

Employment Status and Adoption of Exclusive Breastfeeding among Women in Makurdi Local Government Area of Benue State, Nigeria

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Abstract

Exclusive breastfeeding (EBF) is essential for infant health and development, yet its adoption remains suboptimal in many communities. In Makurdi Local Government Area, Nigeria, various socio-economic factors influence breastfeeding practices, with employment status emerging as a key determinant. Working mothers often face challenges such as time constraints, workplace policies, and inadequate maternity leave, which may hinder their ability to practice exclusive breastfeeding. Therefore, this paper assessed the effect of employment status on adoption of exclusive breastfeeding among women in Makurdi Local Government Area. Specifically, the paper examined the challenges that employed mothers encounter in practicing exclusive breastfeeding and explored strategies that can support both employed and unemployed mothers in adopting exclusive breastfeeding. The paper was anchored on theory of planned behavior. Cross-sectional research design was adopted and data were generated through questionnaire. Clusters, purposive and simple random sampling procedures were used to select 374 respondents from the study area. The data was analyzed using descriptive statistics. The result showed that; employment status plays a significant role in determining a mother's ability to exclusively breastfeed. Unemployed and self-employed mothers are more likely to sustain exclusive breastfeeding for the recommended six months, as they have greater flexibility and fewer work-related constraints. In contrast, employed mothers, particularly those in formal employment, face considerable challenges that make exclusive breastfeeding difficult to sustain. These include demanding work schedules, inadequate workplace support, lack of designated breastfeeding breaks, and short maternity leave periods among others. The paper therefore, recommended that; there should be implementation of workplace breastfeeding policies, extension of maternity leave, public awareness campaigns on exclusive breastfeeding, community and family support for breastfeeding mothers among others.

Key Words: Employment Status, Adoption, Exclusive breastfeeding, Women, Makurdi.

Introduction

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Therefore, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. All this shows the importance of exclusive breastfeeding to Both Mother and child. Exclusive breastfeeding (EBF) is widely recognized as a crucial practice for infant health and development, as recommended by the World Health Organization (WHO, 2021) and the United Nations International Children's Emergency Fund (UNICEF, 2016). It involves feeding infants only breast milk, without any additional food or water, for the first six months of life (WHO, 2021). The benefits of EBF to the infant include a reduction in the vulnerability to infectious diseases, steady infant growth and cognitive development, as well as a reduced risk of childhood hypertension, obesity and diabetes mellitus (Horta and Victora, 2013). For the mother, the benefits of EBF include the strengthening of mother child bond, and a reduction in post-partum blood loss, depression, type 2 diabetes, breast and ovarian cancer. Despite these benefits, global trends suggest that early cessation of breastfeeding, and poorly timed introduction of liquids, solid and semi-solid foods is the norm in many communities across the globe (Ihidiebule-Splendor, Okafor and Ararado, 2019).

The United Nations Children's Fund (UNICEF) reports that 40% of infants aged six (6) months and younger are exclusively breastfed globally. Of this estimate, only 23 countries across the globe have achieved the UNICEF and WHO recommendation of EBF for 60% of infants six (6) months and younger.⁸ According to the Global Burden of Diseases Injuries, and Risk Factors Study, an estimated 47.5 million Disability Adjusted Life Years (DALYs) were lost in 2010 due to suboptimal breastfeeding (Lim, Vos and Flaxman, 2012). In addition, the low uptake of EBF has been reported as a factor that has contributed to 11.6% of Under-5 deaths in sub-Saharan Africa (Lim, Vos and Flaxman, 2012).

In sub-Saharan Africa, there is a disparity in the uptake of EBF with the prevalence ranging from 23.7% in Central Africa to 32.6% in West Africa, 53.5% in East Africa and 56.6% in Southern Africa. The countries with the lowest prevalence in each region were Gabon – 6.0% (Central Africa), Cote d'Ivoire- 13.2% (West Africa), Comoros-13.5% (East Africa) and Namibia 48.7% (Southern Africa) (Victoria, 2021).

