) enumerated the following as other challenges which include: the belief that breast milk alone is not sufficient in meeting nutritional needs of infants; short maternity leave period; and socio-cultural pressure to introduce water and artificial feeds. According to Valizadeh S et al (2017 105-111) “breastfeeding mothers who return to work often feel exhausted—since they feed-on-demand and attend to family and employment responsibilities—leading to concerns for their personal health”. Also, Nankumbi and Muliira (2015), observed that: challenges in relation to appropriate infant and young child-feeding practices are mothers' knowledge about complimentary feeding, influence of culture custodians on mothers, and patterns and burden of other responsibilities the mothers have in the household.

According to Dewey KG (2013), for mothers to practice appropriate complementary feeding, they need to have suitable and enough foods, and ensure that there is diversity in the diets they give to their children. However, according to Abeshu MA et al (2016): in many resource poor contexts, foods that are available are predominantly cereal-based with low nutrient density and poor mineral bioavailability: posing substantial low nutrient consumption for breastfeeding mothers and their children. Even in some environments, commercial fortified foods are often beyond the reach of financially-challenged-mothers; therefore, homemade complementary foods remain commonly used. In collaboration with this, Mitchodigni IM et al (2017: 1-12) states that: “these homemade foods are mostly unfortified plant-based complementary foods hence providing insufficient key micronutrients especially among children aged 6–23 months”. The acquisition of food items by mothers to prepare the required complementary foods for their children was a challenge for most mothers. The unavailability of preferred food items was a concern for some mothers. A mother described that it was really challenging for her to feed her child appropriately: “It was not easy finding the food to sustain all of us as we the parents were not place in a higher salary.” (A -28 year-old mother).

Prior studies have documented the determinants, predictors, or risk factors of breastfeeding practices (Tampah-Naah AM, Kumi-Kyeremeh 2013, Ayawine A, Ae-Ngibise KA 2015); primarily skewed towards the positivist paradigm. This suggests that there is paucity of literature on

exploring challenges mothers encounter in their quest to practice exclusive breastfeeding and complementary feeding. The researcher, therefore, sought to explore views of mothers on challenges of breastfeeding practices in the areas of exclusive breastfeeding, and complementary feeding, drawing on an interpretive approach. The study primarily focused on mother-child dyads. Findings from this study would highlight issues that impede the practice of these feeding practices among mother-child dyads. Salient views from the mothers might pin-point to how to improve infants and young children feeding practices in Nigeria.

Multiple participant groups identified formal employment as a challenge to practicing Exclusive breastfeeding for the recommended 6-month duration. Mothers described that work poses numerous obstacles to practicing Exclusive breastfeeding after returning from maternity leave: inability to travel home or to daycare to breastfeed during the workday, lack of knowledge about and experience with milk expression and storage and lack of breastfeeding spaces and pumping equipment. Breastfeeding education and promotion, provided as individual and group counseling, are recommended during antenatal and postnatal care. These services were reported by healthcare providers and mothers to be provided through the health system. Most mothers and some fathers reported receiving prenatal. Though managers and healthcare providers recognized pumped milk as an opportunity for working mothers to continue exclusive breastfeeding, few employed mothers reported expressing breast milk. Managers, healthcare providers and daycare directors all concurred that milk expression might be challenging because of limited knowledge and experience with expression and milk storage. They also felt that mothers may find the milk expression undesirable and may also experience adverse reactions from family and peers because ‘culturally, it is not very acceptable apart from those who have been a bit modernized. Healthcare providers also felt that mothers don't have enough education and had concerns about. However, they did not feel this was a feasible option due to lack of adequate instruction and demonstration on how to do so and lack of a hygienic environment and necessary equipment (i.e., breast pumps and bottles and refrigeration for safe storage). I have heard about pumping milk, but I can't do it because I don't have the items to pump. I hear you must keep the milk in a clean place, and also, the person feeding the baby must check the hygiene (report from a 31 year old mother). Most mothers indicated that on-site lactation rooms would enable expression and storage at their workplaces. Daycare directors suggested that mothers are hesitant to leave expressed milk for their children because the daycares lack refrigeration to store milk. “Some of the mothers were not very satisfied. But it is because we don't have the facilities. I know that we would need a fridge for that baby. The milk can continually be fresh, and so we don't have that. We don't have power (electricity). So, we are limited” (Daycare personnel reported). However, most mothers are unsure that their milk is appropriately stored and reheated and that their child ‘will be fed the same milk that she left for her child and not the milk from another mother’.

