Access to Workplace Breastfeeding Facilities among Mothers Working in Selected Private Organizations in Port Harcourt City, Nigeria

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Direct Research Journal of Public Health and Environmental Technology

Vol. 11(2), Pp. 45-49, June 2026

https://journals.directresearchpublisher.org/index.php/drjphet; https://www.ajol.info/index.php/drjphet

Research Article
ISSN: 2734-2182

Received 9 April 2026, Accepted 15 May 2026, Published 18 June 2026

ABSTRACT

Breastfeeding is crucial for infant health, but working mothers in the private sector face significant obstacles to exclusive breastfeeding, often due to insufficient workplace facilities. This study determined the proportion of working mothers who exclusively breastfeed, assessed the availability of workplace breastfeeding facilities, and evaluated the acceptability of existing facilities among mothers in selected private sector organizations in Port Harcourt City, Nigeria. A descriptive cross-sectional survey design was employed. Using multi-stage sampling. 450 working mothers were recruited from 25 private sector workplaces across five wards of Port Harcourt City Local Government Area. Data were collected via interviewer-administered semi-structured questionnaires and analyzed using IBM SPSS Version 26. Descriptive statistics were used to evaluate the proportion of mothers who exclusively breastfeed and the availability and acceptability of breastfeeding facilities. Only 39.1% of participants had ever exclusively breastfed their child, and just 4.3% were currently doing so. Regarding availability, 24.4% reported having a workplace breastfeeding facility. Of those, 17.8% found the facility close to their office, 11.1% reported a physically separated area, and only 8.9% confirmed the facility was away from the restroom. Among the 110 mothers with access to a facility, 100% expressed a preference for breastfeeding at the workplace. However, only 18.2% reported the presence of power outlets, comfortable armchairs, or breast milk storage systems. A critical gap exists between demand for and provision of workplace breastfeeding facilities in the private sector in Port Harcourt City. Employers must invest in well-equipped, private lactation spaces supported by enabling policies to improve exclusive breastfeeding rates and maternal-infant health outcomes.

Keywords: *Workplace breastfeeding, Exclusive breastfeeding, Breastfeeding facilities, Working mothers, Private sector; Port Harcourt, Nigeria*

Citation: Isabu M.S., Adeniji F., Nwadiaru C.B., Gbaramogho B.G. and Uwahemu E.C. (2026). Access to Workplace Breastfeeding Facilities among Mothers Working in Selected Private Organizations in Port Harcourt City, Nigeria. *Direct Research Journal of Public Health and Environmental.* Vol. 11(2), Pp. 45-49. https://doi.org/10.26765/DRJPHET290948984

INTRODUCTION

Breast milk is widely recognized as the optimal nutritional source for infants, providing essential nutrients, immune protection, and developmental benefits. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods for up to two years or beyond (WHO, 2019). Despite these recommendations, global breastfeeding rates remain below established targets. The 2017 WHO Global Breastfeeding Scorecard, covering 194 countries, found that fewer than half of infants under six months are exclusively breastfed globally, and a joint UNICEF/WHO (2021) report noted that only 44% of newborns are exclusively breastfed.

In Nigeria, exclusive breastfeeding rates have historically been low. The National Population Commission and ICF (2019) documented that exclusive breastfeeding prevalence among infants under six months improved from 17% in 2013, yet continues to fall far below international benchmarks. Working mothers face particular challenges: the return to employment after maternity leave typically coincides with the recommended exclusive breastfeeding period, and inadequate workplace support is a recognized driver of early breastfeeding cessation (Rollins et al., 2016; Vilar-Compte et al., 2022).

Time discretion and the availability of lactation infrastructure significantly influence breastfeeding continuation after return to work (Allen et al., 2014). A functional breastfeeding facility is a designated space where a mother can breastfeed or express milk—incorporating comfortable seating, a surface for pump equipment, power outlets, access to water, and a nearby washroom. Despite evidence demonstrating that lactation-friendly workplaces reduce employee absenteeism and turnover (Health and Wellbeing at Work, 2022), such facilities remain uncommon in Nigeria's private sector.

