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Maternity Entitlements in Nigeria

Policies and Practices



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Acknowledgements

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Acronyms

A&T	Alive & Thrive
BMGF	Bill & Melinda Gates Foundation
CRC	Convention on the Rights of the Child
EBF	Exclusive Breastfeeding
FGD	Focus Group Discussion
FMOH	Federal Ministry of Health
HR	Human Resource
IDI	In-depth Interview
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
OPM	Oxford Policy Management
UNICEF	United Nation's Children Fund
WHO	World Health Organization

1 Executive summary

Adequate nutrition in the first 1,000 days, from pregnancy to two years of age, is critical to enable all children to lead healthier and more productive lives. The positive impacts of adequate nutrition on maternal and child health cannot be overstated. A mother's well-being is key to ensuring healthy outcomes, and quality maternity leave is a fundamental piece of women's health. Ensuring a conducive and balanced work environment for parents to raise children is critical to achieving a productive labour force. Paid leave benefits mothers and helps children. When women take longer maternity leave, it increases the duration and likelihood of breastfeeding whereas returning to work quickly after childbirth increases the chance of early cessation. Breastfeeding also enhances the infant's immune system, stimulates significant neurological development for the baby, and strengthens the mother-infant bond. Paternity leave also helps support breastfeeding as it allows men to devote time to support mothers and newborns, too.

Despite globally accepted knowledge on the benefits of breastfeeding and the contribution of maternity entitlements to increasing rates of exclusive breastfeeding, there has been little research on how maternity or paternity leave is practiced in Nigeria, the labour force's level of compliance, or the government's level of enforcement in workplaces. In 2019, the Federal Ministry of Health, Alive & Thrive, and the United Nations Children Fund (UNICEF) sought to fill this gap by conducting a study of maternity and paternity leave entitlements and workplace lactation policies and practices; those offered and received in the public and private sectors, and the informal sector.

The study provides a new understanding of both the workplace policies – in the public and private sectors – that affect working parents and the potential implications of extending maternity leave to six months, the global recommendation. It analyses current policies and programs for protecting and supporting breastfeeding among working mothers in Nigeria and identifies critical knowledge gaps and the range of measures currently being taken for maternity entitlements, and how policies are being implemented. The study shows clearly that concerted action on the part of the public and private sectors could save thousands of lives and save trillions of naira – public officials, company managers, advocates and others have numerous opportunities, outlined in the recommendations of this study, to achieve significant gains for the entire population.

More than 2,500 respondents, including public and private sector stakeholders – working mothers in the formal and informal sectors, business owners, human resource personnel, department heads, policy administrators and union leaders/association heads – participated in interviews and focus groups across the six geopolitical zones of the country : Lagos State in the South-West, Anambra State in the South-East, Rivers State in the South-South, Bauchi State in the North-East, Kano and Kaduna states in the North-West and the Federal Capital Territory in the North-Central. The public and private sectors were further disaggregated into seven subsectors which encompassed the state-owned and local government-owned public institutions, and the manufacturing, education, hospitality, finance and health care institutions in the private sector.

What are Maternity Entitlements?

The 1999 Constitution of the Federal Republic of Nigeria, the 2008 Public Service Rules, and the 2004 Nigeria Labour Law all recognize and assent to the provision of maternity

entitlements. Nigeria currently implements two maternity entitlement provisions. The first, which is recognized at all levels of public service and codified in the Nigerian Labour Act, provides up to 12 weeks of maternity leave with at least 50% of salary and, upon return to work, half an hour twice a day during working hours to breastfeed. The second, recently adopted by the Federal Public Service and yet to be ratified by the states and local government civil service, is a 16-week maternity leave provision with full pay, as well as two hours off each day to breastfeed up to six months after the employee resumes duty. Under both provisions, female staff entitled to maternity leave are unable to take their annual leave in that fiscal period.

Further still, different provisions apply depending on whether a woman is employed by the Federal, State, or Local government. For example, Lagos, Enugu, and Kaduna states offer 24 weeks of fully paid maternity leave to mothers while Lagos and Enugu states provide 10 working days and three weeks, respectively, of paternity leave to new fathers. In addition to these domestic policies, the Government of Nigeria has also signed on to the International Labour Organization Maternity Protection Convention, 2000 (No. 183) and its accompanying Recommendation (No. 191).

Despite laws, significant gaps exist in Nigeria's legislation. These gaps include a lack of clarity on whether organizations may face penalties if they deny women their maternity leave rights; what compensation women can claim when that right is denied; and the fact that large pockets of the population, such as those in the informal sector and men, are being overlooked under official law. In addition, Nigerian organizations—both public and private sectors—need more clarity and planning on how to comply with the full provisions of these global declarations.

1.1 Findings

Employers and employees in Nigeria's formal and informal sectors are generally aware of basic maternity entitlements, but their awareness of additional benefits, such as paternity entitlements, varies. The effective implementation of maternal entitlements is not consistent across the different subsectors. In the informal sector in particular, women and men do not benefit from maternal entitlements granted them by law largely because there is no institutionalized policy or guiding principle for these types of benefits. There appears to be no enforcement or regulation protocol in place to ensure compliance with the national policies within the labour force. While several institutions had established strategies to address complaints, the management of the complaint process was often subjective. Findings below are presented according to awareness of policies (maternity and paternity leave, for example) and their implementation; the actual practice of breastfeeding and its support in workplaces; child adoption and child spacing; receptiveness to adopting six months' maternity leave; and, receptiveness to lactation toolkits and creche support.

1.2 Awareness of parental leave and entitlements in the workplace

Participants have various levels of knowledge regarding maternity leave and related workplace policies. Most workers in the private sector are aware of maternity leave rights,

and received this information in their employment letters, handbooks, or from engagement with human resources personnel, while most workers in the public sector (both local and state) received information about their leave benefits from the staff rules or their colleagues. General maternity entitlements included: average of three months leave, reduced working time upon resumption for the next three months, paid maternity leave, access to a furnished private breastfeeding room/space, access to day-care/crèche facility within the organization or neighbourhood, and formal supports and encouragements for breastfeeding in the immediate work environment.

The study also revealed that although most of the private and public sector institutions offer maternity leave, there were some private sector institutions that did not offer it at all. This was most often reported by female workers in private educational institutions and the manufacturing and hospitality industries. Despite this, female employees in the public and private sectors were aware of their workplaces' available benefits, such as paid maternity leave, leave of 12 weeks or more, and reduced work hours to promote breastfeeding practices.

In the informal sector (mainly markets), work environments are less structured than those in the formal sector. Respondents displayed some knowledge gaps about the purpose of maternity leave, and their reported duration of maternity leave varied widely as there is no institutionalized policy or guiding principle for these types of benefits. Most respondents in the informal sector saw maternity leave as an opportunity to rest in the short-term, and resume work immediately once a mother felt strong enough to do so, often before three months had elapsed; very few considered this period an opportunity to practice exclusive breastfeeding. Their return to work before three months occurred largely due to financial constraints as their leave is unpaid.

Very few respondents were aware of paternity provisions or their benefits to an organization. Respondents in the public sector were more aware of the provision of paternity entitlements to eligible male workers in their organization than those in the private sector. Amongst private sector respondents, female employees in the manufacturing, hospitality, and private educational institutions were mostly unaware of the paternity provisions available within their organization; respondents in hospitality and healthcare institutions were the least aware. On the other hand, working mothers in the financial sector were the most knowledgeable about existing paternity leave policies in their respective institutions.

Paternity leave is not a statutory entitlement and therefore not commonly offered to new fathers in the formal workforce other than in Lagos and Enugu states, and some private institutions, like commercial banks, whose policies have advanced beyond the national policies. The duration of paid paternity leave varies among these institutions, ranging from 5 – 10 days.

Most female respondents said they did not support paternity leave for their male counterparts, believing the leave would not be used as intended; further, they said if it followed the same pay structure as maternity leave, it would have negative financial implications for the family. The few men that were involved in the study had positive reactions to the idea. However, a male policy administrator in Lagos State, where paternity leave is a state policy, said in his experience, men often do not take advantage of the available leave. The respondent said that men are hesitant to request paternity leave

because it is not a societal norm, in addition to their fear of the negative financial implications.

1.3 Implementation of maternity leave policies

The level of implementation of maternity leave policy is greater in the public sector compared to the private sector (where some institutions disclosed that they did not offer any maternity leave entitlements to working mothers in their establishments). Paternity leave is not common or enforced by law in Nigeria (it is only a statutory entitlement to fathers in Lagos and Enugu states where it has been approved as public policy).

Most respondents said the standard maternity leave period is three months. However, those three months are often converted to days and, in the public sector, weekends are frequently included in the count of days, making official time off less than three months total. Additionally, in the formal private sector, some respondents reported that their maternity leave is far less than three months. Employment status, i.e. full-time vs part-time, has a direct implication on the length of leave workers are able to take. Some respondents who were not engaged as full-time or permanent employees were only able to take maternity leave for as little as 30 days.

Following national policy, public sector institutions—including those at the local government level—are more likely to pay full (100%) salary during maternity leave across the six states. Private institutions were generally less likely to pay full salary than public sector institutions. For instance, 74% of Anambra-based private institutions offered paid maternity leave for the entire duration of the leave, while 99% of public sector institutions in the same state offered paid maternity leave for the entire leave period.

Approval of maternity leave is not always consistent. In Kaduna State for instance, a woman must provide her marriage certificate and a medical report signed by a certified physician from a recognised health facility before she will be granted maternity leave, which is a statutory recommendation in the national policies. In other cases, women had to have been working with the organization for a minimum of six months and be a full-time, permanent staff who had not taken her annual leave for that year. For women who had taken annual leave that year, the days taken were deducted from the maternity leave request. Very few organizations had approved women's requests to take both annual and maternity leave in the same calendar year.

Major challenges to implementing maternity leave cited by employers included the increased workload on other employees; the additional costs of hiring contract staff (including cost of advertising, interviews, and insurance) while continuing to pay the permanent staff on leave; and, the retention of staff through the increased workload.

1.4 Breastfeeding practice among mothers and its support in the workplace

The Nigerian Constitution (1999), Nigerian Labour Law, and the Public Service Rules are quite clear about breastfeeding in the workplace, requiring employers to allow one to two hours per day for mothers to nurse their babies after they return to work. Healthcare and state government institutions were more likely to provide this form of support to nursing

mothers compared to other organizations. In Lagos and Kano states, however, allowing mothers time to breastfeed was more common in the finance industry than other states.

Most respondents in the formal sector, mothers and administrators alike, welcomed the idea of care facilities within their workplaces. It is commonly believed that this would help mothers focus on work, given reassurance that their babies were under good care. In the informal sector, respondents had concerns over cost or reliability of such facilities.

1.5 Child adoption and child spacing policies

Respondents were not widely aware of child adoption and spacing policies. The few who were aware of the child adoption policy said it was provided to support employees who were having difficulties conceiving on their own. Such employees who benefited from this are entitled to at least three months' maternity leave similar to what other new mothers enjoy or paternity leave as provided for by the organization.

Responses on child spacing policy were speculative or uncertain. None of the organizations interviewed cited this as an official policy, and none of the employees had experienced it either directly or indirectly. It can be concluded, then, that this is not a common practice in the formal workplaces that participated in this study.

1.6 Receptiveness to adopting a six-month maternity leave policy

The majority of women in both sectors expressed support for a six-month maternity leave policy, as it would give their babies ample time to grow and afford mothers time to rest before they resume work. However, respondents among employers and policy administrators were reluctant to adopt such a policy, fearing it to be too ambitious and too long, in addition to worrying that the length of leave may put the woman's job security at risk, or may be detrimental to her performance. These hesitations were echoed in the education subsector, where respondents cited the strict school calendar and the difficulty in accommodating such a long leave period. Regardless, a few said that should this become a national policy, it would be accepted; however, they also said that the cost of implementing such policy might be a lot to bear on the organizations and, in turn, on the economy.

While women said they would welcome longer maternity leave, their work environments are not currently conducive to it. Across the board, women were supportive and recognized the potential benefits of extending maternity leave to six months, but when considering the policy in practical terms, they were concerned about their jobs and financial security. This is echoed in the concerns employers cited for an extended policy. If work environments were structured in a way that supported and enabled all new parents to take leave while feeling both professionally and financially secure, support for this change would probably increase.

Further, these findings also indicate a need for increased evidence on the benefits of longer maternity leave. Based on responses from participants, particularly from employers, there is a clear need for evidence that longer maternity leave is not detrimental to organizations or the national economy, and in fact could bring benefits.

2 Recommendations

Respondents offered many suggestions for improving the knowledge, attitudes, perceptions, and practices regarding parental support within the Nigerian labour force. They focused on policy implementation, enforcement, and regulation of labour laws in the public and private sectors, and awareness among the general public of the benefits to families of parental leave and exclusive breastfeeding. Recommendations are presented below according to whom they are directed: Policymakers and Public Officials, influencers; Government; and, Employers.

2.1 Policymakers and Public Officials Influencers

Policymakers and their representatives who are involved in governance systems and bureaucracy should:

- Continually advocate for parents, particularly mothers, so that they have the required time and support to nurture their babies
- Ensure that the system is well balanced for employers to support this drive so that they have the capacity to facilitate an enabling environment for working parents in their respective institutions
- Promote private sector partnerships that would lead to the establishment of crèche facilities in areas densely populated with workers such as government secretariats and large commercial hubs
- Work closely with government regulatory agencies such as the ministries of Labour and Women Affairs at the federal and state levels to ensure compliance with global standard operating procedures of such facilities
- Advocate for women to be able to access their maternity and annual leave in the same year
- Work with union administrators, group leaders, and working parents in the informal sector so that they understand the importance of parental leave and exclusive breastfeeding practice, facilitating a supportive environment in the non-formal workplace
- Enact a national policy mandating paid maternity leave, and extension of the current maternity leave period to six months

2.2 Government

The Federal Ministry of Labour, the Federal Ministry of Health, and the Federal Ministry of Women's Affairs and Social Development have significant roles to play to promote and support maternity entitlements.

The Federal Ministry of Labour should:

- Work to ensure all mothers are given their entitled three months' maternity leave (with a recent amendment of four months' maternity leave for public sector workers)

- Clarify the exact duration of leave duration across the subsectors, especially those in the private sector, as some were found to be offering much less than statutorily recommended
- Ensure strict compliance with the national laws that affect the labour force
- Work with policymakers at the federal and state governments to advocate for working mothers to be granted both maternity leave and annual leave in the same calendar year without any prejudice
- Advocate for some off-work days for fathers outside of their annual leave
- Discourage discrimination in the workplace due to marital status, pregnancy, or childbirth
- Empower mothers to speak up when faced with challenges at work
- Ensure organizations put in place mechanisms for receiving and addressing complaints from vulnerable workers like pregnant and nursing mothers
- Ensure employers and their representatives routinely inform and educate their employees about their entitlements and benefits in the workplace through public display of information on notice boards, offices, online pages, seminars and orientation workshops, circulars, and memos throughout the departments and unions

The Ministry of Health should:

- Collaborate with the Ministry of Labour to advocate at the Federal Executive Council and the National Assembly for the extension of maternity leave from the current four months for Federal Public Employees to six months
- Widely disseminate this survey and other supporting international evidence at the National Council on Health, comprising the Commissioners of Health from the states to build support and consensus for six months' maternity leave and provision of lactation rooms/crèches at the state level
- Collaborate with the Ministry of Women Affairs to improve the quality of care at existing lactation rooms/crèches and ensure that mothers have correct information and support to continue exclusively breastfeeding their babies when they return to work

The Federal Ministry of Women Affairs and Social Development should:

- Deploy regulatory activities, such as licensing and certification towards crèche and nursery facilities, throughout the nation by setting operational guidelines that would be routinely monitored
- Ensure a conducive environment in the workplace through joint efforts with employers and other stakeholders (MDAs and policymakers) so that working mothers have an easy transition into post-maternity work leave
- Continue reinforcing messages around good nutrition and health in the first 1,000 days of life in the media, public places and workplaces
- Partner with different actors—government and non-government organizations—that can help drive and own maternity entitlement initiatives

Each ministry should also:

- Develop and deploy behavioural change communication resources to the public on the benefits of exclusive breastfeeding practices, prepared strategically to address target groups, their level of literacy, age, cultural background, etc.
- Leverage messages on the available media and communication platforms such as radio, TV, and social media platforms to target the specific groups of employees and employers in the Nigerian labour force
- Work collaboratively with implementing partners to continue interventions that support women and their children to lead healthy lives
- Continue education on nutrition, hygiene, and medical care
- Strategically engage the informal sector, supporting it to create lactation-friendly environments for mothers and their babies while at work

2.3 Employers

As the main and most direct point of contact for working mothers, employers should:

- Provide crèche/day-care facilities, clean and dedicated lactation rooms, and lactation breaks for working mothers.
- Implement flexible work schedules for nursing mothers, allowing them to start or end their days earlier
- Increase allotted paternity leave benefits so fathers can spend time supporting their new family structure
- Identify and eliminate all forms of discrimination towards working mothers
- Give pregnant women sufficient time off work to seek medical care, including for antenatal clinics and appointments
- Provide women with all forms of support essential to help them perform optimally, including quality education around optimal breastfeeding practices, a balanced work life, and conducive work environments to support their family
- Build an enabling environment in the workplace where women feel comfortable going on maternity leave, and that women are aware of its full benefits

In 2017, Nigeria's rate of exclusive breastfeeding was 24 percent, well below the 50 percent target set by the World Health Assembly for 2025. When children are not breastfed, they are at higher risk of illness and death. Later in life, mothers who do not breastfeed are more prone to develop life-altering and life-threatening cancers and Type II diabetes. The costs of this low rate are astounding: every year, the lives of more than 100,000 children and more than 1,000 mothers are lost as a result. Economically, the Nigerian health system incurs more than US\$21 million in costs treating illnesses that could have been prevented by breastfeeding and Nigerians spend almost US\$4 billion on formula annually as a result of not breastfeeding. Concerted action by the public and private sectors to support and promote maternity entitlements, including extending maternity leave and encouraging paternity leave, providing lactation toolkits and creche support, and supporting breastfeeding practices in workplaces, would save thousands of lives and billions of naira for the national economy.

3 Introduction

Adequate nutrition in the first 1,000 days, from pregnancy to two years of age, is critical to enable all children to lead healthy and productive lives. Every year, millions of children die and many more fail to realize their full potential throughout their lives due to poor nutrition during this period. To attain improved and optimal breastfeeding practices, critical policy efforts such as maternity/paternity entitlements and breastfeeding friendly initiatives are important for sustainable outcomes. This will enable an environment where optimal breastfeeding practices can be established in line with international recommendations such as exclusive breastfeeding for the first six months of life.

In addition to targeted campaigns and behaviour change interventions, it is imperative to have policies that remove significant institutional constraints in order to realize sustainable change and positive outcomes. Women have been found to be two and a half times more likely to breastfeed where the practice is protected, promoted and supported. Increasing evidence of the importance of these policies, as well as an increase in the number of women and men of childbearing age in the workforce has highlighted the importance of paid maternity/paternity leave and other supportive practices. Supporting new parents during and after pregnancy will not only lay a solid and healthy foundation for the child, but will benefit the country as a whole.

3.1 Maternity leave in Nigeria

Maternity leave has been a statutory benefit to mothers in Nigeria since the Second Republic (1979) via the UK Employment Protection Act, 1975 (Monster Worldwide, 2019). Because Nigeria was under the colonization of the British government at the time, it was bound by this provision. The 1999 Constitution of the Federal Republic of Nigeria, the 2008 Public Service Rules, and the 2004 Nigeria Labour Law all recognize and ascent to the provision of maternity entitlements. However, there is little or no reference for paternity leave for fathers or for women in the informal sector.

At the time of this report, Nigeria implements two maternity entitlement provisions. The first, which is recognized at all levels of public service and the Nigerian Labour Act, provides up to 12 weeks of maternity leave with at least 50% salary, and, upon return to work, half an hour twice a day during working hours to breastfeed. The second, recently adopted by the Federal Public Service and yet to be ratified down to the states and local government civil service, is a 16-week maternity leave provision with full pay, as well as two hours off each day to breastfeed up to six months after the employee resumes duty. Under both provisions, female staff entitled to maternity leave are unable to take annual leave in that fiscal period.

Further still, different provisions apply depending on whether a woman is employed by the Federal, State, or Local government. For example, Lagos, Enugu, and Kaduna states offer 24 weeks of fully paid maternity leave to mothers. Additionally, Lagos and Enugu states provide 10 working days and three weeks respectively of paternity leave to new fathers. In addition to these domestic policies, the Government of Nigeria has also signed on to the International Labour Organization Maternity Protection Convention, 2000 (No. 183), and its accompanying Recommendation (No. 191).

Table 1: Maternity leave duration and cash benefits in the public sector

State/Institution	Duration of maternity leave	Cash benefit as a proportion of prior salary
Lagos State	24 weeks	100% of prior salary
Enugu State	24 weeks	100% of prior salary
Kaduna State	24 weeks	100% of prior salary
Kano State	12 weeks	100% of prior salary
Anambra State	16 weeks	100% of prior salary
Bauchi state	12 weeks	100% of prior salary
Abia State	16 weeks	100% of prior salary
Ekiti State	16 weeks	100% of prior salary

Despite that the Government of Nigeria has enacted national legislation, agreed to the provisions of international conventions and agreements¹, taken steps with the support of UNICEF, and passed a draft Child's Rights Bill (July 2003), not much has changed in practice in Nigeria; further, significant gaps in legislation remain. These gaps include a lack of clarity on whether organizations face penalties if they deny women their maternity rights; what compensation women can claim when that right is denied; and the fact that large pockets of the population, such as those in the informal sector and men, are being overlooked under law. Finally, Nigerian organizations—both public and private sectors—need more clarity and planning on how to comply with the full provisions of these global declarations.

3.2 Overview of the programme

Alive & Thrive (A&T) is an initiative to save lives, prevent illness, and ensure healthy growth and development through improved maternal nutrition, breastfeeding, and complementary feeding practices. The “Assessment of Maternity/ Paternity Entitlements, Workplace Lactation Policies and Knowledge Gaps to Support Breastfeeding in Nigeria” is led by the Family Health department of the Federal Ministry of Health, Nigeria. The department is concerned with the formulation and implementation of policies related to health and, among its other responsibilities, ensures policy development and implementation of infant and young child feeding in Nigeria.

¹ The 1991 Convention on the Rights of the Child; the Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding; the Baby-Friendly Initiative; the Code of Marketing of Breast Milk Substitutes; the Global Strategy for Infant and Young Child Feeding; and the WHO Guidelines on HIV and Infant Feeding (2010) recognized in the articulation of the National Policy on IYCF, 2010

A&T works closely with the Government of Nigeria through the Federal Ministry of Health and UNICEF Nigeria to increase and improve infant and young child feeding (IYCF) practices in multiple states through advocacy and partnerships with national organizations and networks. A&T, managed by FHI 360, is currently funded by the Bill & Melinda Gates Foundation, Irish Aid, the Tanoto Foundation, and UNICEF.

The assessment included secondary analysis and review of existing government records, documents, surveys, and materials on maternity entitlements in each state and at the Federal level. A structured questionnaire was also administered to women employed in selected private sector entities and in the public sector who had gone on maternity leave while working for their organizations. Additionally, interviews were administered to departmental heads and human resource personnel in the public and private sectors to gain insight into the implementation of the parental leave policies in their respective domains. This was done to further explore current practises and to strengthen the maternity entitlements proposal expected to be developed based on the findings.

3.2.1 Objectives

The assessment aimed to analyse current policies and programs for protecting and supporting breastfeeding among working mothers in Nigeria. Its purpose is to identify critical knowledge gaps of government policymakers at national and state levels and of organizations in the private sector on the range of measures currently being taken for maternity entitlements and how such policies are implemented.

The main objectives of the assessment were to:

- a. Catalogue existing policies and programs on maternity leave and workplace lactation policies
- b. Examine the implementation of and attitudes toward maternity entitlements and workplace lactation policies in the public and private sector in Nigeria
- c. Understand how current policies are functioning/being utilized in the workplace, and explore employers' and employees' perceptions of the current policies, and their support for expanding benefits
- d. Understand the response of the formal private sector to these policies as well as factors influencing their level of implementation
- e. Examine readiness of government at various levels, the public sector, the formal private sector, and the informal private sector to adopt a six-month maternity leave policy and other breastfeeding friendly workplace interventions
- f. Determine employee awareness of the workplace and lactation policies in the public and private sector and their readiness to adopt a six-month maternity leave policy and other breastfeeding friendly workplace interventions
- g. Understand the duration of maternity leave offered by employers, and reasoning behind leave policies
- h. Understand willingness of employers and employees to take advantage of support that could facilitate the adoption of the maternity and workplace policies provided by non-governmental organizations

- i. Identify the implications for organizations of extending paid maternity leave to six months; and examine the barriers and enablers to implementation of lactation friendly policies in the workplace.

3.2.2 Research questions and assessment criteria

Researchers reviewed all existing policies related to maternity leave entitlement with the intent to promote breastfeeding and assess how they are being implemented across the various states in order to answer the following questions and assess relevant criteria:

- a. Who is doing what, where, and how?
- b. What are the various levels of implementation of the maternity/paternity entitlement policy at the federal and state levels?
- c. What are the variations in benefits/entitlements and experiences by employment type i.e. in the public and private sectors (within the Professional/Finance Sector, hospitality Sector, and production/manufacturing sector)?
- d. What kind of support—both informal (i.e. verbal encouragement) and direct (i.e. lactation space, flexible time)—is provided?
- e. What are the current practices and opportunities in the informal private sector for the promotion of breastfeeding-friendly workplace interventions and how are they implemented?
- f. What are the social protection platforms for pregnant and lactating women, especially those in the informal sector or rural areas?
- g. What are the maternity entitlement offerings in the public sector, key private sector, and social safety net programs (potential for those in the informal sector) such as breastfeeding breaks, workplace support, insurance policies etc. (taking into consideration national and sub-national differences)?
- h. What are recommendations on the next steps, towards ensuring the right policies to protect working women and men?
- i. How best to motivate the implementation of these policies to impact improved breastfeeding outcomes?

