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WORKING MOTHERS' PRACTICE AND EMPOWERMENT TO EXCLUSIVE BREASTFEEDING IN BRUNEI DARUSSALAM: A QUALITATIVE STUDY.

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ABSTRACT

Introduction: Current studies have established that there are numerous facilitators and challenges of exclusive breastfeeding. There are limited studies that explore working mothers' experiences on what empowers them to continue and sustain exclusive breastfeeding. **Methods**: A qualitative exploratory study was conducted by means of in-depth semi-structured focus group with 16 working mothers purposively selected from all four public universities in Brunei Darussalam. Data was analysed thematically. **Results**: Three themes emerged that influenced mothers' empowerment to initiate and sustain exclusive breastfeeding: 1) self-determination; 2) psychosocial support system; and 3) the real world. Mothers' determination to embrace breastfeeding is socio-culturally and religiously shaped, which is further strengthened by motherly instinct that primarily empowered mothers to exclusive breastfeeding. Psychosocial support system comprising husband, family, friends, support groups and social media are positively viewed as vital enhancer of mothers' empowerment. Mismatch of mothers' expectations and the actual experiences, non-breastfeeding friendly work environment and unsupportive co-workers hindered them from feeling fully empowered to exclusively breastfeeding. **Conclusion**: Holistic strategies should be implemented to continuously enhance and empower working mothers to achieve at least a minimum of six months exclusive breastfeeding once they return to work. This includes provision of dedicated private breastfeeding room and allocated time for pumping of breast milk. Working mothers also required support for their transition from breastfeeding the babies on their breast during the allocated extended maternity leave to different methods of giving expressed breast milk to their babies when they return to work.

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ABSTRACT

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INTRODUCTION

There are substantial benefits of breastfeeding on the health of both mother and child.[1] The World Health Organization emphasised the fundamental importance of exclusive breast

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feeding (EBF) in the first six months of infant life, and with complementary feeding until two years or beyond.[2] Human breast milk is the gold standard for infant feeding as it contains all the essential and balanced nutrients. Breastfeeding enhance the infant's immune system and provide protection against common childhood illnesses such as diarrhoea or pneumonia.[3] Breastfeeding is also associated with the overall development of the child, including their sensory and cognitive development,[4] contributes to health benefits of mothers such as promotion of uterine contraction after delivery, hence reduces chance of maternal bleeding,[5] the suppression of ovulation that helps in natural birth spacing,[2] and reducing the mother's risk of developing reproductive cancers.[6]

Despite the well-documented significance of breastfeeding, the prevalence of EBF for six months is only 38% worldwide.[7] In Brunei Darussalam (henceforth: Brunei), breastfeeding practice declines from 71% in one-month old infants to 29% as the infants reached six months.[8] Similar findings are also echoed in other countries such as Bhutan, Qatar, and Australia.[9, 10, 11] Inadequate planning and strategies for continuing breastfeeding when returning to work has been viewed as impeding mothers to continue exclusive breastfeeding.[12] Mothers also lack of confidence in continuing breastfeeding and highlighted maternity leave as inadequate.[13] The International Labour Organisation (ILO) recommended a minimum of 14 weeks paid and protected maternity leave for employed new mothers.[14] In line with the ILO recommendation, the duration of maternity leave in Brunei was increased from eight weeks (56 days) to 15 weeks (105 days), which was effective from January 2011.[8]

A quantitative study to compare the rates of EBF between employed and non-working mothers in Brunei before and after the implementation of the new Maternity Leave Regulation 2011 found that although prevalence of EBF practice increased significantly in 2013 as compared to 2010, the rate is still low when compared to 38% of the global rate.[7] The reasons underpinning this low rate is not yet well understood. Hence this study was conducted to obtain an in-depth understanding on working mothers' practice and empowerment to exclusive breastfeeding.

METHODS

A qualitative exploratory study was conducted on purposive sample of 16 mothers working in four public universities in Brunei. Focus groups discussion (FGD) lasted between 45 and 60 minutes were employed to allow exploration of practice and mothers' empowerment to exclusive breastfeeding. FGD were conducted both in Malay and English language. Participants signed written consent and pseudonyms were used to safeguard anonymity and confidentiality.[15] Semi-structured questions were prepared (Table I) to avoid the FGD from side-tracking and minimise distractions.[16]