In Nigeria, the estimated prevalence of EBF was 17.5%, a proportion that is lower than the minimum 60% recommended by the World Health Organization and UNICEF. Despite the baby-friendly hospital initiative that was introduced in 1991 by UNICEF, Nigeria reports sub-optimal practice of EBF among nursing mothers.^{8,11} Evidence however suggest that the reported low uptake of EBF in Nigeria could be an outplay of some underlying factors. EBF provides essential nutrients, enhances immune function, and reduces the risk of infections, malnutrition, and chronic diseases later in life (Victora et al., 2016). Despite these benefits, global adherence to EBF remains suboptimal, with various socio-economic, cultural, and occupational factors influencing its adoption (Rollins et al., 2016).

Employment status is a significant determinant of breastfeeding practices among women. Studies have indicated that employed mothers are less likely to practice EBF due to workplace constraints, lack of maternity leave policies, and insufficient breastfeeding support at work (Ogbuanu et al., 2011). Conversely, unemployed mothers may have more time and flexibility to engage in EBF, although economic challenges can also influence their ability to sustain exclusive breastfeeding (Arora et al., 2000). In Nigeria, the adoption of EBF is influenced by multiple factors, including maternal education, cultural beliefs, health system support, and economic status (Agunbiade & Ogunleye, 2012). According to Forbes et al. (2023), lack of suitable facilities outside of the home and at work place, inconvenience, conflicts at work, family pressure, ignorance and the need to return to work are some factors responsible for the low practice of exclusive breastfeeding among working mothers. Fein and Roe (2015) reported inconvenient working environment of the mother, lack of knowledge and awareness as some of the factors

that affect the practice of exclusive breastfeeding amongst working mothers. This was also corroborated by Yi-Chun et al. (2016) in their article titled “Effects of Work Related Factors on the Breastfeeding Behaviour of Working Mothers”. The authors revealed that low percentage of starting or continuing to breastfeed was partly because of an inconvenient working environment (Yi-Chun et al., 2016).

Omuemu and Adamu (2019), added that poor spousal support, no paid maternity leave and non-availability of nearby crèches are factors that negatively affect the practice of exclusive breastfeeding. While studies have identified inconvenient working environment, lack of knowledge and non-availability of nearby crèches as factors that limit the practice of exclusive breastfeeding, there have been little knowledge on why the practice of exclusive breastfeeding is low even among the educated. In Makurdi Local Government Area, Benue State, where socio-economic diversity exists, employment status may play a critical role in determining exclusive breastfeeding adherence. It is against this background that this study is therefore, design to assess the effect of employment status on adoption of exclusive breastfeeding among women.

Statement of the Problem

According to WHO (2018), an estimated 78 million babies or three in five are not breastfed within the first hour of life, putting them at higher risk of death and disease and making them less likely to continue breastfeeding and some of these babies are born in low and middle income countries. Also new born who are breastfed in the first hour of life, are significantly more likely to survive. Even a delay of a few hours after birth could pose life-threatening ring consequences. Skin-to skin contact along with sucking at the breast stimulates the mother’s production of breast milk, including colostrums, also called the baby’s first vaccine which is extremely rich in nutrients and antibodies.

Breastfeeding rates within the first hour after birth are highest in eastern and southern Africa (6%) and lowest in East Asia and the pacific (32%). Nigeria demographic and health survey (NDHS) (2018) released a report stating that only 29 percent of children are exclusively breastfed from age zero to six months, learning a deficit of 73 percent, being denied the right and by extension denied the right to survival. NDHS (2018) further stated EBF among children age 0-5 months has increased since 2013, from 17 percent to 29 percents. This development in Nigeria’s most population states denies millions of such children the benefits of breast milk, an unnecessary and unacceptable phenomenon that should be vigorously campaigned against. Despite the numerous benefits of exclusive breastfeeding (EBF), its adoption remains suboptimal in many parts of Nigeria, including Makurdi Local Government Area, Benue State. One critical factor influencing EBF adoption is the employment status of mothers. It has been observed by the researcher over the years that employed mothers often face challenges such as workplace demands, inadequate maternity leave, and lack of breastfeeding-friendly environments, which may hinder their ability to practice EBF effectively. Conversely, unemployed mothers may have the time and opportunity to breastfeed exclusively but may struggle with economic constraints that affect their overall well-being and ability to sustain EBF.