Based on the research objectives and questions described above, a mixed methods approach was adopted for this study whereby quantitative and qualitative techniques were deployed so that instruments were targeted at data sources that would yield the accurate, relevant and valid information. In Table 2 below, research objectives have been aligned to indicators, instruments and methods by which they were examined.

Table 2: Research objectives, indicators, instruments and methods

S/N	Research Question	Method of Analysis	Indicator	Instrument	Data sources
1	Examine the implementation of and attitudes toward maternity entitlements and workplace lactation policies in the public and private sector in Nigeria	Qualitative	Perception of employees about access to maternity benefits and entitlements Employee benefits from maternity entitlements and workplace policies in terms of paid leave, duration, job retention, etc. Available social protection platforms to women in the formal and informal sectors	KII/IDI guides FGD interview	Policy administrators Women employees Male employees
2	Understand how current policies are functioning/being utilized in the workplace, and explore employers' and employees' perceptions of the current policies, and their support for expanding benefits	Quantitative	Proportion of women who received paid maternity leave from three to six months Proportion of organizations that have a paternity entitlements policy Average duration of maternity leave (in weeks)	Mothers' Questionnaire HR Questionnaire Workplace checklist	Women employees Policy administrators HR Personnel Women employees Organizational checklist

S/N	Research Question	Method of Analysis	Indicator	Instrument	Data sources
			Proportion of institutions with available and accessible workplace childcare facilities Proportion of mothers who had paid maternity leave Average duration of paid maternity leave Proportion of mothers who practiced exclusive breastfeeding post-resumption		
		Qualitative	Perceptions of workplace breastfeeding practices and child care Benefits that are available and currently being accessed by mothers Effectiveness of the implementation of policies on breastfeeding practice and child care support benefits Willingness of employers and employees to take advantage of any support that could expand	KII/IDI guides FGD interview	Women employees Male employees Policy administrators HR Personnel

S/N	Research Question	Method of Analysis	Indicator	Instrument	Data sources
			maternity leave benefits and the types of support that will be considered Effect of maternity leave and workplace policies on IYCF practices		
3	Understand the response of the formal private sector to these policies as well as factors influencing their level of implementation.	Qualitative	Current implementation practices within the formal private sector on maternity leave and workplace lactation policies What factors influence organizational policy implementation in the private sector and how	IDI guide	Policy administrators HR personnel
4	Examine readiness of government at various levels, the public sector, the formal private sector, and the informal private sector to adopt a six month maternity leave policy and other breastfeeding friendly workplace interventions.	Qualitative	Awareness of policy implementers and other employees in the public and private sectors about maternity leave and breastfeeding friendly workplace policies What options are available for maternity leave period in terms of duration? If not six months, then why If six months, how is this managed to ensure	KII/IDI guides FGD interview	Policy administrators HR personnel FGD participants

S/N	Research Question	Method of Analysis	Indicator	Instrument	Data sources
			<p>compliance on the part of the employer and employee</p> <p>What are the current actions being taken by the employers to adopt the six-month maternity leave policy</p> <p>Are employers and employees ready to take advantage of any support that could facilitate the adoption of maternity and workplace policies provided by non-governmental organizations</p> <p>If yes, what are some of their expectations</p>		
5	Identify the implications for organizations of extending paid maternity leave to six months and examine the barriers and enablers to implementation of lactation friendly policies in workplaces	Qualitative	<p>What are the challenges in each sector that could arise from extending paid maternity leave up to six months</p> <p>What are the perceptions of employers and employees about resumption to work post-maternity leave and on</p>	<p>KII/IDI guides</p> <p>FGD interview</p>	<p>Policy administrators</p> <p>HR personnel</p> <p>Women employees</p> <p>Male employees</p>

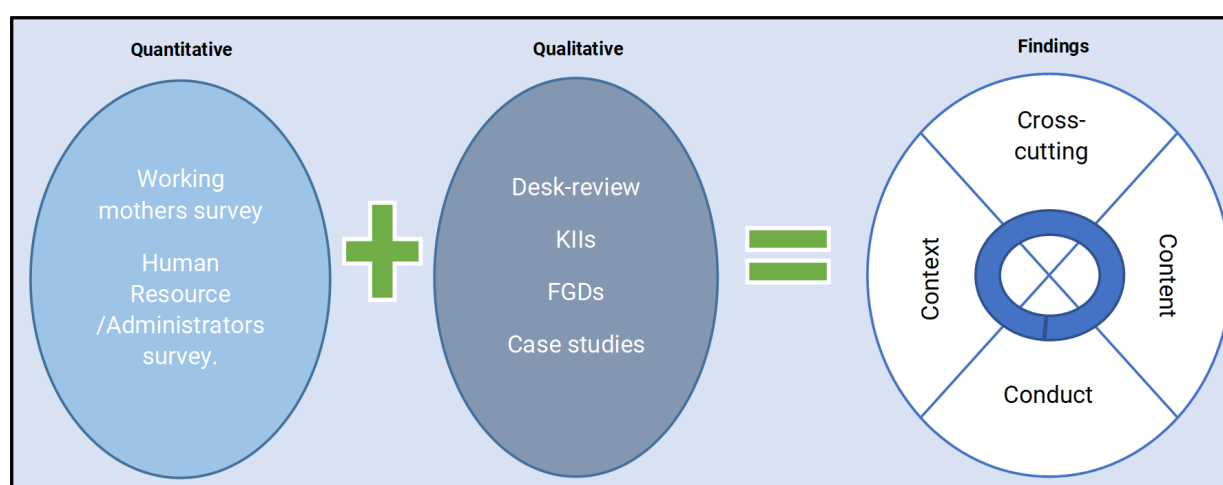
S/N	Research Question	Method of Analysis	Indicator	Instrument	Data sources
			<p>child enrolment in day-care and pre-school facilities</p> <p>What are the barriers and enablers to the implementation of lactation friendly policies in the workplace</p> <p>How can barriers be resolved and the enablers promoted</p>		

4 Methodology

The study combined both qualitative and quantitative techniques to address research objectives. Four of the five main research questions were analysed using only qualitative analysis, while one used both methods (Figure 1).

The methods were implemented sequentially with an embedded concurrent design, which ensured that findings could be triangulated for corroboration where necessary. The desk review of secondary data sources was carried out before exploring primary data sources, which generated contextual and cross-cutting findings. Adopting the concurrent approach ensured questions were explored deeply by both methods. This approach also allowed for tailoring methods to research questions ensuring they were addressed by the most appropriate technique.

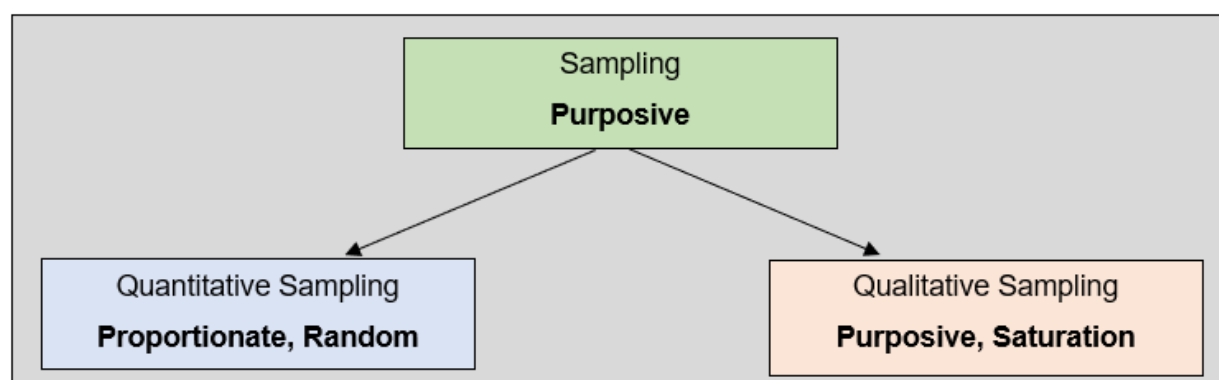
Figure 1: Mixing of qualitative and quantitative analyses



4.1 Methodological approach to mixing quantitative & qualitative data

The survey instruments for the qualitative and quantitative research were designed to target human resource personnel or administrators and working mothers in the formal and informal sectors. Key in-depth interviews and focus group discussions (FGDs) were held with the qualitative research participants while structured interviews with pre-set options were administered to respondents who participated in the quantitative research. Prior to fieldwork, a desk review of secondary data was done to provide contextual insights which was helpful in the development of survey tools.

The sampling and selection of study participants also adopted a mixed method approach. Specific formal and informal subsectors (e.g. the financial sector) were purposefully selected within which organizations were selected randomly to be visited during the survey.

Figure 2: Sampling model

The random sampling of the quantitative group ensured that each organization in the pre-selected sub-sectors sample frame had an equal chance at being selected for the study while the purposive sampling of the qualitative group ensured that saturation was achieved from diverse informants across the subsectors. Also, the selection of participating institutions in the quantitative and qualitative research was made exclusive of one another. For instance, the qualitative research team, able to use purposeful selection, would ensure they did not visit the same branch office as the quantitative research team.

4.1.1 Study Population

The target population for both the quantitative and qualitative research was women who had given birth to a child since they started working in the selected organization. To gain perspective from employers, researchers also engaged policy administrators and human resource personnel, regardless of gender. This is in line with the research goal and objectives to understand the policies and practices that support and protect parents, especially mothers, in the workplace.

Quantitative interviews were held one-on-one with women and HR personnel and mainly in the formal sectors. For the qualitative study, FGDs were held with working mothers while in-depth interviews were held with employers or their representatives in private institutions, association heads in informal settings, and policy administrators or departmental heads in public institutions.

Inclusion criteria

Employees	Employers or representatives
<ul style="list-style-type: none"> <i>Working mothers</i> <i>Has had at least one child at the current workplace</i> 	<ul style="list-style-type: none"> <i>Business owners</i> <i>Policy administrators</i> <i>Human resource personnel</i> <i>Department heads</i> <i>Union leaders/Association heads</i>

4.2 Quantitative methods, sampling and data collection

4.2.1 Study Design

The study adopted a cross-sectional design to explore maternal benefits enjoyed by women who have given birth while working as an employee in the public and private sectors, formal and informal. The formal private sector included five main subsectors, including professional/financial institutions, manufacturing and hospitality industries, educational institutions (e.g. private schools), and medical facilities (e.g. hospitals, medical laboratories). In the public sector, the research scope targeted Ministries, Departments, and Agencies (MDAs) at the state and local government levels.

In each of the selected organizations, the primary sample was the departmental unit, which consisted of a group of persons sharing similar roles in the workplace. In the public sector, this was likened to a department within the MDAs with one person recognized as the Head of Department (HOD); for formal private institutions, this was the Lead Director/Branch Manager. Selection of participating organizations in the private sectors was done by firstly stratifying the industries into sub-sectors of interest and then distributing study units proportionally.

4.2.2 Sample Frame

The sample frame for this study was drawn from the list of all organizations obtained from online data sources. The online databases² that made the sampling frame include state, local government, and MDA websites; notable online commercial platforms (Jumia); hotel and travel advisories; and, online enterprise registers.

To recruit survey participants, an advance research team first visited organizations to introduce the study through their HR personnel; thereafter, public notice and requirements for participation were posted in designated areas of the institutions. Eligible respondents (women who had given birth while employed at the organization) voluntarily contacted the research teams and were recruited into the study.

4.2.3 Sampling Design

This survey adopted a two-stage stratified random sampling approach in selecting the respondents. Stratification was done by sector (i.e. public and private) and sub-sectors within the study states. Firstly, proportional selection of organizations per subsector in each state was done based on the sample frame before randomization. Subsequently, using simple random sampling technique, eligible respondents in each organization were selected after compiling the list of voluntary participants on or before the day of the survey.

4.2.4 Sample Size Determination

Base values were roughly estimated using online data sources due to the unavailability of enterprise survey data in Nigeria. The sample size estimate was done at the state level and replicated for other states to determine the overall sample size.

² For example: <https://travel.jumia.com/en-gb/hotels/nigeria>; <https://hotels.ng/hotels-in-anambra>; https://www.directory.org.ng/list-manufacturing_and_production?st=lagos; <https://riversstate.gov.ng/mda/ministry-of-information-communications/>

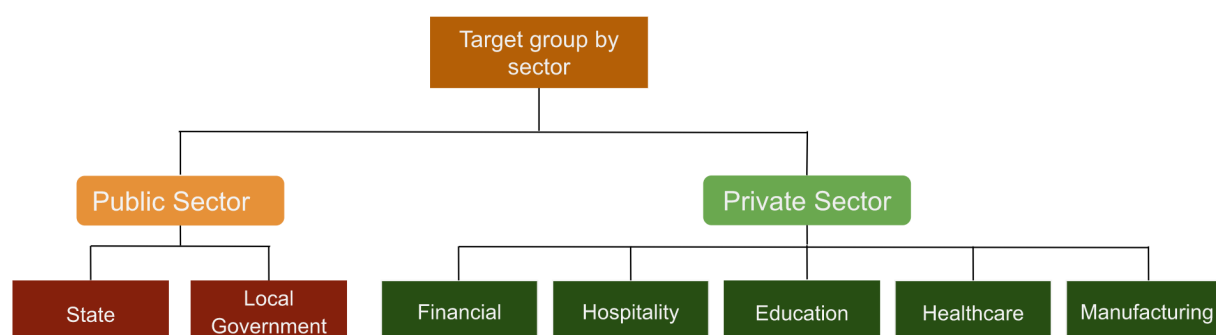
The Cochran formula was used to calculate sample size given a desired level of precision (error margin), confidence level, and the estimated proportion of the attributes present in the sample population. The design effect was then introduced to adjust for the sample size due to the sample method used. The inter-class correlation was at 5% as it is assumed that women in the same organization would have similar experiences with their benefits.

The data sources available could not estimate the proportion of woman in the labour force who have benefitted from maternity leave, thus, a standard 50% was used. A 6% error margin was also used to produce a confidence interval between 44 and 56 percent.

$$n = Z^2 * \frac{pq * (deff)}{e^2} \quad deff = 1 + icc (m - 1)$$

The overall sample size for the six selected states (Anambra, Bauchi, Kano, Kaduna, Rivers, and Lagos) was 2,100 survey respondents across 300 clusters. A higher percentage of respondents was selected from the public sector as the government in Nigeria is the largest employer of labour³ with over 60% employee strength compared to the private sector.

Figure 3: Overview of the formal targeting by sector (public and private)



An organizational sampling was carried out through policy administrators or human resource (HR) personnel in charge of each office. The admin/HR survey was intentionally designed to answer questions from an organizational perspective, not a personal one.

4.2.5 Sample selection

Selection of participants within an organization is illustrated in Figures 4 and 5 below. The figures depict the strategies adopted by the field team to ensure that the estimated sample size per organization was achieved.

³ <http://www.nigerianstat.gov.ng/download/7>

Figure 4: Sample of selection flowchart 1

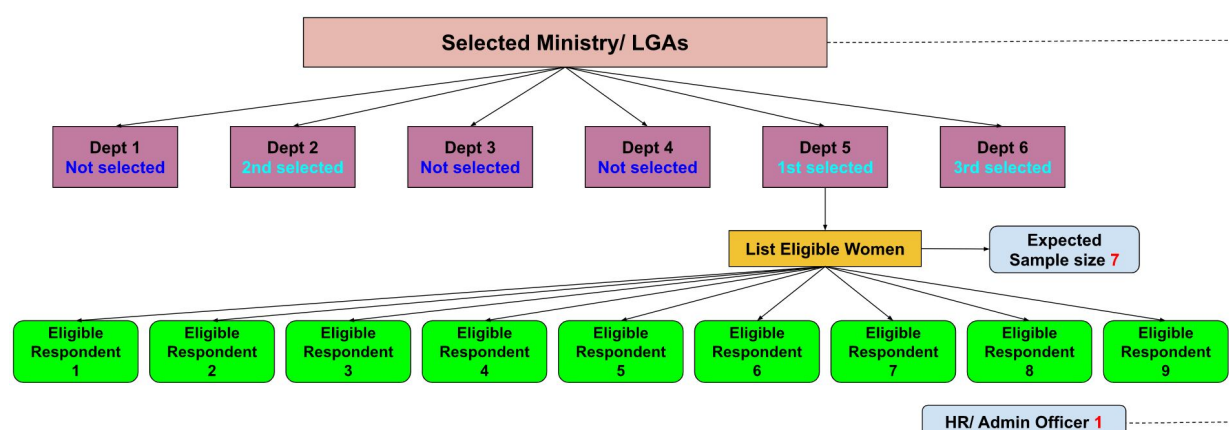
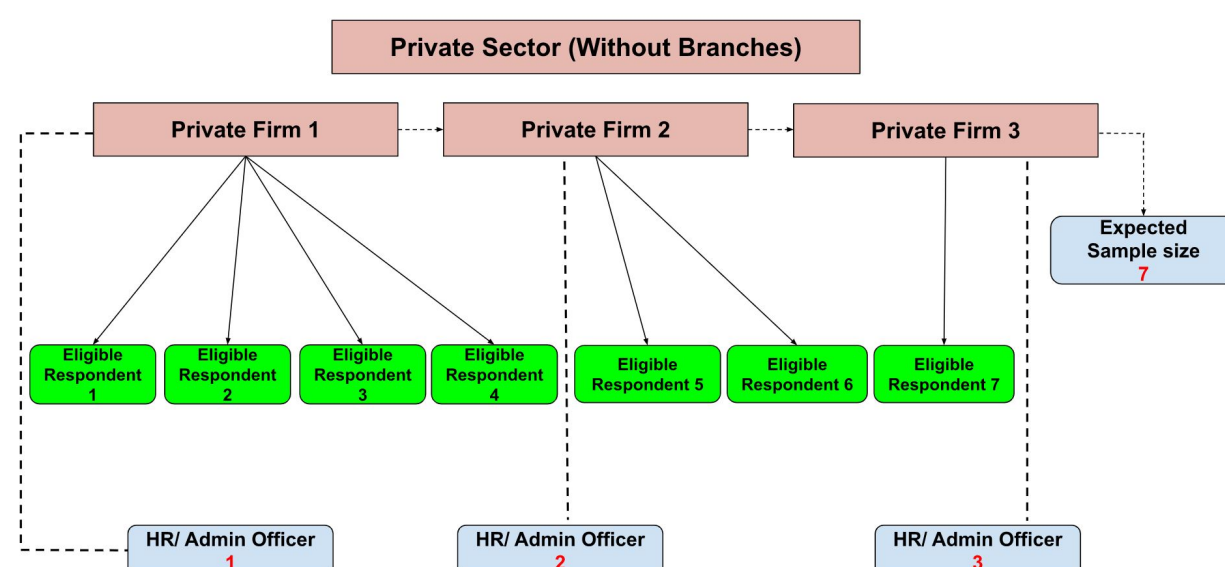


Figure 5: Sample of selection flowchart 2



4.2.6 Quantitative Data Management

Quantitative data analysis was completed using STATA statistical software. All analysis was population weighted and structured to account for the selection probabilities and variance loss due to the clustered nature of the sample. Because accurate data on the proportion of working mothers in the visited organizations was unavailable, the weighting could not be derived. The quantitative analysis was both univariate and bivariate, analytically disassembled by state and sectors.

From the statistical software, collected data was grouped and themed based on the question asked to provide a better understanding on how information was related. Tables were developed to show total number of respondents to specific questions, the percentage of respondents across the states, and the public and private sectors considered. Illustrative diagrams were also drawn to show frequency and distribution of responses across the target public and private sectors in the six states surveyed.

4.3 Qualitative methods, sampling and data collection

This study adopted the maximum variation sampling approach by picking a small number of units or cases that maximised the range of variation on dimensions of interest. The power

of this approach lies in selecting information-rich cases for in-depth study. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful (Patton in Benoot, C., Hannes, K., & Bilsen, J., 2016).

Sampling for qualitative research is embedded in the research questions, which in turn guides the selection of respondents. Information gathering was done in part to look at variations and comparisons and less so prevalence or population size. Both the informal and formal sectors were covered under this component.

4.3.1 Qualitative sampling - Informal sector

For the informal sector, the selection targeted at least one market or commercial hub located in the rural and urban areas in each state. At least two focus group discussions and one key in-depth interview (KII) was conducted per market type (i.e. rural or urban states). The frame for selection was accessed through an expert mobilizer (key informant) in each area. Utilizing rich information sources ensured that participants were drawn from a range of informal sector backgrounds. The key informants were identified and recruited based on their perceived first-hand knowledge of their community or organisation with regards to the subject matter. The study participants were identified to be able to provide in-depth information on maternity leave benefits and workplace lactation policies in the organisations in their context. The advantage of this approach lies in its defined sample selection in the various locations.

With the help of a key informant, women who met the selection criteria were identified and met with individually to seek their permission and willingness to be included on the study. Based on the set target per FGD (about 8 – 12 women), study participants were recruited and convened at a safe and convenient location for the interview. The FGDs were conducted based on the type of business or association to which an individual belongs. For the key informant interviews, key officials of the various associations were targeted based on their decision-making or influencing roles in the circle of interest (Tables 2 and 3). These officials and prominent members could be male or female, and are considered as target respondents who can provide information on structures and administrative support in the informal sector workplace.

Table 3: Selection of FGD respondents

Location	Target audience for Focus group discussion
Kaduna, Bauchi, Kano, Rivers, Anambra states and FCT	<ul style="list-style-type: none"> State government female employees Private sector employers in each state Private sector female employees in each state Women in the informal sector

Table 4: Selection of KII respondents

Location	Target audience for In-depth interview
Kaduna, Bauchi, Kano, Rivers, Anambra states and FCT	<ul style="list-style-type: none"> • State government administrators • Policy administrators e.g. HR personnel • Private sector employers in each state • Private sector female employees in each state • Workers' Union Administrators Government administrators • Market Associations leaders and administrators

4.3.2 Qualitative sampling - Formal sector

Sampling in the formal sector took into consideration the context of each organization to inform the purposeful selection of respondents. This was done using an organization profile analysis approach as described below. The interviews were done with working mothers in the public and private sectors. Public sector employees of both the state and local governments were interviewed while in the private sector, respondents were selected from the financial, hospitality, and manufacturing industries.

Organizational profile analyses were also done to establish an understanding of the structure and social make-up of the organisation.

Focus group discussions

FGDs were organised with specific goals, structures, time frames and procedural guides. This approach helped to identify common themes that cut across variations. Selection was based on the social analysis conducted with key informants.

Participants were selected in a way to ensure the study captured relevant social differences and diversities within the selected organisation. Social differences were often seen among the different groups. For example, working mothers in local government tended to differ significantly from working mothers in financial institutions.

Groups were composed of 8 to 12 participants as it may have been difficult to facilitate free and meaningful participation from everyone were the groups any larger. Conversely, a challenge facing groups this size is that it's easy for one or two individuals to dominate conversation. As with in-depth interviews, triangulating the findings from one focus group with other discussions held with different participants from the same interest group increased the reliability and validity of those findings.

Key informant interviews

The research team conducted individual interviews with administrators of workers' unions and associations irrespective of gender. In selecting key informants, the research team adopted the snowball or chain sampling approach. This allowed the team to locate information-rich key informants or critical case respondents. It was guided by 'Who knows about...?', 'Who should I talk to that...?', and other similar questions. Table 4 below provides indicative guidance of the priority key informants we interviewed. Additional key informants were also added (and some removed) according to state context.

Table 5: Suggested key informants

Key informant	Importance
• Leaders of minority groups	High
• Leaders of majority groups	High
• Local business owners (employees)	High
• Extension workers	Low
• Bank employees	High

More in-depth interviews were conducted per department selected. Selections of the respondents was a mix of mothers who had returned from maternity leave within the last six months, and those who had been back at work for six months or longer. If there were no women who had recently returned from maternity leave, the most recent mother at the department was interviewed. For the private sector, selection followed a stratified random sampling approach from each of the sub-sectors and at least one FGD was conducted in each.

Additional sampling approaches adopted in exceptional cases were:

Extreme or deviant case sampling: Cases that were unusual or special in some way (outstanding cases that we can learn the most from).

Intensity sampling: Information-rich cases with high interest. These were adopted mainly for case studies.

Qualitative data analysis

For qualitative data analysis, the research team used a Thematic Content Analysis (TCA) approach to address project objectives, which is used to identify, analyse, and report patterns within data. TCA accomplishes this by creating codes (variable, themes) from the research questions and objectives, and applying the preselected codes on the text segments (transcripts from in-depth interviews and FGDs). The codes were identified by capturing patterns or meaning across responses relevant to the research question.

The analysis required becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and synthesizing the report. Transcripts were constantly compared; negative tones and rival explanations were taken into consideration; and, researchers remained aware of biases that could come from personal judgment and values during the analysis of the data.

The findings reached from the various data sources were confirmed, corroborated, and validated through triangulation. Documents were grouped based on the geographic regions and the characteristics of participants, including those in the formal public and private sector and informal sector.

From data, the research team developed ideas, asked specific questions, and gained more insight to show similarities. A code-document analysis determined the frequency of codes—which also contributed to the analysis—by different categories of respondents. To visualize the ideas and findings, the team drew network diagrams using ATLAS.ti, showing direct quotations drawn from the texts and the respondent responsible to substantiate the findings.

