

Women's Perception Regarding Breastfeeding Support in Workplace: A Scoping Review

Ruqaiyah¹, Nur Anisah Rahmawati², Rahma Winahyu Jannata¹, Ayatullah Harun¹, Hadriani Irwan¹

¹Department of Midwifery, Pelamonia Institute of Health Sciences Kesdam XIV/Hasanuddin Makassar

²Faculty of Public Health, Universitas Airlangga

ABSTRACT

Background: Newborns mostly require breast milk. Women who choose to work are equally responsible for maintaining breastfeeding. Prior studies have identified variations in the time and intensity of breastfeeding before and after returning to work. Disparities exist in the assistance provided for women to breastfeed in the workplace, with past studies revealing insufficient facilities. This study intends to examine women's views on the support for breastfeeding in the workplace.

Method: A scoping review was carried out using the PubMed, Google Scholar, and ScienceDirect databases, following PRISMA procedures. The papers were selected based on specific criteria: they had to be cross-sectional and qualitative studies focusing on women's opinions of breastfeeding in the workplace. Additionally, the articles were to be written in English, give the entire text, and have been done between 2019 and 2023.

Results: Ten publications were examined from different workplaces. The research examines different forms of work and workplaces. Women's views on breastfeeding support focus on instrumental support, such as inappropriate or unavailable lactation rooms, work hours and policies, lack of breastfeeding groups, facilities for breastfeeding and breast milk pumping, insufficient storage, inadequate childcare facilities, and lack of caregivers at home, which impede exclusive breastfeeding. Emotional support refers to the assistance provided by colleagues in the workplace. Form of information support, namely the absence of communication and information support. There is a common belief that breastfeeding is seen as a personal issue connected to one's knowledge and self-confidence. Cross-sectoral collaboration needs to be involved, including family, workplace commitment, and government support to support the success of breastfeeding in the workplace.

Correspondence

ruqaiyah.pelamonia@gmail.com

Article History

Received 9 September 2023

Revised 1 December 2023

Accepted 20 February 2024

Available Online 20 March 2024

Keywords

Breastfeeding

Workplace

Women

Perception

Scoping review

DOI

10.14710/jpki.19.2.101-110

INTRODUCTION

Breast milk is the optimal diet for babies. The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) advise exclusively nursing for the initial six months of life and continuing breastfeeding together with supplemental foods until the child is at least 2 years old.¹ Breastfeeding is advantageous for the child's and mother's health.

Currently, breastfeeding is not suggested. The exclusive breastfeeding goal has not been achieved. Behzadifar et al. (2019) discovered that the rate of exclusive breastfeeding in Iran was 53%.² A study by Jama et al. (2020) in Somaliland found that the rate of exclusive breastfeeding was 20.47%.³ The prevalence of exclusive breastfeeding in Uganda was 42.8%.⁴ Gayatri's study in 2021 revealed that the rate of exclusive

breastfeeding was 52.3% with a 95% confidence interval of 0.498–0.548. Employment status and cesarean birth are factors that can decrease the likelihood of exclusive breastfeeding.⁵

Work is one of the elements that can influence breastfeeding behavior.⁶ The rise in the female workforce in Indonesia over the past decade has led to an increase in the number of women employed as workers and housewives.⁷ Women face a dual responsibility for their jobs, including work and reproductive health. Additional social responsibilities beyond household tasks and childcare are growing as more women participate in society. Women's dual position may lead to burdens like role conflict.⁸ For many women, especially those who work, having children and breastfeeding to provide optimal nourishment is a cherished aspiration. Mothers who work and have children share the duty of delivering

the greatest nutrition through breastfeeding. Access to workplace facilities and infrastructure is crucial for supporting exclusive breastfeeding. The facilities given are not yet at their best. Many lactation facilities are lacking in seclusion and are situated distant from the work environment.⁹ Companies have a challenge with limited facilities and lactation support programs in the workplace.⁷