Previous research in Nigeria has identified diverse barriers to workplace breastfeeding, including lack of privacy, inadequate facilities, long work hours, and poor employer support (Yakubu et al., 2023; Adebayo et al., 2021; Sholeye et al., 2015; Ikobah et al., 2021). However, studies specifically examining private sector workplaces in Port Harcourt City are sparse, leaving a critical evidence gap. The present study therefore aimed to: (1) determine the proportion of working mothers who exclusively breastfeed; (2) assess the availability of workplace breastfeeding facilities; and (3) evaluate the acceptability of existing facilities among mothers employed in selected private organizations in Port Harcourt City.

Materials and Methods

Study Area

The study was conducted in Port Harcourt City Local Government Area (LGA), Rivers State, Nigeria. Port Harcourt is the commercial capital of Rivers State, located in the Niger Delta region. The city hosts a large and diverse range of private sector workplaces across healthcare, legal, financial, manufacturing, and commercial services industries.

Research Design

A descriptive cross-sectional survey design was employed. Data were collected at a single point in time to capture a cross-sectional picture of workplace breastfeeding facility access, availability, and acceptability among working mothers in the private sector.

Study Population and Eligibility Criteria

The target population comprised working mothers employed in private sector organizations in Port Harcourt City LGA. Inclusion criteria were: adult females aged 18–49 years, currently employed in the private sector, and having given birth within the last two years. Mothers on annual leave or absent from work during the study period were excluded.

Sample Size and Sampling Technique

Sample size was calculated using the Snedecor and Cochran (1989) formula ($n = Z^2pq/e^2$), based on an estimated prevalence of 16.7% for availability of workplace breastfeeding facilities (Ali & Saleh, 2022). This yielded a minimum of 214, which was adjusted for a design effect of 2 ($n = 428$) and a 10% non-response rate ($n^* = 476$). A total of 450 mothers completed the questionnaire.

Multi-stage sampling was employed. In Stage 1, five wards (Abuloma-Amadi Ama, Diobu, Elekahia, Rumuobiekwe, Rumuwoji) were selected by simple random sampling from the 20 wards of Port Harcourt City LGA. In Stage 2, five private sector workplaces per ward were identified by cluster random sampling (25 workplaces total). In Stage 3, working mothers were randomly selected from employment lists at each workplace.

Data Collection Instrument

Data were collected using a pre-tested, validated interviewer-administered semi-structured questionnaire adapted from the Nigeria Demographic and Health Survey (NDHS). The instrument covered: (A) socio-demographic characteristics; (B) availability of workplace breastfeeding facilities; (C) affordability; (D) acceptability; and (E) barriers. Content validity was established through expert review by two public health nutritionists and the study supervisor. A pilot test with 23 mothers in Obio/Akpor LGA yielded a Kuder-Richardson (K-R 21) reliability coefficient

of 0.81.

Data Analysis

Data were entered in Microsoft Excel (Office 365) and exported to IBM SPSS Version 26. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to characterize the study population and to report findings on the proportion exclusively breastfeeding and on facility availability and acceptability.

Ethical Considerations

Ethical approval was granted by the Ethics Committee of the University of Port Harcourt (Approval No. UPH/CERMAD/REC/MM92/035). Written informed consent was obtained from all participants. Confidentiality and anonymity were maintained throughout data collection and analysis. Participation was entirely voluntary, and participants could withdraw at any stage without consequence.

RESULTS

Socio-demographic Characteristics

Table 1: Socio-demographic characteristics of study participants (n=450)

Variable	Frequency (n=450)	Percent (%)
Age Category		
25–29	151	33.6
30–34	60	13.3
35–39	159	35.3
40–44	80	17.8
Mean ± SD	33.96 ± 5.469	
Number of Children		
Less than 2	160	35.6
2 and above	290	64.4
Marital Status		
Married	410	91.1
Widowed	20	4.4
Divorced	20	4.4
Educational Level		
Secondary	20	4.4
Tertiary	430	95.6
Religion		
Christianity	399	88.7
Muslim	14	3.1
Others	37	8.2

Table 1 presents the socio-demographic profile of the 450 participants. The majority (35.3%) were aged 35–39 years, with a mean age of 33.96 ± 5.469 years. Most (64.4%) had two or more children and 91.1% were married. Tertiary education was reported by 95.6% of participants, and 88.7% identified as Christian. The sample distribution reflects the occupational diversity of the private sector in Port Harcourt City.

