

# **Key Domains Of Support In Workplace Exclusive Breastfeeding And Job Satisfaction Among Workers In Surulere Local Government, Lagos**

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## **Abstract:**

Exclusive breastfeeding is the process of giving breast milk to infant from his or her mother or a wet nurse. Studies have shown that breastfeeding have a lot of benefits to infant's development and their level of thinking. Hence, this research examined key domains of support in workplace exclusive breastfeeding and job satisfaction among workers in Surulere Local Government, Lagos. The research adopted a cross sectional design. The population adopted was 183,530 from four selected organization in Lagos state. The sample size was 234 which was achieved with Taro Yamane's formula. The sampling technique used for the selection of participant using multi stage sampling procedure. A validated questionnaire with Cronbach's alpha internal consistency ranged from 0.80 to 0.82 was used for data collection. Data were analyzed using descriptive and inferential statistics at 5% level of significance. The qualitative data was analyzed thematically. The findings revealed that most of the respondents were between the ages of 31-36 (23.3%). There were more females (92.8%) than males (6.3%) and other genders (0.9%). In conclusion, it was observed that most employers supported the employment of breastfeeding mothers which improved the health status of the children. Similarly, breastfeeding mothers were willing to bring their children to creche and lactation rooms of offices which is a supportive

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structure to the babies even though they have to pay. It was recommended that employers should inculcate the habit of dedicating a lactation room for nursing mothers in organization without attracting additional funds to the parents.

**Keywords:** Exclusive breastfeeding, Creche, Lactation room, Infant development, Nursing Mothers,



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## Introduction

Nursing specialists advocate exclusive breastfeeding as the ideal nutritional source for newborns in their initial six months of life (Galipeau et al., 2018). Nonetheless, employed moms frequently have difficulties in maintaining breastfeeding when re-entering the workforce. Workplace support for breastfeeding is essential in assisting mothers to achieve their breastfeeding objectives while managing their job obligations (Vilar-Compte et al., 2021). In this context, workplace support denotes policies and practices that endorse and encourage breastfeeding, including the provision of lactation rooms and designated breaks for nursing or pumping. In 2019, the Nigerian government launched the Breastfeeding Action Plan, which seeks to elevate the percentage of exclusive breastfeeding in the nation to 65% by 2025. The strategy encompasses many activities, including the creation of additional lactation rooms in public venues and workplaces, the advocacy of breastfeeding-friendly policies and practices within professional environments, and the provision of counselling and support services for nursing moms.

Nurses and midwives enhanced their advocacy for exclusive breastfeeding via health education in hospitals and clinics (Felix et al., 2017), while policies were implemented to promote breastfeeding in the workplace in Nigeria (Felix et al., 2017). There is a necessity for enhanced implementation and enforcement to guarantee that all working women have access to the requisite support for continuing breastfeeding upon their return to work. The interactive theory of breastfeeding posits that several elements converge to facilitate effective nursing (Osibogun et al., 2018). The availability of time for women to breastfeed, together with support from the workplace and family, has been identified as variables contributing to stress and poor breastfeeding outcomes (Robbins et al., 2022).

Exclusive breastfeeding is essential for the health and welfare of newborns; nevertheless, its incidence is low in most regions globally, including Lagos, Nigeria. Research indicates that the rate of exclusive breastfeeding in Lagos varies between 25.7% and 55.6%, suggesting that a significant number of mothers in Lagos do not adhere to the World Health Organization's recommendation of exclusive breastfeeding for the first six months of an infant's life (Osibogun et al., 2018). Multiple factors have been recognised as contributing to the low incidence of exclusive breastfeeding in Lagos, including insufficient knowledge and attitudes regarding exclusive breastfeeding, inadequate support for breastfeeding in healthcare environments and workplaces, and cultural beliefs that favour the utilisation of infant formula. Moreover, despite the presence of a designated Baby Friendly hospital in Surulere local government, Lagos, a significant enhancement in the practice of Exclusive Breastfeeding is not evident, as shown by Osibogun et al. (2018).