Table I: Focus group discussion questions.
• **What do you understand with the term "exclusive breastfeeding"?**
• **What made you decide to breastfeed your baby?**
• **Did you do anything to prepare breastfeeding before you had your baby?**
• **What empowers you to breastfeed your baby? (facilitators/enablers throughout breastfeeding)**
• **What are the challenges/barriers that you have experienced during breastfeeding?**

Qualitative data from the FGD was analysed using thematic analysis. The audio-recorded was first transcribed verbatim, read and re-read, followed by line-by-line open coding, and then focus coding.[16,17] Transcripts were read repeatedly to ensure immersion to the data collected.[15] Initially, there were ap-

proximately 400 open codes were formed which was later condensed down to 150 focus codes. Constant comparative method to data analysis were undertaken: the content within individual transcript and between the four transcripts were compared.[17] Eleven preliminary themes were generated which were later finalised into three. To confirm accuracy, member checking of the coding and themes were undertaken.[15] Only the quotes that were used as examples of the themes were translated to English to minimize translation bias.[17] The symbol [tr.] was used in reporting the result that indicates the approximate English translation and the brackets () explain the meaning of the word. The findings were reported using pseudonym and not real name.

The study was approved by the Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah, Institute of Health Sciences Research Ethics Committee (IHSREC) of the Universiti Brunei Darussalam (REF: UBD/ PAPRSBIHSREC/2018/131).

RESULTS

A total of 16 mothers (15 Malay and one Chinese mothers) agreed and signed written consent to participate in the study. They were aged between 28 and 45 years old with a mean age of 35.6 years. They had and exclusively breastfed between 1 to 6 children. Seven of them breastfed exclusively for less than 12 months and the other nine for 12 months or more.

Theme 1: Self-Determination

This theme explained the reasons that empowered mothers' determination for breastfeeding. Islam, as a dominant religion in Brunei, plays a fundamental role. Some mothers highlighted that the initiation of breastfeeding was empowered by their *Nawaitu* [tr. Intention] to breastfeed their baby. This intention was built even before the child was born. They all regarded breastfeeding as a gift from '*Allah'* (the Muslim's God).

> "Ever since I found out that I was pregnant I've already had the *Nawaitu* to breastfeed my baby . . . breast milk is *Allah*'s gift… So, I felt a strong will power and have already made my decision to breastfeed early on… I feel even more determined to breastfeed my baby once she was born . . ." (Aliyah, has two children, EBF > 12 months)

Some mothers expressed that breastfeeding is considered as an *Amanah* [tr. Obligation] from *'Allah'*. They pointed out that it is the mother's duty and responsibility to breastfeed their baby as documented in the Holy book of Islam – Al-Qur'an. They highlighted the baby's right as *khalifah* [*Allah*'s creation] to receive breast milk from their mother.

> "When the baby cries, mother is obligated to feed her baby…It is my *Amanah* as a mother, assigned by Allah… the first thing that motivated me to breastfeed my baby whom is the *khalifah* in this world…The child has the right to receive breast milk." (Diana, has 3 children, EBF youngest child > 12 months)

Some of the mothers also believed that the strong will power to breastfeed their babies have driven and empowered them to initiate and maintain breastfeeding.

> "…I breastfeed on my own strong will to successfully breastfeed my baby… Without this will power, my milk will not come out… I will have difficulty... Due to this strong will, I did not give up breastfeeding, even at difficult times." (Salamah, has six children, EBF all children ≤ 12 months)

Majority of the mothers agreed that empowerment to breastfeeding were guided by their natural motherly instincts and their baby's natural reflex action to breastfeeding.

> "My strong decision to breastfeed came naturally as a mother… my baby herself crawled and try to find my breast and breastfeeding just started naturally…Her mouth is wide open wanting to breastfeed…I felt the natural instinct…the power to breastfeed my baby..." (Salbiah, has three children, EBF from second child onwards ≤ 12 months).

Some mothers also associated their determination and empowerment to breastfeed with the feeling of 'guilt'.

> "…I would not allow my baby to take formula milk which originates from cows… I must feed my baby with my own breast milk." (Suhana, has two children, EBF her second child ≤ 12 months)

All the mothers in this study admitted that their decision to breastfeed exclusively was initially not intentional. They explained that empowerment to exclusively breastfeeding was heavily influenced by the promotion of breastfeeding nationwide. They acknowledged that this empowered them to resort to breastfeeding and never regret their decision.