Objectives of the Study

The main objective of this study is to assess the effect of employment status on adoption of exclusive breastfeeding among women in Makurdi Local Government Area. The specific objectives of the study include to;

- i. Examine the effect of employment status on the adoption of exclusive breastfeeding among women in Makurdi Local Government Area.
- ii. Identify the barriers that employed mothers encounter in practicing exclusive breastfeeding in Makurdi Local Government Area
- iii. Explore strategies that can support both employed and unemployed mothers in adopting exclusive breastfeeding in Makurdi Local Government Area

Literature Review

Employment Status of women

The employment status is defined as the types of economic risk the workers face in their work. It is important to know that whether worker hold an employment contract. From status of employment perspective, any move from vulnerable employment to wage/salaried job is considered a major step toward economic integration and empowerment for the women.

If a woman is concentrated into low quality job e.g. owning account worker or contributing family worker, she is less likely to enjoy economic independence within a family. On the other side, the probability of women economic independence is highest when they are in wage and salaried work. Again the situation is not very encouraging since a large share of employed women is concentrated either in own account worker category or contributing family category. Both of these categories together make the group of vulnerable employment (GoP, 2007)

Exclusive Breastfeeding

Exclusive breastfeeding (EBF), defined as the feeding of infants with only human milk (either directly or expressed) for the first six months of life, is the most cost-effective means of reducing childhood morbidity and mortality in the low middle-income countries (LMICs) (WHO, 2020). Infants who are partially breastfed and those who are not breastfed have 2.3- and 2.5-fold increased risk of mortality, respectively (Sankar, Sinha, Chowdhury, Bhandari, Taneja, Martines and Bahl, 2015). Besides, delays in the initiation of breastfeeding after birth could be harmful for the newborns. Studies show that newborns with delayed initiation of breastfeeding between 2 and 23 hours after birth have as high as 33% increased risk of dying (UNICEF, 2016).

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have identified breastfeeding as the single most effective and affordable feeding practice necessary for development of healthy infants (Katsinde and Srinivas, 2016). These organizations have thus recommended initiation of breastfeeding within one hour of birth, exclusive breast feeding for the first six months of life and continued breastfeeding up to two years of age or beyond (World Health Organization, 2018). Exclusive breastfeeding is when only breast milk is given to the child, except for medicines, vitamins or mineral supplements (Chola, Fadnes, Engebretsen, Nkonki, Nankabirwa and Sommerfelt, 2015).

Exclusive breastfeeding (EBF) is defined as feeding infants with only breast milk, either directly from the breast or expressed, with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else (WHO, 2007 as cited in Nabunya, 2020).

Relationship between Employment Status and Adoption of Exclusive Breastfeeding

Employment status plays a significant role in determining the adoption of exclusive breastfeeding (EBF) among women in Nigeria. Several studies suggest that working mothers face substantial challenges in maintaining EBF due to work-related constraints such as long working hours, lack of breastfeeding-friendly workplace policies, and limited maternity leave (Ogbuanu et al., 2011). Women engaged in formal employment often return to work shortly after childbirth, reducing their ability to breastfeed exclusively for the recommended six months (Arora et al., 2000).

Conversely, unemployed mothers or those engaged in informal employment may have more flexibility to breastfeed exclusively. However, economic hardship can negatively impact their ability to maintain adequate nutrition and healthcare, which may indirectly affect breastfeeding practices (Agunbiade & Ogunleye, 2012). The absence of financial stability may also lead to early introduction of supplementary foods to infants, as mothers may struggle to meet both their nutritional needs and those of their infants (Victora et al., 2016).

In Nigeria, workplace policies that support breastfeeding, such as paid maternity leave, lactation rooms, and flexible work hours, are limited. Many women in the workforce are employed in sectors that do not provide adequate support for breastfeeding mothers (Rollins et al., 2016). The lack of structural support for EBF in formal work environments contributes to low adherence rates, despite the known benefits of breastfeeding for infant and maternal health.

The barriers that employed mothers encounter in practicing exclusive breastfeeding

Employed mothers in Nigeria face several barriers that hinder the practice of exclusive breastfeeding (EBF) for the recommended six months. One significant challenge is the insufficient duration of maternity leave. Many workplaces offer limited leave, compelling mothers to return to their jobs prematurely, which disrupts EBF routines (Agunbiade & Ogunleye, 2012). Additionally, the absence of supportive workplace facilities, such as on-site crèches or designated breastfeeding areas, further complicates the ability of mothers to continue EBF upon resuming work (Agunbiade & Ogunleye, 2012).