Healthcare providers reported that they counsel HIV-infected mothers on infant feeding strategies to prevent mother-to-child transmission. Some providers described their Breastfeeding promotion efforts for HIV-infected mothers to be more in-depth due to the added importance of preventing vertical transmission, which was perceived to be low. Despite these supports, providers observed that work poses a challenge for some mothers to practice Exclusive breastfeeding through 6 months. There was the perception that HIV positive mothers should not breastfeed their babies. But nowadays, they are very comfortable with it. They take it positively, and they follow the rules that were giving them. Workplace managers recognized the need to support Breastfeeding and

listed some Breastfeeding-related benefits that they provide; however, they described maternal-level barriers to their use. Healthcare providers also noted that mothers might lack knowledge of and experience expressing and storing milk. Mothers were of the opinion that they would be willing to express breast milk for their baby if they were provided a place to store the milk, a breast milk pump and a private lactation room. For some mothers, storage equipment may be just as critical as a lactation space.

Despite significant challenges, opportunities to improve Exclusive breastfeeding support exist in households, communities, workplaces and health system settings. Though mothers offered various suggestions to enhance the feasibility of continued Exclusive Breastfeeding, including flexible hours, many recommended workplace daycares, noting the current insufficiency of flexible work schedules. “We need a baby care at our place of work so we can take our children there. So, whenever we are needed to breastfeed or be given breaks to breastfeed during the day. That will be of great help other than the one hour they give” (A 37 year old mother reported). Fathers and alternate caregivers described several changes that would improve Exclusive breastfeeding feasibility for working mothers. Their most frequent suggestion was a more substantial reduction and flexibility of work hours upon returning to work. However, this solution seemed second best to several fathers who believed the ideal would be to ‘extend maternity leave to six months’ (A report from father A).

Healthcare providers most frequently prioritized enhanced prenatal and community education to support Exclusive breastfeeding continuation through behaviour change. Education is power. If you tell these mothers that breast milk takes eight hours to get spoiled, they will understand and practice it. And telling them that doing exclusive breastfeeding will boost the immunity of this child, they will do it... When they have not yet delivered, they should be educated. In the community, we have Community Health Workers ... they should be educating the mothers. When the mother delivers here, we always give health education, and we insist on breastfeeding, that exclusive breastfeeding (Report from Healthcare provider). Healthcare providers also recommended on-site daycares, supplies to support milk expression and governmental policies lengthen maternity leave and mandate lactation rooms. Daycare directors agreed that both education and provision of breast milk expression supplies (e.g., pumps, bottles, and refrigerators) would facilitate Exclusive breastfeeding upon return to work. Additionally, they felt that daycare workers should receive training on breast milk expression by healthcare providers, so they ‘have facts to tell the mothers’ (Daycare provider reported). Those who did not have on-site daycares felt it could help support Exclusive breastfeeding: ‘having a baby care just within the premises...could help’ and is something work places would like to embrace’ (An employer reported). Some employers also felt lactation rooms would be beneficial, despite some concerns that they would go unused.

BENEFITS OF BREASTFEEDING

- The benefits of breastfeeding extend well beyond basic nutrition. In addition to containing all the vitamins and nutrients the baby needs in the first six months of life, breast milk is packed with disease-fighting substances that protect the baby from illness.
- It also helps in the jaw development of the baby; because breastfeeding is more difficult than bottle feeding, it helps strengthen the child’s jaw.

