

Evaluation of Workplace Breastfeeding Support for Female Staff in a Nigerian University

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Abstract

Return to work after maternity leave competes with child rearing practices like breastfeeding. The aim of this study was to examine breastfeeding support for working mothers in university of Jos, Nigeria. A descriptive design was adopted in studying ninety women who voluntarily participated in the study. Data was collected using a questionnaire. Findings indicated that 51% of the women can adjust their working hours to accommodate the need to breastfeed, 42% were allowed to take long enough or frequent breaks lactation breaks, 28% breastfed during work while 80% breastfeed before and after work only. It was concluded that support for breastfeeding at work was poor. Therefore, management of the university should urgently ensure enforcement of policies that will promote and sustain breastfeeding at the workplace.

Keywords

Breastfeeding, Evaluation, Workplace, Support, University, Nigeria

1. Introduction

Breastfeeding is a natural act which involves transfer of breast milk from mother to the infant. It is a vital aspect of child nutrition. Child nutrition is a strong determinant of their health and survival [1]. Poor nutrition of infants could expose them to disease and subsequent death. Infant breastfed exclusively are less likely to suffer several infections when compared with those who were not breastfed exclusively [2]. Breastfeeding is beneficial to the breastfeeding mother. Mothers who exclusively breastfeed are less likely to suffer several cancer and have better bonding with their infants [2]. It is recommended that all women should breastfeed exclusively for six months and subsequently continue breastfeeding with complementary for 2 years [2]. However, achieving adequate breastfeeding by working mothers is a function of support they get to breastfeed at workplace. There is a competing priorities between maternal employment and breastfeeding [3], [4]. The increase participation of women in employment and increasing numbers of women returning to

work early after birth has implication for breastfeeding [5]. Most women in plateau state desire to exclusively breastfeed their children [6]. This implies that every woman will breastfeed adequately if given the required support. Maternal occupation could affect breastfeeding when the mother returns to work. In order to support and sustain breastfeeding among working mothers, the WHO/UNICEF [7] recommended that all women working should be supported to sustain breastfeeding when they return to work by giving them a minimum of one break every day and provide an appropriate place in which to breastfeed or express [7]. If not given adequate support, most women may not be able to continue with exclusive breastfeed for 6 months and may stop breastfeeding early. A periodic evaluation of infant feeding practices of working mothers will bring to limelight the level of support women enjoy at work to breastfeed. A study in an Australian health services workplace showed that inflexible break time, lack of access to a private room, inadequate information, lack of managerial support and inconvenience were associated with early cessation of breastfeeding and mixed feeding among working mothers

[8]. Similarly Uchenna [9] posited that non-conducive workplace which did not allow mothers to take their babies along, lack of time to breastfeed at work were responsible for suboptimal breastfeeding among working mothers. Busy schedule at work is a major reason why women in Ghana find it difficult to breastfeed at the workplace [10] Joy and Baker observed that inadequate or lack of information was responsible for poor breastfeeding of infant at the workplace [12]. It is not just enough to provide private rooms for women to breastfeed or express breast milk, but information about these services is important. A study in Australia shows that more than a third of women did not breastfeed or express milk while at the workplace but rather breastfeed before and after working hours and have the infant provided with infant formula or stored breast milk while they were away [8]. A study among resident doctors in Nigeria revealed that most working mothers (67.7%) could not breastfeed during work hours as such expressed breast milk (34.4%) or use formula (21.9%) [11]. To the best of our knowledge, this article is the first to document infant feeding practices and breastfeeding support in University of Jos. This study will provide baseline information that will assist the University management in promoting, protecting and sustaining breastfeeding among female staff. It has also contributed to knowledge regarding breastfeeding support for working mothers.

2. Methodology

A cross sectional descriptive design was adopted for the study. The study was carried out in University of Jos, Nigeria. The university is located in the north-central region of Nigeria. Ninety (90) women participated in the study. A questionnaire was used to collect data about breastfeeding support and practices. Availability sampling was used in

selecting participants. Informed consent was obtained from all participants. Participation was voluntary and all participants were assured of confidentiality and anonymity. Data was analysed and presented in frequency tables.

3. Results

Table 1. Background information.

Characteristics	Responses	Percentages
Maternal age group		
25 to 29 years	15	17%
30 to 34 years	17	19%
35 to 39 years	20	22%
40 to 44 years	38	42%
Total	90	100%
Age of infant when returned to work		
Less than three months old	7	8%
3 months old to 6 months old	77	92%
Total	84	100%

Table 1 shows the age distribution of respondents as well as age of infant when mother returned to work. Most women (38) (42%) were between 40 and 44 years with a mean of 41.1 ± 6.4 . The table further indicates that majority of the women (77, (92%)) returned to work when their infant was between 3 and six months old while 7 (8%) returned to less than 3 months after birth. All participants were graduated.

Table 2. Workplace Breastfeeding Support.