Exclusive breastfeeding refers to the practice of providing a newborn solely with breast milk, without the introduction of any other liquids or solid meals for the initial six months of life. Exclusive breastfeeding has various advantages, such as a less risk of infections, enhanced cognitive development, and a lower likelihood of chronic disorders. Nonetheless, despite the myriad advantages, the rates of exclusive breastfeeding in Lagos, Nigeria, remain low. The 2018 Nigeria Demographic and Health Survey indicates that just 29.7% of newborns in Lagos, Nigeria, are exclusively breastfed throughout the initial six months of life. This is much below the worldwide objective of 50% established by the World Health Organisation. The general



objective of the study was to examine key domains of support in workplace exclusive breastfeeding and job satisfaction among workers in Surulere Local Government, Lagos. The specific objectives were:

- i. To determine if overall perceptions of workplace breastfeeding support are associated with job satisfaction
- ii. To examine which domains of breastfeeding support are associated with job satisfaction.

### Methodology

This study was carried out using a cross sectional quantitative design and data were collected at different points. The target population of the study was 183,530 females working at Surulere local government, Lagos state. The sample size of 234 was determined by using Taro Yamane formula. The sample size of 234 was shared using convenient sampling technique amongst selected organizations in surulere local government of Lagos state.

The instrument for the collection of data for this research was self-structured questionnaires which was in three sections (A, B, C)

Section A: This is titled Demographic Variable which comprises of Age, Gender, Educational level, Occupation, Religion, Marital status, Ethnicity.

Section B: This is titled Perception of Workplace Breast Feeding which has five scales of Strongly Agree, Agree, Disagree, Strongly Disagree and Unsure

Section C: This is titled Domain of Breast feeding which has five scales of Strongly Agree, Agree, Disagree, Strongly Disagree and Unsure

The self-structured questionnaire was tested for face and content validity by an expert in measurement and evaluation. Based on the expert's suggestions, necessary modifications were made in the preparation of final draft. The instrument was first tried on 24 respondents with similar characteristics in a different location. Reliability analysis was therefore calculated for all the items in each constructs using statistical package for social science (SPSS) using a Crombach's alpha and the reliability ratios were 0.76 and 0.87 respectively for perception of workplace breastfeeding and domain of breast feeding. Visit was made to the research settings and copies of questionnaire were distributed the collected data was entered into statistical package for social science (SPSS). Data was analyzed using descriptive statistics in the form of frequencies and percentages.

### Results

**Table 1 Respondents demographic data**

Items	Frequency (n=223)	Percentage (%)
<b>Age</b>		
18-23	11	4.9
24-29	29	13.0
25-30	51	22.9
31-36	80	35.9
37-42	52	23.3
<b>Gender</b>		
Male	14	6.3



Female	207	92.8
Others	2	0.9
<b>Educational level</b>		
No formal education	6	2.7
Primary	2	0.9
Secondary	36	16.1
College/University	179	80.3
<b>Occupation</b>		
Civil Servant	145	65.0
Farmer	7	3.1
Housewife	18	8.1
Trader	22	9.9
Student	3	1.3
Not Employed	3	1.3
Others (self-employed, rough trade)	25	11.2
<b>Religion</b>		
Christianity	156	70.0
Islam	67	30.0
Others	0	0
<b>Marital Status</b>		
Single	26	11.7
Married	184	82.5
Divorced/Separated	13	5.8
Widower	0	0
<b>Ethnicity</b>		
Hausa	13	5.8
Igbo	86	38.6
Yoruba	121	54.3
Others	3	1.3

The result from table 1 shows that the respondents in majority 80(35.9%) are between 31-36 years of age, 207(92.8%) college education are,179 (80.3%) civil servant 145(65%) Christians 156(70%) married 184 (82.5%) while Yoruba 121(54.3%).

**Table 2: Descriptive analysis of association between overall perceptions of workplace breastfeeding support and job satisfaction**

Items	Strongly agree (%)	Agree (%)	Unsure (%)	Disagree (%)	Strongly disagree (%)	Mean ( $\bar{x}$ )
Breastfeeding is accepted in the community where I live.	177 (79.4)	45 (20.2)	0 (0)	1 (0.4)	0 (0)	4.78



