

**WORKPLACE POLICIES FOR EFFECTIVE BREASTFEEDING PRACTICES AMONG
WORKING MOTHERS IN NIGERIA**

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Abstract

The first childcare normally provided by mothers after birth is breastfeeding. Due to hard economic conditions, breastfeeding mothers have taken up employment in both public and private establishments. They face the huge challenge of bridging the gap between effectively breastfeeding their babies and discharging their functions at work. Consequently, there is the need to formulate workplace policies that will ensure the mothers effectively breastfeed their children. Family-friendly policies have been discussed. Workplace supports for effective breastfeeding practices has also been discussed. Exclusive breastfeeding for the first 6 months after childbirth has been advocated. However, mothers' perception and knowledge influence their breastfeeding practices. Several studies have found that working mothers quickly discontinue exclusive breast feeding, especially when the maternity leave is over. This has been attributed to challenges such as lack of cooperation from colleagues and superiors, lack of support from family members, and lack of managerial breastfeeding support. Other challenges the working mothers face include poor family income which forces them to take on low paying jobs, and working long hours which makes the mothers not to effectively breastfeed their children. The paper has recommended among others, that employers in both private and public sectors need to provide adequate facilities for breastfeeding mothers, and laws and policies regarding breastfeeding need to be reviewed to give room for working mothers to adequately and effectively breastfeed their children.

Key words: Breastfeeding Mothers Policies Workplace

INTRODUCTION

Childbirth has remained a contentious issue for decades. The argument centres around not just childbirth but childcare. In other words, what should countries of the world prioritize, childbirth or childcare? In today's world, while the West and countries in East Asia like China and Japan prioritize child care, the Arab world and Africa prioritize childbirth. By child care is meant providing the necessary conditions for child upbringing including not just feeding and shelter but education as well. It is of no use to give birth to children and then fail to care for their wellbeing. This care starts right from birth when the child begins breastfeeding

Breastfeeding is as old as man. This is because living things, including man, need to reproduce. At infancy, in order for growth and development to take place, there is need to feed. Animals, including humans, undertake feeding through the breast. In this wise, breastfeeding is an important thing for a mother to do as soon as childbirth takes place. It is globally recognized that exclusive breast feeding for the first 6 months of life is necessary. In other words, mothers need to feed their babies exclusively with breast milk during the first 6 months after birth.

In today's world, mothers have found it important to look for work either in the private sector or in government establishments. This is occasioned by the tough economic realities of the times (Nwaodu, 2021). By 2020, Nigeria's female labour force stood at 48.1% (Labour Force Statistics, 2020). In 2022, about 27.1 million females got employment in formal or informal sectors compared to the previous year where 26.0 million got employed in both sectors (Schwettmann, 2020). Families need income to run the home. Consequently, when mothers take to working either in the private sector or in government establishments, there remains a conflict between their dedication to duty

and the need to breastfeed their children. This creates a situation where mothers' attention is divided between carrying out their official functions and attending to their babies' feeding needs. There is therefore, the need to formulate workplace policies that will create a synergy between mothers' work schedules and their need to provide effective breastfeeding to their babies. This paper discusses workplace breastfeeding laws and policies, workplace support for effective breastfeeding practices, working mothers' lactation discontinuance, rate of exclusive breastfeeding, as well challenges to effective breastfeeding for working mothers.

Workplace Breastfeeding Laws and Policies

Working nursing mothers always have very serious challenges especially in their effort to balance the demands of the workplace and child care. In a developing country like Nigeria, a mother could lose her job either in public or private employment as she tries to do her official job and look after her breastfeeding child. There is therefore, the fundamental need to formulate laws that will protect the lactation mother against any form of intimidation or victimization. A study by Keckl and Wurm (2024) examined workplace breastfeeding and maternal employment in the US. The study essentially explored how workplace breastfeeding laws impacted labour supply of mothers. The study covered a unique setting in that between 1998-2009, states in the US introduced laws requiring employers to provide break time and a private room for women to express milk or breastfeed. Findings showed an increase in breastfeeding initiation and the probability that a child was breastfed at three and 6 months after birth. The study also found that workplace breastfeeding significantly increase maternal employment by 4% when children were in breastfeeding age.