Workplace policies often lack provisions for breastfeeding breaks, making it difficult for mothers to maintain regular feeding schedules. This lack of structural support contributes to the early cessation of EBF among employed mothers (Agunbiade & Ogunleye, 2012). Moreover, the demanding nature of many jobs, coupled with inflexible work hours, leaves mothers with insufficient time and energy to breastfeed exclusively (Agunbiade & Ogunleye, 2012).

Cultural perceptions and societal pressures also play a role. In some Nigerian communities, there is a belief that infants require water in addition to breast milk, leading to mixed feeding practices. Employed mothers, influenced by such cultural norms and the need to rely on caregivers during work hours, may introduce supplementary feeding earlier than recommended (Agunbiade & Ogunleye, 2012).

Theoretical Framework

This study was anchored on theory of planned behavior.

Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) was proposed by Icek Ajzen in 1985 as an extension of the **Theory of Reasoned Action (TRA)** (Ajzen, 1991). TPB suggests that an individual's behaviour is determined by **intention**, which in turn is influenced by three key factors:

Attitude towards the Behaviour – The degree to which a person has a favourable or unfavourable evaluation of the behaviour.

Subjective Norms – The perceived social pressure to perform or not perform the behaviour.

Perceived Behavioural Control – The perceived ease or difficulty of performing the behaviour, which is influenced by past experiences and anticipated obstacles. TPB is highly relevant to studying how employment status affects exclusive breastfeeding among women in Makurdi Local Government Area because; it helps identify the psychological and social determinants of breastfeeding behaviour. It can guide the design of interventions such as workplace breastfeeding policies, maternity leave extensions, and awareness campaigns. It provides a framework for understanding how employment status influences breastfeeding intentions and actual behaviour.

Materials and Methods

Research Design

Descriptive survey research design was used in this study. Cauvery et al (2005) explained that, it is a technique of investigation and it refers to direct observation of a phenomenon and collection of information through personal interview, questionnaire etc. They provide causal and meaningful explanations. Osuala (1993) as well as Busha and Harter and Harter (1980) both posited that, descriptive survey research design helps to identified present conditions and needs thus, gather accurate information on which to base sound decision at much less cost but with great efficiency.

Population of Study

The population of the study consisted of women of reproductive aged from 18-49 years who have given birth to one or two children, paediatricians and general nurses in Makurdi Local Government Area.

Sample Size Determination/ Sampling

This study adopts Yamane (1967) formula to determine the sample size of the study.

Where;

n = sample

N = Total number of population of study area

I = Constant

e^2 = the coefficient of degree of error (0.05)

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{438,000}{1 + 438,000 (0.05)^2}$$

$$n = \frac{438,000}{1 + 438,000 (0.0025)}$$

$$n = \frac{438,000}{1 + 1095}$$

$$n = \frac{438,000}{1096}$$

$$n = 399.6$$

$$n = 400 \text{ Approximately}$$

Sampling Technique

This study adopts clustered and simple random sampling procedures to derive respondents. The reason for this adoption is because the study area is relatively large and cannot be totally studied by the researchers given the time frame.

Therefore, Makurdi Local Government Area will be clustered into her eleven political council wards viz; Agan, Mbalagh, North Bank I, North Bank II, Fiidi, Bar, Wailomayo, Ankpa/wadata, Clark Market, Central South Mission and Modern Market. After dividing Makurdi Local Government Area into eleven clusters/ council wards, simple random sampling procedure was used to draw 36 respondents from each cluster. The process of selecting them was scientific; pieces of paper were written Yes or No options, squeezed and dropped in a basket where respondents in the various clusters were asked to pick. Those who pick option "Yes" were selected for the study and constituted the respondents of this study. This was done to give an equal opportunity to everybody in the study area to participate in the study. Thus, 400 respondents were selected.

Results

Four hundred (400) copies of questionnaire were administered to 400 respondents. However, only 374 were returned and the result is based on the returned questionnaire. It was self and other-administered.