> "Obviously breastfeeding my child is heavily advocated as being the best thing for my baby. I wouldn't say it's a conscious decision on my part from the beginning. It's more like OK, we'll try breastfeeding because every mother is breastfeeding... Not a single day that I regretted that decision." (Ernie, has a child, EBF her child ≤ 12 months)

Theme 2: Psychosocial support system

This theme describes the sources of support and motivation for breastfeeding. The first, main and most fundamental psychosocial support system was that from their husbands that empowered them in the initiation and continuation of breastfeeding.

> "I would say the support from my husband is important in motivating me and giving me the power to initiate and continue breastfeeding…" (Syahirah, has five children, EBF second child onwards > 12 months)

The husband's support was elaborated as diverse and empowered them in various ways, including through emotional support in terms of words of motivation and encouragement, and financial support.

> "…When I am feeling stressed during breastfeeding…My baby's constant crying… These made me felt worse... At times, I just felt that I could not hold on to breastfeeding... My husband motivated me to maintain my patience and passion…He also bought for me lactation cookies… (supplements believed to increase lactation)…he wanted me to have a strong will power to continue breastfeeding…." (Sahara, has a child, EBF her child ≤ 12 months)

More than a half of the mothers elaborated that their husbands' physical support contributed to their psychological well-being through sharing responsibility as parent.

> "My husband supported me a lot…For example, our baby would tend to stay awake after breastfeeding at night… he would help me do house chores, like cooking for dinner…and sometimes he would take turns taking care

> of our baby at night so that I can get enough rest. This supported me not only for my exhaustion, but also mentally…Strong motivation and power built within me to sustain breastfeeding…" (Zahirah, has two children, EBF second child > 12 months)

About two-thirds of the mothers shared that, they also valued face-to-face or virtual support group. These are available either from public health institution; individual private and non-funded organisation; and from social media platforms such as WhatsApp group, Instagram and Facebook.

> "It is important to have a support group with mothers that are encouraging and not the ones that put us down…such as from Facebook and Instagram… I prefer to surround myself with those who have the same situation... we can share on how to manage breastfeeding issues… My determination grew stronger when I knew that they (other mothers) could successfully breastfeed their babies despite all the challenges that they faced… Other supports are from my close friends. We communicate through WhatsApp group chat… we also meet ups when I need to see practical demonstration..." (Sofea, has five children, EBF three children > 12 months)

Theme 3: The real world

This theme describes challenges that commonly impede women to be fully empowered to EBF. Almost all participants agreed that although they were determined to breastfeed their babies, they were usually physically and mentally unprepared, especially during their first pregnancies.

> "I was so overly confident…especially with my first born...that breastfeeding and natural process to do… I assumed that my baby will breastfeed perfectly and spontaneously after birth. . . Only now I understand… My baby and I also needed the skills… I felt I was awaken in the real world… I was not well prepared…and this decreased my will power." (Sabrina, has three children, EBF all children ≤ 12 months)

All mothers expressed that although they are working, assumptions must not be made that they are educated and knowledgeable, hence capable of preparing themselves for breastfeeding.

> "…What I faced are similar with any other mothers' challenges... I do not know how to position my baby during breastfeeding, and how to attach the baby on my breast… these are very challenging and really test my perseverance. Being a working mother does not mean that I know everything…I need knowledge…Knowledge is power. The power for me to continue breastfeeding and achieve exclusive breastfeeding . . ." (Hasnah, has three children, EBF all children > 12 months)

Majority of the mothers also shared that they became upset when they could not resolve the challenges that they encountered during breastfeeding, hence, felt disempowered and had thoughts of quitting and resorting to formula milk.

> "Breastfeeding my first baby was very challenging. I was really stressed because I wasn't successful... So, in the end, after six months, I had to give him formula milk…" (Arina, has two children, EBF both children ≤ 12 months)

> "Sometimes I have the thoughts of resorting to formula milk…I was really exhausted. I didn't really have enough rest… So, I find it really hard to move around or have some time of my own. At that time I don't have much experience in breastfeeding." (Hayati, has 3 children, EBF two of the children > 12 months)

All mothers regarded non-supportive and non-friendly breastfeeding environment as the main hindrance and disempowered them from successful EBF.