UNICEF in 2016 advocated for the following breastfeeding and family friendly policies: 1) Family-friendly policies are an investment in early childhood health and development; 2) Family-friendly policies protect women's health, promote gender equality and support women's participation in the workforce; 3) Paid leave and other family-friendly policies are good for mothers, babies - and business. Furthermore, UNICEF then came up with the following key facts:

1. Maternity leave is critical to enabling early, exclusive and continued breastfeeding. Once a mother returns to work, the provision of hygienic lactation spaces, breastfeeding breaks, and access to childcare can help her continue breastfeeding for as long as she chooses.
2. Longer maternity leave is associated with lower infant mortality in low- and middle-income countries. For each month of additional maternity protection, there is a reduction of nearly eight infant deaths per 1,000 live births.
3. Family-friendly workplace policies attract more women to the workforce and reduce constraints on women's time, increasing per capita income and benefiting national economies.
4. The provision of workplace breastfeeding rooms and nursing breaks are low-cost interventions that can improve breastfeeding, job performance and employee retention.
5. The cost of not breastfeeding is significant, for both children and nations. Globally, the total annual economic loss of not breastfeeding, according to recommendations is estimated to be between US\$257 billion and US\$341 billion. Investments in scaling up breastfeeding programmes are therefore critical to boosting human capital and strengthening economies around the world.

Workplace Support for Effective Breastfeeding Practices

Several breastfeeding practices exist. WHO and UNICEF have recommended initiation within the first one hour of birth. They have also recommended exclusive breastfeeding and continuous breastfeeding. Exclusive breastfeeding is expected to take place for the first 6 months after birth, Continued breastfeeding will extend to two years and beyond (Adeyanju, 2023)..Other breastfeeding practices include prelacteal feeding, colostrum feeding and optimal feeding practice.

The first year of life is critical for a baby. It is during this time that nutrition becomes central to the baby's growth and development. The prevalence of stunting in children under five years in

Nigeria has been found to be 34.2% (UNICEF, WHO, and World Bank, 2023). GAIN (2019) pointed out that globally, 1 in 3 people suffer from one type of malnutrition, which brings significant losses in productivity, posing challenges to employers in low and high income settings. Likhar and Patil, (2022) argue that "Poor nutrition during this crucial period is linked to significant morbidity and mortality as well as delayed motor and mental development as immediate consequences." There are severe and long-term consequences which include work capacity, impairments in intellectual performance, and overall health during adolescence and adulthood (Balogun, Olaniran, & Ogunniyi). Necessary steps must therefore, be taken to provide good and adequate nutrition

The breast milk is very important for infants and children. Consistent lactation has the tendency to reduce infant mortality and morbidity. The World Health Organization argues that "optimal breastfeeding, namely when children are 0 - 23 months old, is very important because it can save the lives of more than 820,000 children under 5 years of age every year." (Nenohai, Setyowati and Lestari, 2024) For working mothers, lactation appears to be waning. For instance, for countries such as the US, only 25% of children are exclusively breastfed for the first 6 months after birth, compared to OECD countries (CDC, 2022). This poses a serious challenge to these children. This is because for the children need the breast milk for proper growth and development.

GAIN (2019) defined 'workplace breastfeeding support' to include programmes or company policies which enable working mothers to breastfeed exclusively for 6 months and continually up to 2 years. GAIN identified the programmes to include: respecting or exceeding national laws on duration of paid maternity leave (ensuring 6 months minimum), providing an appropriate place and time to express/pump milk during work hours and providing options for working mothers such as on-site child care and flexible work schedules, awareness-raising or nutrition education campaigns for mothers and co-workers on the importance of breastfeeding.

Many workplace lactation supports have been identified in literature. For instance, Olson, Sigman-Grant and Braun (2020) propose tangible and intangible workplace lactation supports for employed mother. Tangible lactation support includes policy support, support groups, physical facilities and break time. Intangible supports are coworkers and managers. Both tangible and intangible lactation supports, the authors explained, influence employees' breastfeeding behaviour. The work of Adeyanju (2023) points out that effective exclusive breastfeeding supports in Nigeria include work support, mass media campaign, mobile support, paid maternity leave, and the baby-friendly hospital initiative.