Qualitative data coding

ATLAS.ti 8 version software package was used for the qualitative data analysis. The coding team developed the codes initially by deductive coding and later by inductive coding, and ensured inter-coder reliability by having at least two coders work on each text, having to agree on results. In the event there was no agreement, they discussed and came to a common understanding of what a code meant to produce consistency. This ensured all the coders were seeing the same thing when they read the subsequent texts. Afterwards, the remaining texts were shared and coded by five coders with regular discussions among all the analysts to maintain standardization and reliability.

After primary coding, the software merged and cleaned all transcripts. After cleaning the data, a case by variable matrix from the texts and codes was created based on the content themes. Categories were systemically developed and linked with sub-categories after which selective coding was done to reintegrate and refine the categories.

4.4 Data quality assurance

Effective communication and monitoring between the field team and the data collectors (particularly those with supervisory roles) and the fieldwork manager, ensured that the Oxford Policy Management (OPM) standard of data quality was maintained during data collection as proposed. The OPM survey team travelled with the research assistants at the beginning of the data collection exercise as well as at the resumption of data collection, offering refresher trainings and closely monitoring how respondents were recorded, how questions were asked and how respondents were treated, ensuring all OPM fieldwork protocols were observed.

Data collectors with supervisory responsibilities supervised interviews of other data collectors who were flagged as being potentially not satisfactory. They also organised team meetings at the end of each field data collection, where daily difficulties and problems were discussed and resolved. For substantial problems, the manager offered insights through communications via text messages and phone calls, and, in some cases, authorised backcheck revisits.

The OPM data management team monitored the process daily. Daily field reports ensured that the sampling units issued and the quantity of completed questionnaires were closely monitored. Challenges such as unavailability of the desired number of eligible respondents was easily spotted and solutions were quickly implemented.

4.5 Ethical considerations

The necessary ethical approvals at both the national and state levels for the study were sought and obtained before the start of survey. Voluntary participation of all participants and eligible respondents was ensured in the evaluation exercise as proposed in the study sampling method. Participants were made aware of their right to withdraw at any time or to cancel already started interviews at no cost. The project participation was appropriately anonymised. Participants anonymity as well as confidentiality of information offered was ensured during interviews and data analysis. Participants were also informed of the various situations where anonymity and confidentiality could not be guaranteed, for instance during focus group discussions.

Both verbal and written consent and approval were sought from all study participants before the conduct of any interviews. These consents (verbal and written) were provided in both English and the predominant local language (Yoruba, Igbo and Hausa) of the state.

English versions of the written consent forms were given to participants in the formal private sector while the translated versions of the consent forms were given primarily to participants in the informal private sector. The consent forms were read out to respondents at the beginning of every interview before data collection. The form provided respondents details of all information on the research, the minimal nature of the risks involved (the implied rationale why a verbal consent is equally acceptable in this case), the possible benefits, and confidentiality considerations. Consent was sought and obtained individually before every interview, particularly for FGD participants where respondents participated in a group. Individual verbal consents of all participating members were sought privately, away from the group.

4.6 Limitation of the study

1. Using the online data source for the selection of public and private sector institutions across the different states comes with its own challenge mainly because such information may not be verified or regularly updated.
2. The unavailability of data on the overall number of women working in the surveyed organizations made it difficult to apply weighting to the dataset, hence analysis is based on the actual frequency collated across sectors, subsectors and state.
3. Target numbers per organization varied due to the difference in size and because participation was based on voluntary participation of eligible respondents.
4. Some questions could only be addressed by a particular research method; therefore, data mixing was not possible in these instances.

5 Findings – Working Mothers

In this section, the findings represent surveyed mothers' knowledge, practice, and perception about maternity/paternity entitlements, lactation and baby-friendly policies, and practices in their respective place of work. These participants are mainly female employees who have had at least one child since they joined the organization. Respondents provided insights on their awareness of the existing maternity/paternity leave policy in their workplaces—its duration and benefits. They also shared their perspectives on the difficulties encountered as working mothers.

The results table should be read as follows:

- Sectoral results (public and private) should be read vertically/downward on the table.
- Sub-sectoral results (state and local governments, manufacturing, finance, hospitality, school and healthcare subsectors) should be read vertically/downward the table.
- State-level results (Anambra, Bauchi, Kaduna, Kano, Lagos and Rivers states) should be read horizontally if reported by subsector; otherwise, the table should be read vertically if presented by sector.

5.1 Summary of completed surveys

A total of 2,111 interviews were completed across the six survey states. Table 6 below details the number of interviews in each of the sectors and throughout the six states covered during this survey.

Table 6: Summary of surveys completed

State	Public				Private			Total
	State Govt	LGA	Manufacture	Financial	Hospitality	School	Health Care	
Anambra	59	98	28	38	30	35	75	363
Bauchi	64	64	7	12	37	51	28	263
Kaduna	81	91	6	7	10	149	24	368
Kano	74	97	4	10	5	44	24	258
Lagos	97	65	59	47	56	95	59	478
Rivers	57	52	52	31	63	77	49	381
Total	432	467	156	145	201	451	259	2111

* Not all target sample size per state were met for both the mothers and HR respondents. For instance, the target sample size for the mother's questionnaire was not met in Bauchi and Kano states. However, over sampling across Lagos, Rivers, Kaduna and Anambra states ensured the study's target sample was met. Similarly, oversampling of HR respondents in Anambra, Kaduna and Lagos ensured that the lower sample proportion of respondents in Bauchi, Kano and Rivers did not affect the study's sample for HR respondents.

5.2 Characteristics of mothers

5.2.1 Demographics of interviewed mothers

2,111 women who gave birth while working at their current place of employment at the time of this survey were interviewed. The majority (>90%) had completed at least secondary education and had full/permanent employment. See Table 7 below.

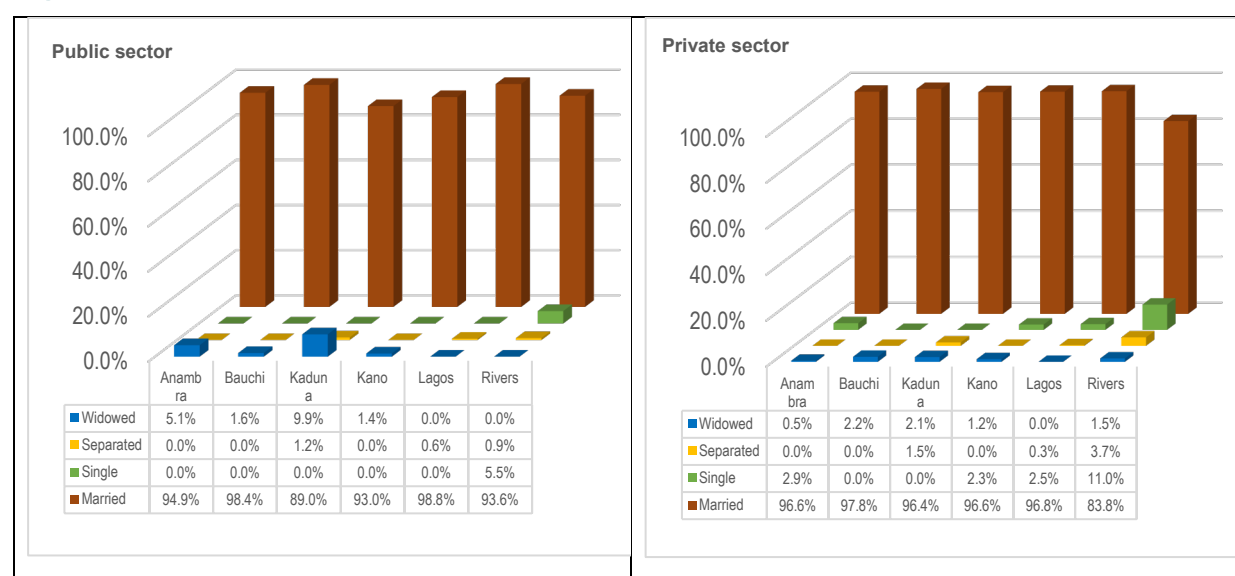
The majority of respondents (more than 90%) were married. A small minority of participants interviewed were either single, separated, or widowed (Figure 6). The mean age of women surveyed was **±36.7**. This is reflected in the higher proportion of

respondents within the age range of 30 – 39 years old except in Kaduna and Rivers state, with most of the public sector workers aged between 40 – 49 years old (Figure 7).

Table 7: Respondents' Characteristics

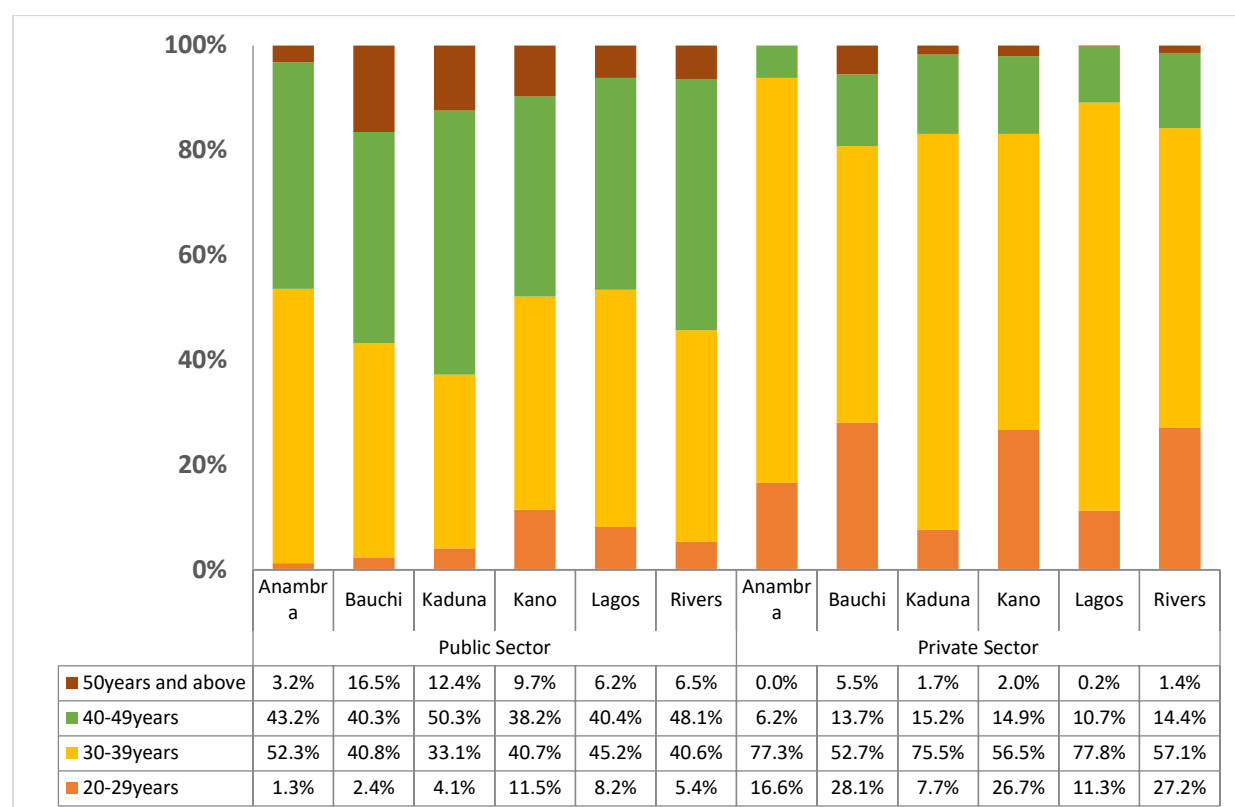
Sector	Public Sector	Private Sector
Overall	899	1212
Overall age range of Respondents	Min	Max
	20	64
Mean		
±36.7		
Respondents who completed at least secondary education		
Anambra	156 (99.4%)	205 (99.5%)
Bauchi	125 (97.7%)	121 (89.6%)
Kaduna	169 (98.3%)	191 (97.5%)
Kano	167 (97.7%)	79 (90.8%)
Lagos	160 (98.8%)	307 (97.2%)
Rivers	99 (90.8%)	267 (98.2%)
Respondents who have full or permanent Employment		
Anambra	157 (100%)	193 (93.7%)
Bauchi	126 (98.4%)	110 (81.5%)
Kaduna	168 (97.7%)	188 (95.9%)
Kano	161 (94.2%)	83 (95.4%)
Lagos	158 (97.5%)	309 (97.8%)
Rivers	104 (95.4%)	238 (87.5%)

Figure 6: Marital Status of mothers



There were more women aged 30 – 35 years old found to be working in the private sector compared to other age groups. In the public sector, the age range of most of the workers is wider, from 30 – 49 years old (Figure 7).

Figure 7: Age distribution of mothers



Different terms of employment apply to people in Nigeria's labour force, which can either be full-time, part-time, or casual individual working on a permanent or temporary basis. Based on this, the employment status of respondents is described below.

The majority of the women were either permanent or full-time staff, the public sector having over 90% and the private sector above 80%. In the public sector, very few (< 4%) were casual staff. Similarly, in the private sector, very few (< 4%) were part-time, while more than half of the respondents were full-time or permanent employees of their organization (Table 8).

Table 8: Status of Employment of Respondents

Employment status	Public N (%)	Private N (%)
Overall (N)	899 (100)	1212 (100)
Disaggregation by status (%)		
Permanent Staff	849 (94.4%)	985 (81.3%)
Contract/Temporary/Casual	31 (3.5%)	107 (8.8%)
Full time	591 (65.7%)	688 (56.8%)
Part- time	8 (0.9%)	13 (1.1%)
Home-based/Virtual worker	2 (0.2%)	1 (0.1)

*Multiple response question, thus percentage summation per sector likely to be greater than 100.

5.3 Knowledge and awareness of mothers

5.3.1 Knowledge and awareness on maternity rights and benefits

Study participants had similar levels of awareness of maternity entitlements, many citing that mothers often enjoyed paid maternity leave of 12 to 16 weeks. 74% of quantitative

respondents mentioned paid maternity leave as a benefit, and 62% referenced 12-16 weeks of maternity leave in the public sector (Table 9).

Table 9: Knowledge of mothers on their maternity rights or benefits

	Public N (%)	Private N (%)
Overall (N)	899 (100)	1212 (100)
What mothers knew about their maternity rights or benefits		
Access to antenatal care and other medical treatment	422 (46.9%)	472 (38.9%)
Paid maternity leave	667 (74.2%)	805 (66.4%)
Unpaid leave period	31 (3.5%)	79 (6.5%)
At least 3 or 4 months leave period	560 (62.3%)	716 (59.1%)
Reduced work hours for nursing mothers	250 (27.8%)	299 (24.7%)
Access to furnished, private breastfeeding room/space	11 (1.2%)	40 (3.3%)
Access to day-care/crèche facility within the organization	25 (2.8%)	84 (6.9%)
Access to day-care/crèche facility in the neighbourhood	7 (0.8%)	24 (2.0%)
Women are encouraged to breastfeed	69 (7.7%)	43 (3.6%)
Men are given paid paternity leave	51 (5.7%)	8 (0.7%)

*Multiple response question, thus percentage summation per sector likely to be greater than 100.

Similarly, the qualitative respondents also said their various institutions had policies in place that allowed women to go on maternity leave when they gave birth.

Interviewer: ...So what is the policy of this school when it comes to when a mother delivers. What happens when a mother delivers?

Resp 1: She takes a leave

Resp 3: When you deliver, you will write to the school that you have put to bed and the school will now respond to you and give you your maternity leave and tell you the date that you will resume work.

– FGD_Female Employees_Private School

Interviewer: What is your experience that's your organization regarding maternity leave. Is there any written policy or do you have an existing policy on maternity leave in this organization? I mean this your organization has any policy or rules that they follow on maternity leave

Resp: Yes, we have. Six weeks before and six weeks after delivery

Resp: That is 12 weeks. 3 months

Resp: And you have to apply. You have to prevent maternity leave certificate. You have to attach it when you apply before

– FGD_Female Employee_Public sector

Information about maternity rights and benefits was found to be mostly sourced through work colleagues (>40%). In the private sector, some also said they were informed directly by their boss. Other common sources of information include the human resources office, welcome packages, and workers' unions (Table 10).

Table 10: Sources of Information

	Public N (%)	Private N (%)
Overall (N)	899 (100)	1212 (100)
Sources of information about maternity rights and benefits		
Colleagues	376 (41.8%)	570 (47.1%)
Employment welcome package	232 (25.8%)	317 (26.2%)
Human Resources Office	300 (33.4%)	217 (17.9%)
Direct boss	154 (24.4%)	477 (75.6%)
Workers' union	36 (4.0%)	10 (0.8%)

*Multiple response question, thus percentage summation per sector likely to be greater than 100.

In the qualitative study, even though respondents were aware of the policies, they also said the knowledge was not acquired from their employers nor did they own or have access to the workplace policy on maternity leave. Respondents primarily cited it to be kept in the custody of the departmental heads, human resource, or management units.

Interviewer: *Okay, apart from the files do you have a hand book that is given to staff when they are employed and state what they are entitled to during their maternity leave?*

Resp 1: *No, but in the civil service rule, we have something like that.*

- IDI_Employee of public sector

Interviewer: *Does your management talk to you on maternity leave from time to time?*

Resp 1: *No, they don't.*

- FGD_Female Employee_Public Sector

5.3.2 Knowledge of maternity leave provision, duration, and benefit

In the formal sector, all (100%) public sector workers and 97% of private sector employees affirmed that maternity leave was offered to eligible women. Eligibility is when a woman is confirmed pregnant and issued a medical certificate by a certified medical practitioner from an approved health facility, stating their period of confinement and expected date of delivery (Table 11).

Table 11: Mothers who reported that their organizations offer maternity leave

	Public N (%)	Private N (%)
Yes	899 (100)	1177 (97.1)
No	0 (0)	35 (2.9)
Total	899 (100)	1212 (100)

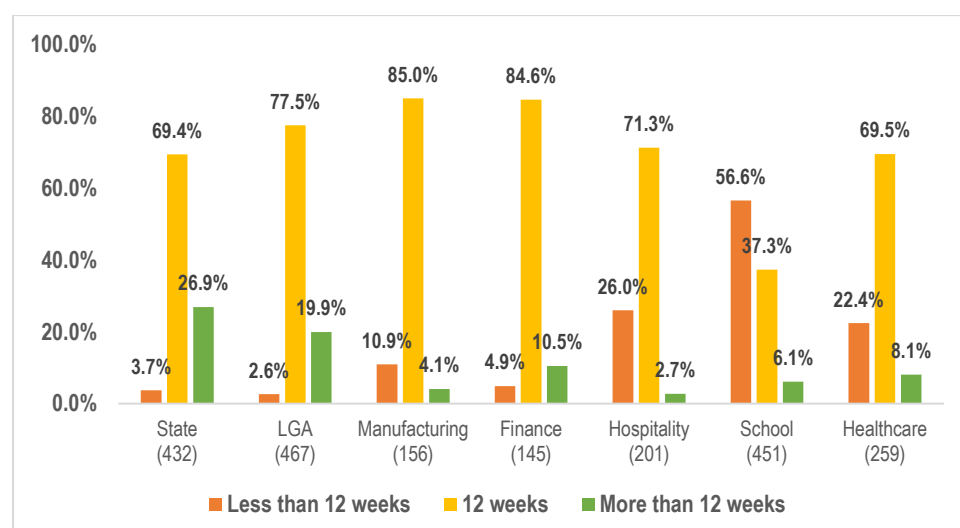
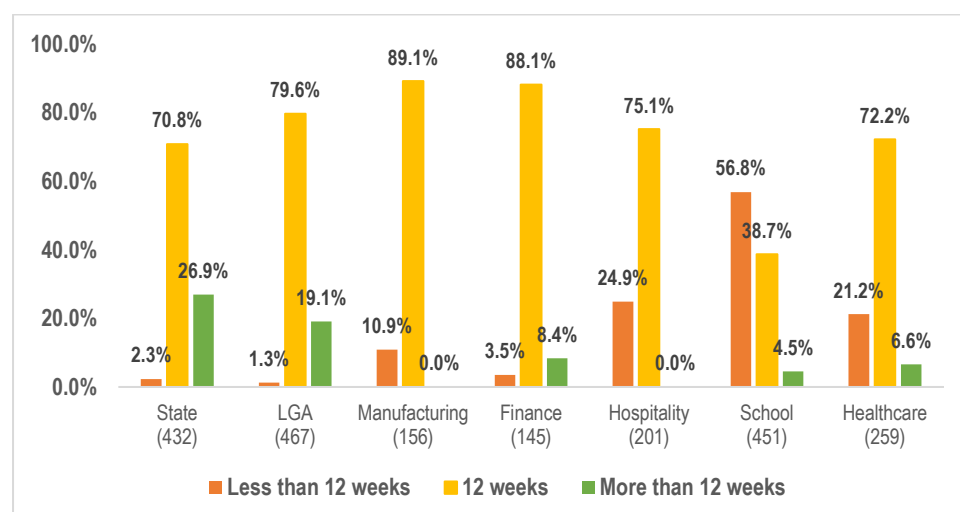
About 40% of respondents who took maternity leave work for state or local government (one third of who are in Kano and Rivers). In the private sector, only 25% of respondents reported taking maternity leave, most of whom (67%) were from the hospitality subsector.

Further analysis by state showed that 47% of mothers in the financial industry in Lagos State had taken maternity leave, the highest compared to other states across the subsector. In Rivers State, 85% of women in the hospitality subsector reported taking leave before and after birth, the highest across all states and subsectors. Generally, northern states (Kano, Bauchi and Kaduna) had fewer total women taking maternity leave; however, this is likely because the pool of working mothers in the north is smaller than in the south, as women in the north are rarely allowed to work once they are married (Table 12).

Table 12: Women who took their leave before and after birth

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	432	467	899	147	143	181	442	259	1172
Yes	142	214	356	46	60	41	85	63	288
Percent	32.9%	47.5%	39.6%	19.2%	42.1%	67.2%	25.5%	24.3%	24.6%
States-level disaggregation (%)									
Anambra	11.3%	14.0%	46 (12.9%)	4.4%	15.0%	17.1%	2.4%	21.4%	32 (11.1%)
Bauchi	0.7%	0.0%	1 (0.4%)	0.0%	3.3%	2.4%	1.2%	1.8%	5 (1.7%)
Kaduna	0.7%	6.1%	14 (3.9%)	0.0%	5.0%	4.9%	7.1%	7.1%	15 (5.2%)
Kano	41.6%	41.1%	147 (41.3%)	0.0%	10.0%	7.3%	12.9%	3.7%	22 (7.6%)
Lagos	21.8%	16.4%	66 (18.5%)	10.8%	46.7%	2.4%	3.5%	7.1%	41 (14.2%)
Rivers	23.9%	22.4%	82 (23.0%)	84.8%	20.0%	65.9%	72.9%	58.9%	173 (60.2%)

Most respondents who had been on maternity leave said they took about 12 weeks, although a few also said they took less. This response was highest amongst women working in private schools (52%). On the other hand, there were some women who took more than 12 weeks. This was most common among public sector (state - 26%; LGA - 21%) workers, with very few private subsector employees (finance - 11%; healthcare - 9%) reporting they had enjoyed the same benefit. The length of time spent on maternity leave by mothers compared to what is statutorily provided for by their employer is closely related (Figure 8 and Figure 9).

Figure 8: Duration of Maternity Leave taken by mothers**Figure 9: Organization Leave Period as reported by mothers**

Somewhat contrasting information was gathered from the FGDs held with women in the formal sector on the length of time spent on maternity leave. They reported spending less than 12 weeks during their maternity leave period because weekends are included in the total number of days they get off work.

Resp 2: Yes, 84 days, Saturday and Sunday is included

Resp 1: Please what I want to add is, you know that three months before now, they don't use to add working days. I mean, they only calculate working days, but nowadays they add both Saturday and Sunday, this reduces the number of days, hope you understand, since they decided to add the Saturdays and Sundays, they should also increase it from three months. so that it will be about five months now"

FGD_ Formal Employee_Public Sector

One important observation was that in some organizations, maternity leave is not granted at all to women who are not married, as reported by one of the research participants. This is discriminatory and contradictory to the national policy on maternity leave.

Interviewer: *So, an unmarried pregnant woman does not get maternity leave?*

Resp: *We don't grant unmarried women maternity leave here, because she does not have a marriage certificate to present as evidence of being married. But nowadays we grant people that adopt babies, maternity leave, so far as the person who adopted is married.*

- FGD_Female Eemployee_Public Sector

In the informal private sector, the duration of maternity leave is subjective; that is, based on many factors, such as whether the woman had a salesgirl or assistant helping her, her economic situation and whether the family could rely on her husband's income alone. Market women mostly said that they usually resume early because they do not want to lose their customers; others mentioned their economic situation required them to resume early.

Resp 1: *Why won't I come back? Times are hard these days and if you have a financially stable husband you can stay for three months. I had to resume to the market two months after giving birth to my last child in order to provide for my family financially. Upon resumption I make sure that my child is well breastfed and I will back her and ensure she sleeps so that I can have some time to attend to my customers. It has not been easy anyway*

- FGD_Woman from the informal sector

There were, however, a few mothers who reported staying home up to three months post-delivery and that might have stayed longer if they had received assistance.