Proportion of Working Mothers Who Exclusively Breastfeed

Table 2: Proportion of working mothers in Port Harcourt City who exclusively breastfeed (n=450)

Variable	Frequency (n=450)	Percent (%)
Have you ever exclusively breastfed your child?		
Yes	176	39.1
No	274	60.9
Are you currently exclusively breastfeeding your child?		
Yes	19	4.3
No	431	95.7

As shown in Table 2, of the 450 participants, 39.1% (n=176) reported having ever exclusively breastfed their child. However, only 4.3% (n=19) were currently practicing exclusive breastfeeding at the time of the study, indicating a severe decline after return to employment.

Availability of Workplace Breastfeeding Facilities

Table 3 below shows that only 24.4% (n=110) of participants reported the presence of a workplace breastfeeding facility. Of those with access, 17.8% found the facility close to their office, while only 11.1% indicated it was in a physically separated area. A mere 8.9% confirmed the facility was situated away from restrooms. Privacy was severely lacking: only 4.4% confirmed the facility ensured privacy, and the same proportion reported an internal washroom. Only 20.0% reported that the facility space was available throughout the full workday.

Acceptability of Workplace Breastfeeding Facilities

Among the 110 participants who had access to a workplace breastfeeding facility, all (100%) expressed a preference for breastfeeding at the workplace. However, critical infrastructure amenities were largely absent: only 18.2% reported the presence of power outlets, comfortable armchairs, or breast milk storage systems (fridge or coolers), with 81.8% noting the absence of each of these amenities (Table 4 below).

Discussion

This study reveals a critical gap between the demand for

and the provision of workplace breastfeeding support among private sector employees in Port Harcourt City, Nigeria. The findings have substantial implications for maternal and infant health and for occupational health policy in the Nigerian private sector.

Table 3: Availability of workplace breastfeeding facilities among mothers in the private sector, Port Harcourt City (n=450)

Variable	Frequency (n=450)	Percent (%)
Presence of workplace breastfeeding facility		
Yes	110	24.4
No	340	75.6
Breastfeeding facility close to office		
Yes	80	17.8
No	370	82.2
Facility in a physically separated area		
Yes	50	11.1
No	400	88.9
Facility away from restroom		
Yes	40	8.9
No	410	91.1
Facility ensures privacy		
Yes	20	4.4
No	430	95.6
Facility available throughout workday		
Yes	90	20.0
No	360	80.0
Washroom inside facility		
Yes	20	4.4
No	430	95.6

Table 4: Acceptability of workplace breastfeeding facilities among mothers with access (n=110)

Variable	Frequency (n=110)	Percent (%)
Prefer breastfeeding at workplace		
Yes	110	100.0
No	0	0.0
Presence of power outlet		
Yes	20	18.2
No	90	81.8
Presence of comfortable armchair		
Yes	20	18.2
No	90	81.8
Breast milk storage system (fridge/coolers)		
Yes	20	18.2
No	90	81.8

Proportion of Working Mothers Who Exclusively Breastfeed

The proportion of working mothers who had ever exclusively breastfed (39.1%) reflects a poor initiation rate, while the current exclusive breastfeeding rate of 4.3% is strikingly low. This precipitous decline mirrors findings from comparable settings across Nigeria and sub-Saharan Africa. Faramade et al. (2023) documented an exclusive breastfeeding prevalence of only 37% among working-class mothers in Ogbomoso, Oyo State, identifying busy work schedules and inadequate workplace facilities as principal barriers. Similarly, Mwiza et al. (2023) in Zambia found that despite high awareness of exclusive breastfeeding among working mothers (97.7%), only 58% practiced it, with 71% citing the absence of workplace facilities as a key impediment. The Port Harcourt rate—considerably lower even than these comparators—underscores the severity of the private sector breastfeeding environment in the study setting.