Socio-Demographic Data of the Respondents

This section covered the data collected on the socio-demographic information of the respondents. These include; sex, age, occupation, educational qualification and marital status.

Table1: Socio-demographic Data of the Respondents

Variable	Frequency N= 374	Percentage (%)
Sex		
Male	163	43.5
Female	211	56.4
Age		
18 – 25	72	19.2
26 – 30	104	27.8
31 Yrs and above	198	52.9
Occupation		
Unemployed	92	24.5
Employed	123	32.8
Self-employed	159	42.5
Educational Qualification		
Primary	68	18.1
Secondary	175	46.7
Tertiary	131	35.0
Marital status		
Married	251	67.1
Single	123	32.8

Source: Field Survey, 2025

Table 1 above presented data collected on the socio-demographic characteristics of the respondents. In respect to sex, the data collected indicate that 163 (43.5%) of the respondents were males, while 211 (56.4%) of the respondents were female. This implied that females participated in the study more than males. In terms of age, the data presented revealed that 72 (19.2%) of the respondents were between the ages of (18-25) years, 123 (32.8%) of the respondents were within the age brackets of (26-30) years, while 198 (52.9%) of the respondents were 31 years and above. This implied that majority of the respondents were 31 years and above. Regard to occupation, the data presented showed that 92 (24.5%) of the respondents were unemployed, 123 (32.8%) of the respondents were employed, while 159 (42.5%) of the respondents were self-employed. Thus, this implied that self-employed respondents participated more in the study because they have more time.

In view of educational qualification, the data presented revealed that 68 (18.1%) of the respondents had First School Leaving Certificate (FSLC), 175 (46.7%) of the respondents were holders of Senior Secondary School Certificate Examination (SSCE), while 131 (35.0%) of the respondents had Ordinary National Diploma (OND), National Certificate in Education (NCE), Higher National Diploma (HND), and Bachelors of science and Arts (B.sc and B.A) degrees. This implied that majority of the respondents 175 (46.7%) were SSCE holders. In terms of marital status, the data collected indicate that 251 (67.1%) of the respondents were married, while 123 (32.8%) of the respondents were single. Thus, this implied that married women and men participated more than singles in the study.

Table 2: Respondents' views on the relationship between employment status and the adoption of exclusive breastfeeding among women in Makurdi Local Government Area.

S/N	Items	SA	A	D	SD	Mean scores	Standard Deviation	Decision
1	Employment status influences a mother's decision to adopt exclusive breastfeeding.	299	75	0	0	3.7	.40094	Accepted
2	Working mothers find it difficult to exclusively breastfeed due to workplace constraints.	261	112	1	0	3.6	.46672	Accepted
3	Lack of maternity leave discourages exclusive breastfeeding among employed mothers.	199	172	2	1	3.5	.52633	Rejected
4	Mothers who are not employed are more likely to practice exclusive breastfeeding.	277	89	5	3	3.7	.53009	Accepted
5	Workplace breastfeeding support (e.g., lactation rooms, breaks) can encourage exclusive breastfeeding.	215	98	45	16	3.3	.85564	Accepted
6	Time constraints at work negatively affect exclusive breastfeeding.	288	74	8	4	3.7	.55328	Accepted
7	Exclusive breastfeeding is more feasible for unemployed or self-employed mothers.	136	81	82	75	2.7	1.15008	Accepted
Cluster mean						3.4		

Table 2 above showed the mean scores for respondents' views on the relationship between employment status and the adoption of exclusive breastfeeding among women in Makurdi Local Government Area. Items 1 and 2 indicated the mean scores of 3.7 and 3.6 respectively, items 3 and 4 showed the mean scores of 3.5 and 3.7 accordingly, items 5 and 6 produced the mean scores of 3.3. and 3.7, while item 7 indicated the mean score of 2.7 respectively. The cluster mean of items for relationship between employment status and the adoption of exclusive breastfeeding among women in Makurdi Local Government Area is 3.4 which is greater than the cut-off point of 2.50. It implied that there is a positive relationship between employment status and the adoption of exclusive breastfeeding among women in Makurdi Local Government Area

Table 3: Respondents' views on barriers that employed mothers encounter in practicing exclusive breastfeeding practice in Makurdi Local Government Area