The Business Care for Breastfeeding (n.d.), provided that a comprehensive breastfeeding support programme will include the following:

1. Privacy during milk expression: This includes designating a private space that can be secured (multiple rooms if needed), consider providing breast pump equipment and a cooler or refrigerator for storing milk, and arrange for scheduling room usage and for routine cleaning.
2. Flexible breaks and work options: This will involve allowing gradual transition back to full time work, incorporate time to express milk at work, allow for transition options such as part-time work, telecommuting, flexible schedules, or job sharing, allowing access to baby at work through on-site child care; allowing caregiver to bring baby to mom at work to nurse; or allowing mom to bring baby to work (up to age 6 months).
3. Education resources: This will involve offering prenatal classes and postpartum lactation counseling, providing back to work education with an IBCLC or other health professional, and incorporate ongoing education with a resource library containing breastfeeding materials.
4. Workplace support: This will include encouraging support from management, co-workers and other moms, and establish a lactation support policy for clarity and consistency.

There are several advantages associated with breastfeeding support programmes. Several studies find this to be so. For instance, GAIN (2019) reports that a systematic review of 22 programmes in 9 countries found that a dedicated breastfeeding space at work significantly increased breastfeeding duration and exclusivity. GAIN further reports that other studies revealed

that beyond other nutritional advantages for infants are improved productivity and reduced absenteeism in working mothers, as well as decreased healthcare costs.

Working Mothers' Lactation Discontinuance

Working class mothers in Nigeria and even globally, sometimes quickly discontinue feeding their babies before the first 6 months after birth. The reasons advanced by these mothers are several. They include long working hours, embarrassment about breastfeeding or pumping at work, lack of support from breastfeeding facilities at work, lack of support from superiors, family, husbands, colleagues, health workers' lack of managerial breastfeeding support, and difficulties in locating suitable milk pumping and storage locations at work (Spitzmueller et al., 2016; Gebrekidan et al., 2020). In addition, in Nigeria, mothers continue to experience barriers to breastfeeding after return to work. Even in the US however, the trend is not uncommon (Cheyney, Henning, Horan, Bovbjerg, & Ferguson, 2019).

A study by Ray (2023) determined the individual and organizational factors associated with breastfeeding practices in a sample of employed mothers in the United States who participated in Infant Feeding Practices Study II. Findings from the study revealed that working mothers who were employed part-time were more likely to continue breastfeeding compared with mothers who were employed full-time. The study also found that mothers who perceived high levels of breastfeeding support in the workplace were more likely to continue breastfeeding compared with those with low levels of perceived support. The study concluded that parental breastfeeding only intentions, non-smoking, part-time employment, and higher levels of perceived breastfeeding support in the workplace were significant predictors of breastfeeding.

Rate of Exclusive Breastfeeding

Citing the World Health Organization, Adeyanju (2023) saw exclusive breastfeeding as "feeding an infant with breast milk only for the first 6 months without introducing water, infant formula, or other liquids or solids". However, this definition and requirement do not include mineral supplements, use of vitamins, and medication prescribed by physicians. Simply put, for the first 6 months after birth, mothers need to feed their babies only with breast milk. Doing so will ensure the babies' proper growth and development.

Exclusive breastfeeding has been a fundamental problem for working mothers in Nigeria. The rate of the practice appears to be decreasing. For instance, a study by Oduwole (2016) found that only 17.9% of mothers in Ojo Local Government Area of Lagos State exclusively breastfed their babies exclusively in the first 6 months. The mean duration of exclusive breastfeeding was 2.1 months. Meanwhile, the study found that complementary feeding was more commonly initiated around 4 – 6 months (75.2%). In spite of the fact that 60.6% of mothers initiated breastfeeding and 21.6% of them were found to breastfeed for up to 2 years, the study concluded that the practice of exclusive breastfeeding for the first 6 months is low (17.9%). Nigeria Demographic and Health Survey, NDHS (2018) reports that 71% of children were not being exclusively breastfed and the practice was decreasing with time. For Nigeria, it is shown that exclusive breastfeeding practice rate ranges from 21.3% to 43.9%. This variation has been attributed to factors like socioeconomic and sociocultural factors (Akinremi & Samuel, 2015; NDHS, 2018; Bhattacharjee et al., 2019). Adeyanju (2023) added that the practice rate depends on the nature of the job, besides other factors, adding that absence of helpers, lack of family support, short maternity leave, unpaid maternity leave, and an unconducive environment were parts of the barriers in formal settings. In informal employment, Adeyanju's work found lack of helpers at home, helpers at the shop such as sales girls, and lack of support from family were barriers to mothers' practice of exclusive breastfeeding.