Although data is limited, 25% of women worldwide continue to breastfeed after returning to work, with prevalence rates showing significant variation.¹⁰ The percentage of shift workers who maintained breastfeeding after returning to work declined from 90.1% to 21.5% for the initial one to six months and 17.9% for the subsequent six months. Among non-shift workers, the breastfeeding rate was 87.6% during maternity leave, 24.1% in the first one to six months after returning to work, and 34.6% for the subsequent six months or more.¹¹ Prior studies examined the disparities in support among multiple healthcare settings. Global corporations offer a greater number of breastfeeding amenities compared to local firms.¹² A study of 1,002 women revealed considerable disparities in several categories of labor. Women employed in professional or management sectors are more inclined to obtain informal and direct assistance for breastfeeding when they resume work. Women employed in service and production/transport sectors reported receiving the least amount of informal and direct assistance.¹³

Insufficient support can influence women's decision to maintain exclusive breastfeeding based on their opinions of breastfeeding and the type of support available. Exploration has not yielded any study findings that carefully assess and analyze past research. This research intends to analyze women's perspectives regarding breastfeeding support in the workplace.

METHOD

Study design

A scoping review was done to investigate women's perceptions about breastfeeding in the workplace. The report is prepared by the Preferred Reporting Items for Scoping Review and Meta-Analyses (PRISMA) guidelines.¹⁴ A search was performed on English-language studies from 2019 to 2023 using Medical Subject Heading (MeSH) terms and relevant keywords like 'breastfeeding', 'workplace', 'perception', 'experience', and 'working mother' in PubMed, Google Scholar, and ScienceDirect databases. Boolean operations such as AND, OR, and NOT were utilized in search queries.

Study selection and outcome measure

The publications selected for inclusion in the study were cross-sectional and qualitative studies

conducted between 2019 and 2023, written in English, and focused on women's perceptions of breastfeeding in the workplace. The study excluded case reports, animal studies, letters to editors, study reviews, and abstracts lacking complete text.

Data extraction

The authors independently conducted title and/or abstract screening of the included papers using standard Microsoft Excel forms. A third external collaborator was consulted to resolve issues in consensus. Three independent research team members conducted a formal assessment of article quality using CASP. The fundamental CASP checklists were derived from the JAMA' Users' Guides to the Medical Literature 1994, which were modified from Guyatt GH, Sackett DL, and Cook DJ and tested with 15 healthcare practitioners.¹⁵ The CASP results were classified as either moderate or low in terms of overall quality.¹⁶

Data abstraction and synthesis

The analysis was conducted based on the results and conclusions of each study, as recommended in a scoping literature review. The initial phase involved extracting, sequencing, and examining relevant results to determine subthemes and themes. All authors conducted the synthesis results. The data is divided into two primary components. Table 1 outlines the quality evaluation. Table 2 outlines the research features.

RESULTS AND DISCUSSION

The analysis identified 10 papers that satisfied the requirements. Out of the 1,063 articles identified, some were removed due to not meeting the specified criteria and topics researched (Figure 1). All articles were rated as having a moderate overall quality (Table 1). The investigation was conducted in the Netherlands, Spain, Saudi Arabia, South Africa, Ethiopia, Bangladesh, Taiwan, Malaysia, and Indonesia.

The types of work and workplaces studied in the research vary. There are universities, Public Health Centers, private, government, and non-government institutions, ready-made garment factories, two primary health care clinics, an electronics manufacturing plant, and hospitals.

Women's views on breastfeeding support focus on types of practical assistance, such as unsuitable or hard-to-reach lactation rooms, work hours and policies (11, 21, 22), lack of breastfeeding groups (20), insufficient breastfeeding facilities, breast milk pumping, and storage issues (21,26), insufficient child care facilities, and lack of caregivers at home, all of which impede exclusive breastfeeding (25). Emotional support refers to the

assistance provided by colleagues in the workplace (22,26,27). Types of information assistance, specifically absence of communication and information support (22, 24). There is a common belief that nursing is seen as the mother's duty and a private issue that might lead to

communication challenges on the job (23). Furthermore, women's views of comprehending various forms of breastfeeding support are linked to their knowledge and self-efficacy (28) (Table 2).