Response	Frequency N=374	Percentage (%)
Lack of time due to work schedule	61	16.3
Inadequate breastfeeding support at the workplace	49	13.1
Long working hours make it difficult to breastfeed	53	14.1
No time for breastfeeding breaks at work	51	13.6
Returning to work after maternity leave	59	15.7
Pressure from family members or caregivers	54	14.4
Expectations from family and elders	47	12.5

Source: Field Survey, 2025

Table 3 above presented data collected on the barriers that employed mothers encounter in practicing exclusive breastfeeding practice in Makurdi Local Government Area. The data presented indicate that 61 (16.3%) of the respondents agreed that lack of time due to work schedule is one of the barriers faced by employed mothers in practicing exclusive breastfeeding. This is because employed mothers are highly engaged and do not have enough time to fully practice exclusive breastfeeding. Again, 49 (13.1%) of the respondents submitted that inadequate breastfeeding support at the workplace is another barrier that employed mothers encounter in practicing exclusive breastfeeding practice. This is because employed mothers do not have support at the work place like lactation room where they can keep their children and be breastfeeding them. Similarly, 53 (14.1%) of the respondents were of the opinion that long working hours make it difficult to breastfeed children. This is because long working hours do not paved way for employed mother to access their children frequently for exclusive breastfeeding. In the same vein, 51 (13.6%) of the respondents averred that there is no time for breastfeeding breaks at work. That is, breastfeeding mothers do not have breaks at work to exclusively breastfeed their children. Furthermore, 59 (15.7%) of the respondents were of the opinion that returning to work after maternity leave early is another barrier employed mothers faced in practicing exclusive breastfeeding. This is because early return from maternity leave make it impossible for employed mothers to engage fully in exclusive breastfeeding practice. Also, 54 (14.4%) of the respondents agreed that pressure from family members or caregivers is another barrier mothers faced in exclusive breastfeeding practice. Again, 47 (12.5%) of the respondents were of the view that expectations from family and elders also served as a barrier to mothers in practicing exclusive breastfeeding. This is because mothers are expected to be attending to family members by cooking and doing other house chores which take much of their time from exclusively breastfeeding their children. Thus, this implies that all the sampled respondents are aware of the barriers that employed mothers encounter in practicing exclusive breastfeeding practice in Makurdi Local Government Area.

Table 4: Respondents' views on strategies that can support both employed and unemployed mothers in adopting exclusive breastfeeding in Makurdi Local Government Area

Response	Frequency N=374	Percentage (%)
Provision of breastfeeding breaks and lactation rooms	49	13.1
Allowing flexible work schedules or remote work options	44	11.7
Extending paid maternity leave beyond the standard period	61	16.3
Establishing more breastfeeding support groups in communities	47	12.5
Increasing public awareness through media campaigns	41	10.9
Providing financial support for unemployed breastfeeding mothers	46	12.2
Organizing free community breastfeeding education programs	51	13.6
Strong family and social support for breastfeeding mothers	35	9.3

Source: Field Survey, 2025

Table 4 presented data collected on the strategies that can support both employed and unemployed mothers in adopting exclusive breastfeeding in Makurdi Local Government Area. The data presented shows that 49 (13.1%) of the respondents averred that provision of breastfeeding breaks and lactation rooms can support both employed and unemployed mothers in adopting exclusive breastfeeding practice. This is because breastfeeding breaks and lactation room will offer an opportunity to the nursing mothers to have time for exclusive breastfeeding practice. Again, 44 (11.7%) of the respondents agreed that allowing flexible work schedules or remote work options would also paved ways for nursing mothers to fully engage in exclusive breastfeeding practice. Similarly, 61 (16.3%) of the respondents averred that extending paid maternity leave beyond the standard period would also help mothers to fully practice exclusive breastfeeding because they would have both the time and money to properly feed themselves and not malnourished again. Furthermore, 47 (12.5%) of the respondents said establishing more breastfeeding support groups in communities like family, friends among others would aid in exclusive breastfeeding practice among women. Again, 41 (10.9%) of the respondents averred that increasing public awareness through media campaigns would enlightened mothers about exclusive breastfeeding practice and fully participate in it. Similarly, 46 (12.2%) of the respondents submitted that providing financial support for unemployed breastfeeding mothers would go a long way aiding them to properly feed themselves and fully practice exclusive breastfeeding. Also, organizing free community education programs on exclusive breastfeeding practice would enlightened and encouraged mothers to fully practice exclusive breastfeeding. In the same vein, 35 (9.3%) of the respondents said strong family and social support for breastfeeding mothers would also help them to fully practice exclusive breast feeding. Thus, this implies that all the sampled respondents are aware of the strategies that can support both employed and unemployed mothers in adopting exclusive breastfeeding in Makurdi Local Government Area.