> "When I first started expressing breast milk at work, I did not have any signs on my door... So I would just lock my door, assuming that people wouldn't force their way in... but unfortunately I have been finding people who still try to come in even when the door was locked… Even later when I put a 'Do Not Disturb' sign outside… As they can see through the glass window that there's someone inside... but I don't want to have any conversation… I would usually just keep quiet and thought that they would go away... they even try to peek through the glass windows... I don't think they understand that expressing breast milk needs the same privacy as going to the toilet... because even if you go to the toilet with someone, you wouldn't really want to talk to them through the door. A breastfeeding room is definitely needed for us… for expressing breast milk and also share and discuss breastfeeding challenges..." (Maisarah, has one child, EBF her child ≤ 12 months)

All mothers in this study acknowledged challenges to abide with the EBF period heightened when returning to work. They expressed that they need supports for transition from their babies breastfeeding directly on the breast to the different methods of feeding expressed breast milk to their babies when they return to work. They pinpointed that although majority of employers are supportive, unfortunately some are not.

> "… I always have to leave work early because my baby only wants to breastfeed directly on my breast and does not want to take the expressed breast milk through bottle…even it is breast milk … When I asked permission from my boss to leave work early, he did not allowed me. He told me to wait until office hours end... Sometimes, even lunch time is taken up by meetings and I was not able to return home immediately after work because I have loads of work to be completed… But he (her boss) doesn't understand that I need to fulfil…my baby's needs. In the end, I just left work without his consent. It's just so frustrating...as if…they've never had children before." (Saadah, has five children, EBF all children ≤ 12 months)

DISCUSSION

Our study aimed to explore working mothers' practice and empowerment to exclusive breastfeeding. The findings from our study provided some explanations for the potential reasons of low prevalence of EBF among working mothers even after the implementation of Extended Maternity Leave in the year 2011 in Brunei.[8,12] Working mothers in our study described how they were able, have survived and sustained breastfeeding and eventually EBF, which were not without challenges.

Working mothers' strong empowerment to EBF is sociocultural and religiously bound which is primarily and fundamentally underpinned by Islamic religion. In Islam,

every action comes from intention where intention shaped actions. The mothers stated that it was their *Nawaitu* [tr. Intention], their obligation or *Amanah* that was given by Allah and the baby's rights to receive breast milk, all empowered them to breastfeeding. The rights of the baby to breastfeeding is documented in the Holy Book of Islam (Chapter 2, Verse 233): "And mothers [should] breastfeed their children for a total of two years".[18] Islam has favourable stance on breastfeeding that influenced the mother's empowerment to breastfeed. Our findings are similar to and reinforced a study conducted in Singapore that pointed out regardless of the ethnic groups, Muslim mothers were found 6.7 times more likely to breastfeed their babies at extensive period in comparison to mothers of other religious backgrounds.[19]

Women empowerment to EBF was also accelerated by strong psychosocial support system. Our study findings revealed that working mothers relentlessly emphasised the significance of the support provided by their husbands. Husbands' supports are considered central to their motivation in continuing breastfeeding that lead to EBF. The various forms of support include emotional, physical and financial support. This is consistent with a study conducted in Iran that identified the primary roles of husband in supporting and increasing the likelihood for the success of breastfeeding practice.[1] The husband, as the head of the household, is responsible for making decision on matters related to the family, which can affect breastfeeding practice in many ways.[20]

Our study highlights that although mothers are working and may have a high level of education, assumptions should not be made that they are knowledgeable in breastfeeding. Studies showed mothers with higher level of education did not necessarily have better knowledge on EBF.[21,22,23] It is the knowledge on breastfeeding which empowered working mothers to exclusive breastfeeding instead of their qualification or educational level.[24]

Our study also highlighted that the presence of working mothers' breastfeeding support group in the community provided encouragement to them, developed their self-confidence and empowered them to EBF. The purpose of a support group is to provide peer support, which is defined as:

> "the provision of emotional, appraisal and informational assistance by a created social network member who possess experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population".[25]

Self-help groups are identified as the commonest support group which were created through social network platforms such as WhatsApp Messenger, Instagram and Facebook. These findings reinforced a study on the integral role of social media in the provision of support for breastfeeding.[26] The revolution of the digital world makes information easily and always be available at the fingertip. However, it can be argued that not all social media may contained legitimate information that could be practiced safely. Authentic information on breastfeeding may be found in websites regulated by the International Confederation of Midwives or World Health Organization. There is a further need for local social media platform dedicated to support exclusive breastfeeding practices from governing body such as the Ministry of Health.