Resp 1: *"I stayed for three months."*

Resp 2: *"I also stayed for three months but if you have a grown up relative who is reliable, you can stay up to six months before resuming for selling activities."*

Resp 1: *"Well, I used to stay for about six months before coming out again; I used to make sure that my child is strong and healthy before coming back to the market."*

- FGD_Woman from the informal sector

All mothers in the formal and informal sectors agreed that maternity leave was very important and beneficial to the mother and the newborn. Some of the reasons they gave included:

Resp: *"It's good now, because that period that women delivered, their body is normally weak, so they need the time off to look after themselves and to regain back lost strength, it is not also good to expose such new baby by taking them to work that early and the new babies cannot also be left on their own or with amateurs: not everyone can handle tender babies, anything can go wrong with the baby. So, I support maternity leave, it is a good idea."*

- IDI_Woman leader from informal sector

Resp 1: *"Of course, it is necessary because we need to rest with our baby, eat well and get refreshed."*

- FGD_Public sector

Interviewer: *"Do you really think maternity leave is necessary?"*

Resp 1: *"Well it is necessary because of this exclusive breastfeeding."*

FGD_Female Employee_Private Sector

5.3.3 Mothers' perception of six-month maternity leave

Mothers across the states (except Lagos and Enugu, which already offer six months of maternity leave) welcomed the idea of an extension of maternity leave from three months to six months. This response is specific to the formal sector only as leave duration is a flexible subject in the informal sector.

Interviewer: *"Don't you think it will affect your job in the office?"*

Resp 1: *"No, it won't since you are not the only one in the office; you have others who can still do your job. This six-month maternity leave is far better than the four months, of which it will give us enough time to rest, regain strength and return."*

- FGD_Female Employees_Formal Sector

Most of the respondents described the importance of six months and the potential benefits for the mother and her baby. It was understood to help the woman to fully recover from the delivery, as well as beneficial to the baby.

Resp 4: *“Very beautiful.”*

Resp 2: *“That will be very good.”*

Resp 1: *“That will be very useful to both mother and child.”*

- FGD_Woman_Informal sector

Some others stated extended maternity leave would afford them the opportunity to really take care and breastfeed their baby as they would love to do.

Resp 6: *“It will reduce my stress and thinking of money and will cool down and take good care of my baby.”*

- FGD_Woman_Informal sector

Resp 3: *“It will help the mother to do exclusive breastfeeding and it will make the baby grow healthy and strong.”*

- FGD_Private sector employee

Despite the widely recognized benefits that come with six months of maternity leave, some mothers expressed concern about potential negative consequences at work.

Resp 1: *“Well the implication will be that your work will suffer if you are not that much in your department.”*

- FGD_Female_Employee

Resp 6: *“The fact that you have spent so much time at home before resuming work, there is every tendency that you have forgotten certain things you use to do, that is the side effect.”*

- FGD_Female Employee_ Private sector

Respondents posited that, while six months of maternity leave might be too lengthy, four months would be a positive change.

Resp 4: *"If they feel six months is too much they should consider four months, that three months is not really much, by the time you deduct Saturday and Sunday, you will not really have three months if you calculate it. They should give us four months, so that the baby will grow bigger."*

- FGD_Female Employee_Public sector

The perception of working mothers in the informal sector slightly differed from their counterparts in the formal sector. Most of the informal sector respondents were of the opinion that three months of maternity leave was sufficient and anything longer than that would put them at risk of job loss or losing responsibilities. Instead, they suggested that upon return to work, new mothers should be allowed to close early every day for a period of time.

Resp 4: *"I will suggest, three months is ok, because the government has help them by paying them salary, they are some people looking for their position; if they stay too much at home, they may lose their job and become jobless, so three months is ok."*

- FGD_ Woman informal sector

Resp 1: *"They should resume after three months but let them close early; like half a day working hours."*

- FGD_ Woman informal sector

5.3.4 Paid maternity leave and additional benefits

The table below shows the sectorial distribution of women who were granted paid maternity leave and received additional benefits by their organizations. Additional benefits during the survey refers to gifts, bonuses, or rewards mothers received because they were having a newborn.

At 93% of state-owned institutions, employees benefit from paid maternity leave, which is more than other subsectors. About one in five respondents working with financial institutions received other benefits (cash and/or in-kind) along with their monthly wages. Across the states, private sector employees received these benefits more often than public sector employees, with the exception of Lagos State where public sector employees received them more than private sector employees (68% and 34%, respectively). As shown in Table 13, women who received paid maternity leave were Public/838 and Private/973 (confirmed that while they were away on maternity leave, they continued to receive their monthly salary throughout this period). Women who said in addition to the paid maternity

leave, they were also given some gifts or bonuses in kind or in cash were Public/63 out of the 838 and Private/253 out of the 973. These gifts can be monetary, material items or other forms of reward from their employers.

In all, there is no statistically significant difference among mothers who enjoyed paid maternity leave and additional leave benefits at the public and private sectors, or disaggregation at the state level.

Table 13: Received paid maternity leave and other benefits

	Public N (%)	Private N (%)
Overall	899 (100.0)	1172 (100.0)
Enjoyed paid maternity leave (were paid their salary throughout the maternity leave)		
Yes	838 (93.2%)	973 (83.0%)
No	58 (6.5%)	193 (16.5%)
Don't know /Refused	3 (0.3%)	6 (0.5%)
Also, received additional leave benefits to maternity leave (got in kind or cash gifts in addition to monthly salary)		
Yes	63 (7.0%)	253 (21.6%)
No	834 (92.8%)	915 (78.1%)
Don't know /Refused	2 (0.2%)	4 (0.3%)
States-level disaggregation (%) of Yes (Yes means those who reported they got in kind or cash gifts split by state)		
Anambra	1 (1.6%)	25 (9.9%)
Bauchi	3 (4.8%)	26 (10.3%)
Kaduna	3 (4.8%)	55 (21.7%)
Kano	9 (14.3%)	37 (14.6%)
Lagos	43 (68.3%)	85 (33.6%)
Rivers	4 (6.4%)	25 (9.9%)

This echoes the results found from the mothers who participated in the qualitative research within the formal private sector.

Resp 1: *“Well, we are entitled to our full salary since we are also a staff of the school, and like we said earlier the proprietress used to give us some packages, and when there is any promotion, we are also entitled to it.”*

- FGD_School_Private sector

Interviewer: *“Is the leave paid or unpaid?”*

Resp 2: *“No, your salary keeps running even though you are on leave, it's with pay.”*

- FGD_Employee_Public Sector

Resp. 3: *“When a woman resumes after maternity leave, because we run on shift, she will be given a privilege to work from 8am and she closes by*

2:30 pm. This is for three months after which she returns to her regular working hours."

- FGD_Hospitality_Private Sector

As illustrated in Figure 10 below, in the public and private sector alike, at least 80% of respondents were paid up to three months in four of the six survey states. Bauchi and Lagos states had a higher percentage (>50%) of its public sector workers enjoying paid leave for about four to six months. In the private sector, most respondents had only up to three months of paid leave.

Most mothers who enjoyed paid leave also reported that this was paid in full throughout the leave period (Figure 11).

Figure 10: Number of month's salaries was paid during maternity leave

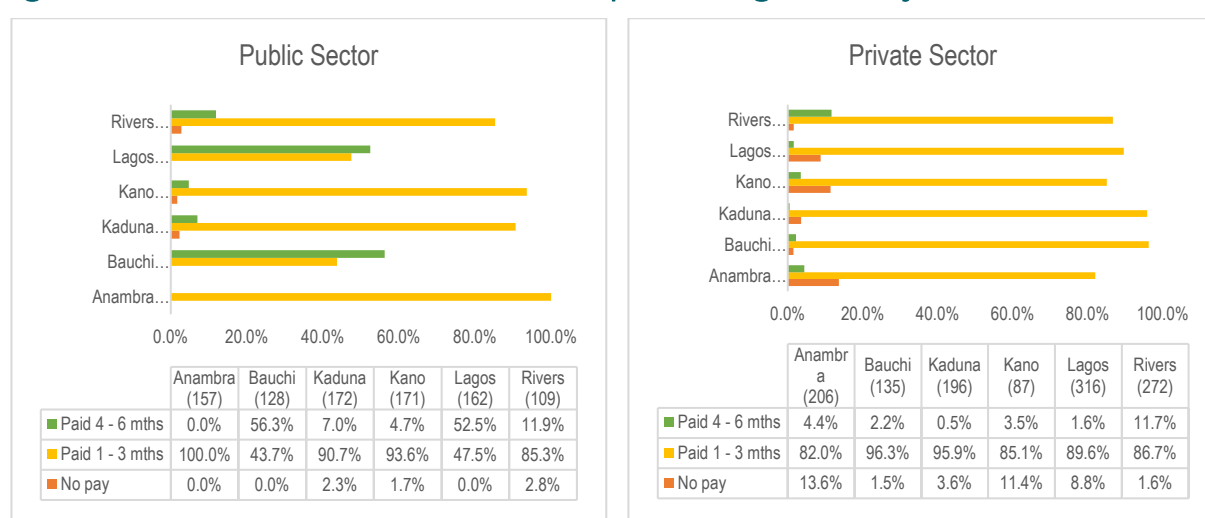
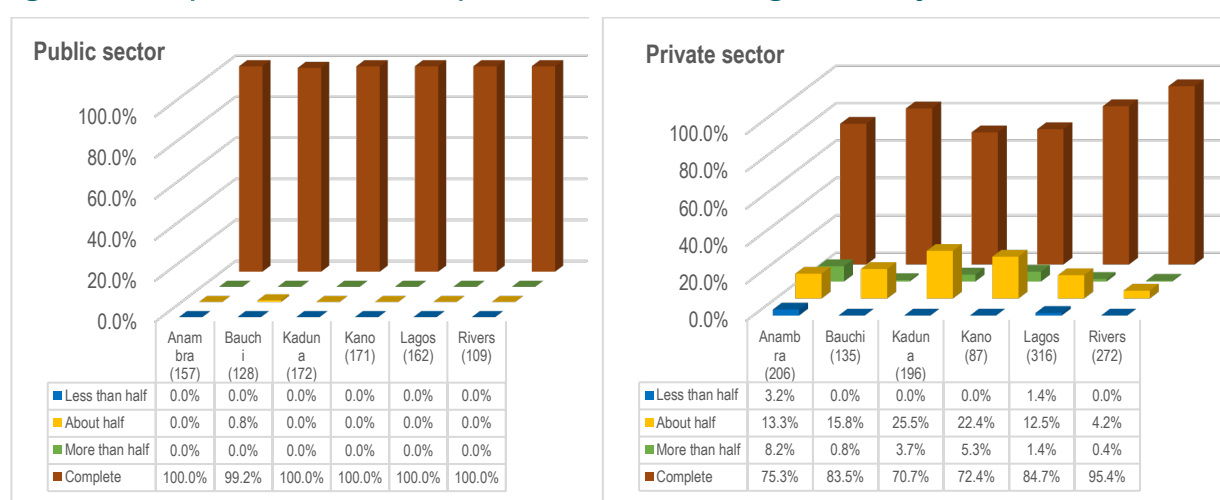


Figure 11: Proportion of salaries paid to mothers during maternity leave



5.3.5 Accessing maternity and annual leave in the same year

Currently, maternity and annual leaves are accorded differently to working mothers in the formal sector and as defined in the national policies. Under the public service rule, any female staff who is entitled to maternity leave in a year (12-month period) will have that leave considered as part of her annual leave, not in addition to it. However, if the annual leave had been observed before the maternity leave was planned or approved, the woman will complete the official 16 weeks maternity leave period but will not be paid for the fraction equivalent to the annual leave that she had taken before. This implies that a woman can somewhat have her maternity leave and annual leave in the same year but with slight modifications to her paid benefits.

To understand how this works across subsectors, respondents were asked if their employer affords them maternity and annual leave in the same year.

Similar findings were recorded in the qualitative and quantitative surveys as respondents stated that they are not allowed to observe both annual and maternity leaves in the same calendar year.

Very few (<20%) among the quantitative survey respondents in the public sector throughout all the six states said that they can access both maternity and annual leave in the same calendar year; however, more than half (52%) of the respondents in Kano State said they could access both maternity and annual leave in the same year.

However, in Anambra State for example, all government employees involved in the quantitative survey said that the state civil service rule by which they were guided does not allow mothers to access both their annual and maternity leave in the same year.

Table 14: Organizational policy permitting annual and maternity leave in the same year

	Public	Private
Overall (N)	899	1172
Yes	79	96
Percent	8.8%	10.0%
States-level disaggregation (%) of Yes		
Anambra	0 (0%)	10 (10.4%)
Bauchi	9 (11.4%)	20 (20.8%)
Kaduna	9 (13.9%)	30 (31.3%)
Kano	37 (51.9%)	18 (18.7%)
Lagos	10 (11.4%)	6 (6.3%)
Rivers	14 (11.4%)	12 (12.5%)

The quantitative result above also agrees with the excerpts from qualitative interviews held with an employee and a policy administrator below.

Resp 7: *“Yes, and if, ... if you are pregnant this year, you have not taken your leave, you will not go for that leave again, your maternity leave will cover your leave for the year.”*

Interviewer: *“Ok, so you cannot take annual leave?”*

Resp: *“Yes.”*

Interviewer: *"And take maternity leave in the same year?"*

Resp: *"No."*

- FGD_Employee of Public Sector

Interviewer: *"So, can you take your annual leave and also take your maternity leave?"*

Resp: *"No."*

Interviewer: *"So what is applicable?"*

Resp: *"Once you go for maternity leave, you wouldn't go for annual leave that year again."*

Interviewer: *"Is there a special reason for that?"*

Resp: *"It's just company policy."*

- IDI_Private Sector_Hospitality

In contrast to the experience above, some respondents working in the private sector cited being able to enjoy their maternity and annual leave in the same calendar year.

Interviewer: *"If I understand correctly, can you take your annual leave alongside your maternity leave?"*

Resp: *"Yes."*

Interviewer: *"And it is a standard practice?"*

Resp: *"Yes."*

- FGD_Hospitality_Private Sector

Interviewer: *“So, can a woman, a mother or a father can he take any of this leave immediately after the birth of his baby?”*

Resp: *“No, because the woman on maternity leave has been granted that maternity leave, that is the leave for the year.”*

Interviewer: *“So I cannot take maternity leave and say I want to take annual leave?”*

Resp: *“No.”*

– IDL_Public sector

Regardless, a considerable number of respondents were able to have their annual and maternity leave in the same year. About 30% of all respondents at the state government establishments had taken both annual and maternity leave in the same year, of which 50% are respondents working at state-level establishments in Kano and 17% in Kaduna, Rivers and Bauchi states respectively. Similarly, 39% of respondents at local government establishments had taken both annual and maternity leave in the same year, out of which 84% were respondents in Kano and 11% in Kaduna local government establishments.

In the private sector, 73% of mothers working in the manufacturing industry said they had taken both maternity and annual leave in the same year, out of which 50% and 38% work in Anambra and Bauchi states, respectively. In the same vein, 39% of respondents from finance-based institutions reported they have taken both maternity and annual leave in the same year and in the hospitality industry, 44% had taken both annual and maternity leave in the same year. Of these respondents, 75% worked in Kaduna State while 25% worked in Bauchi State.

Sixty-seven percent and 40% of mothers working with private schools and the private health facilities, respectively, had taken maternity and annual leave in the same calendar year (Table 15).

Table 15: Mothers who were able to take maternity and annual leave in same year

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total Public	Manufacture	Finance	Hospitality	School	Healthcare	Total Private
Cumulative distribution									
Organization permits annual and maternity leave in the same year	40	39	79 (8.8%)	18	20	34	16	35	96 (8.2%)
Respondents that took maternity and annual leave in the same year	12	19	31	8	7	8	16	10	49
Percent (%)	30.0%	48.7%	39.2%	72.7%	38.9%	44.4%	66.7%	40.0%	51.0%
States-level disaggregation (%)									
Anambra	0.0%	0.0%	0.0%	50.0%	42.9%	0.0%	0.0%	0.0%	14.3%
Bauchi	16.6%	0.0%	6.5%	37.5%	0.0%	25.0%	6.3%	40.0%	20.4%
Kaduna	16.6%	10.5%	12.8%	0.0%	42.9%	75.0%	68.7%	20.0%	44.9%
Kano	50.2%	84.2%	71.0%	0.0%	0.0%	0.0%	25.0%	40.0%	16.4%
Lagos	0.0%	5.3%	3.2%	0.0%	14.3%	0.0%	0.0%	0.0%	2.0%
Rivers	16.6%	0.0%	6.5%	12.5%	0.0%	0.0%	0.0%	0.0%	2.0%

In some instances, taking both maternity and annual leave in the same calendar year was seen as a choice and not a policy-based action.

Resp 2: *"It all depends on an individual if I may come in. Like she said earlier some women may decide to go for their annual leave first and when she puts to bed, they go for the three months of maternity leave. If she so wishes she can go for both annual and leave together."*

- FGD_Private Sector Hospitality

5.3.6 Knowledge about paternity leave and practice

Very few respondents knew about paternity leave; in fact, some had never heard of it prior to the interview. Most respondents said this was not a standard practice in their place of work.

About 74% of respondents that worked in the public sector and 57% in the private sector reported that the father of their child had not received any paternity leave before or after the birth of their baby.

Table 16: Did partner take paternity leave

States	Public	Private
Overall (N)	899	1212
Disaggregation by sectors (%) (multiple response)		
Yes, partner took paternity leave before/after birth	30 (3.3%)	26 (2.2%)
Yes, husband was offered but refused to take paternity leave	2 (0.2%)	2 (0.2%)
No	668 (74.3%)	795 (56.5%)
Husband is unemployed	15 (1.7%)	37 (3.1%)
Husband is self-employed	196 (21.8%)	303 (25.0%)

The high percentage can be attributed to the fact that paternity leave is not common or enforced by law in the country.

Quotes from some qualitative interviews also support the quantitative results and are presented below:

Interviewer: *"Do you have paternity leave for men?"*

Resp 1: *"No."*

- FGD_Employee_Public sector

Interviewer: *"Aside from maternity leave, do you also give paternity leave?"*

Resp 1: *"No we are just hearing it for the first time."*

- FGD_Public Sector

Interviewer: *"Ok, is there anything like paternity leave for them?"*

Resp 4: *"They are not married."*

Resp 1: *"Even if they are married, they will not get it."*

Interviewer: *"So, is there a paternity leave for men that work here?"*

Resp 2: *"No."*

- FGD _Female Employees _Private School

Interviewer: *"Do you have paternity leave? Paternity leave is the time men take off work to assist their wives. Do you have paternity leave?"*

Resp: *"No."*

Interviewer: *"But can a man take time off to help, can he apply for some time to help his wife after childbirth?"*

Resp: *"It's casual leave."*

- IDI_HR_Private sector

5.3.7 Paternity leave provisions at respondent's workplace

Relative to the number of women respondents interviewed on the survey, only a few said their employer offered paternity leave to new fathers. Where it was offered, paid leave for new fathers was distinguished from annual leave, in contrast to many women who were not able to take annual leave if they also took maternity leave.

The highest proportion of respondents (27%) who reported enjoying paternity leave as new fathers was recorded in state government organisations and in the financial industry. Conversely, only one person interviewed from the manufacturing industry knew of a new father receiving paternity leave.

Across the states, very few subsectors were observed to offer paternity leave to their eligible male workers and this was not consistent across states. In the financial subsector, 40 (28%) knew of paternity leave policies in their organizations; of these respondents, 38% work in Kano State, 35% in Rivers State, and 11% in Bauchi State. Only one respondent in the healthcare subsector in Anambra State knew of this benefit from their employer. A few respondents in the informal sector had never heard about paternity leave, and most of them held unfavourable views of it. Many women believed their husbands would not assist at home, preferring he stay at work to provide for the family. There was no difference across the sub-sectors on provision of paternity leave at respondents' place of work (Table 17).

Table 17: Paternity leave provision at respondents' workplace

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufactur e	Finance	Hospitalit y	School	Health Care	Total
Cumulative distribution									
Overall (N)	432	467	899	156	145	201	451	259	1212
Yes (n)	98	58	156	1	33	2	15	3	54
Percent (%)	22.7%	12.4%	17.4%	0.6%	22.8%	1.0%	3.3%	1.2%	4.5%
Test of Significance									
States-level disaggregation of organizations offering paternity leave (%)									
Anambra	0.0%	1.7%	1 (0.6%)	0.0%	12.1%	0.0%	6.7%	100.0%	8 (14.8%)
Bauchi	0.0%	0.0%	0 (0.0%)	0.0%	12.1%	0.0%	0.0%	0.0%	4 (7.4%)
Kaduna	0.0%	0.0%	0 (0.0%)	0.0%	0.0%	0.0%	33.3%	0.0%	5 (9.7%)
Kano	1.0%	1.7%	2 (1.2%)	0.0%	21.2%	0.0%	60.0%	0.0%	16 (29.6%)
Lagos	97.9%	96.6%	152 (97.4%)	0.0%	15.2%	0.0%	0.0%	0.0%	5 (9.3%)
Rivers	1.0%	0.0%	1 (0.6%)	100.0%	39.4%	100.0%	0.0%	0.0%	16 (29.6%)

In a few instances such as the one below, respondents confirmed that their organization provides men time off, most commonly in the financial industry.

Interviewer: *“Okay sir, so what about the paternity leave? Can I take paternity leave and still take my annual leave?”*

Resp: *“Hmm. You can take paternity. It is two weeks for the first born.”*

- IDI_HR_Public Sector

Interviewer: *“What of paternity leave? Does [‘mentioned name of work place’] give paternity leave?”*

Resp: *“Yes, five days.”*

Resp: *“Five working days.”*

- IDI_Financial Sector-Admin staff

5.3.8 Perception of mothers towards paternity leave provision

Women were asked during the group discussions if they found it important and necessary for men to receive paternity leave after their partner gives birth. Very few saw it as a basic necessity rather than a luxury, especially when the new mom does not have a helper with her at home. Others felt that the provision of paternity leave should be made conditional.

Interviewer: *"Ok, so what is your take on paternity leave?"*

Resp 3: *"It is ok."*

Resp 5: *"It is important."*

- FGD_ female employee_ Private sector

Interviewer: *"Ok, so what is your take on paternity leave?"*

Resp 1: *"They should be given also, but with condition."*

Interviewer: *"What condition?"*

Resp 1: *"They should be staying at home."*

- FGD_ Female employee_ Public Sector

However, there were some other respondents, mainly in the informal sector, who disapproved of such benefit because they felt it served no purpose or that it affected the daily provisions that the man is responsible for in the house.

Resp 1: *"No! It is not good. Will the man agree to such leave? Even if he is given a leave he will not help in the house."*

- FGD_ Woman informal sector

Resp: *"No, they don't need it."*

Interviewer: *"Why did you say no?"*

Resp 4: *"You mean the man of the house?"*

Interviewer: *"Yes."*

Resp 1: *"Ah, if men leave work how would they feed their families?"*

- FGD_ Woman informal sector

5.4 Discrimination against pregnant/nursing mothers in the workplace

When respondents were asked if they were aware of discrimination that affects pregnant or lactating women in the workplace, the majority of respondents both in the public sector (95%) and private sector (85%) said such issues were not common in their organization. Very few (~20%) respondents in both the public and private sector could mention specifically any discriminatory acts against pregnant or lactating mothers in the workplace.

However, in the private sector, 3% of workers said the salaries or bonuses of pregnant or lactating mothers are often reduced. About 2% of private institution workers complained of being given less favourable roles and unpleasant workloads and hearing derogatory comments from their bosses or colleagues. One percent also complained of being side-lined for promotions/new positions and denied trainings.

Table 18: Discrimination against pregnant or lactating women in your workplace

	Public	Private
Overall (N)	899 (100)	1212 (100)
Sector disaggregation (%)		
They are given unsuitable workloads	0.9%	1.9%
They are given less favourable roles	0.2%	2.2%
Reduced salaries or bonuses	0.0%	2.5%
Discriminatory comments by bosses/colleagues	0.4%	2.0%
They are side-lined for promotions/new positions	0.3%	1.2%
They are denied trainings	0.2%	1.2%
They often have to quit their jobs	0.3%	1.7%
None	95.2%	84.8%

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

In the same vein, qualitative respondents echoed the quantitative report that discrimination is not a common practice in their respective workplaces.

Interviewer: *“Is there any policy that stops discrimination against nursing mothers, does that kind of discrimination occur?”*

Resp 4: *“No, it doesn’t.”*

Resp 1: *“People will only pity you instead.”*

Resp 2: *“The issue is that we haven’t gotten any of such situation so if there is anything like that then there will be a policy on it.”*

– FGD_Female Employees_Private School

5.4.1 Pregnancy status as a criterion for employment

Most women reported that they were not subjected to a pregnancy test prior to accepting their employment offers, with the exception of those in some of the private subsectors.

About one in three mothers working in the financial sector said pregnancy tests were a pre-employment criterion at their organization; 35% of those were in the finance subsector in Lagos State, closely followed by those in Rivers State (27%) and Anambra State (25%). Although very low, state government employees reported having this as a criteria twice as much as employees in local government authorities (Table 19).

Table 19: Pregnancy test as pre-employment requirement

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Cumulative distribution (n, %)									
Overall (N)	432	467	899	156	145	201	451	259	1212
Yes (n)	10	4	14	9	48	11	5	8	87
Percent	2.3%	0.8%	1.6%	5.7%	33.1%	5.5%	1.1%	3.0%	7.2%
Sub-sector disaggregation (%)									
Anambra	0%	0%	0%	0%	24.5%	9.1%	0%	63.6%	23.0%
Bauchi	50.0%	50.0%	50.0%	0%	4.1%	9.1%	14.3%	0%	4.6%
Kaduna	10.0%	0%	7.1%	0%	4.1%	9.1%	57.1%	0%	8.1%
Kano	30.0%	50.0%	35.7%	0%	6.1%	0%	28.6%	27.3%	9.2%
Lagos	0.0	0%	0%	11.1%	34.7%	0%	0%	0%	20.7%
Rivers	10.0	0%	7.2%	88.9%	26.5%	72.7	0%	9.1%	34.4%

In the qualitative study, there was no information from working mothers about being subjected to pregnancy tests before they were employed, although one of the HR respondents agreed that such a practice existed in their workplace.