Discussion of findings

Findings of the study on the relationship between employment status and the adoption of exclusive breastfeeding among women in Makurdi Local Government Area revealed that employment status influences a mother's decision to adopt exclusive breastfeeding. This is because a mother's employment status plays a crucial role in determining whether she could adopt and sustain exclusive breastfeeding. Employed mothers often face multiple barriers,

including long working hours, lack of maternity leave, and unsupportive workplace policies, which make it difficult for them to breastfeed exclusively. In contrast, unemployed mothers, who have more flexibility and time, are more likely to adhere to exclusive breastfeeding practices. In the same vein, the study found out that working mothers find it difficult to exclusively breastfeed due to workplace constraints. That is, many employed mothers in Makurdi struggle with workplace constraints that hinder their ability to practice EBF. For example; many workplaces do not have designated lactation rooms or provide time for mothers to express breast milk, some jobs, such as teaching, banking, and trading, require long hours, making it difficult for mothers to breastfeed or express milk. The lack of refrigeration facilities in workplaces means that even if mothers express milk, they may not be able to store it properly for later use. Again, findings of the study revealed that lack of maternity leave discourages exclusive breastfeeding among employed mothers. For example, in Nigeria, maternity leave policies vary across sectors, with some organizations offering only three months of leave, which is insufficient for sustaining EBF for the recommended six months. Mothers who return to work early often struggle to maintain exclusive breastfeeding because they do not have the time or resources to continue breastfeeding at work. This situation discourages many employed mothers from initiating or continuing EBF. Furthermore, the study discovered that mothers who are not employed are more likely to practice exclusive breastfeeding. That is, unemployed mothers or full-time homemakers in Makurdi have fewer constraints when it comes to breastfeeding. They can breastfeed on demand, ensuring that their babies receive adequate nutrition without the need for supplementation. Since they do not have work-related time pressures, they can devote more time to proper breastfeeding practices. In the same vein, findings of the study showed that workplace breastfeeding support (e.g., lactation rooms, breaks) can encourage exclusive breastfeeding. Providing workplace breastfeeding support can significantly improve EBF rates among employed mothers. Some supportive measures include; establishing lactation rooms where mothers can express and store breast milk. Allowing flexible work hours or remote work options for breastfeeding mothers. Granting adequate breastfeeding breaks to enable mothers to feed their babies or express milk during work hours among others. Furthermore, the study found out that time constraints at work negatively affect exclusive breastfeeding. Time constraints are a major challenge for working mothers who wish to practice EBF. Many workplaces require long hours, and some jobs have strict schedules that do not allow mothers to take breaks for breastfeeding or expressing milk. Even if a mother is willing to continue breastfeeding, the lack of time during work hours reduces her ability to do so, leading to early supplementation with other foods. Also, the study discovered that exclusive breastfeeding is more feasible for unemployed or self-employed mothers. That is, mothers who are unemployed or self-employed have greater flexibility in managing their time, making it easier for them to practice exclusive breastfeeding. Self-employed mothers, such as market traders or businesswomen, can adjust their work schedules to accommodate breastfeeding. They may also have the option to bring their babies to work or breastfeed between work activities. This flexibility makes EBF more feasible compared to mothers working in formal employment with rigid schedules. These findings are in line with that of Bai, Fong and Tarrant, M. (2021) on studied the relationship between employment and exclusive breastfeeding: Evidence from a longitudinal study in China.