Questions	Responses			
	YES		NO	
	Frequency	Percentage	Frequency	Percentage
Do you have a say over how many hours you work?	32	36%	57	64%
Can you adjust hours to accommodate the need to breastfeed or express breast milk?	45	51%	44	49%
Are you allowed to take long enough or frequent enough lactation break?	37	42%	51	58%
Does your organization has a written policy of supporting breastfeeding mothers who express milk or breastfeed in this workplace?	31	34%	59	66%
Does your manager/supervisor and colleagues think more poorly of those workers who breastfeed or express breast milk at the workplace?	38	48%	42	52%

Table 2 describes the support women receive to breastfeed while at the workplace. About 32 out of 83 representing a response of 36% respondents reported that they have a say over how many hours they work while 51 representing 64% reported that they do not have a say. About 45 representing (43%) of the women said that they can adjust hours to accommodate the need to breastfeed. About 37 representing 42% of the women reported that they were allowed to take long or frequent enough lactation break while 51(58%) of them reported No. When the women were asked whether their organization has a written policy of supporting breastfeeding mothers who express or breastfeed in the workplace, 31(34%) reported yes while 59(66%) reported no. Thirty-eight (48%) reported that their head of department/supervisor and colleagues think more poorly of those workers who express breast milk in the workplace, while 42(52%) said no.

Table 3. Workplace Breastfeeding Practice.

Questions	Responses			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Do you combine breastfeeding and expressing of milk at work?	24	27%	66	73%
Do you breastfeed your baby during work hours?	25	28%	65	72%
Do you breastfeed before and after work only?	72	80%	18	20%
Does your workplace provide breastfeeding women with a place and breast pumps for expressing breast milk while at the workplace?	0	0%	90	100%
Do you have a breastfeeding room at your workplace?	0	0%	90	100%

When the women were asked whether they combine breastfeeding and expressing of milk at work, 24(27%) reported yes while about 66(73%) responded no. Twenty-five (28%) of the mothers breastfeed their babies during working hours. When the women were asked whether they breastfeed before and after work only, about 72(80%) reported yes while more than half 18(20%) reported no. None of the respondents was provide with a place or breast pumps for expressing breast milk while at the workplace.

4. Discussion

The background information shows that women cuts across different age groups and no woman returned to work later than six months. They all had obtained tertiary education. The current annual leave permits women to stay at work for 3 months after birth in order to nurse their babies. Therefore, most women returned to work between 3 and 6 months after birth and this explains why most women in the current study resumed work between these period. This finding is consistent with Weber et al [8] who asserted that most women resume work within six months after birth. The finding does not align with Sadoh & Oniyelu [11] who reported that about three quarters of the mothers had resumed work when their babies were 3 months old or younger.

Support that women get from the workplace to breastfeed is a determinant of breastfeeding success among working mothers. Many working mothers find it difficult to sustain exclusive breastfeeding after they return to work. In the current study most women did not have control over how many hours they work in a day. This would have been possible if they were managing their personal business. Breastfeeding exclusively and on demand may not be realistic for women who do not have control of hours they work in a day. The fact that about half of the women can not adjust working hours to accommodate the need to breastfeed or express breast milk poses a threat to exclusive breastfeeding and exposes women to use of alternative feeding. This finding align with Sadoh and Oniyelu, 11 who reported that inflexible working hours is responsible for use of infant formula. It is unfortunate that more than half of the respondents in the current study were not allowed to take long enough or frequent lactation breaks during working hours. This is not in line with WHO/UNICEF recommendation that women should be allowed adequate

breaks to breastfeed during work [7]. The University management need to support breastfeeding by ensuring women have flexible working hours and breaks to breastfeed or express breast milk. Another interesting finding is that two-third of the respondent do not have access to the institution's written policy of supporting breastfeeding mothers even though the policy exist. This is consistent with the observation made by Joy and Baker [12] that inadequate or lack of information contributes to poor feeding practices in the work place. This underlines the need for urgent sensitization of women about breastfeeding support services. The university policy allows breastfeeding mothers to close from work three hours earlier than the normal time in order to allow them nurse their infants. Perhaps some women are not aware of that.

Attitude of supervisors and colleagues towards nursing mothers could potentially affect breastfeeding at work. A reasonable proportion of the respondents (48%) felt that their colleagues or supervisors thinks poorly of those workers who breastfed or express breast milk at work. This impression can discourage exclusive breastfeeding. Furthermore, about a third of the respondent reported that they combine breastfeeding and expressing of milk at work. This is necessary for those that want to maintain exclusive breastfeeding while working. Adequate provision of storage facility at the workplace will assist women in sustaining breastfeeding. About 7 in every 10 women were unable to breastfeed during working hours. Most women were able to breastfeed before and after working hours. This finding agrees with the positions of Weber et al [8]. and Sadoh & Oniyelu [11]. The finding from the current study is an indication of inflexible working hours that did not allow lactation breaks for breastfeeding mother. It is also disturbing that women do not have access to breast pump at work to express breast milk. One-fifth reported not having a private place at work to breastfeed or express breast milk. Women who are not able to find a place to breastfeed or express may likely use alternative feeding. A physically and socially supportive and conducive environment is essential for optimal breastfeeding in the workplace.

5. Conclusion and Recommendations

Breastfeeding practice in the workplace is fair and breastfeeding support for mothers in this setting is poor. Poor breastfeeding support may likely result in mixed feeding and

early cessation of overall breastfeeding. The policy of limiting the working hours for breastfeeding mothers should be enforced and there should be provision of lactation rooms. Furthermore, socially and psychologically conducive environment should be encouraged by colleagues and supervisors. The university should sensitize staff about the existing breastfeeding policy and ensure flexible working hours for all breastfeeding mothers with frequent lactation breaks. Other staff should be encouraged to support all women breastfeeding. This could be achieved by easing the workload on the breastfeeding mother.

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