5.4.2 Awareness on child spacing policy

Very few women were aware of a child spacing policy in their organization (Table 20). The states with the most women aware of a child spacing policy were Kano (46% public sector; 17% private sector) and Kaduna (30% public sector; 27% private sector). In the qualitative survey, there were mixed reports, with some women hearing about such policies second-hand, although not verified, while another said there was no such policy in her workplace. See excerpt below.

Table 20: Awareness of organization policy on child spacing

States	Public	Private
Overall (N)	899	1212
Yes (n)	46	134
Percent (%)	5.1%	11.1%
States-level disaggregation of Yes (%)		
Anambra	2 (4.4%)	21 (15.7%)
Bauchi	1 (2.2%)	10 (7.5%)
Kaduna	14 (30.4%)	36 (26.9%)
Kano	21 (45.7%)	23 (17.2%)
Lagos	4 (8.7%)	20 (14.9%)
Rivers	4 (8.7%)	24 (17.9%)

Interviewer: *“Sir, is there a policy on child spacing for women in this organization?”*

Resp: *“No.”*

- IDL_ HR_Private sector

Interviewer: *“What of child spacing, do you have policy on child spacing?”*

Resp: *“Yes.”*

Interviewer: *“What does it say?”*

Resp: *“I think it’s two years plus.”*

- IDL_ Private sector_ Financial institution

5.5 Breastfeeding practices, perception and workplace lactation policy

5.5.1 Workplace lactation policy to promote breastfeeding practices

The implementation of a workplace breastfeeding policy in an organization ensures mothers are able to continue breastfeeding after they return to work, thus promoting exclusive breastfeeding practices. Breastfeeding friendly environments make the workplace a more supportive environment for mothers, meaning they are able to balance being a mother and being a productive employee, which is beneficial to both families and employers.

About 11% of respondents in the state government, 12% of those from finance institutions, and 11% from healthcare, were aware of workplace breastfeeding policies in their respective organizations. None of the respondents from the private sector in Anambra State knew of such a policy in their workplace.

In the state governments, Anambra and Rivers states had the highest rates of awareness (28% and 32%, respectively). Local government institution employees reported at similar rates in Anambra and Lagos (41% and 31% respectively), which were the highest for this subsector.

In the private sector, Lagos and Rivers states tended to report higher awareness of workplace lactation policies than in other states, at 47% and 35%, respectively. In the hospitality industry, Kaduna and Rivers states had the highest rates of awareness at 22% and 56%, respectively (Table 20).

Table 21: Organizations with workplace breastfeeding policy

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufactur e	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall	432	467	899	156	145	201	451	259	1212
Yes	47	29	76	7	17	9	51	28	112
percent	10.9%	6.2%	8.5%	4.5%	11.7%	4.5%	11.3%	10.8%	9.2%
Sub-sector disaggregation (%)									
Anambr a	27.7%	41.4%	32.9%	0.0%	0.0%	0.0%	0.0%	3.6%	0.9%
Bauchi	4.3%	0.0%	2.5%	0.0%	5.9%	11.1%	3.9%	25.0%	9.8%
Kaduna	14.9%	10.3%	13.2%	0.0%	0.0%	22.2%	58.8%	10.7%	31.3%
Kano	19.2%	13.8%	17.1%	14.3%	11.8%	0.0%	17.7%	7.1%	12.5%
Lagos	2.1%	31.0%	13.2%	0.0%	47.1%	11.1%	13.7%	17.9%	18.8%
Rivers	31.8%	3.5%	21.1%	85.7%	35.2%	55.6%	5.9%	35.7%	26.7%

Among the qualitative respondents, some organizations reported that they did not have a statutory document on breastfeeding in the workplace but were accommodating to mothers who needed to nurse their babies, either by allowing for such in the office space or by providing crèches where mothers could go whenever they wanted to tend to their babies.

Resp: “Yes, if I was, if I want to breastfeed a baby now, me and my baby will be in this office. When I was the accountant, my office is even bigger than this one, so we had enough space.”

- IDI_ Hospitality_Private sector

Resp: “We have a crèche here, we call it day-care. So the person will keep the child there and when it is time to go and feed the child the person will go there and feed the child.”

- IDI_LGA Admin_Public sector

5.5.2 Exclusive breastfeeding practice

While nearly 100% of women breastfed their last child, less than half exclusively breastfed their child for six months. This was mostly prominent among women working in finance (Figure 12).

Figure 12: Breastfeeding practice among mothers

Many women who reported breastfeeding their newborns noticed positive benefits very early on with their children. Mothers from the FGD discussions in both the formal and informal sectors often had personal anecdotes on the benefits:

Resp 4: *"I did exclusive for my first issue; I did it and my baby was very strong, he started walking at 9 months, just stood up on his own and started walking."*

- FGD_Woman from the informal sector

Many other participants also stated that they did it for the health benefit of the child;

Resp 1: *"I do exclusive breastfeeding so that my child will be healthy and strong."*

- FGD_Woman from the informal sector

A couple of women reported they learned about exclusive breastfeeding during their antenatal appointments, and took the advice of health professionals.

Although a significant number of respondents exclusively breastfed, others did not. Common reasons for not doing so were the belief that children would not be satisfied with just breastmilk, that children would not grow as much, that it would be more difficult to introduce new foods, and that it was difficult to balance breastfeeding with their professional lives.

Interviewer: *"Thank you very much for your responses. You all said that you don't practice exclusive breastfeeding."*

Resp 1: *"No! Exclusive breastfeeding leaves children unsatisfied and they cry."*

- FGD_Woman _informal sector

Resp 8: *"I didn't do it because I will be breastfeeding, giving her water, and give food, and after doing the exclusive, not everybody that does exclusive have a fat baby. Some after doing the exclusive, they say is so the baby will be healthy, some baby after you do exclusive for them, they still remain sickly babies. Human bodies differ..."*

FGD_Public sector.

Resp 6: *"After that exclusive, the children do find it very hard to feed, you will fight with them, they don't like to eat anything, that is the problem. Even in my yard, it is happening there now."*

FGD_Woman_Informal sector

Resp 1: *"No. I don't think is a good thing. I don't think is a good thing. is very stressful."*

Resp 2: *"I have heard, but...."*

Interviewer: *"Do you believe in those benefits?"*

Resp 2: *"I don't believe, I don't believe. I don't believe"*

- IDI_ Private sector

The responses further indicated that knowledge and practice of exclusive breastfeeding among mothers is discordant and needs to be improved.

While nearly half of the respondents continued to breastfeed exclusively after maternity leave (Table 22), the majority of women either switched to or continued mixed feeding. A small minority stopped breastfeeding altogether.

The majority of women based this decision on a personal choice (>65%), rather than due to a lack of lactation room or breaks during work (Table 23).

Table 22: Breastfeeding practices post-resumption from maternity leave

Sector	Public n (%)	Private n (%)
Overall (N)	899 (100%)	1212 (100%)
Breastfeeding Practise (b38)		
Continued to breastfeed exclusively	435 (49.2%)	519 (43.2%)
Continued mixed feeding	327 (37.0%)	487 (40.6%)
Switched to mixed feeding	107 (12.1%)	167 (13.9%)
Stop breastfeeding	8 (0.9%)	23 (1.9%)
Other/Don't know	6 (0.7%)	3 (0.3%)

Table 23: Reasons for stopping breastfeeding after maternity leave

Sector	Public n (%)	Private n (%)
Overall (N)	884 (100.0%)	1201 (100.0%)
Lack of private lactation room	0 (0.0%)	1 (4.4%)
No break to breastfeed at work	0 (0.0%)	5 (21.7%)
Personal choice	6 (75.0%)	15 (65.2%)
Other reasons	2 (25.0%)	2 (8.7%)

Researches asked mothers who exclusively breastfed their babies why they did so. The most common reasons given were that mothers understood that exclusive breastfeeding helped “to build a strong bond between mother and child, it boosts the child’s immunity and that breast milk provides the child with exclusive nutrients” required for their growth (Table 23).

Table 24: Reasons mothers practiced exclusive breastfeeding

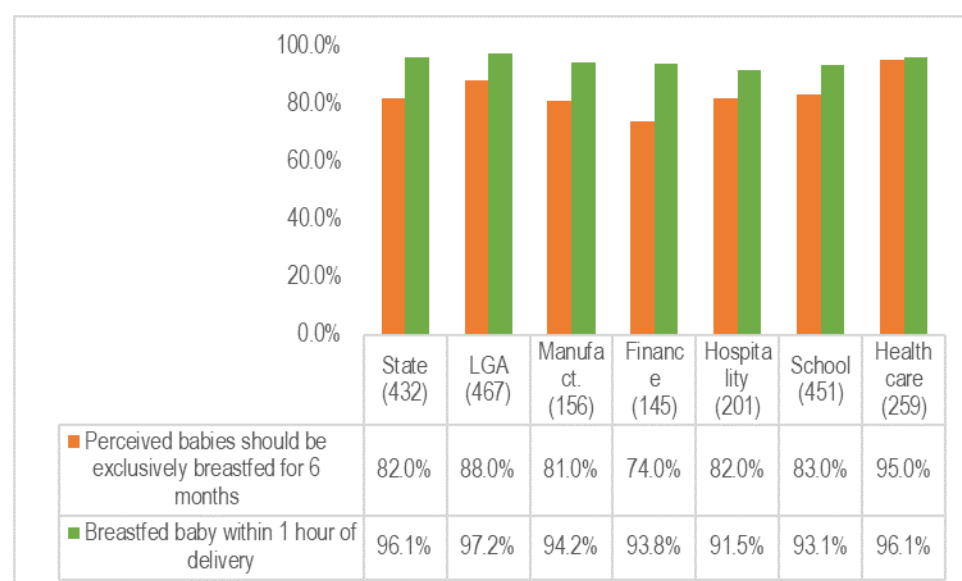
	Public N (%)	Private N (%)
Overall (N)	496 (100.0%)	517 (100.0%)
States-level disaggregation (%) of Yes		
It builds the bond between mother and child	275 (55.4%)	364 (70.4%)
It aids in the development of child facial muscles	72 (14.5%)	172 (33.3%)
It helps to boost the immunity of a child	344 (69.4%)	323 (62.5%)
It is a cheaper means of feeding baby	126 (25.4%)	201 (38.9%)
It is a more convenient means of feeding baby	105 (21.2%)	169 (32.7%)
It lowers baby’s risk of having asthma	87 (17.5%)	158 (30.6%)
It provides babies with exclusive nutrients	255 (51.4%)	348 (67.3%)
Breastmilk easily digests in baby	132 (26.6%)	230 (44.5%)
It is beneficial to the mother	103 (20.8%)	115 (22.2%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

5.6 Perception about exclusive breastfeeding and initiation after birth

Almost all respondents agreed that newborns should be given breast milk exclusively for six months. Additionally, they equally thought that a child should be breastfed within one hour after delivery. However, many women are not practicing these optimal breastfeeding practices. This highlights a variance between knowledge and practice.

Figure 13: Perception about EBF and breastfeeding initiation after birth



Regardless of whether they practiced exclusive breastfeeding, most respondents said they believe that breastfeeding was beneficial to both mother and the baby. Most respondents highlighted the bond it built between mother and child, the boost to the child's immunity, and the exclusive nutrients of breastmilk as some of the benefits of breastfeeding (Table 25).

Table 25: Perception of respondents about breastfeeding benefit

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	432	467	899	156	145	201	451	259	1212
Yes (n)	430	464	894	155	144	196	447	256	1195
Percent (%)	99.5%	99.4%	99.5%	99.4%	99.3%	97.5%	99.1%	98.8%	98.6%
Benefits of Breastfeeding (b27)									
It builds the bond between mother and child	53.5%	53.3%	480 (53.4%)	60.3%	51.0%	58.2%	59.0%	73.8%	742 (61.2%)
It aids in the development of the facial muscles of the child	10.7%	19.9%	139 (15.5%)	36.5%	18.6%	27.4%	28.4%	27.4%	338 (27.9%)
It helps to boost the immunity of a child against killer bacterial and virus	59.7%	58.0%	529 (58.8%)	38.5%	72.4%	50.3%	65.9%	71.0%	747 (61.6%)
It is a cheaper means of feeding baby	17.6%	25.3%	194 (21.6%)	35.3%	22.8%	40.8%	34.8%	43.2%	439 (36.2%)
It is a more convenient means of feeding baby	17.1%	15.0%	144 (16.0%)	19.9%	17.2%	27.9%	29.3%	31.3%	325 (26.8%)
It lowers baby's risk of having asthma and allergies	16.9%	11.6%	127 (14.1%)	19.9%	26.9%	21.9%	22.6%	22.4%	274 (22.6%)
It provides babies with exclusive	60.2%	52.3%	504 (56.1%)	60.3%	73.4%	51.7%	64.5%	70.7%	779 (64.3%)

Sector	Public			Private					
nutrients available in breastmilk									
Breastmilk easily digests in baby	17.6%	22.5%	181 (20.1%)	42.3%	23.5%	33.3%	26.8%	37.5%	385 (31.8%)
It is beneficial to the mother	22.7%	21.0%	196 (21.8%)	10.3%	31.7%	16.4%	19.5%	28.6%	257 (21.2%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

5.6.1 Perception on when water should be given to baby under six months

The below table is based on a multiple response question where options were read aloud to respondents. About half of the respondents stated that they would not give their babies under six months water regardless of the situation.

The remaining women respondents said they would give water to a baby under six months based on particular circumstances, the most common being the mother having difficulty breastfeeding. However, over 17% of women said they would give an infant water if it is hot outside, if the baby is thirsty, or the baby is hiccupping. This indicates that more could be done to educate women about the fact that babies receive adequate hydration from breastmilk alone (Table 25).

Table 26: Perception of mothers on when they should give water to a baby under six months

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	416	452	899	83	111	128	396	225	1212
Disaggregation by response (%)									
It is very hot outside	25.7	19.1	200 (22.3%)	16.7	22.8	17.4	17.7	15.1	213 (17.6%)
The baby is thirsty	26.4	18.2	199 (22.1%)	22.4	19.3	18.4	17.1	17.4	222 (18.3%)
The baby has hiccups	22.9	16.5	176 (19.6%)	23.7	24.1	27.4	15.3	14.3	233 (19.2%)
The mother is not able to be with her baby to breastfeed	25.9	15.9	186 (20.7%)	35.9	45.5	31.8	24.0	24.3	357 (29.5%)
The mother is having difficulty breastfeeding	39.1	27.0	295 (32.8%)	41.0	46.2	46.8	33.7	37.8	475 (39.2%)
The baby's lips are dry	19.0	12.9	142 (15.8%)	19.2	15.9	13.4	10.6	10.4	155 (12.8%)
None (did not offer water to a baby under six month)	43.5	58.2	460 (51.2%)	47.4	33.8	42.8	43.2	54.4	545 (45.0%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

In the FGDs, one of the respondents noted that, while she exclusively breastfed previous children, she started giving her most recent child water before six months because it was hot. In her words:

Resp 4: *“It was easy then, but it was raining season, I was eating well and had nowhere to go, so I feed him very well. and he too eat very well. Others I started giving them water from the hospital because it was dry season.”*

- FGD_ Woman from the informal sector

5.6.2 Knowledge of the availability of facilities for care of children at work

Few respondents (2%) were aware of facilities that their children could be kept at their respective workplace in the public sector. However, in the private sector, a good percentage of respondents across the six states were aware of the places they could keep their children when at work. Most (37%) of these respondents were from Kaduna state (Table 27).

Table 27: Facility where child can be kept at your organization

States	Public	Private
Overall (N)	899 (100)	1212 (100)
Yes	20 (2.2)	344 (28.4)
No	879 (97.8)	868 (71.6)
Sector disaggregation (%)		
Anambra	9 (45.0%)	31 (9.0%)
Bauchi	0 (0.0%)	63 (18.3%)
Kaduna	0 (0.0%)	121 (37.2%)
Kano	7 (35.0%)	25 (7.3%)
Lagos	1 (5.0%)	72 (20.9%)
Rivers	3 (15.0%)	32 (9.3%)

Further, the survey sought to learn whether the availability of childcare varies according to staff level, i.e. junior, mid, and senior level staff. Within public institutions, more mothers at the local government offices reported access to crèche facilities at the workplace compared to those working at the state-level offices. The distribution was also near-equal across all the three staff levels.

Among the private subsectors, availability of crèche facilities for the use of working mothers in the manufacturing and finance industry was lacking. Interestingly, mothers working at education-based institutions reported a different experience with at least three of four mothers having a place to keep their child when at work. This also could be attributed to the fact that most schools often operate a pre-nursery section that such employees can benefit from (Table 27).

Table 28: Availability of crèche facilities to mothers in different staff level

Sub Sectors	Junior Level	Mid-level	Senior level
Overall (N)	364		
Response across cadre*	346 (95.1%)	330 (90.7%)	332 (91.2%)

Sub Sectors	Junior Level	Mid-level	Senior level
Disaggregated by sector			
State government	6 (1.7%)	4 (1.2%)	3 (0.9%)
LGA	10 (2.9%)	11 (3.3%)	11 (3.3%)
Manufacturing	0 (0.0%)	0 (0.0%)	0 (0.0%)
Finance	0 (0.0%)	0 (0.0%)	0 (0.0%)
Hospitality	4 (1.2%)	4 (1.2%)	4 (1.2%)
School	274 (79.2%)	261 (79.1%)	263 (79.2%)
Health care	52 (15.0%)	50 (15.2%)	51 (15.4%)

*This question was limited to working mothers who affirmed that there was a crèche in their workplace. It is a multiple response question that allowed respondents to provide answers for all three cadres of interest.

When asked about the convenience of the facility, of the respondents who had a crèche available at their workplace (20 in the public sector and 344 in the private sector), 80% said the location was also convenient. At the state level, half of the states had no crèche available, while a majority of the respondents in the other three states reported that the crèche was centrally located. Well above 50% of respondents in private sector institutions across the six states surveyed also reported to have a centrally located crèche (Table 28).

Table 29: Is facility located in a central and convenient place?

States	Public	Private
Overall (N)	20 (100%)	344 (100%)
Yes (n)	17 (80.0%)	325 (94.4%)
No/ Don't know	3 (20.0%)	19 (5.6%)
Sector disaggregation (%)		
Anambra	9 (52.9%)	31 (9.5%)
Bauchi	0 (0.0%)	62 (19.1%)
Kaduna	0 (0.0%)	116 (35.7%)
Kano	6 (35.3%)	15 (4.6%)
Lagos	0 (0.0%)	71 (21.9%)
Rivers	2 (11.8%)	30 (9.2%)

* Empty cells (o) had no observations recorded.

Few respondents indicated there were nearby crèches outside their organization, but the proportion was higher among private sector employees compared to those working with the public institutions. Workers at government-owned institutions in Rivers (41%) and Lagos (37%) states confirmed that there were alternative facilities in their workplace environment. At the private sector level, there were more workers in Lagos (31%) and Kaduna (21%) states compared to others that stated that there were crèches located closely to where they work (Table 29).

Table 30: Alternative nearby crèche outside the organization

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution*									
Overall	432	467	899	156	145	201	451	259	1212
Yes	104	79	183	31	67	60	184	77	419
Percentage (%)	24.1%	16.9%	20.4%	19.9%	46.2%	29.9%	40.8%	29.7%	28.5%
States-level disaggregation (%)									
Anambra	6.7%	12.7%	17 (9.3%)	29.0%	25.4%	20.0%	7.6%	22.1%	69 (16.5%)
Bauchi	1.9%	17.7%	16 (8.7%)	6.5%	3.0%	13.3%	6.0%	13.0%	33 (7.9%)
Kaduna	2.9%	10.1%	11 (6.0%)	9.7%	4.5%	8.3%	34.8%	18.2%	89 (21.2%)
Kano	10.6%	12.7%	21 (11.5%)	3.2%	1.5%	1.7%	9.2%	5.2%	24 (5.7%)
Lagos	36.5%	46.8%	75 (41.0%)	32.3%	49.3%	43.3%	27.2%	15.6%	131 (31.3%)
Rivers	41.4%	0.0%	43 (23.5%)	19.4%	16.4%	13.3%	15.2%	26.0%	73 (17.4%)

* Cumulative distribution excluding responses like 'no, or don't know, or refused to answer'.

5.6.3 Challenges of mothers seeking health care while pregnant

Only a few respondents across the public and private sectors (<10%) had encountered difficulty at the workplace if they needed to go for medical/antenatal care during their pregnancy. Out of these, 5% and 4% of respondents worked in the state and local institutions, respectively. Similarly, 11% of those in the manufacturing subsector, 9% in the hospitality industry subsector and 4% of mothers working with private schools encountered some challenges to get healthcare during pregnancy. The proportion of those who experienced such difficulties was highest among mothers working in the finance industry (15%) relative to other sub-sectors.

It is worthy of note that public sector workers and those in the healthcare subsector under private institutions in Lagos State did not reference any difficulties going for medical and antenatal care while pregnant and working. See table below.

Table 31: Difficulty going for healthcare because of work during pregnancy – state level disaggregation

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	432	467	899	156	145	201	451	259	1212
Yes (n)	22	21	43	17	21	18	24	2	82
Percent (%)	5.1%	4.5%	4.8%	10.9%	14.5%	9.0%	5.3%	0.8%	5.9%
States-level disaggregation (%)									
Anambra	13.6%	14.3%	6 (14.0%)	5.9%	33.3%	38.9%	12.5%	0.0%	18 (22.0%)
Bauchi	4.6%	4.8%	2 (4.7%)	5.9%	0.0%	0.0%	4.2%	50.0%	3 (3.7%)
Kaduna	36.4%	42.9%	17 (39.5%)	5.9%	4.85	0.0%	45.8%	50.0%	14 (17.1%)

Sector	Public			Private					
Kano	27.3%	28.6%	12 (27.8%)	0.0%	4.8%	5.6%	25.0%	0.0%	8 (9.8%)
Lagos	0.0%	0.0%	0 (0.0%)	70.6%	14.3%	33.3%	4.2%	0.0%	22 (26.8%)
Rivers	18.2%	9.5%	6 (14.0%)	11.7%	42.8%	22.2%	8.3%	0.0%	17 (20.7%)

The majority of respondents across the private and public sector highlighted “employer not giving time off to seek medical care” and “the distant location of their choice clinic from their workplace” as the biggest difficulties they faced seeking healthcare while pregnant. “Employer not giving time off for medical care” was more common among respondents in the manufacturing, finance and healthcare subsectors. “Clinic being too far from workplace” was also a common difficulty among respondents in the hospitality industry while “non-provision of health insurance by the employer” was common among respondents in private schools.

Table 32: Specific reason(s) it was difficult to go for healthcare during pregnancy

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manu.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	432	467	899	156	145	201	451	259	1212
Yes (n)	22	21	43	17	21	18	24	2	82
Percent (%)	5.3%	4.3%	4.8%	9.0%	14.5%	8.5%	4.4%	1.2%	5.9%
Reasons include;									
Employer did not give time off to seek medical care.	54.6%	28.6%	18 (41.9%)	58.8%	47.6%	33.3%	41.7%	100.0%	38 (46.3%)
Employer does not provide health insurance	4.6%	19.1%	5 (11.6%)	11.8%	0.0%	16.7%	50.0%	0.0%	17 (20.7%)
Medical care was too costly	0.0%	4.8%	1 (2.3%)	29.4%	0.0%	33.3%	37.5%	0.0%	20 (24.4%)
Clinic was too far from place of work	27.3%	33.3%	13 (30.2%)	58.8%	42.9%	77.8%	29.2%	0.0%	40 (48.8%)
Break or lunch time are not observed at place of work.	13.6%	0.0%	3 (7.0%)	0.0%	4.8%	5.6%	8.3%	0.0%	4 (4.9%)

* Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

5.6.4 Challenges faced by mothers before and after maternity period

A greater number of respondents in both the private (93.8%) and public sector (95.8%) revealed that they received no unfair treatment during their pregnancy at their workplace. Some others reported that they were handed unsuitable workloads across the public (2.2%) and private (2.6%) sector institutions surveyed. Few revealed that they received unpleasant comments from boss/colleagues across the public (1%) and private (1.9%) institutions visited. See table below

Table 33: Unfair treatment experienced by mothers at work place during your pregnancy

	Public	Private
Overall (N)	899	1212
Disaggregation (%)		
I was given unsuitable workloads	20 (2.2%)	32 (2.6%)
I was moved to a less favourable position	0.0%	8 (0.7)
My salary or bonus was reduced	0.0%	18 (1.5%)
I received unpleasant comments from boss/colleagues	9 (1.0%)	23 (1.9%)
I was side-lined for a promotion	0.0%	1 (0.1%)
I was denied access to a training	5 (0.6%)	4 (0.3%)
I was treated poorly and had to leave the department	2 (0.2%)	0.0%
I was asked to go on compulsory leave without pay when my pregnancy was at advance stage	1 (0.1%)	2 (0.2%)
No unfair treatment/experience	861 (95.8%)	1134 (93.5%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

One of the respondents in the informal sector shared her experience on how she almost lost her shop because she was on maternity leave. This implies that other women may face a similar dilemma.

Resp: *"After I delivered my baby I went on maternity leave, along the line I use to pay for this shop is 42,000 naira per year, while I was still on maternity my rent was due, then I got a call from my landlord that once my rent expires, he will take back his shop from me because he wants to make use of his shop... By the time I finished maternity, I discovered that a person went behind me to meet with the landlord and offered to pay more money to him which he accepted...I borrowed money from my neighbour and I paid the landlord so as not to lose my shop."*

-Woman from the Informal sector

On experiencing any form of challenges after resuming work from their maternity leave, the majority of respondents across both private and public sectors except in the informal sector reported that they experienced no challenge while they were away and after resuming work from their maternity leave. See table below.