- Breast milk is free
- Breast milk is the only natural food designed for the baby.
- Breastfeeding protects the baby from infections and diseases.
- It decreases allergies
- It is available whenever and wherever the baby needs a feed.
- It can build a strong physical and emotional bond between the mother and the baby.
- It can give you a great sense of achievement.
- Less chance of diarrhea and vomiting for the baby
- Fewer chest and ear infections for the baby
- Less chance of the baby being constipated
- Less likelihood of the baby becoming obese and therefore developing type 2 diabetes and other illnesses later in life
- Lowers mother risk of getting breast and ovarian cancer
- Helps in uterine shrinkage
- Decreases depression
- Decreases risk of osteoporosis
- Naturally uses up to 500 calories a day thus helping you to lose weight naturally
- Saves money – infant formula, the sterilizing equipment and feeding equipment can be costly
- Exclusive breastfeeding can also delay the return of the mother's periods

COMMON BREASTFEEDING PROBLEMS

1. Sore or cracked nipples

Sore nipples happen as a result of the baby not well positioned and attached at the breast. When you experience sore or cracked nipples, get help from your midwife, health visitor or breastfeeding specialist as soon as possible.

2. Less breast milk

At the onset of breastfeeding, the baby may not be getting enough milk. It can take a little time for the baby to be getting enough milk. Offering the baby both breasts at each feed and alternating breast will help to stimulate the mother's milk supply. If the baby is not getting enough milk, report to the midwife, health visitor or breastfeeding specialist.

3. Breast engorgement/Too much breast milk

Breast engorgement is when the mother's breasts get too full of milk. They may feel hard, tight and painful. Engorgement can happen in the early days when the mother and the baby are still getting used to breastfeeding. It can take a few days for the mother's milk supply to match your baby's needs. Engorgement also happens when the baby is older and not feeding so frequently, perhaps when the starts having solid foods.

4. Breastfeeding and thrush

Thrush infections can sometimes happen when mother's nipples become cracked. This attracts candida fungus into the mother's nipples. If the mother suspects that the baby has a thrush infection, she is advised to see a health visitor or Doctor.

5. Blocked milk duct

If breast engorgement continues, it can lead to a blocked milk duct. The mother may feel a small, tender lump in her breast. Frequent feeding from the affected breast may help.

6. Mastitis

Mastitis inflammation of the breast happens when a blocked milk duct is not relieved. It makes the breast feel hot and painful, and can make the mother feel very unwell with flu-like symptoms. Frequent breastfeeding helps. If the pain increases, contact your GP. The mother may need antibiotics.

7. Breast abscess

If mastitis does not respond to treatment, or well treated, it can lead to a breast abscess, which may need an operation to drain it.

8. Breastfeeding and tongue tie

In some babies, the strip of skin that attaches the tongue to the floor of the mouth (frenulum) is shorter than usual. This is known as tongue tie. Some babies who have a tongue tie find it difficult to breastfeed. In others, it can stop the tongue moving freely, which can make it difficult for them to breastfeed. To help the baby, get the tongue tie treated.

CONCLUSION

The main promoters of information about exclusive breastfeeding are shaped by socio-cultural influences. The strongest determinant of a successful practice of exclusive breastfeeding is self-motivation and the dedication to breastfeed. One of the greatest factors influencing the attitude of working class mothers towards exclusive breastfeeding is their level of education. Despite their knowledge about exclusive breastfeeding, many of them still have poor knowledge about colostrums. A good number of them even have the misconception that it causes diarrhea and therefore should not be given to the babies while greater proportion have no reason for rejecting it.

Maintaining breastfeeding after return to work is challenging for working mothers and majority of them need support to continue breastfeeding practice. Support from their spouses and families' influences working mothers' decision to breastfeed. Employers play a role in providing a support system and facilities in the workplace for mothers to express and store breast milk. Both internal and external supports are essential for mothers to overcome challenges in order to achieve success in breastfeeding. Mothers are confronted with numerous Exclusive breastfeeding challenges both at the individual and societal levels. The predictors of Exclusive breastfeeding should be considered by all stakeholders in order to offer appropriate support to breastfeeding mothers.