The sharp drop from ever-breastfed (39.1%) to currently breastfeeding (4.3%) indicates that return to employment is a critical juncture at which exclusive breastfeeding is abandoned. Onwuka (2022) documented a similar pattern among working mothers in Enugu, where 99% reported lacking necessary breastfeeding facilities. The current findings reaffirm that the absence of supportive infrastructure and enabling policies in the workplace is a structural driver of early breastfeeding cessation, with direct implications for infant nutritional security and public health in Nigeria.

Availability of Workplace Breastfeeding Facilities

The finding that only 24.4% of participants had access to a workplace breastfeeding facility reflects a major infrastructural deficit. This rate is consistent with global evidence from low-resource private sector settings. Ali and Saleh (2022) in Erbil, Iraq found that only 11% of working mothers had workplace breastfeeding access, while Soomro et al. (2016) in Karachi, Pakistan documented fewer than 7% of workplaces providing lactation rooms. Daniels et al. (2024) in South Africa similarly observed persistent challenges in developing breastfeeding-friendly environments, particularly in male-dominated workplaces.

Beyond overall low prevalence, the qualitative aspects of available facilities were deeply inadequate. Only 8.9% of facilities were positioned away from restrooms, 4.4% ensured privacy, 4.4% had an internal washroom, and only 20.0% were accessible throughout the full workday. Febrianingtyas et al. (2019) in Jakarta documented that even where lactation rooms existed, their inadequacy undermined breastfeeding continuation. Vilar-Compte et al. (2021), in a systematic review of workplace breastfeeding interventions, identified the provision of designated, accessible, and adequately equipped lactation spaces as the single most important structural determinant of improved breastfeeding duration and

exclusivity. The present findings indicate that Port Harcourt's private sector falls well short of this standard.

Acceptability of Workplace Breastfeeding Facilities

The unanimous preference for workplace breastfeeding among mothers who had access to facilities (100%) demonstrates an unambiguous demand for such provision and challenges the assumption that breastfeeding is a purely private matter. This finding is consistent with Hernández-Cordero et al. (2022), who documented in a multi-city Mexican study that working mothers broadly desired breastfeeding-supportive environments, and that organizational commitment, flexible scheduling, and comprehensive lactation services were key enabling mechanisms.

Despite universal preference, only 18.2% of facilities offered power outlets, comfortable seating, or breast milk storage—amenities considered standard in any functional lactation space. Burns and Triandafilidis (2019) at an Australian university found that even in relatively progressive institutional environments, locating adequately equipped breastfeeding spaces was a significant challenge. The Port Harcourt findings present a considerably starker scenario, reflecting systemic under-investment in lactation infrastructure in the Nigerian private sector.

CONCLUSION

This study documents a severe deficit in workplace breastfeeding facility access and quality among mothers in the private sector in Port Harcourt City, Nigeria. Only 24.4% of working mothers had access to any breastfeeding facility, and far fewer reported facilities meeting basic standards of privacy, proximity, or amenity provision. Current exclusive breastfeeding rates of 4.3% reflect the direct public health consequence of this structural failure. The universal desire among mothers to breastfeed at work demonstrates that the demand is not the limiting factor; rather, it is the absence of adequate, policy-backed, and well-equipped facilities that prevents working mothers from sustaining exclusive breastfeeding after return to employment. Private sector employers in Port Harcourt City must recognize their role as critical actors in maternal and child health. This requires investment in purpose-built lactation rooms that guarantee privacy, are equipped with power outlets, comfortable seating, and refrigerated storage, and are accessible throughout the working day. Structural improvements must be accompanied by formal breastfeeding-supportive policies that provide flexible break schedules and managerial awareness. Health policymakers and government agencies should establish enforceable minimum standards for private sector lactation facilities and consider providing incentives for compliance. Future research should use longitudinal designs to assess whether facility improvements translate into sustained increases in exclusive breastfeeding rates in this setting.

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