Table 34: Challenges experienced by mothers after returning work post-maternity leave

Challenges after leave	Public	Private
Overall (N)	899 (100)	1212 (100)
Sector disaggregation (%)		
Roles and responsibilities were reduced	11 (1.2%)	24 (2.0%)
More difficult tasks were assigned	8 (0.9%)	28 (2.3%)
Pay was reduced	0.0%	4 (0.3%)
Working hours were increased	2 (0.2%)	11 (0.9%)
Discrimination among peers	1 (0.1%)	3 (0.3%)
Unhealthy employer's attitude towards lactating mothers	12 (1.3%)	12 (1.0%)
No challenging experience	856 (95.2%)	1125 (92.8%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Having the ability to resume work successfully can be a function of the support system mothers have at their respective workplaces. This form of support, although not institutionalised, appeared to be stronger in the informal setting compared to the formal:

Resp 1: *"I can leave my baby for my neighbour while I go out to attend to other pressing issues, she will take care of my baby till I return."*

- FGD_Woman from the informal sector

Resp 4: *"What we do is, when the person has finished her maternity leave and is due to resume her business, the day she will resume, we will buy garden eggs, biscuits, powder and share to all shop owners in the line, as you are picking the kola nut, or garden egg, you also drop some money for the new mother. After it has gone round we count the money and hand over to the new mother."*

- FGD_Woman from the informal sector

Interviewer: *"So, when you are back from work, or maternity leave, do you think that your friends and colleagues are supportive? Do you feel they support you?"*

Resp: *[all] "Yes."*

- FGD_Public sector

Resp: *"It was easy for me to adapt back, though I was coming with my baby. I had, in fact we, this is just a very loving work environment, I have people struggling to carry my baby, so I was given the liberty to do my work. then in terms of integrating back, you know when you stay away for some time, the thing become very new to you after you have resumed. but from the support of the ones*

IDI_Private Sector_Hospitality

Some even got gift items and money from colleagues after they resumed from maternity leave.

Resp 1: *“Well like monetary gifts, wrappers, baby clothes, tea provisions.”*

FGD_ public sector

5.6.5 Suggestions for improved workplace benefits for parents

The majority of respondents in the state government institutions (50%) and local government institutions (43%) revealed that a reduction in working hours while breastfeeding was a defining factor that encouraged nursing mothers to continue breastfeeding at work. Similarly, in the private sector, the majority of respondents in the manufacturing industry (60%), financial institutions (44%) and healthcare industry (42%) reported the same. Some respondents in private schools (47%) highlighted the provision of crèches as a factor that encouraged them as nursing mothers to continue breastfeeding at work. See table below for more information.

Table 35: Factors that encouraged mothers to continue breast feeding at work

Sector	Public (%)		Private (%)				
Sub Sectors	State Govt	LGA	Manufacture	Finance	Hospitality	School	Health Care
Cumulative distribution							
Overall (N)	413%	456%	149%	141%	189%	444%	250%
Disaggregation by response type (%)							
Availability of private breastfeeding room	12 (2.9%)	9 (2.0%)	1 (0.7%)	2 (1.4%)	2(1.1%)	44 (9.9%)	33 (13.2%)
Provision of crèche	3 (0.7%)	2 (0.4%)	0.0%	0.0%	4 (2.1%)	214 (48.2)	16 (6.4%)
Breastfeeding breaks supported by the workplace	91 (22.0%)	124(27.2%)	15(10.1%)	12(8.5 %)	29(15.3%)	163(36.7%)	77(30.8%)
Reduction in hours while breastfeeding	205(49.6%)	197(43.0%)	89(59.7%)	62(44.0%)	49(25.9%)	77(17.3%)	105(42.0%)
Nursing facility provided by workplace	3(0.7%)	10(2.2%)	2(1.3%)	0.0%	1(0.5%)	13(2.9%)	44(17.6%)
Availability of nearby crèche to work place	24 (5.8%)	23(5.0%)	17(11.4%)	37(26.2%)	37(19.6%)	45(10.1%)	32(12.8%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Table 36: Improvements that mothers think are needed regarding parental leave and workplace lactation policies

	Public	Private
Overall (N)	899 (100)	1212 (100)
Sector disaggregation (%)		
Longer maternity leave	609 (67.7%)	912 (75.3%)
Paid maternity leave	154 (17.1%)	442 (36.5%)
Provision of Crèche/ Day-care at work	383 (42.6%)	335 (27.6%)
Clean and dedicated lactation room	181 (20.1%)	215 (17.7%)
Lactation breaks for nursing mothers	159 (17.7%)	216 (17.8%)
Paid Paternity leave	40 (4.5%)	60 (5.0%)
Longer Paternity leave	31 (3.5%)	12 (1.0%)
Reduced work hours for lactating mothers	150 (16.7%)	265 (21.9%)
Provision of a nanny/baby-sitter	165 (18.4%)	134 (11.1%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Mothers in the informal sector also provided some suggestions on how they would like workplace benefits to be improved. They included having a crèche in their business place so they can conveniently nurse their babies while running their business alongside. They also expressed interest in the creation of a committee to take their affairs forward to the government so the government is more aware of their needs and concerns, such as the provision of medications, foods and possible financial aid. Some mothers also suggested locating good schools in their vicinity, which their children could attend once they grow older.

Resp: *"They should just put a place where we can breastfeed our children without the sun interfering."*

Resp: *"Money if possible, food if possible. We want the government to assist as all to reduce medications for us"*

Resp: *"Well if only there will be a committee that will help us including you people to help us talk to the government it will be great."*

Resp: *"Well I just want to add a little to what she has just said. Like in the city, there are schools for crèche and day-care where a mother can drop her child before she goes to work, and when she returns she can pick up her child. So even here too in this village we also have workers, so if that can be built here it will be of help to us."*

Resp: *"... he or she should be well educated after breastfeeding, at least a good school should be opened so that our kids can go and acquire a quality education, because their foundation matters a lot. When they are groomed well from their primary classes, it will not be difficult for the teachers any more, we just want our children to acquire a quality education. Imagine a class of over 300 students with only 3 teachers. How are those students supposed to learn? So it is not possible for the kids to learn well, some kids will not even hear anything, so we need help in that regards."*

- FGD_ Women from the Informal sector

5.6.6 Why women fail to return to work post-maternity leave

Participants in the public formal sector were asked reasons why some women might not return to work at the end of their maternity leave. The majority of the responses from the qualitative research participants stated that failure to return to work post-maternity leave is often family related. Sometimes, the husbands may ask women to stop working, either due to stress, or the need to stay home and care for the family, or the fact that they do not like the work environment.

Resp: *"Yes, but none of them has come. maybe because most men don't like their wives working in the hotel, once they get married, they pull them out."*

IDI_Private sector Hospitality

Some stated that women do not return after maternity leave is because of complications from childbirth. Some women may go through caesarean section operations during delivery, and may not feel very strong to resume their former duty.

Resp 1: *"Well yes at times you might go through operation, and at times some used to develop some health-related issues."*

Interviewer: *"When things like this arise do they use to write?"*

Resp 1: *"Yes, they do use to write to the office."*

Interviewer: *"As what, is it as sick leave or extension of maternity leave?"*

Resp 1: *"As extension sick leave, attached with doctor's report on the sickness."*

- FGD_Public sector employee

5.7 Readiness to receive workplace lactation toolkit and building a crèche for women in the informal sector

Some of the mothers during this study gave positive responses about building a crèche to keep their babies while working. They welcomed the suggestion as it would give them freedom to carry out their businesses without limit, which may be otherwise caused by always carrying the baby.

Resp2: *"Is very good, like if you want to go somewhere, you can go anywhere you want, do anything you want to do unless when you are backing or carrying the baby around the market. The baby will not limit your movement."*

- FGD_Woman_Informal sector

However, many respondents in the informal sector also frowned at the idea of building a crèche or day-care facility to keep their babies:

Interviewer: *“Do you think a place like this should be built where you can keep your children and breastfeed them?”*

Resp 1: *“No. I don’t think so.”*

- FGD_Woman_Informal sector

Some of the reasons for this negative reaction expressed by participants include the fact that the nannies who would oversee caring for the babies would not care for the babies as well as their mothers would. They also stated that some of these nannies do not look after the babies properly, as there have been reported cases of accidents.

Resp: *“There is always a difference between children that are raised by their mothers and children raised by nannies. I know the right time to feed my children, time for them to sit and all that. How can I give my child to somebody else to look after for me? See for example a woman gave her child to someone to look after. The baby picked up a battery and swallowed it without the mother’s knowledge.”*

- FGD_Woman_Informal sector

6 Findings – Human Resources Personnel

The results in this section represent the findings gathered from policy administrators and human resource (HR) personnel. The findings are not from an individual perspective but that of an organization. However, it is important to note that some questions or findings (e.g. paid/length of maternity leave, institutional policies on adoption, child-spacing, anti-discrimination against pregnant women) were not relatable to the informal sector because of their unconventional organizational set-up.

Respondents shared their knowledge, practice and perception on policy implementation as it relates to parental benefits and entitlements in the workplace as well as support provided to facilitate a baby-friendly environment for parents of young children from the perspective of the employer. Also, the challenges encountered as policy implementers, areas of improvement and enablers for an effective and efficient implementation of breastfeeding friendly policies were considered.

At the end of the survey, a total of 396 HR interviews were completed across the six survey states. Table 37 below details the number of interviews in each of the sectors and throughout the six states covered during this survey.

Table 37: Summary of surveys completed in the formal sector

Sectors	Public		Private					Total
	State Govt	LGA	Manufacture	Financial	Hospitality	School	Health Care	
Anambra	10	13	3	8	13	11	21	79
Bauchi	12	11	2	6	11	9	5	56
Kaduna	13	14	3	3	4	33	7	77
Kano	13	13	1	3	3	13	6	52
Lagos	14	11	7	9	13	12	9	75
Rivers	7	9	8	6	12	9	6	57
Total	69	71	24	35	56	87	54	396

* Not all targeted sample estimates per state were achieved for both the HR respondents. For instance, oversampling of HR respondents in Anambra, Kaduna and Lagos compensated for the lower number of respondents in Bauchi, Kano and Rivers.

6.1 Maternity leave provision, duration, and benefit

All (100%) the employers or their representatives in the human resource (HR) departments interviewed at the public sector reported that their institutions offer maternity leave to eligible female employees, while in the private sector 95% of HR respondents reported the same. See Table 38 for more information.

Table 38: Proportion of organizations that offer maternity leave

Sector	Public (%)			Private (%)					
Sub-sectors	State Govt	LGA	Total	Manufacturing	Finance	Hospitality	School	Healthcare	Total
Overall	69 (100.0%)	71 (100.0%)	140 (100%)	24 (100%)	35 (100.0%)	56 (100.0%)	87 (100.0%)	54 (100.0%)	256 (100.0%)
Yes (%)	69 (100.0%)	71 (100.0%)	140 (100.0%)	21 (87.5%)	35 (100%)	47 (83.9%)	84 (96.6%)	54 (100%)	243 (94.9%)
No (%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (12.5%)	0 (0.0%)	9 (16.1%)	3 (3.4%)	0 (0.0%)	13 (5.1%)

The majority of public sector institutions visited at the state (86%) and local government levels (80%) across the six states have written documents that inform their employees of their maternity and paternity rights. Similarly, most (>50%) of the private subsectors have a maternity/paternity leave policy except those in the hospitality subsector (25%).

Further disaggregation to indicate whether the maternity/paternity leave policies include workplace lactation provisions showed that a lower proportion (~30% or less) in the public and private sectors had this policy. When asked for verifiable evidence, only 15% of the institutions showed written documentation of employee maternity and paternity leave rights and responsibilities. See table below.

Table 39: Organizations with policy on parental leave and lactation in the workplace

Sectors	Public n (%)			Private n (%)					
	State	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	69	71	140	20	34	56	83	53	246
Yes, maternity/paternity leave policy in place	59 (85.5%)	57 (80.3%)	115 (82.3%)	17 (70.8%)	30 (85.7%)	14 (25.0%)	57 (65.5%)	38 (70.4%)	156 (61.7%)
No maternity/paternity leave policy	10 (14.5%)	14 (19.7%)	25 (17.7%)	3 (12.5%)	4 (11.4%)	42 (75.0%)	26 (29.9%)	15 (27.8%)	98 (38.4%)
Both parental and workplace lactation policy is available or not*									
Yes, maternity leave and workplace lactation policies in place	22 (31.9%)	20 (28.2%)	42 (30.0%)	2 (8.3%)	8 (22.9%)	6 (10.7%)	18 (20.7%)	16 (29.6%)	50 (19.5%)
Yes, maternity leave policy only	37 (53.6%)	37 (52.1%)	74 (52.9%)	15 (62.5%)	22 (62.9%)	8 (14.3%)	38 (43.7%)	22 (40.7%)	105 (41.0%)
Organization policy is available and seen									
Yes, available and seen	31 (52.5%)	14 (24.6%)	45 (38.8)	4 (25.5%)	1 (3.3%)	4 (28.6%)	13 (22.8%)	1 (2.6%)	23 (14.7%)
Yes, available but not seen	21 (35.6%)	28 (49.1)	49 (42.2%)	9 (52.9%)	25 (83.3%)	6 (42.9%)	31 (54.4%)	21 (55.3%)	92 (58.9%)
Not available	7 (11.9%)	15 (26.3%)	22 (18.9%)	4 (23.5%)	4 (13.3%)	4 (28.6%)	13 (22.8%)	16 (42.1%)	41 (26.3%)

*In the table above, the cumulative proportion for “Yes, maternity/paternity leave policy in place” was further disaggregated to show organizations that had either maternity leave policy only or maternity leave policy that included workplace lactation policy.

This is similar to the report from the quantitative study as most organisations in the formal sector had a maternity leave policy as part of their organisation's handbook which was made available to employees either as a hardcopy or softcopy. Below is an excerpt:

Interviewer: *“So ma, I will start by asking you is there a maternity leave policy in this school?”*

Resp: *“Yes.”*

– IDI_HR School_Private Sector

Interviewer: *“Do you have a written document that can be sighted on maternity leave?”*

Resp 1: *“We used to do it according to the public service rules, as we have annual leave, casual leave, and maternity leave, that maternity leave is what they will give to a woman when she wants to breastfeed, we will give her 12 weeks maternity leave and 2 hours for breastfeeding, and she is also entitled to a 2 hour off, when others are closing by 4pm, she is to close by 2pm, that is a policy on the public service rule.”*

– IDI_HR_Public Sector

Resp: *“OK, upon employment for starters they are given the company policy to read through and then they sign as evidence that they have read it and also there is the soft copy on our network for easy accessibility and we have the employee handbook that highlights all the points.”*

– IDI_Formal Private sector

The length of maternity leave offered varies from one workplace to the other. Three months is standard for the public sector. However, policies varied within the private sector, ranging from one month to six months allotted maternity leave.

Interviewer: *“So what does it say [asking what is the maternity leave provision]?”*

Resp: *“Normally, we don’t give them maternity before child birth is after child birth. When she puts to bed we give the person only 6 weeks.”*

– IDI_HR School_Private Sector

Interviewer: *"How many women who are eligible for maternity leave have taken it in the last 3 years? Do you have an idea?"*

Resp: *"In the last 3 years, our admin manager, who is also the HRM, she took such leave. The policy of this company, the six months will be given to her, within that period, she'll also get paid her full-paid salary because it's standard, the policy."*

- IDL_HR_Public Sector (LGA)

Resp 2: *"Ok maternity leave is for 84 days, both working days and weekends."*

IDL_ Public sector

Resp: *"Yes, the duration for maternity leave is 16 weeks, which is 4 months."*

- IDL_Deputy director in public formal sector (federal)

Resp 1: *"Oh yes there is company policy provided for a female staff who is close to delivery, and there is a policy that provides 3 months leave before and after delivery."*

- IDL_ Admin officer_ Private financial institution sector

Granting maternity leave was also conditional in the formal sector. The relationship with one's boss can be a determining factor for maternity leave approval and duration. A respondent from the public sector narrated her own experience whereby her leave was shortened because she was not up to six months in service.

Resp: *"I didn't go for three months...three months maternity leave. Although my own case, I just came into the service they were like if you have not stayed for up to 6months, you will not go on maternity leave so that..."*

Interviewer: *"Even if you are pregnant and you are due and you have not stayed up to six months?"*

Resp: *"You are not entitled to maternity leave, so that is another issue now. So, in my own case it was like they were just trying to because of, let them just allow me I didn't even stay up to three months, so it didn't even favour me."*

– IDL_HR Admin._Public Sector

6.1.1 Perception about six-month maternity leave

The opinion of private sector administrators was sought on six-month maternity leave to their employers. Employers would somewhat find it challenging to adhere to a six-month maternity leave as this was not going to be profitable to their business:

Interviewer: *"So if someone proposes a six-month paid leave, what will be the organisation perception about it?"*

Resp 1: *"I can't comply."*

Interviewer: *"Why do you think you can't you comply?"*

Resp 1: *"Because of the kind of business I am in, there is a way the school is running three months a term and three months a year so we run from September to July. So, if you take six months out of nine months you are left with three months; so, how does the school survive? And if I am going to do six months paid leave who is going to teach the children?"*

Interviewer: *"Alright sir, now we want to ask about your office, the readiness and the willingness to adopt a six-month maternity leave."*

Resp 1: *"Six month?"*

Interviewer: *"Yes, sir."*

Resp 1: *"Six month, it's quite much?"*

Interviewer: *"Why is it much?"*

Resp 1: *"Well within that period that the person is away from the office, there will be lapses, already we are under staff and somebody is going out for six months, within that period too somebody will relieve him of her duties which the whole load of work will be on the other person, so the six month is quite much."*

– IDL_Director_Public Sector

Resp 1: *“Well to me, personally, I think the six month is...because sometimes a woman went for exclusive breastfeeding, and that period they gave more attention to the child.”*

Interviewer: *“So you are saying six months is ok?”*

Resp 1: *“Yes it's ok, but it is not a policy for now, but if the government should adapt it, then we won't have option than to follow.”*

– IDL_Director_Public Sector

On the issue of paid paternity leave, some qualitative respondents, especially in Lagos State, were aware and enjoy paternity leave in the government sector as well as some private sector organisations. Some organisations allow five days paternity leave while others allow 10 days, even though most fathers still complained the time given for paternity leave was not enough as fathers, too, needed to rest. Below are excerpts from interviews.

Interviewer: *“What of paternity leave? Does [‘mentioned name of work place’] give paternity leave?”*

Resp: *“Yes, five days.”*

Interviewer: *“Five days?”*

Resp: *“Five working days.”*

– IDL_Financial sector admin staff

Resp: *“... Maybe if you are ready to increase paternity one to at least 10 days because we, we need rest, too.”*

– KII_Bank Admin_Private sector

When asked about the existence of workplace lactation policy, the majority of the respondents in the qualitative study acknowledged that they had workplace lactation policies. While some of these policies either allowed mothers to breastfeed their babies at work or offered access to a crèche where breastfeeding could be done, others did not. The excerpts below clearly show the different perspectives of organisations with regards to nursing mothers:

Resp: “Yes, if I was, if I want to breastfeed a baby now, me and my baby will be in this office. When I was the accountant, my office is even bigger than this one, so we had enough space.”

- IDI_ private sector_ Hospitality

Resp: “We have a crèche here we call it day-care, so the person will keep the child there and when it is time to go and feed the child the person will go there and feed the child.”

- IDI_LGA Admin

Resp: “I don't like it that's why we give you that you come to work, in the morning and leave by 12 or 10 to breast feed your child at home.”

- IDI_LGA Admin

About four out of 10 organizations stated that their employees did not have to fulfill any requirement before they were eligible for maternity leave. A few others in the public (27%) and private (31%) sectors highlighted that an employee must have attained a full-staff status before they could be granted maternity leave.

Also interesting was the fact that some organizations imposed conditions such as requiring that the woman be married, must not have taken maternity leave in the last 12 months and had been employed for a minimum of six months. This was said by some respondents that participated in the qualitative and qualitative surveys. See table and excerpt below.

Table 40: Eligible criteria that must be fulfilled by employee to enjoy parental leave

Sector	Public			Private					
Sub Sectors	State Govt	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Cumulative distribution									
Overall (N)	69	71	140	24	35	56	87	54	256
Sub-sector disaggregation (%)									
No eligibility criteria	37.7%	40.8%	56 (40.3%)	37.5%	22.9%	51.8%	40.2%	51.9%	108 (42.3%)
Employed no less than six months	14.5%	11.3%	17 (12.0%)	12.5%	28.6%	0.0%	6.9%	5.6%	24 (9.5%)
Employed no less than 12 months	7.2%	14.1%	15 (10.9%)	8.3%	17.1%	12.5%	26.4%	18.5%	49 (19.2%)
Have not taken any such leave in the last 12 months	4.3%	1.4%	4 (2.6%)	0.0%	11.4%	0.0%	5.7%	1.9%	10 (3.9%)
Full-staff employment status	26.1%	29.6%	38 (27.2%)	54.2%	34.3%	6.8%	29.9%	27.8%	80 (31.3%)
Must be married	20.3%	19.7%	27 (18.9%)	16.7%	17.1%	3.6%	8.0%	5.6%	24 (9.3%)
Other	20.3%	11.3%	22 (15.7%)	4.2%	17.1%	16.1%	6.9%	5.6%	25 (7.8%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Interviewer: *“Going by what you just said, does it mean that a staff that has not worked for up to a year or a new employee that just joined your organisation, if at all is pregnant will not be entitled to a maternity leave?”*

Resp 2: *“No. That’s why we ensure that employees go through the company’s policy on maternity leave and make them see reasons why they cannot be pregnant until after one year.”*

Interviewer: *“Sir I will like you to respond to this: does that mean that a pregnant person who is just joining the organisation, who has not worked up to 12 months, cannot be employed?”*

Resp 1: *“The company policy says maternity leave with pay. It is the pay aspect that the employee may not be entitled to in this case. Just as an annual leave is after 12 months so also is the maternity leave with pay. If an employee should get pregnant before her being confirmed or 12 months, the organization is not obligated to pay her for the maternity leave. She will be allowed to go on a maternity leave, but she will not be paid for it.”*

- IDI_HR_ Private hospital

In addition to the 12 month policy, the study also found that marriage is often a prerequisite for maternity leave. One of the respondents during the in-depth interview with the HR said this:

Interviewer: *“So, an unmarried pregnant woman does not get maternity leave?”*

Resp: *“We don’t grant unmarried women maternity leave here, because she does not have a marriage certificate to present as evidence of being married. But nowadays we grant people that adopt babies, maternity leave. So far as the person who adopted is married.”*

- FGD_Female Employee_Public sector

No maternity leave granted, approval of annual leave in place of maternity leave, maternity leave without pay but with guarantee of job security were common outcomes for women who did not meet the minimum eligibility criteria for maternity/paternity leave across the private and public sector.

Some women in the state government institutions (28%) who did not meet the minimum eligibility criteria for maternity/paternity leave got their annual leave approved instead, some (26%) were also given a couple of months/weeks short of the usual period for leave. For women in local government institutions, some (33%) did not have maternity leave

granted while some others either received a couple of months/weeks short of the usual period of leave (24%) or the approval of their annual leave (24%).

Also, some women working with private schools (27%) and in the healthcare subsector (46%) went on maternity leave without pay but with an assurance that they could come back to their job afterwards (Table 40).

Table 41: Outcome for those who have not met the minimum eligibility criteria for maternity/parental leave

Outcomes	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	43	42	85	15	27	27	52	26	147
Sector disaggregation (%)*									
No maternity leave is granted	20.9%	33.3%	24 (28.8%)	6.7%	25.9%	33.3%	23.1%	15.4%	38 (25.6%)
Their annual leave is approved	27.9%	23.8%	21 (24.4%)	6.7%	29.6%	3.7%	9.6%	7.7%	14 (9.4%)
They go on maternity leave without pay but with guarantee of job security	16.3%	9.5%	11 (13.0%)	26.7%	14.8%	29.6%	26.9%	46.2%	35 (23.6%)
They are asked to resign	2.3%	0.0%	1 (1.0%)	0.0%	3.7%	3.7%	1.9%	3.8%	6 (4.1%)
They are given a couple of weeks/months short of the usual period for leave	25.6%	23.8%	21 (24.5%)	13.3%	0.0%	0.0%	5.8%	7.7%	7 (4.4%)
They are given a couple of weeks/months short of the usual period for leave	4.7%	0.0%	2 (2.0%)	13.3%	0.0%	11.1%	11.5%	7.7%	12 (8.2%)
Other	18.6%	16.7%	15 (17.7%)	33.3%	25.9%	22.2%	21.2%	15.4%	33 (22.5%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Most public sector institutions used the public service rule/staff rule for how information on maternity/paternity leave and anti-discriminatory policies were provided to employees. Staff handbooks were the most common means of providing information on maternity/paternity leave and anti-discriminatory policies utilised by institutions in the private sector. About 8% of institutions in the private sector did not have any reference material for organizational information on maternity/paternity leave (Table 41).