Our study posited that maternal employment does position EBF as a challenging task. Maternity leave of less than six month does not guarantee that working mothers will be successful in EBF. About 44% (7 out of 16) working mothers in this study were only

successful with their EBF commencing from their second child onwards. Our study resonates with various studies conducted in other countries including Korea, Malaysia, and Nigeria.[21, 23, 24] The main challenge when returning to work is the inadequate support from higher authority, such as the head of department and co-workers which is congruent with a study in Ghana that pointed out employers perceptions of breastfeeding as an impediment reducing mothers' productivity at work.[27] Our study identified that working mothers expressed frustration in obtaining permission in between work to breastfeed their babies. By contrast, a study pinpointed that working mothers who were allowed to have breaks during work were able to successfully practice EBF.[28] Working mothers in our study further reported inconsistent lunch break and working beyond office hours due to meetings and having to complete heavy workloads. Working mothers in our study further highlighted that the lack of privacy was the main hindrance to expressing their breast milk at work. Some colleagues unknowingly would still try to gain entrance into the room despite it being locked and having a 'do not disturb' sign being placed on the door. Recommendation for availability of a dedicated private breastfeeding room for them to express their breast milk undisturbed and to be able to interact with other breastfeeding mothers were suggested in the study. In other countries such as the United States of America (US), 'Break Time for Nursing Mothers' law was introduced in 2010 to overcome such problem as mentioned earlier.[29]

To the best of our knowledge, our study was the first qualitative study that explore exclusive breastfeeding among working mothers in Brunei. However, the findings from our study are not representative of all workplaces in Brunei Darussalam and should be interpreted within its limitations to the working mothers of public universities in Brunei. Despite this, in-depth findings encompassed working mothers' empowerment and practice of exclusive breastfeeding, and workplace challenges. This signified that our study may be replicated in other workplaces for substantial varying results. Future study may also explore the effects of education level on EBF and current workplaces that actually had dedicated room for nursing mothers. Further recommendations are as illustrated in Table II.

Table II: Recommendations from findings of the study.

• A culture of respecting the rights of breastfeeding mothers in the working environment.
• Private room specifically dedicated for the working mothers to pump breast milk should be provided.
• Working mothers should be given an appropriate amount of break time in between work to express breast milk.
• Support should be provided for working mothers' transition from breastfeeding the baby on the breast during the allocated extended maternity leave to alternative methods of feeding baby the express breast milk when they returned to work.
• Encouragement and support through highlighting the strong sociocultural and religious perspectives foundational to empowering women for EBF.

CONCLUSION

This study highlighted working mother's empowerment to exclusively breastfeed as sociocultural and religiously bound; and strengthened by supports from husband and the community at work. By contrast, the main challenges that impede women empowerment to EBF include transition of practices during the maternity leave where babies were breastfed directly to the breast, to the use of alternative methods of providing express breast milk to babies in maintaining exclusive breastfeeding when they return to work; and non-breastfeeding friendly work environment. Based on the findings of this study recommendations are made to address the challenges to exclusive breastfeeding, especially when women return to work.

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CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