In general, I feel enough support to continue to breastfeed and work.	128 (57.4)	65 (29.1)	2 (0.9)	24 (10.8)	4 (1.8)	4.30
I have flexible time at work that allows for breastfeeding	58 26.0	94 42.2	0 (0)	69 30.9	2 0.9	3.61
I know where to find the company policies for breastfeeding or expressing breast milk at work.	75 (33.6)	64 (28.7)	9 (4.0)	64 (28.7)	11 (4.9)	3.57
I am able to find information about what is expected of me when planning to return to work and breastfeed after having a baby.	41 (18.4)	126 (56.5)	9 (4.0)	44 (19.7)	3 (1.3)	3.71
I am aware of federal and state policy that supports breastfeeding and employment.	63 (28.3)	109 (48.9)	5 (2.2)	40 (17.9)	6 (2.7)	3.82
My state has legislative policies that encourage employers to be lactation friendly.	60 (26.9)	91 (40.8)	5 (2.2)	61 (27.4)	6 (2.7)	3.62
People in my social network support my decision to breastfeed after a return to work.	78 (35.0)	97 (43.5)	3 (1.3)	40 (17.9)	5 (2.2)	3.91
My husband or support person supports my decision to breastfeed after a return to work.	111 (49.8)	91 (40.8)	1 (0.4)	17 (7.6)	3 (1.3)	4.30
My baby's caregiver supports my decision to feed breast milk and breastfeed while at work.	82 (36.8)	100 (44.8)	1 (0.4)	30 (13.5)	10 (4.5)	3.96
My family supports breastfeeding.	122 (54.7)	92 (41.3)	0 (0)	7 (3.1)	2 (0.9)	4.46
My break times are flexible when needed in order for me to breastfeed.	67 (30.0)	101 (45.3)	1 (0.4)	40 (17.9)	14 (6.3)	3.75
My work schedule is flexible.	56 (25.1)	94 (42.2)	4 (1.8)	51 (22.9)	18 (8.1)	3.53
<b>Average Mean</b>						<b>3.95</b>

The result from Table 2 shows the respondent responses on overall perception of workplace support associated with job satisfaction among workers in surulere. About 177(45%) strongly agree that breastfeeding is accepted in the community where they live, 128(54%) also strongly agree they feel enough support to continue to breastfeed and work. 58(26%)



strongly believe they have flexible time at work that allows for breastfeeding, 75(33.6%) also strongly believe they know where to find the company policies for breastfeeding or expressing breast milk at work. 41(1.4%) strongly agree they are able to find information about what is expected of them when planning to return to work and breastfeed after having a baby. 63(28.3%) strongly believe they are aware of federal and state policy that supports breastfeeding and employment. 60(26.9%) believe the state has legislative policies that encourage employers to be lactation friendly. 78(35%) agree that people in their social network support their decision to breastfeed after a return to work. 111(49.8%) agree that their husband or support person supports their decision to breastfeed after a return to work. Also, 82(36.8%) agree that their baby's caregiver supports my decision to feed breast milk and breastfeed while at work. 122(54.7%) agree that their family supports breastfeeding. 67(30%) believe their break times are flexible when needed in order for them to breastfeed. 56(25.1%) believe the work schedule is flexible.

**Table 3 Descriptive Analysis of domains of breastfeeding among the respondents**

Items	Strongly agree (%)	Agree (%)	Unsure (%)	Disagree (%)	Strongly disagree (%)	Mean ( $\bar{x}$ )
I am aware of where the designated lactation rooms are located.	66 (29.6)	83 (37.2)	6 (2.7)	43 (19.3)	25 (11.2)	3.55
The designated space for breastfeeding is available when I need it.	28 (12.6)	130 (58.3)	2 (0.9)	38 (17.0)	25 (11.2)	3.44
The designated place for breastfeeding is in a convenient location.	53 (23.8)	99 (44.4)	4 (1.8)	45 (20.2)	22 (9.9)	3.52
The designated space for breastfeeding is comfortable.	47 (21.1)	94 (42.2)	7 (3.1)	50 (22.4)	25 (11.2)	3.39
I am able to find space to store expressed breast milk properly.	73 (32.7)	82 (36.8)	5 (2.2)	35 (15.7)	28 (12.6)	3.61
I made a decision during my pregnancy to breastfeed when I returned to work.	88 (39.5)	120 (53.8)	0 (0)	7 (3.1)	8 (3.6)	4.22
I am confident in my ability to breastfeed.	107 (48.0)	92 (41.3)	4 (1.8)	16 (7.2)	4 (1.8)	4.26
I have been successful breastfeeding an infant while continuing employment.	84 (37.7)	90 (40.4)	0 (0)	34 (15.2)	15 (6.7)	3.87
<b>Average Mean</b>						<b>3.73</b>