Table 42: Employees access to policies on maternity/parental leave and anti-discrimination

Policies Access	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	69	71	140	24	35	56	87	54	256
Sector disaggregation (%)									
Organization's notice boards	4.3%	5.6%	6 (4.6%)	0.0%	8.6%	1.8%	4.6%	3.7%	10 (4.0%)
Organization's website	0.0%	0.0%	-	8.3%	25.7%	0.0%	0.0%	3.7%	14 (5.5%)

Policies Access	Public		Private						
Staff handbook	18.8%	21.1%	27 (19.1%)	41.7%	60.0%	16.1%	31.0%	37.0%	86 (33.6%)
Employment offer letter	5.8%	15.5%	15 (10.6%)	16.7%	31.4%	12.5%	23.0%	20.4%	51 (20.1%)
Government circular	4.3%	7.0%	9 (6.1%)	0.0%	0.0%	0.0%	0.0%	0.0%	-
Public service rule/staff rule	62.3%	50.7%	79 (56.2%)	0.0%	2.9%	1.8%	5.7%	5.6%	9 (3.6%)
No reference material	10.1%	4.2%	11 (7.9%)	25.0%	5.7%	46.4%	32.2%	18.5%	73 (28.7%)
Others	13.0%	9.9%	16 (11.4%)	4.2%	2.9%	12.5%	16.1%	9.3%	28 (10.9%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

- empty cells are without any observations

With regards to the existence of anti-discriminatory policies in organisations, the qualitative study showed that most organisations, particularly in the private sector, had policies in place to address the issue of discrimination. Below are excerpts:

Interviewer: *“Do you have anything like anti-discrimination policy for women?”*

Resp: *“Yea, yea, women should never be molested, discriminated based on gender, colour, race.”*

- IDI_Financial Institution Admin

Resp 1: *“We have whistle blowing mechanism in the bank, if you feel you are discriminated, then you can call that anonymous phone line.”*

- IDI_ private sector Financial institution

Interviewer: *“Is there a policy on anti-discrimination that says something about discriminating about nursing mother?”*

Resp: *“No.”*

- IDI-private sector administrative staff

Of the very few institutions that offer mothers additional benefits during maternity leave, monetary gifts are the most common. Some women also received voluntary gifts from their colleagues and/or employers (Table 42).

Table 43: Additional benefits offered to mothers during maternity leave

Benefits	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	14	2	16	7	8	14	30	13	72
Sector disaggregation (%)									
Monetary benefits	11 (78.6%)	2 (100.0%)	13 (18.8%)	4 (57.1%)	6 (75.0%)	6 (42.9%)	20 (66.7%)	5 (38.5%)	31 (43.1%)
Non-monetary benefits	1 (7.1%)	1 (50.0%)	2 (12.5%)	2 (28.6%)	2 (25.0%)	8 (57.1%)	7 (23.3%)	8 (61.5%)	27 (62.5%)
Voluntary Gift	7 (50.0%)	1 (50.0%)	8 (50.0%)	3 (42.9%)	4 (50.0%)	3 (21.4%)	14 (46.7%)	5 (38.5%)	43 (59.7%)
Other	1 (7.1%)	0 (0.0%)	1 (6.3%)	1 (14.3%)	0 (0.0%)	1 (7.1%)	2 (6.7%)	1 (7.7%)	5 (6.9%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.0%.

Paid maternity leave and reduced work hours for lactating mothers are the most common forms of maternity entitlements. Only few have crèches for babies in the public sector (<10%) and private sector (13%). Some organizations allow medical clinics time/day-off for mothers and babies as part of the additional benefits (Table 44).

Table 44: Forms of maternity entitlements and benefits available to female employees

Forms of entitlements	Public	Private
Overall (N)	140 (100.0%)	256 (100.0%)
Disaggregation (%)		
Paid maternity leave	124 (88.6%)	196 (76.6%)
Women are encouraged to breastfeed	27 (19.3%)	35 (13.7%)
Reduced work hours for lactating mothers	63 (45.0%)	99 (38.7%)
Crèche is available for babies	1 (0.7%)	24 (9.4%)
Nursing breaks for mothers to tend to babies	12 (8.6%)	34 (13.3%)
Medical clinics time/day allowed for mothers and babies	21 (15.0%)	39 (15.2%)
Others	11 (7.9%)	23 (9.0%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Following the observations from the qualitative study, the survey showed that nursing mothers enjoy some benefits and entitlements in the workplace which facilitated breastfeeding at work, availability of crèches and nursing breaks. Reduced work hours was also a common benefit most nursing mothers enjoyed.

Resp: *"But when the child is three months, then the person will be coming by 12 and go, the person come in the morning and leave by 12 or you can come by 12 so that you can breastfeed your child and do other things at home and look after your child very well that is the procedure."*

- IDI_ Private sector_ Education

Resp 1: *“For us in this institution we appreciate a nursing mother who needs to breastfeed her baby no matter what you do as an institution we can actually provide a room for nursing mother and give them time to attend to their child.”*

IDL_Private Sector_Financial institution

Resp 1: *“It is written in the policy that nursing mothers have an hour to go and breastfeed their babies but there is no specific place where they can do that. Today I may decide that this very room should be used for breastfeeding or any other room I so wish.”*

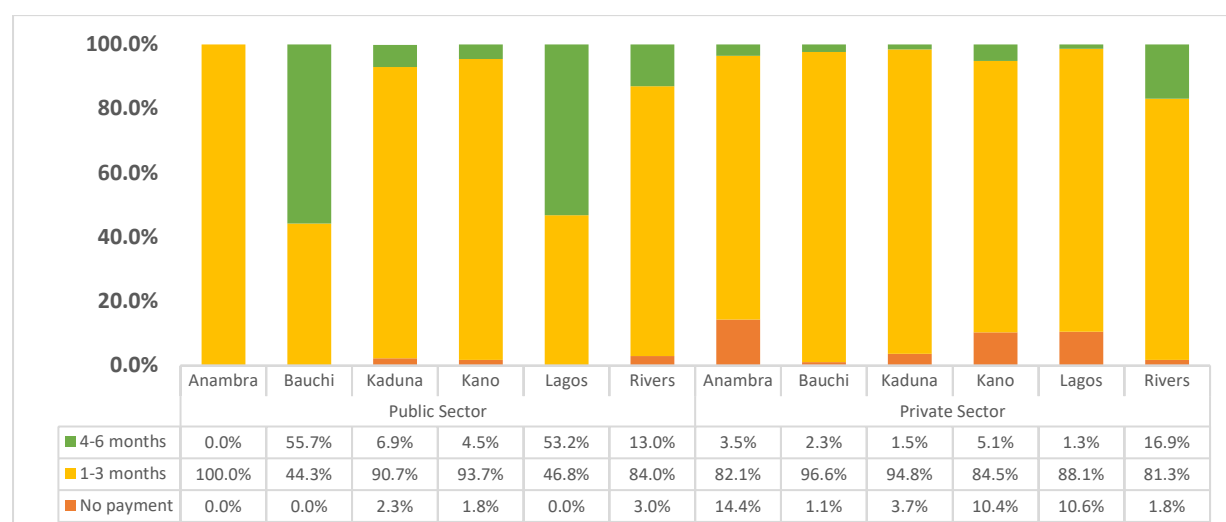
IDL_HR_Private sector

More private institutions provide additional maternity benefits than public institutions. More institutions in Lagos States affords their employees additional benefits than other states (Table 44).

Table 45: Provision of additional maternity leave benefits by organizations

Benefits	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	69	71	140	24	35	56	87	54	256
Yes (n)	14	2	16	7	8	14	30	13	72
Percent (%)	20.3%	2.8%	11.4%	29.2%	22.9%	25.0%	34.5%	24.1%	28.1%
Sector disaggregation (%)									
Anambra	0.0%	0.0%	0 (0.0%)	14.3%	25.0%	7.1%	6.7%	30.8%	10 (13.9%)
Bauchi	0.0%	0.0%	0 (0.0%)	28.6%	12.5%	21.4%	10.0%	0.0%	9 (12.5%)
Kaduna	21.4%	0.0%	3 (18.8%)	28.6%	12.5%	14.3%	33.3%	15.4%	17 (23.6%)
Kano	14.3%	50.0%	3 (18.8%)	0.0%	12.5%	7.1%	30.0%	0.0%	11 (15.3%)
Lagos	57.1%	50.0%	7 (56.3%)	28.6%	37.5%	28.6%	16.7%	46.2%	20 (27.8%)
Rivers	7.2%	0.0%	2 (6.1%)	0.0%	0.0%	21.4%	3.3%	7.6%	5 (6.9%)

Generally, most employers provide eligible female employees up to three months maternity leave with Bauchi and Lagos states public sector institutions topping the list, as the majority of them offer four to six months. In the private sector, most institutions are still giving three months maternity leave or less.

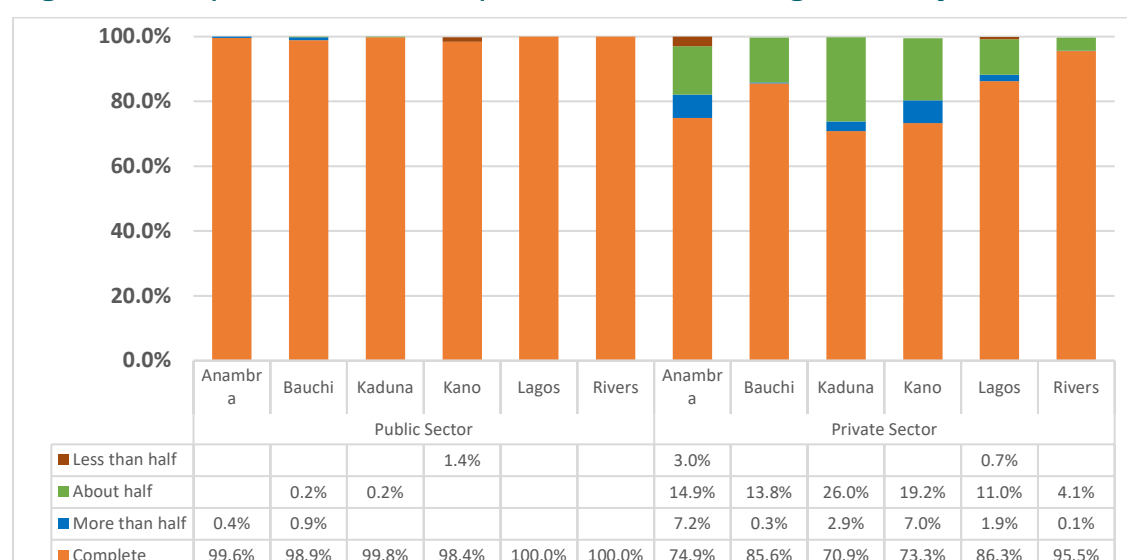
Figure 14: Number of month's salaries was paid during maternity leave

Information obtained from the qualitative survey aligns with the quantitative findings that some private sector organisations offer less than three months maternity leave. This is evident in the excerpt below:

Resp: *"Normally we don't give them maternity before child birth, it's after child birth. When she puts to bed we give the person only six weeks."*

- IDI_Admin Officer_ Private school

Regarding payment during maternity leave, although most organizations reported that full payments were paid to the women, a few were still observed to pay less. This was corroborated by the qualitative and quantitative respondents (Figure 15).

Figure 15: Proportion of salaries paid to mothers during maternity leave

In agreement with the quantitative study, the qualitative study also showed that some women were accorded full payment throughout their maternity leave.

Interviewer: *“Six months to take care of?”*

Resp: *“And you will be paid.”*

- IDI_ private sector

Interviewer: *“Within that six weeks, is there anything you give the person, is the salary paid?”*

Resp: *“Yes now, of course we pay the salary.”*

- IDI_Admin Officer_Private school

There were some women who had maternity leave for less than three months and got partial payment in the private sector institutions. The excerpt below presents the response of an HR personnel in the qualitative study:

Interviewer: *“... You say you give them 60 days, that's approximately two months. Do you pay them their salary full time or part time?”*

Resp: *“Aaah we pay part time.”*

- IDI_Private sector

6.1.2 Practice: Provision of maternity and paternity cover

More than half of the organizations make provisions for cover during an employee's maternity leave, and this is equally common in private sector institutions (64%) and public sector institutions (73%) throughout the six states, except Rivers State (Table 45).

Table 46: Organizations that provide maternity leave cover

Leave cover	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Overall (N)	69	71	140	24	35	56	87	54	256
Yes (n)	53	49	102	11	28	27	64	34	164
Percent (%)	76.8%	69.0%	72.9%	45.8%	80.0%	48.2%	73.6%	62.9%	64.1%
Sector disaggregation (%)									
Anambra	9 (16.9%)	12 (24.5%)	21 (20.6%)	2 (18.2%)	8 (28.6%)	7 (25.9%)	9 (14.1%)	18 (52.9%)	44 (26.8%)
Bauchi	8 (15.1%)	11 (22.5%)	19 (18.6%)	1 (9.1%)	6 (21.4%)	9 (33.3%)	8 (12.5%)	4 (11.8%)	28 (17.1%)

Leave cover	Public			Private					
Kaduna	9 (16.9%)	10 (20.4%)	19 (18.6%)	2 (18.2%)	2 (7.1%)	3 (11.1%)	25 (39.1%)	3 (8.8%)	35 (21.3%)
Kano	11 (20.8%)	9 (18.4%)	20 (19.6%)	0 (0.0%)	2 (7.1%)	1 (3.7%)	11 (17.2%)	2 (5.9%)	16 (9.8%)
Lagos	9 (16.9%)	7 (14.3%)	16 (15.7%)	5 (45.5%)	5 (17.9%)	6 (22.2%)	9 (14.1%)	6 (17.7%)	31 (18.9%)
Rivers	7 (13.2%)	0 (0.0%)	7 (6.9%)	1 (9.1%)	5 (17.9%)	1 (3.7%)	2 (3.1%)	1 (2.9%)	10 (6.1%)

In alignment with the quantitative findings, one of the HR respondents from the public sector explained that when women are going on leave, another colleague is reassigned their task and this is at no additional cost to the institution.

Interviewer: “So I also wanted to know if it, when a woman goes on leave, is there a provision for a cover and like somebody to stand in for her while she is away?”

Resp: “Normally if you are going on leave now, somebody will be performing your duty, it could be the next officer to you, so there is always somebody that will perform that person's duty when she is on leave, either normal maternity leave or any other leave.”

Interviewer: “And that does not come to an additional cost to...?”

Resp: “No, it is not additional cost. No additional cost.”

- IDI_HR_Public Sector

6.2 Organization policy on anti-discrimination towards pregnant women

Few institutions in the private and public sectors had an organizational policy on anti-discrimination towards pregnant women. This was least observed among private sector institutions (5%) relative to public sector institutions (14%). Out of the 14% of institutions assessed in the public sector that had an available anti-discriminatory policy on maternity/paternity protection, 52% of them were in Kaduna. Bauchi State, however, had no such policies in the private or public sector institutions of the state (Table 46).

Table 47: Available anti-discriminatory policy on maternity/paternity Protection

States	Public	Private
Overall	140 (100.0%)	256 (100.0%)
Yes	19 (13.6%)	12 (4.7%)
No	121 (86.4%)	244 (95.3%)
States-level disaggregation (%)		
Anambra	4 (21.1%)	5 (41.7%)
Bauchi	0 (0.0%)	0 (0.0%)

States	Public	Private
Kaduna	10 (51.6%)	3 (25.0%)
Kano	3 (15.8%)	1 (8.3%)
Lagos	2 (10.5%)	2 (16.7%)
Rivers	0 (0.0%)	1 (8.3%)

Much like the quantitative, the qualitative report revealed that most institutions have no policy on anti-discrimination although a few financial institutions indicated that they had this policy. See below the excerpt.

Interviewer: *“Is there a policy on anti-discrimination, that says something about discriminating about nursing mother?”*

Resp: *“No.”*

- IDI-Private Sector_Administrative staff

Interviewer: *“Is there a discrimination policy in place here to protect pregnant women and nursing mother in the working environment?”*

Resp: *“No such.”*

- IDI_Public Sector_Administrative staff

Interviewer: *“Do you have anything like anti-discrimination policy for women?”*

Resp: *“Yea, yea, women should never be molested, discriminated based on gender, colour, race.”*

- IDI_Financial Institution Admin

Resp 1: *“We have whistle blowing mechanism in the bank, if you feel you are discriminated, then you can call that anonymous phone line.”*

- IDI_ Private Sector Financial Institution

6.3 Provision of paternity leave

Only 19% of organization in the public sector indicated that they offer paternity leave, as did 6% of private sector organizations. Over 96% of these public sector institutions were Lagos State public sector institutions while 4% of respondents worked in public sector institutions in Rivers State. Public institutions in Anambra, Bauchi, Kano and Kaduna did not offer any form of paternity leave. Although only 6% of organization surveyed in the private sector reportedly provided paternity leave to male employees, private sector institutions across all states provided some form of paternity leave to their male employees. The practice was common (20%) among private institutions in Bauchi, Kaduna, Kano and Rivers states (Table 47).

Table 48: Paternity leave offered by organizations

States	Public	Private
Overall (N)	140 (100%)	256 (100%)
Yes	26 (18.6%)	15 (5.9%)
No	115 (81.4%)	237 (94.1%)
States-level disaggregation (%) of organization said to offer paternity leave		
Anambra	0 (0.0%)	1 (6.7%)
Bauchi	0 (0.0%)	3 (20.0%)
Kaduna	0 (0.0%)	3 (20.0%)
Kano	0 (0.0%)	3 (20.0%)
Lagos	25 (96.1%)	2 (3.3%)
Rivers	1 (3.9%)	3 (20.0%)

Similar to the qualitative assessment, only a few organizations offered paternity leave. See the excerpt below on what a respondent had to say.

Interviewer: *“What of paternity leave does [‘mentioned name of work place’] give paternity leave?”*

Resp: *“Yes, five days.”*

Interviewer: *“Five days?”*

Resp: *“Five working days”*

- IDI_Financial Sector_ Admin staff

6.4 Monitoring the effective implementation of parental leave policies

Organizations in all sectors primarily monitored length of leave taken by workers. Some institutions used organizational report and monitoring of medical visits before, during and after birth to monitor compliance and effective implementation of the parental leave policy (Table 48).

Table 49: Some of the organisational measures in place to monitor compliance and effective implementation of the parental leave policy

Forms of entitlements	Public	Private
Overall (N)	140 (100)	256 (100)
Sector disaggregation (% of respondents that said one or more of options listed below)		
Length of the leave taken	77 (55.0%)	104 (40.6%)
Monitors medical visits before, during and after birth	34 (24.3%)	44 (17.2%)
Organizational report	24 (17.1%)	37 (14.5%)
Track salary payment during maternity/paternity leave	21 (15.0%)	32 (12.5%)
Review correspondences on complaints	20 (14.3%)	29 (11.3%)
Others	6 (4.3%)	6 (2.3%)
None (no measures in place to monitor compliance and effective implementation)	15 (10.7%)	68 (26.6%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Both the qualitative and quantitative assessments were similar in the implementation of leave policies, see in the excerpt below what some respondents had to say.

Resp: *"In every department, every woman due for delivery brings her letter from her doctor that demands for her maternity leave, this should be gotten from a government hospital, if it is not from a government hospital it will not be accepted. If she delivered in a private hospital, we will ask to see her receipt from payment so that we will see the date doctor recorded as time of delivery she will then be granted leave counting from the day of her delivery. But before now it used to be two weeks to delivery, a woman is made to submit her letter indicating her need to go on maternity leave. But nowadays many of them come the same day they put to bed, I don't know how they do it, and her leave starts the day she delivers, and the leave lasts for 84 days, not working days, both Saturdays and Sundays are counted, which give about two to three months, it does not exceed three months.*

- KII_Public Sector Admin

Resp: *"Yes is a process of course, I think all of that....one way is that it helps ...it also tends to encourage antenatal care because the woman will be attending ante-natal care, she has to get a certificate from the doctor, who, who will indicate her expected date of delivery, and stipulates when her maternity leave should start. In the past it used to be six weeks, but in the law is six weeks before and six I mean, she should proceed on maternity leave six weeks before she puts to bed but, in the public service there is some level of leverage so she can proceed on leave, maternity leave from her expected date of delivery. So, while she gets that that letter from her doctor she could present it in the office and it is approved and she goes on, she proceeds on leave."*

- IDI_TUC

In the private and public sectors, disciplinary committees are a common medium for addressing formal or informal resolution of complaints. More than 50% of manufacturing industry use line manager/supervisor action to resolve complaints. In the healthcare and private school subsectors, about one-third issue warning letters to defaulters as compared to other subsectors. About 36% of organizations in the hospitality industry do not have any steps in place for the formal or informal resolution of complaints (Table 49).

Table 50: Steps organization have in place for formal or informal resolution of complaints

Leave cover	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
A disciplinary committee is in place	42 (60.9%)	44 (61.9%)	86 (61.4%)	7 (29.2%)	14 (40.0%)	13 (23.2%)	27 (31.0%)	13 (24.1%)	74 (28.9%)
Line manager/supervisor's action to resolve complaints	12 (17.4%)	19 (26.8%)	31 (22.1%)	14 (58.3%)	15 (42.9%)	16 (28.6%)	26 (29.9%)	15 (27.8%)	86 (33.6%)
Designated officer/email to document queries/complaints	9 (13.0%)	8 (11.3%)	17 (12.1%)	4 (16.7%)	8 (22.9%)	3 (5.4%)	2 (2.3%)	3 (5.6%)	20 (7.8%)
Warning letter issued to defaulters	26 (37.7%)	21 (29.6%)	47 (33.5%)	5 (20.8%)	10 (28.6%)	5 (8.9%)	23 (26.4%)	22 (40.7%)	47 (25.4%)
Suspension/Termination rule to defaulters	12 (17.4%)	6 (8.5%)	18 (12.9%)	6 (25.0%)	4 (11.4%)	11 (19.6%)	13 (14.9%)	10 (18.5%)	44 (17.2%)
HR takes necessary options	22 (31.9%)	16 (22.5%)	38 (27.1%)	3 (12.5%)	8 (22.9%)	9 (16.1%)	29 (33.3%)	11 (20.4%)	63 (23.4%)
Others	8 (11.6%)	3 (4.2%)	11 (7.9%)	1 (4.2%)	1 (2.9%)	1 (1.8%)	3 (3.5%)	1 (1.9%)	7 (2.7%)
None steps in place for formal or informal resolution of complaints	4 (5.8%)	7 (9.9%)	11 (7.9%)	2 (8.3%)	2 (5.7%)	20 (35.7%)	2 (2.3%)	7 (12.9%)	33 (12.9%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Contrary to the quantitative report, the qualitative report shows steps taken to resolve a complaint.

Respondent: *"FRAUD! If a staff is found culpable or a party to a fraudulent activity. If she is on leave and something happened and it was noticed that she was a partaker or an accessory to, or even the core perpetrator of a fraud case in that situation she has to be dismissed."*

- IDL Private sector

Resp 1: *"She will be invited and the reason for her dismissal will be made known to her. She will have to answer to the charges. She will not be dismissed in absentia. She will be given a fair hearing and after that, if found still culpable she needs to go. "*

- IDL Private sector

Resp1: “Yes we have a policy on dismissal, but this policy is not targeted on female staff maternity, the dismissal policy is generally on who has committed on dismiss file so that staff who have committed fraud, and there is no tolerance for such, when a female staff committed fraud before given birth same dismissal will be taken.”

- IDI_Private sector

6.5 Pros & cons of parental leave to the organization

6.5.1 Benefits of parental leave to the organization

To understand the benefits of maternity leave to an organization, the perspectives of employers and policy administrators were sought.

Some of the common benefits stated by the private and public sector organizations include the fact that mothers have enough rest before returning to work and they get to bond with the newborn more. Other benefits included providing support for mothers to practice exclusive breastfeeding, fathers also get to bond with the baby and support their spouse through the recovery process (Table 50).

Table 51: What are some of the benefits of providing maternity/paternity benefits to employees to this organization?

Benefits to Organizations	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufact.	Finance	Hospitality	School	Health Care	Total
Overall (N)	69	71	140	24	35	56	87	54	256
Sector disaggregation (%)									
Mothers can have enough rest before returning to work	54 (78.3%)	51 (71.8%)	105 (75.0%)	15 (62.5%)	28 (80.0%)	31 (55.4%)	76 (87.4%)	39 (72.2%)	189 (73.8%)
Mothers are able to bond with the new-born more	28 (40.6%)	24 (33.8%)	52 (37.1%)	13 (54.2%)	15 (42.9%)	16 (28.6%)	43 (49.4%)	22 (40.7%)	109 (42.6%)
To support mothers so they can practice exclusive breastfeeding	11 (15.9%)	14 (19.7%)	25 (17.9%)	1 (4.2%)	10 (28.6%)	2 (3.6%)	15 (17.2%)	12 (22.2%)	40 (15.6%)
Fathers can have more time to bond with new-born	7 (10.1%)	3 (4.2%)	10 (7.1%)	0 (0.0%)	2 (5.7%)	0 (0.0%)	1 (1.2%)	0 (0.0%)	3 (1.2)
Fathers can support mothers	6 (8.7%)	7 (9.9%)	13 (9.3%)	0 (0.0%)	3 (8.6%)	1 (1.8%)	2 (2.3%)	0 (0.0%)	6 (2.3%)

Benefits to Organizations	Public		Private						
through recovery									
No direct benefit to the organization	19 (27.5%)	21 (29.6%)	40 (28.6%)	4 (16.7%)	5 (14.3%)	11 (19.6%)	10 (11.5%)	15 (27.8%)	45 (17.6%)
Others	4 (5.8%)	1 (1.4%)	5 (3.6%)	1 (4.2%)	3 (8.6%)	8 (14.3%)	4 (4.6%)	1 (1.9%)	17 (6.6%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

Similarly, it was gathered during the qualitative research that the extension of maternity leave beyond three months will do the mother, the infant and the organization a greater good. Interestingly, a new duration for maternity leave (18 weeks) was also proposed while this argument was presented. See below:

Interviewer: “...What do you think are the advantages or benefits of eighteen weeks that you are proposing, what purpose will it serve? Will it make so much difference and what are the differences?”

Respondent: “You will give the mother, enough time with her baby, and also give her enough time to breastfeed her baby... the benefit is enormous. It breeds bonding in between mother and child and gives the child more time to breast feed and also improve the nutrition of the child.”