Table 1. Article quality assessment

Author	Were the criteria for inclusion in the sample clearly defined?	Were the study subjects and the setting described in detail?	Were the exposure measures in a valid and reliable way	Were objective, standard criteria used for the measurement of the condition?	Were the confounding factors identified?	Were strategies to deal with confounding factors stated	Were the outcomes measured in a valid and reliable way	Was appropriate statistical analysis used?
Cross-Sectional Study								
Águeda Cervera-Gasch et al ²⁷	Y	Y	Y	Y	U	Y	Y	Y
Batool Ali Al-Katufi et al ²⁸	Y	Y	Y	Y	U	Y	Y	Y
Su-Ying Tsai et al ¹¹	Y	Y	Y	Y	U	U	Y	Y
Qualitative Study								
Author	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants have been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?
Hentges et al ²⁹	Y	Y	Y	Y	U	Y	Y	Y
Mabaso et al ³⁰	Y	Y	Y	Y	U	Y	Y	Y
Wolde et al ³¹	Y	Y	Y	Y	U	U	Y	Y
Hasan et al ³²	Y	Y	Y	Y	U	U	Y	Y
Maponya et al ³³	Y	Y	Y	Y	Y	U	Y	Y
Ahmad et al ³⁴	Y	Y	Y	Y	U	U	Y	Y
Wahyuni et al ³⁵	Y	Y	Y	Y	U	U	Y	Y

Notes: Y = yes, C= can't tell, N = No, N/A= not applicable, M= moderate overall quality, L = low overall quality
 Further information for the question “What were the results of this study” has been presented in Table 2.