Table 3 shows the results of the assessment of the domains of breastfeeding among the respondents. The respondents agreed that they were aware of where the designated lactation rooms are located ( $\bar{x}$  =3.55). They were unsure if the designated space for breastfeeding was available to them when needed ( $\bar{x}$  =3.44), although they agreed that it was located in a convenient spot ( $\bar{x}$  =3.52), however they weren't sure if it was a comfortable space ( $\bar{x}$  =3.39). 66(29.6%) agree they are aware of where the designated lactation rooms are located. 28(12.6%) agreed that the designated space for breastfeeding is available when they need it. 53(23.8%) agreed that the designated place for breastfeeding is in a convenient location. 47(21.1%) agreed that the space is comfortable. 73(32.7%) agreed they are able to find space to store expressed breast milk properly. 88(39.5%) agreed that they made the decision during their pregnancy to breastfeed when they returned to work. 107(48%) agreed they have the confidence in their ability to breast feed. 84(37.7%) agreed to have been successful breastfeeding an infant while continuing employment.

Additionally, the respondents agreed that they were able to find space to store expressed breast milk properly ( $\bar{x}$  =3.61). They also agreed that they made a decision during pregnancy to breastfeed when I returned to work ( $\bar{x}$  =4.22) and that they were confident in their ability to breastfeed ( $\bar{x}$  =4.26). Finally, the respondents agreed that they had been successful in breastfeeding their infant while continuing employment ( $\bar{x}$  =3.87).

### Discussion of findings

Objective one evaluated the general attitudes of workplace breastfeeding assistance among the participants. The respondents concurred that breastfeeding is socially accepted in their society, indicating that it is seen as a normative and endorsed behaviour. This contrasts with the findings of Osibogun, et al. (2018), which indicated that the primary source of nursing support originated from the infant's father, whilst the workplace provided the least assistance. The participants in the research typically had a maternity leave of three months, and fewer than 10% indicated receiving workplace assistance for breastfeeding. The acceptance documented in this study can foster a supportive atmosphere for nursing moms, allowing them to breastfeed with confidence and comfort. They believed they had sufficient assistance to maintain nursing while employed. This signifies that they recognised a degree of support from their coworkers, bosses, or workplace policies that facilitated the balance between breastfeeding and work obligations. Facilitating sufficient support for breastfeeding in the workplace is crucial for enhancing the sustained breastfeeding practices of working women. The respondents concurred on the necessity of flexible work hours to facilitate nursing, while enhancements may be made in offering adaptable schedules or breaks that cater to breastfeeding requirements. Providing flexible work hours can significantly support breastfeeding and assist nursing moms in sustaining their milk supply.

Moreover, the respondents were informed about business policies and regulations that advocate for breastfeeding in the workplace. This may result from their organisations offering explicit information and tools to assist employees in accessing breastfeeding assistance. The respondents demonstrated awareness of federal and state policies that advocate for breastfeeding and employment, along with legislative measures promoting lactation-friendly practices among employers, indicating a recognition and comprehension of the legal framework designed to safeguard and support breastfeeding in the workplace. Tsai (2014)



similarly stated that the respondents in their studies were cognisant of the workplace modifications and policies that let them to nurse their infants at work.

The responses indicated consensus of the assistance received from various persons and groups within their social network. They concurred that others within their social network endorsed their choice to breastfeed when returning to work, and that their spouses or support persons also endorsed this decision. This aligns with the findings of Souza, et al., (2016), which indicate that spouses, participants' mothers, friends, and nurses exerted the most influence on women's decisions to initiate and sustain breastfeeding. Their association with these individuals entailed aid, guidance, and anticipations for comprehension and backing. This illustrates the significance of possessing a supportive social network that advocates for and comprehends the advantages of exclusive nursing for children.

The respondents concurred that their baby's carer endorsed their choice to provide breast milk and nurse while work, underscoring the importance of collaboration and comprehension from carers in promoting the continuation of breastfeeding. The respondents also indicated concurrence over their family's support for breastfeeding. This underscores the necessity for nursing moms to have supportive family members, which will facilitate the continuation of breastfeeding while employed. The respondents had a favourable opinion of workplace breastfeeding. They perceived their workplace as conducive to nursing and acknowledged the significance of sustaining breastfeeding while managing working obligations. Consequently, it is essential for companies to persist in cultivating a friendly atmosphere, establishing clear policies, offering flexible work arrangements, and nurturing social support networks for nursing moms.

The results from objective two indicated that the respondents exhibited doubt about the existence of dedicated breastfeeding areas. This indicates the necessity for enhanced accessibility or more explicit recommendations from companies. Similarly, Lammers, et al. (2019) indicated that nursing moms often encountered informational deficiencies that hindered their ability to effectively engage in exclusive breastfeeding. Nursing moms must be assured that these areas will be available to them when required. Supervisors should develop explicit policies and practices to guarantee the availability and accessibility of lactation rooms, therefore offering nursing moms reassurance and support.