A study by Oputa-Ozouwu and Joseph (2026) investigated exclusive breastfeeding practices and challenges in Nigeria, Sub-Saharan Africa. The study analyzed 19 studies in Nigeria. The study found that the percentage of women who exclusively breastfed their children from birth was 6.4%.

In spite of this, knowledge practice gaps existed, and employment in the formal sector constituted a barrier to exclusive breastfeeding. Consequently, poor exclusive breastfeeding and early weaning of children contributed to increased diarrhea and malnutrition, one of Nigeria's leading causes of death in under-5 children (Hay et al. (2017). Another study by Nenohai, Setyowati and Lestari (2024) investigated the influence of the workplace environment on the behaviour of health workers who breastfeed in Kupang Regency, Indonesia. The study found that majority of breastfeeding mothers chose to partially breastfeed. In other words, lactation mothers who returned to work were less likely to provide exclusive breastfeeding. The study concluded that there was an influence of the work environment on breastfeeding behaviour for lactation health workers.

Women's perception, knowledge, and attitude to exclusive breastfeeding is a critical factor that determines the growth and development of babies. A study by Dudu, Okoro & Ottom 2016 found, in a focus group, an opinion expressed by one of the women in Nigeria: "How can a working mother exclusively breastfeed a baby while her job is waiting? This was possible in the past..... Certainly, this thing is not for the women of today" In Calabar, a study found that some of the mothers found it embarrassing to exclusively breastfeed their babies, especially in the public, given that a number of them had sagging breasts (Ekanem et al., n.d.). However, in view of the lives of the babies, mothers should not feel ashamed to attend to the feeding needs of their babies, irrespective of where they are. This is because doing so will undoubtedly put the general wellbeing of the babies in jeopardy.

Challenges to Effective Breastfeeding for Working Mothers

For working mothers in Nigeria, there are several challenges which bedevil their breastfeeding practices. These challenges can be identified as follows:

1. Limited family resources, forcing mothers to take on low paying jobs
2. Lack of support from family members, especially husbands
3. Ineffective house helps.
4. Lack of managerial breastfeeding support
5. Long working hours which force mothers not to effectively breastfeed their children
6. Inadequate maternity leave period
7. Poor perception and attitude to breastfeeding practices
8. Lack of cooperation from colleagues and superiors
9. The demands of the mothers' jobs which in many cases, force them not to practice exclusive breastfeeding.

CONCLUSION

It is true that after childbirth, there is childcare. Childcare begins as soon as a child is born. Fundamental to this is breastfeeding. For working mothers, either in the private or public sector, vital laws and policies need to be formulated. The laws are intended to protect the working mothers from victimization or intimidation. Exclusive breastfeeding, especially for the first 6 months after birth has been discussed. Mothers' knowledge, attitude and perception to breastfeeding varies from place to place. Working mothers appear to cut short exclusive breastfeeding as soon as the maternity leave is over, which in certain cases, makes the children be under breastfed. This easily leads the children to be malnourished. Malnutrition can increase mortality and morbidity rates.

Working class mothers in Nigeria experience certain challenges which hinder them from effectively breastfeeding their children. These challenges include lack of support from family members, colleagues and superiors, ineffective house helps, and long hours at work. Based on these challenges, the following recommendations are made:

1. Employers in both private and public employment need to provide adequate facilities for breastfeeding mothers
2. Working mothers need to develop positive attitude towards exclusive breastfeeding

3. Laws and policies regarding breastfeeding need to be reviewed to give room for working mothers to adequately and effectively breastfeed their children
4. Only trusted house helps who prove effective at their job should be hired
5. Family members, especially fathers, need to assist working mothers in their effort to effectively breastfeeding their children

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