“...There is evidence that it can benefit the organisation. If a child, if a mother is encouraged to exclusively breastfeed, her child falls sick less often, she has fewer out of work episodes. So you are looking at ... You paid her for eighteen weeks to benefit to breastfeed your child and then for the rest of the year, she probably does not even stay out of work. Or you pay her for twelve weeks, and then every other week she is out of work for three days. Three times twelve you are already getting thirty-six, thirty -six days, which is almost about five weeks lost...so when you look at it, you give them those kinds of balance. And then you also look at, well you have the woman psychologically ready because she knows you've given her so much time for her child she is also ready to give back to you she puts in more of her time, her best. Probably she is less worried because even if she stays out of work, she comes back she still worried about the health of the child and all of that. So, when the industry is eventually seeing that look, over time this woman may be more productive if you give her this, they are more likely to.”

- KII_Public Sector

Another point of argument that was presented was the fact that it might be too ambitious to advocate for an extension from 12 weeks (3 months) to 24 weeks (six month) at one time, hence the suggestion for 18 weeks which appears to be a mid-point for both the employee and the employer.

Resp: *"But how do you justify twenty-four weeks, it means from twelve weeks to twenty-four weeks, like three months additional. Will she, will she stay out of work for three months for her sick child? My staff is staying out of work every week. "Door open" on week every month because of "door opens" because her child is sick. I will probably start thinking of sending her away. So I will rather give her '[people talking in background]' eighteen weeks, Take care of your child properly, and then make the office environment conducive for you to even take further care of the child.*

- KII_Public sector

6.5.2 Direct or indirect cost of parental leave to the organization

Increased workload and staff work overtime are the biggest challenges to implementation of maternity/paternity leave to employers and their organizations at large. In private schools, the cost of employing a temporary staff (48%) appears to be the prominent challenge. Other common challenges are the cost of retraining new or cover staff, so they are as efficient on the job, and dual payment for the same role especially when a temporary staff is hired to backstop for the permanent employee who is gone on maternity or paternity leave (table 51).

Table 52: What are some of the direct/indirect cost of implications to the organization when employees go on maternity/paternity leave?

Benefits to Organizations	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	69	71	140	24	35	56	87	54	256
Sector disaggregation (%)									
Cost of employing a temporary staff	6 (8.7%)	7 (9.9%)	13 (9.3%)	5 (20.8%)	6 (17.1%)	8 (14.3%)	42 (48.3%)	13 (24.1%)	74 (28.9%)
Dual payment for same role - temporary and permanent staff	1 (1.4%)	2 (2.8%)	3 (2.1%)	1 (4.2%)	9 (25.7%)	2 (3.6%)	27 (31.0%)	5 (9.3%)	44 (17.2%)
Retraining of new/other staff to be efficient on task	13 (18.8%)	12 (16.9%)	25 (17.9%)	7 (29.2%)	8 (22.9%)	12 (21.4%)	19 (21.8%)	7 (12.9%)	53 (20.7%)
Additional insurance cover for new staff	1 (1.4%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	2 (3.6%)	0 (0.0%)	1 (1.9%)	3 (1.2%)
Cost of advertising and scheduling interviews for new hires	0 (0.0%)	1 (1.4%)	1 (0.7%)	1 (4.2%)	0 (0.0%)	4 (7.1%)	6 (6.9%)	2 (3.7%)	13 (5.1%)
Loss of new business/clients	0 (0.0%)	1 (2.9%)	2 (1.4%)	0 (0.0%)	1 (2.9%)	2 (3.6%)	6 (6.9%)	0 (0.0%)	9 (3.5%)
Increased workload and staff work overtime	29 (42.0%)	31 (43.7%)	60 (42.9%)	15 (62.5%)	13 (37.1%)	30 (53.6%)	39 (44.8%)	36 (66.7%)	133 (51.9%)
Others	28 (40.6%)	19 (26.8%)	47 (33.6%)	3 (12.5%)	9 (25.7%)	13 (23.2%)	6 (6.9%)	6 (11.1%)	37 (14.5%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

In line with the findings above, it was also gathered from the qualitative researchers that inefficiency may set in when workers must fill-in for another member because she has to go on maternity leave.

Resp: *“You know so that productivity suffers and whoever is filling in say another member may be the back. To back such an employee is having to work double time and you know when you work double time, you are less productive so it will affect the work”*

- IDI_Formal Sector Admin

6.6 Provision of facilities for care of children at work

Generally, most organizations did not have a policy available for provisions for a crèche/nursery except for a few. About 12% and 14% of government and privately-owned institutions respectively, have such policy in place. For instance, in Kaduna State, only private schools reportedly provide an organization policy including guidelines on the usage of crèche/nursery. Throughout the states, there were no hospitality-based institutions that made such provisions for their staffs (Table 52).

Table 53: Organization policy with guidelines on the usage of crèche/nursery

This table presents data on organizations that reported to have a guideline in place for parents to use crèche/nursery

	Public			Private					
Sub Sectors	State Govt.	LGA	Total	Manufacture	Finance	Hospitality	School	Health Care	Total
Overall (N)	59	57	116	17	30	14	57	34	156
Yes (%)	8 (13.6%)	6 (10.5%)	14 (12.1%)	2 (11.8%)	2 (6.7%)	1 (7.1%)	12 (21.1%)	4 (10.5%)	21 (13.5%)
State-level disaggregation (%) of organizations with guidelines on usage of crèche/nursery at the workplace									
Anambra	2 (22.2%)	2 (22.2%)	4 (19.1%)	1 (11.1%)	1 (11.1%)	0 (0.0%)	2 (22.2%)	1 (11.1%)	5 (14.3%)
Bauchi	0 (0.0%)	1 (25.0%)	1 (12.5%)	1 (25.0%)	0 (0.0%)	0 (0.0%)	1 (25.0%)	1 (25.0%)	5 (23.1%)
Kaduna	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0.0	5 (100.0%)	0 (0.0%)	5 (13.9%)
Kano	2 (25.0%)	3 (37.5%)	5 (21.7%)	0 (0.0%)	1 (12.5%)	0 (0.0%)	1 (12.5%)	1 (12.5%)	3 (15.8%)
Lagos	3 (37.5%)	0 (0.0%)	3 (12.0%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	3 (37.5%)	1 (12.5%)	0 (0.0%)
Rivers	1 (100.0%)	0 (0.0%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Most of the organizations in the public sector at the state and local government did not provide a place where lactating mothers could keep their babies when they were back to work. In the public institutions, only 1.4% had such facilities and 23% in the private institutions. The findings at the state level shows that virtually all public sector institutions (>90%) that participated in the study in Lagos, Anambra, Bauchi and Kaduna states did not

have a place for babies when their mothers were working in the establishment. About one-quarter of the private-based organizations in the states provided such facilities. This gives ground for improvement across all sectors (Table 53).

Table 54: Crèche/nursery within the workplace while mothers work

This table presents data on organizations that reported to have a crèche/nursery within the workplace

States	Public	Private
Overall (N)	140	256
Yes	2 (1.4%)	59 (23.1%)
States-level disaggregation (%)		
Anambra	0 (0.0%)	8 (13.6%)
Bauchi	0 (0.0%)	11 (18.6%)
Kaduna	0 (0.0%)	21 (35.6%)
Kano	1 (50.0%)	5 (8.5%)
Lagos	0 (0.0%)	9 (15.3%)
Rivers	1 (50.0%)	5 (8.5%)

Few administrators (19% – 30%) knew about other nurseries or baby-care facilities proximate to their actual organization where working mothers were able to keep their children, especially when there was no such provision in that institution (Table 54).

Table 55: Facilities sited around the organization where children can be kept

This table presents data on organizations that reported to have a crèche/nursery around the workplace

States	Public	Private
Overall (N)	140 (100%)	256 (100%)
Yes	27 (19.3%)	75 (29.5%)
Sector disaggregation (%)		
Anambra	3 (11.9%)	9 (20.6%)
Bauchi	1 (4.7%)	10 (22.6%)
Kaduna	2 (7.40%)	20 (46.3%)
Kano	1 (4.0%)	7 (15.8%)
Lagos	9 (39.5%)	17 (40.0%)
Rivers	11 (48.5%)	13 (31.5%)

Of the few that responded to ways by which crèches/day-care centres within/outside the organizations could be improved, they said such facilities should be kept clean, have qualified caregivers, improve ventilation in the nurseries (Table 55).

Table 56: Areas of improvement for crèches/day-care centres around the workplace

Strengthening Crèches	Public	Private
Overall (N)	25 (100.0%)	97 (100.0%)
Sector disaggregation (%)		
Provide crèche/breastfeeding room	11 (44.0%)	16 (16.5%)
Improve ventilation	6 (24.0%)	12 (12.4%)
Keep clean	6 (24.0%)	20 (20.6%)
Provide qualified caregivers	6 (26.0%)	24 (24.7%)
Provide safe water for washing and cleaning	3 (12.0%)	12 (12.4%)
Provide electrical outlets and storage units	5 (20.0%)	6 (6.2%)
Adequate lighting system in the breastfeeding room	2 (8.0%)	8 (8.3%)

Strengthening Crèches	Public	Private
Provide lock for improved privacy	2 (8.0%)	5 (5.2%)
Adequate furniture and fittings	3 (12.0%)	25 (25.8%)
Perfect, nothing to improve	4 (16.0%)	34 (35.1%)
Others	3 (12.0%)	10 (10.3%)

*Multiple response question, thus percentage summation per sector likely to be less or greater than 100.

6.7 Readiness to receive workplace lactation toolkit and crèche to support the woman

During the survey, one of the participants opined that crèche facilities were only for those who could afford them. This is shown below.

Interviewer: *“Is there a day-care/crèche around this market for nursing mother to leave their babies while doing their business?”*

Resp: *“That one is for rich people now.”*

IDI_Woman Leader _Informal sector

Also garnered during this study was readiness of the organizations from both public and private formal sectors to receive workplace toolkits that will improve their lactation practice. All the participants, especially the executive director and administrative staff, welcomed the idea of receiving the materials often even if it would come at a cost.

Interviewer: *“Kits like lactation kits in the form of information empowerment and other support systems like workshops and true kits that can support the mothers. Are you open to such ideas?”*

Resp 2: *“Yes.”*

Interviewer: *“Even if such kits come at a cost?”*

Resp 2: *“Yes.”*

Resp 1: *“We are open to that and the cost aspect we will negotiate. The cost will be highly negotiated being that you are the one offering as we didn’t solicit for it.”*

- IDI_Private Sector

There was also a mention of possible collaboration with any organization championing the course by the representative of the trade union congress.

Resp: *"We need an organization such as [named organization] you can come up, we collaborate together and see how we can organize, I told you that two different informal sectors, where structured and semi structured, and now we are referring to the semi structure these are the people that you need real organized them, such a way that within the market, you can have a petty shop that is rented by ['name'] called ['name'] and with one person to serve them any lactating woman can move there and breastfeed her child or a crèche can be provided there, whereby the children can be kept there and be taken care of by this thing, we hope that after four years, they will be able to maintain it by themselves."*

- IDI_TUC

6.7.1 Integration back to work post-maternity leave

As part of institutional policies, some nursing mothers were allowed to stay at work for shorter period of time after the expiration of their maternity leave, in an effort to support the transition into the new lifestyle.

Interviewer: *"Do you have a policy on maternity leave?"*

Resp: *"There is, there is a policy on maternity leave."*

Interviewer: *"What does it say?"*

Resp: *"Maternity leave after birth, after childbirth is three months complete and you will be paid your full salary, and after that you have another three months whereby is either you come to work by 9am and you close from work your normal time, that is 6, 5, 6, or you come to work normal 7am with your other colleagues and you go back around 4."*

- KII_Financial_Admin

Resp: *"But when the child is three months, then the person will be coming by 12 and go, the person come in the morning and leave by 12 or you can come by 12 so that you can breastfeed your child and do other things at home and look after your child very well that is the procedure."*

- IDI_Private sector_Education

Integration back into the work was also easier because of the supportive work environment that mothers found themselves once back. As said by one of the respondents, the friendliness of co-workers and a pleasant work space made this transition an easier one. Exploring how women returning to work can be supported to allow them time with their new baby is an area for further research.

Resp: *"Ok, I always use myself as an example, it was easy for me to adapt back, though I was coming with my baby. I had, in fact we, this is just a very loving work environment, I have people struggling to carry my baby, so I was given the liberty to do my work. Then in terms of integrating back, you know when you stay away for some time, the thing become very new to you after you have resumed. But from the support of the ones."*

- IDI_Private Sector_Hospitality

6.8 Observation checklist

At the end of the interview with the employer or human resource representative, information was also gathered on basic facilities available in the workplace that fosters a baby-friendly environment and ensures that the mother can successfully practice exclusive breastfeeding while transitioning from her maternity leave back to work. As much as possible, this process was objective as researchers observed and coded verifiable notes on their devices at the end of the interview.

Apparently, most government-owned institutions did not have a designated area in the workplace for mothers to nurse their children while at work. In the private sector, in the few that had a nursing room or space, it was not adequately furnished; hence, there is room for improvement across all the sectors.

Similarly, most workplaces did not have a crèche in their space for mothers to keep their babies while at work. In the public sector, very few (29%) institutions had emergency kits/services available in their workplace and even fewer (21%) had marked emergency protocol points.

About two out of every 10 private sector facilities visited had a crèche in the workplace where their female employees could keep their babies when at work. These facilities were observed to be well ventilated with sufficient sleeping beds and mats, toys and nanny to tend to the child. About three-quarter (76%) had first aid kits/services and almost half (46%) had marked emergency protocol points in their establishments.

Less than two out of 10 organizations surveyed in the public and private sector visibly had a notice board in designated and conspicuous area for employees to assess. Therefore, information circulation might be limited.

Table 57: Organizational assessment using a checklist

Proportion of organizations that have...	Public N (%)	Private N (%)
Overall (N)	140 (100)	256 (100)
Breastfeeding space/nursing room in the workplace	1 (0.7) %	42 (16.4) %
If yes, nursing room is	1 (100) %	36 (81.8) %
• within 5 minutes walking distance	0 (0) %	30 (68.2) %
• a private space shielded from intrusive view	0 (0) %	33 (75.0) %
• has comfortable chair	0 (0) %	28 (63.6) %
• has small table or platform to support care and nursing equipment	1 (100.0) %	31 (70.5) %
• has electrical outlet	0 (0) %	8 (18.2) %
• located near clean refrigerator space for breastmilk storage	1 (100.0) %	26 (59.1) %
• furnished with access to safe water for washing and cleaning equipment	1 (0.7%)	51 (19.9%)
Workplace have a crèche where infants can be kept while the mothers are at work	1 (100.0%)	50 (98.0%)
If yes,	0 (0.0%)	46 (90.2%)
• crèche is well ventilated	1 (100.0%)	44 (86.3%)
• has sleeping beds	0 (0.0%)	42 (82.4%)
• has play mats	1 (100.0%)	46 (86.8%)
• has play toys	0 (0.0%)	
• has a nanny that tends to the infants	1 (100.0%)	
Emergency/first aid facilities		
• First aid kits/services are available	41 (29.3%)	195 (76.2%)
• Marked emergency protocol points (e.g. fire alarm switch, electricity panel board, etc.)	29 (20.7%)	118 (46.1%)
• Clearly marked muster points	32 (22.9%)	124 (48.4%)
• Clearly marked exits	54 (38.6%)	142 (55.5%)
Visibly displayed notice boards or information centres	21 (15.1%)	40 (15.7%)

7 Recommendations

Respondents offered many suggestions as to how the knowledge, attitude, perception, and practices of how the labour force in Nigeria could be improved. They particularly focused on policy implementation, enforcement, and regulation of labour laws in the public and private sectors, and continuous sensitization and awareness among the general public on the benefits to the family unit of parental leave and exclusive breastfeeding.

A mother's well-being is key to ensuring healthy outcomes, and quality maternity leave is a fundamental piece of women's health. Paid leave not only benefits the mothers, but it also helps the children. When women take longer maternity leave, it increases the duration and likelihood of breastfeeding whereas returning to work quickly after childbirth increases the chance of early termination of breastfeeding. Breastfeeding also enhances the infant's immune system, stimulates significant neurological development for the baby, and strengthens the mother-infant bond.

7.1 To Policymakers and Influencers

As part of their legislative obligations and commitment to the people, policymakers and their representatives who are involved in governance systems and bureaucracy should:

- Continually advocate for parents, particularly mothers, so that they have the required time and support to nurture their babies
- Ensure that the system is well balanced for employers to support this drive so that they have the capacity to facilitate an enabling environment for working parents in their respective institutions
- Promote private sector partnerships that would lead to the establishment of crèche facilities in areas densely populated with workers such as government secretariats and large commercial hubs
- Work closely with government regulatory agencies such as the ministries of Labour and Women Affairs at the federal and state levels to ensure compliance with global standard operating procedures of such facilities
- Advocate for women to be able to access their maternity and annual leave in the same year
- Work with union administrators, group leaders, and working parents in the informal sector so that they understand the importance of parental leave and exclusive breastfeeding practice, facilitating a supportive environment in the non-formal workplace
- Prioritize enacting a national policy mandating paid maternity leave, and extending the current maternity leave period

7.2 To Government Regulatory and Enforcement Institutions

Based on the findings from this study, it is imperative for relevant ministries to:

- Develop and deploy behavioural change communication resources to the public on the benefits of exclusive breastfeeding practices, prepared strategically to address target groups, their level of literacy, age, cultural background, etc.

- Leverage messages on the available media and communication platforms, such as radio, TV, and social media platforms, to target the specific groups of employees and employers in the Nigerian labour force
- Work collaboratively with implementing partners so that interventions that support women and their children to lead healthy lives can continue
- Continue education on nutrition, hygiene, and medical care
- Strategically engage the informal sector, supporting it to create lactation-friendly environments for the mothers and their babies while at work

7.2.1 The Federal Ministry of Labour

As the sovereign institution responsible for the labour force in the country, the mandate to implement, enforce, and regulate national laws on parental benefits and entitlements in the workplace should be assumed with all sense of diligence and commitment. Therefore, the Ministry of Labour should:

- Work to ensure all mothers are given their entitled three months maternity leave (with a recent amendment of four months maternity leave for public sector workers)
- Clarify the exact duration of leave across the subsectors, especially those in the private sector, as some were found to be offering much less than statutorily recommended
- Ensure strict compliance with the national laws that affects the labour force
- Work with policymakers at the federal and state-level governments to advocate for working mothers to be granted both maternity leave and annual leave in the same calendar year without any prejudice
- Advocate for some off-work days for fathers outside of their annual leave
- Discourage discrimination in the workplace due to marital status, pregnancy, or childbirth
- Empower mothers to speak up when faced with challenges at work
- Ensure organizations put in place mechanisms for receiving and addressing complaints from vulnerable workers like pregnant and nursing mothers
- Ensure employers and their representatives routinely inform and educate their employees about their entitlements and benefits in the workplace through public display of information on notice boards, offices, online pages, seminars and orientation workshops, circulars, and memos throughout the departments and unions

7.2.2 The Federal Ministry of Health and partners

Based on the findings from this study and earlier commitments made at the launch of the *Lancet* Breastfeeding Series in 2016, the Ministry of Health should:

- Collaborate with the Ministry of Labour to advocate at the Federal Executive Council and the National Assembly for the extension of maternity leave from the current four months for Federal Public Employees to six months

- Widely disseminate this survey and other supporting international evidence at the National Council on Health, comprising the Commissioners of Health from the states, to build support and consensus for six months maternity leave and provision of lactation rooms/crèches at the state level
- Work with the Ministry of Women Affairs to improve the quality of care at existing lactation rooms/crèches and ensure that mothers have correct information and support to continue exclusively breastfeeding their babies when they return to work

7.2.3 The Federal Ministry of Women Affairs & Social Development

From this research, it is imperative for the ministry and its agents to:

- Deploy regulatory activities such as licensing and certification towards crèche and nursery facilities throughout the nation by setting operational guidelines that would be routinely monitored.
- Ensure a conducive environment in the workplace is a joint effort with the employers and other stakeholders (MDAs and policymakers) so that working mothers have an easy transition into work post-maternity leave
- Continue reinforcing messages around good nutrition and health in the first 1,000 days of life in the media, public places and workplaces
- Partner with different actors—government and non-government organizations—who can help drive and own maternity entitlement initiatives

7.3 To the Organization – employers and HR representatives

As the main and most direct point of contact for working mothers, organizations and employers should:

- Provide crèche/day-care facilities, clean and dedicated lactation rooms, and lactation breaks for working mothers
- Implement flexible work schedules for nursing mothers, allowing them to start or end their days earlier
- Increase allotted paternity leave benefits so fathers can spend time supporting their new family structure
- Identify and eliminate all forms of discrimination towards working mothers
- Give pregnant women sufficient time off work to seek medical care, including for antenatal clinics and appointments
- Provide women with all forms of support essential to help them perform optimally including quality education regarding optimal breastfeeding practices, a balanced work life, and conducive work environments to support their family
- Build an enabling environment in the workplace where women feel comfortable going on maternity leave, and that women are aware of its full benefits

8 Conclusion

The findings from this research have provided a cross-sectional view into the implementation of parental leave and benefits in the formal and informal workplaces in Nigeria. The results revealed that maternity leave is more common than paternity leave in Nigeria and often accessed by working mothers. Despite this, the commitment to the implementation of maternity leave as a national policy is somewhat poor among private sector employers—especially those that are localised and self-supporting. Also, on the part of employees, there appears to be a disconnect between understanding their rights and entitlements as working parents and what is offered to them at the workplace.

The evidence about the varied knowledge and practice across the different sectors implies that a '*fit-for-purpose*' kind of approach will be required to address the gaps specific to each area. What would work for the formal public sector may not necessarily be applicable to the formal private or informal private sectors. This is in part due to varying levels of literacy, different management structures, and the magnitude of diversity within organizations. These variances need to be taken into consideration when targeting different sectors.

Importantly, the economic situation of Nigeria as a country was frequently cited as one of the reasons women in the informal sector do not stay off-work as long as those in the formal sector. Simply being aware of the benefits of maternity leave seems not to be a strong enough factor to deter them from returning to work earlier than normal. Most of them are breadwinners or strong pillars of support in their households and, therefore, it is critical that they continue earning a salary. To achieve a change in practice for these workers, it is important to take into consideration the gap of living standards and economic situations of mothers.

In addition, there is disparity across sectors on maternity leave implementation in duration, salary payment, and conditions necessary to secure the leave. The study showed that women in the public sectors get longer leave than those in the private sectors and public sectors tended to pay more often than private sectors. However, both sectors often required certain conditions to be met before a maternity leave is granted, such as the confirmation of pregnancy and, in few cases, the need to present evidence of marriage.

There was not significant support for paternity leave by most of the respondents except for a few women and men respondents who thought it might be needed and helpful if the man would be home to help the woman with chores or errands. By this, the new mothers will be able to rest well and would be stronger to nurse the newborn.

Exclusive breastfeeding is well known among respondents, in terms of its benefits and purpose. However, this knowledge has not translated into practice. To this end, it is important to intensify existing information, education, and communication strategies and develop new approaches that will specifically target each group, both employees and employers. Also, more campaigns encouraging best practices among working mothers in the informal sector should be facilitated. In the formal private sector, working mothers in the finance subsector appeared to be defaulting mostly when they are back to work. Working with the management structure of such institutions to facilitate a conducive environment—nursing rooms, crèche, and nannies for nursing mothers—is vital in ensuring successful re-entry to the workforce, and will enable women to practice what is best and ideal for the health and development of the baby.

This report highlighted several important areas for research and advocacy around extended duration of maternity leave. As expected, most working mothers felt positively about extending their maternity leave entitlement, despite having concerns about its effect on their professional and financial security. Employers were more hesitant, citing concerns

of both organizational cost and national economic implications. This showcases a clear need to create a supportive environment in the workplace so that women do not feel vulnerability in taking maternity leave; educate and work with the public and private sectors on improving internal structures to be conducive to this; and, filling in knowledge gaps about the benefits of longer maternity leave to the child, the mother, the organization, and the country. Policymakers and stakeholders should also look to alternate forms of funding such a policy.

9 References

- Benoot, C., Hannes, K., & Bilsen, J. (2016). The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory. *BMC medical research methodology*, 16, 21. doi:10.1186/s12874-016-0114-6
- Berger, L. M., Hill, J. and Waldfogel, J. (2005), Maternity leave, early maternal employment and child health and development in the US*. *The Economic Journal*, 115: F29–F47. doi:10.1111/j.0013-0133.2005.00971.
- Dailypost Newspaper. January 22, 2018. Nigerian Bank introduces paid paternity leave for male employees. Retrieved on December 28, 2018 from <http://dailypost.ng/2018/01/22/nigerian-bank-introduces-paid-paternity-leave-male-employees/>
- Metiboba, S. Aduke, D. C. Olugbenga, O.J. (2017) "Awareness of the benefits and practice of Exclusive Breastfeeding (EBF) among nursing mothers in Anyigba, North Central Nigeria". *World Journal of Nutrition and Health*. 2017, Vol. 5 No. 1, 1-5.
- Monster Worldwide (2019) Retrieved on March 5, 2019 from https://www.monster.co.uk/career-advice/article/history_women_workplace
- Oche, M.O Umar, A.S. Ahmed, H. (2011) "Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. *Afri Health Sci*. 2011 Sept; 11(3):518-523.
- Ogbonna, C, & Daboer, J. (2007) Current knowledge and practice of exclusive breastfeeding among mothers in Jos Nigeria. *Nigeria Journal of Medicine*, 2007.
- Vanguard Newspaper. April 18, 2014. "Lagos approves 10-day paternity leave for civil servants". Retrieved on December 28, 2018 from <https://www.vanguardngr.com/2014/07/lagos-approves-10-day-paternity-leave-civil-servants/>