Promotion of exclusive breastfeeding through education, open discussions about breastfeeding challenges and extension of maternity leave is recommended for improved outcomes. Mothers are confronted with numerous exclusive breastfeeding challenges both at the individual and societal levels and stakeholders need to consider these in order to support breastfeeding mothers to maximize outcomes. In spite of its countless benefits, many efforts to promote exclusive breastfeeding have yielded less than desired outcomes. This may be related to the challenges mothers encounter when breastfeeding. Exclusive breastfeeding challenges occur at the maternal, infant, family, healthcare system, and at community and national level.

FINDINGS

The interviews conducted provided insight into the views of breastfeeding mothers in relation to challenges they encounter in their bid to exclusively breastfeed as well as complementarily feed their children. This study identified nursing mothers' engagement in performing household chores (especially cooking and fetching water) as challenges to practicing optimum exclusive breastfeeding. The absence or limited assistance nursing mothers get in performing household chores in most contemporary Nigerian homes tend to negatively influence how their infants are exclusively breastfed including those who are complementarily fed.

Further, the findings revealed that at work schedules of mothers equally hinder the practice of exclusive breastfeeding. The early return to work by breastfeeding mothers in civil and public services after three months of maternity leave, tend to compound exclusive breastfeeding challenges for mothers (Nkurumah J 2016, Dun-Dery EJ, Laar AK 2016). Aside the early return to work, most institutions or organizations in Nigeria do not have breastfeeding cubicles or rooms as required by law. Again, the location of crèches and where most mothers work are distant. In such circumstances, mothers may be required to express breast milk to be given to children while they are at work.

In this study, low breast milk production was another challenge encountered by mothers. Low breast milk production is linked to medical and non-medical conditions. (Native Mother PC 2017). Most often, it is the non-medical conditions (such as less sucking time, and delaying feeds) that contribute to low breast milk production among mothers (Kam R, 2016). For instance, less sucking time probably could be due to sore nipples resulting in low breast milk production. Also, while mothers may intend to exclusively breastfeed children, physical conditions may inhibit such intentions. For instance, breast abnormalities such as sore nipples (Cherop CE et al, 2009: 69-72) could lead to less breastfeeding and consequently low breast milk production. Mothers in this study pointed to all these as shortcomings that thwart their willingness to practice or continue with exclusive breastfeeding. Agunbiade and Ogunleye (2012) documented similar findings in a study conducted in Nigeria. They identified constraints such as swollen breast, nipple problems, and perceived milk insufficiency among breastfeeding mothers. Moreover, it was found that mothers had challenges accessing complementary food items or ingredients. Insufficient financial endowment poses challenges to some mothers in purchasing complementary foods. This is a common challenge for mothers in rural areas, as compared to their urban counterparts, where mothers are usually not economically endowed to afford children's foods. Preparing and giving complementary foods to children while at work was a challenge for mothers. Mothers are supposed to adhere to diversifying—adequate nutrient—rich foods and hygienic practices when preparing complementary foods for children. Weaned children also need to eat frequently and consistently.

This requires mothers to always prepare foods to ensure that their children are healthy. Aside this, foods prepared for children are supposed to be kept warm to avoid food contamination. Working mothers who may not have effective food storage containers to keep their children's food warm are likely to give them cold foods. In instances where children are not fed because foods are cold, then the expected frequency and consistency in the feeding cycle of children would be breached. Children may even be exposed to consuming cold foods when other caregivers are to feed them in the absence of their mothers.

RECOMMENDATIONS AND SUGGESTIONS

Findings suggest that mothers encountered exclusive breastfeeding challenges at home, with work schedules within their societies, and in relation to their health status. In order to address these challenges, we suggest the creation of awareness through especially radio for family members and other significant others to enable them provide adequate support for exclusive breastfeeding mothers. Also, increasing maternity leave to at least five months for expectant and nursing mothers by authorities in the country would reduce challenges nursing mothers have at work places. On complementary feeding, a platform should be created for midwives and community health nurses to provide further education on how to adequately and appropriately use local foods to feed their children. Besides, the provision of suitable feeding cubicles for breastfeeding or feeding children at work places by authorities would be a positive measure to ensuring mothers feed their children with ease.

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