The availability of comfortable breastfeeding rooms is beneficial as it supports working moms in nursing. Lactation facilities have to be strategically positioned inside the workplace to ensure easy accessibility during working hours. This conclusion is corroborated by Vilar-Compte, et al., (2021), who demonstrated in their research that the provision of lactation spaces, breast milk extraction breaks, and supportive organisational policies are essential strategies for facilitating successful breastfeeding among nursing mothers in the workplace. This convenience can promote and facilitate the continuation of breastfeeding among employed moms.

The discovery that respondents expressed uncertainty regarding the comfort of designated places indicates that enhancements can be implemented to foster a more conducive atmosphere for nursing. This finding aligns with the research of Hentges and Pilot (2021), which indicated that breastfeeding mothers could not exercise their rights as breastfeeding employees in the workplace due to inadequate and inaccessible lactation facilities,



insufficient communication and information dissemination, a lack of awareness among others, rigid working hours, and unaccommodated workloads. Therefore, businesses must prioritise the establishment of friendly environments that facilitate breastfeeding. This may encompass offering amenities like ergonomic sitting, privacy enhancements, suitable illumination, and enough ventilation. Comfortable environments can enhance the nursing experience and elevate the probability of sustained breastfeeding throughout employment. The responders' ability to locate appropriate areas for expressing and storing breast milk seems promising (Akute et al., 2024). This suggests that the respondents may have access to resources that facilitated their decision to maintain nursing while employed. Supervisors must persist in prioritising the allocation of suitable places and resources for the expression and storage of breast milk, guaranteeing that nursing women have a secure and sanitary environment to sustain their breastfeeding experience. The respondents' desire to breastfeed while returning to work, together with their confidence in their nursing capabilities, reflects a positive attitude and dedication to maintaining breastfeeding while fulfilling work obligations. This contradicts the findings of Adebayo and Oluwaseyi (2020), which indicated that exclusive breastfeeding was inadequate among moms in South-west Nigeria. While the respondents in the current study exhibit a favourable attitude towards sustained breastfeeding, this intention necessitates the establishment of supportive policies and practices that foster a breastfeeding-friendly workplace. Such measures may include the provision of flexible schedules, designated break times for breastfeeding or pumping, and access to educational resources and support for nursing mothers. The responders indicating success in nursing their infants while employed is noteworthy, as it demonstrates the feasibility of attaining a work-life balance conducive to breastfeeding. This indicates that, despite the difficulties of reconciling employment and nursing, they effectively breastfed their infants while working.

### Conclusion

The study concludes that workplace breastfeeding support significantly influences job satisfaction among workers in Surulere. A substantial proportion of respondents acknowledged feeling supported in their breastfeeding journey while working, with positive perceptions of social and workplace backing. However, flexibility in work schedules and break times for breastfeeding remains a concern for some employees. While awareness of designated lactation spaces was relatively high, uncertainty about their availability and comfort suggests potential areas for improvement. Despite these challenges, many respondents expressed confidence in their ability to breastfeed and successfully balance employment with breastfeeding responsibilities. These findings underscore the importance of enhancing workplace breastfeeding policies and support structures to foster a more accommodating environment for breastfeeding employees.

### Recommendations

Based on the findings, the following recommendations are proposed to enhance workplace breastfeeding support and improve job satisfaction among employees:

1. Employers should ensure clear communication of workplace breastfeeding policies, including designated lactation spaces, flexible work schedules, and break times for



- breastfeeding. Regular sensitisation sessions and accessible policy documents will help employees understand their rights and available support.
2. Organisations should provide well-equipped, private, and comfortable lactation rooms in convenient locations within the workplace. Ensuring the availability of these spaces when needed, along with proper storage facilities for expressed breast milk, will further support breastfeeding employees.
  3. Employers should consider implementing more flexible work arrangements, such as adjustable break times and remote work options where feasible, to accommodate breastfeeding employees. This flexibility can help mothers sustain breastfeeding while meeting their job responsibilities.
  4. Employers should foster a workplace culture that encourages breastfeeding by engaging supervisors, colleagues, and organisational leadership in supporting lactating employees. Additionally, collaboration with policymakers to strengthen legislative frameworks for workplace breastfeeding support will help create a more inclusive and supportive environment.

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