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REFERENCES

1: Kohan S, Heidari Z, Keshvari M. Iranian women's experiences of breastfeeding support: A qualitative study. Int J Pediatr. 2016;4 (10):3587–600. [Accessed on 19 April 2021].
2: World Health Organization. Breastfeeding [Internet]. WHO International; 2021. [Accessed on 20 Mar 2021].
3: Anatolitou F. Human milk benefits and breastfeeding. J Pediatr Neonatal Individ Med. 2012;1 (1):11–8. [Accessed on 19 April 2021].
4: Binns C, Lee M, Low WY. The Long-Term Public Health Benefits of Breastfeeding. Asia-Pacific J Public Heal. 2016;28(1):7–14. [Accessed on 19 April 2021].
5: Abedi P, Jahanfar S, Lee J. Breastfeeding or Nipple stimulation for preventing postpartum haemorrhage in the third stage of labour. Cochrane Database Syst Rev. 2016;(1): CD010845. [Accessed on 19 April 2021].
6: Yasmeen BN. WBW 2015: Breastfeeding and Work Let's make it Work! North Int Med Coll J. 2015;7(1):85–6. [Accessed on 19 April 2021].
7: Cai X, Wardlaw T, Brown DW. Global trends in exclusive breastfeeding. Int Breastfeed J. 2012;7(12):2–6. [Accessed on 19 April 2021].
8: Alhaji MM, Sharbawi R, Majeed A, Tuah NAA. Sociodemographic factors associated with uptake of exclusive breastfeeding practice in Brunei Darussalam. Brunei Int Med J. 2017;13 (1):12–9. [Accessed on 19 April 2021].
9: Tshering D, Gurung MS, Wangmo N, et al. Prevalence of Exclusive Breastfeeding and Factors Associated With Exclusive Breastfeeding of Children in Trongsa District, Bhutan. Asia-Pacific J Public Heal. 2018;1–9. [Accessed on 19 April 2021].
10: Hendaus MA, Alhammadi AH, Khan S, Osman S, Hamad A. Breastfeeding rates and barriers: A report from the state of Qatar. Int J Women's Health. 2018;10:467–75. [Accessed on 19 April 2021].
11: Ogbo FA, Eastwood J, Page A, Arora A, McKenzie A, Jalaludin B, et al. Prevalence and determinants of cessation of exclusive breastfeeding in the early postnatal period in Sydney, Australia. Int Breastfeed J. 2017;12(16):1–10. [Accessed on 19 April 2021].
12: Alhaji MM, Roslin S, Kay A, Tuah NAA. Paid maternity leave extension and exclusive breastfeeding practice: Evidence from Brunei. Asian Biomed. 2017;11(6):435–42. [Accessed on 19 April 2021].
13: Alzaheb RA. Factors Influencing Exclusive Breastfeeding in Tabuk, Saudi Arabia. Clin Med Insights Pediatr. 2017;11:1-8. [Accessed on 19 April 2021].
14: International Labour Office. Maternity and paternity leave at work: Law and practice across the world [Internet]. International Labour Organization; 2014. [Accessed on 19 April 2021].
15: Polit DF, Beck CT. Nursing Research: Principles and Methods. 8th ed. Philadelphia: Lipincott Williams & Wilkins; 2017. [Accessed on 19 April 2021].
16: Pannucci C, Wilkins E. Identifying and Avoiding Bias in Research. Plast Reconstr Surg. 2011;126(2):619–25. [Accessed on 19 April 2021].
17: Charmaz K. Constructing Grounded Theory: A Practical Guide through Qualitative Analysis. Washington DC: Sage; 2014. [Accessed on 19 April 2021].
18: Firoozabadi M, Sheikhi M. Breastfeeding from Quran to Medical Science. Int J Curr Res Acad Rev. 2015;3(7):134–7. [Accessed on 19 April 2021].
19: Foo LL, Quek SJS, Ng SA, Lim MT, Deurenberg-Yap M. Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers. Health Promot Int. 2005;20 (3):229–37. [Accessed on 19 April 2021].
20: Wanjohi M, Griffiths P, Wekesah F, et al. Soci-

ocultural factors influencing breastfeeding practices in two slums in Nairobi, Kenya. Int Breastfeed J. 2017;12(5):1–8. [Accessed on 19 April 2021].

21: Kang NM, Lee JE, Bai Y, Van Achterberg T, Hyun T. Breastfeeding Initiation and Continuation by Employment Status among Korean Mothers. J Korean Acad Nurs. 2015;45(2):306. [Accessed on 19 April 2021].

22: Chhetri S, Rao AP, Guddattu V. Factors affecting exclusive breastfeeding (EBF) among working mothers in Udupi taluk, Karnataka. Clin Epidemiol Glob Heal. 2018;6:216–9. [Accessed on 19 April 2021].

23: Arabi R, Mamat R, Abd Rashid N, Bakri R. Working Mothers' Knowledge of Exclusive Breastfeeding in Hospital Canselor Tuanku Muhriz (HCTM). J Sains Kesihat Malaysia. 2018;16(01):163–8. [Accessed on 19 April 2021].

24: Ihudiebube-Splendor CN, Okafor CB, Anarado AN, Jisieike-Onuigbo NN, Chinweuba AU, Nwaneri AC, et al. Exclusive Breastfeeding Knowledge, Intention to Practice and Predictors among Primiparous Mothers in Enugu South-East, Nigeria. J Pregnancy. 2019;1–8. [Accessed on 19 April 2021].

25: Dennis C-L. Peer support within a health care context: A concept analysis. Int J Nurs Stud. 2003;40:321–32.

26: Alianmoghaddam N, Phibbs S, Benn C. "I did a lot of Googling": A qualitative study of exclusive breastfeeding support through social media. Women and Birth. 2019; 32 (2): 147-156.

27: Mogre V, Dery M, Gaa PK. Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. Int Breastfeed J [Internet]. 2016;11(12):1–8. [Accessed on 19 April 2021].

28: Murtagh L, Moulton AD. Working mothers, breastfeeding, and the law. Am J Public Health. 2011;101(2):217–23. [Accessed on 19 April 2021].

29: U.S Department of Labor. Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision [Internet]. U.S Department of Labour; 2021. [Accessed on 19 April 2021].