Findings of the study on the barriers that employed mothers encounter in practicing exclusive breastfeeding practice in Makurdi Local Government Area revealed that **lack of time due to work schedule is one of the barriers**. One of the biggest challenges employed mothers face is the lack of time due to demanding work schedules. Many workplaces in Makurdi require employees to start work early and close late, leaving little time for mothers to breastfeed their babies. Balancing work responsibilities with the demands of exclusive breastfeeding becomes difficult, especially when the nature of the job does not allow for flexible hours. In the same vein, the study found out that **inadequate breastfeeding support at the workplace is another barrier**. This is because workplaces in Makurdi often lack the necessary facilities and policies that support breastfeeding mothers. Many employers do not provide designated lactation rooms, refrigeration for breast milk storage, or flexible work arrangements. In the same vein, the study

discovered that **long working hours make it difficult to breastfeed**. Long working hours pose a major barrier to exclusive breastfeeding. Many mothers in Makurdi are engaged in jobs that require extended working hours, such as teaching, banking, and trading. Some work in sectors where they cannot take breaks easily, making it difficult for them to express breast milk during work hours. Over time, this results in reduced milk supply and early weaning. Again, the study found out that **no time for breastfeeding breaks at work**. This implies that many workplaces do not provide breastfeeding breaks, and some employers discourage such breaks due to concerns about productivity. Even in jobs where breaks are allowed, they may not be long enough to allow mothers to breastfeed or express milk comfortably. This lack of time significantly impacts their ability to sustain exclusive breastfeeding. In the same vein, the study discovered that **returning to work after maternity leave is another barrier**. The transition back to work after maternity leave is a major barrier to exclusive breastfeeding. In many cases, the maternity leave period in Nigeria is too short (often three months), making it difficult for mothers to continue EBF until six months. Once they resume work, they struggle to maintain breastfeeding due to a lack of conducive environments for milk expression and storage. Similarly, findings of the study revealed that **pressure from family members or caregivers served as a barrier**. Mothers who rely on caregivers or family members to take care of their babies while they work often face pressure to introduce formula or other foods early. Some caregivers may believe that breast milk alone is insufficient, especially when the baby starts crying frequently. As a result, they may feed the baby with water, pap, or formula without the mother's consent, thus disrupting exclusive breastfeeding. Again, the study found out that **expectations from family and elders constituted another barriers**. Cultural expectations in Makurdi may also influence a mother's ability to exclusively breastfeed. Some elders and family members hold traditional beliefs that babies should be given water or herbal mixtures alongside breast milk. This cultural pressure can make it difficult for working mothers to insist on exclusive breastfeeding, especially when they depend on family members for childcare support. These findings are in line with that of Agunbiade and Ogunleye (2012) on studied of constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: Implications for scaling up.

Conclusion

It is pertinent to state that employment status plays a significant role in determining a mother's ability to exclusively breastfeed. Unemployed and self-employed mothers are more likely to sustain exclusive breastfeeding for the recommended six months, as they have greater flexibility and fewer work-related constraints. In contrast, employed mothers, particularly those in formal employment, face considerable challenges that make exclusive breastfeeding difficult to sustain.

Several barriers hinder employed mothers from practicing exclusive breastfeeding in Makurdi Local Government Area. These include demanding work schedules, inadequate workplace support, lack of designated breastfeeding breaks, and short maternity leave periods. Furthermore, cultural and familial expectations further discourage some mothers from adhering strictly to exclusive breastfeeding practices. Time constraints at work, pressure from caregivers to introduce alternative feeding methods, and the absence of lactation-friendly workplace policies further compound these challenges.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. **Implementation of workplace breastfeeding policies.** That is, employers should establish workplace policies that support breastfeeding mothers. These policies should include the provision of lactation rooms, flexible work hours, and designated breastfeeding breaks to enable working mothers to breastfeed or express milk during work hours.
2. **Extension of maternity leave.** Government and private organizations should extend maternity leave to at least six months to allow mothers to exclusively breastfeed their babies for the recommended period. This will reduce the need for early supplementation with formula or other foods.

3. **Public awareness campaigns on exclusive breastfeeding.** Health authorities and non-governmental organizations should conduct educational programs to promote the benefits of exclusive breastfeeding. These campaigns should target not only mothers but also employers, caregivers, and family members to ensure collective support for breastfeeding mothers.
4. **Community and family support for breastfeeding mothers.** Community leaders, family members, and caregivers should be educated on the importance of exclusive breastfeeding. Families should be encouraged to support working mothers by ensuring that caregivers follow EBF guidelines and avoid early introduction of other foods.

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