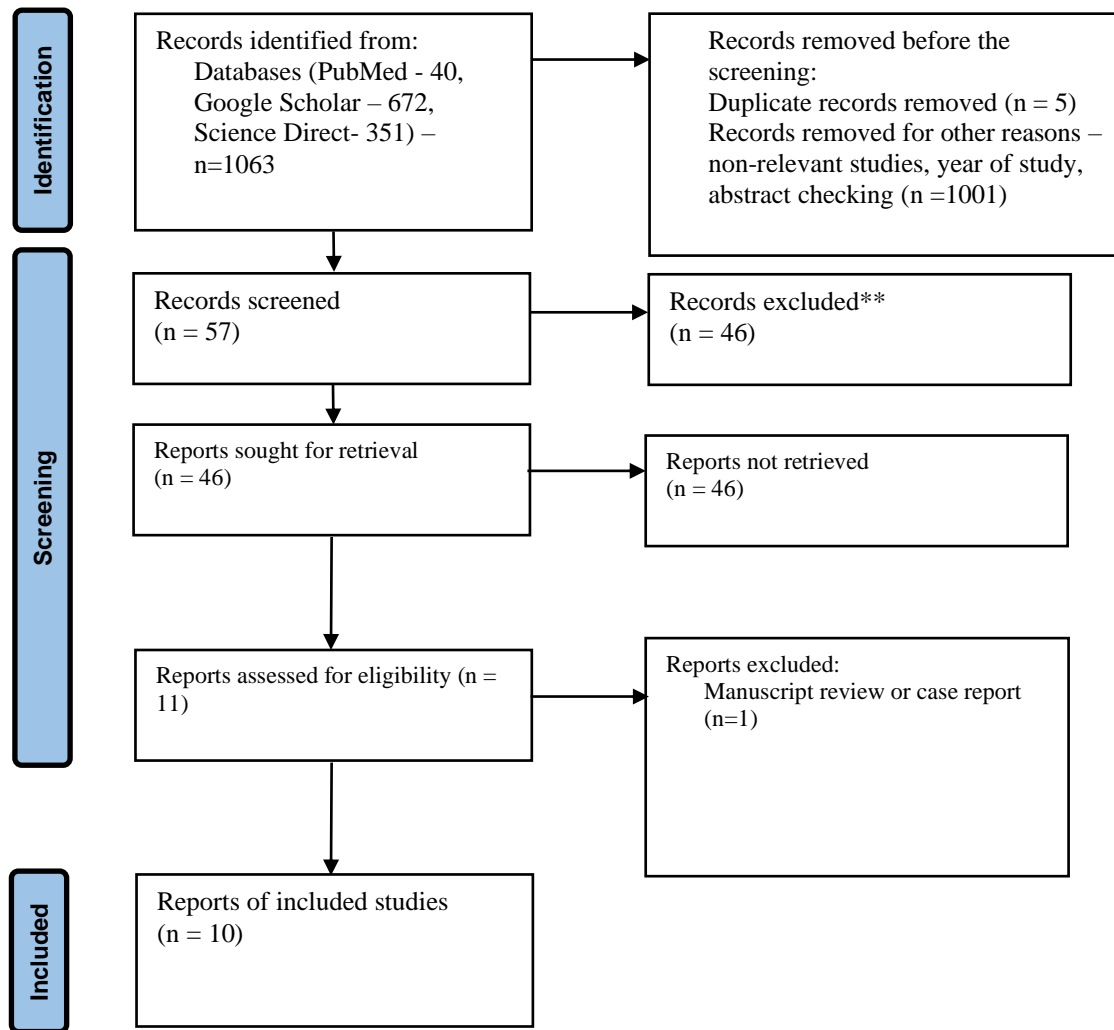


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analysis Flowchart

Table 2. Summary of included studies

Authors	Year	Country	Aim	Study type	Data collection method	Type of workplace	Respondent	Findings
Hentges et al ²⁹	2021	Dutch	Identify the perceptions and experiences of mothers employed at Dutch universities regarding barriers and enablers to workplace breastfeeding and pumping	Qualitative study	Interview	University	Three experts and ten academic employees	Inappropriate and inaccessible lactation rooms, a lack of communication and information provision, other people's lack of awareness, inflexible working hours and unadjusted workloads, especially for teaching positions. All participants found the duration of Dutch maternity leave too short.
Águeda Cervera-Gasch et al ²⁷	2020	Spain	analyze the perception of support of breastfeeding workers to continue breastfeeding at two Spanish universities, and the associated factors	A multicenter retrospective cross-sectional comparative study	Questionnaire	University	777 female workers at the Universidad de Sevilla (US) and the Universitat Jaume I (UJI)	The factors associated with continuing breastfeeding for longer were the university having a breastfeeding support policy and special accommodation, participating in breastfeeding support groups, intending to continue breastfeeding after returning to work, knowing the occupational legislation in force, and having a female supervisor.
Batool Ali Al-Katufi et al ²⁸	2020	Saudi Arabia	Assessing the obstacles that hinder the continued EBF of mothers working in primary health care (PHC) in Saudi Arabia, particularly in the Al-Ahsa region.	analytic cross-sectional study	Questionnaire	Public Health Center	280 mothers working in PHC	an early return to work, an unsupportive working environment, inadequate breast milk, breastfeeding taking much time from the mother's daily routine, working environments in the field of PHC did not contain suitable places to breastfeed or pump breast milk, no facilities for storage of milk expressed during working hours, could not benefit from breastfeeding breaks during the workday, the existence of a strict work schedule within the work environment.

Mabaso et al ³⁰	2020	South Africa	explore breastfeeding at work experiences from the perspective of employed mothers and senior managers in a provincial government setting in South Africa	Qualitative study	Interview	Government department	Snowball sampling was employed to recruit twelve participants, senior managers (n = 4) and employed mothers (n = 8), from two provincial government departments in Cape Town, South Africa.	Knowledge about the legislation and breastfeeding support benefits. Most participants only knew about the legislated four months of maternity leave and time off for prenatal visits. However, they needed to gain knowledge about comprehensive maternity benefits, Perceptions, and workplace breastfeeding experiences. Breastfeeding was perceived to be a mother's responsibility and a private issue. As a result, most participants stopped breastfeeding prior to or immediately upon return to work after maternity leave. Barriers to breastfeeding continuation include the absence of a conversation about infant feeding plans between managers and mothers.
Wolde et al ³¹	2022	Ethiopia	explore employers' experience and perception of employed mothers' breastfeeding experience in different working environments in Addis Ababa, Ethiopia.	Qualitative study	Interview	private, governmental and non-governmental institutions	10 employers	Understanding breastfeeding, current maternity leave, perception of breastfeeding supporting the conditions, and mother-friendly work environment were the themes generated after analysis. Almost all employers in this study recognized the importance of breastfeeding despite their different work environments, and they also acknowledged the importance of making the working environment mother-friendly for the stability and motivation of employed mothers.
Hasan et al ³²	2020	Bangladesh	to explore the barriers and facilitators of breastfeeding and perceptions about the use of expressed breast milk among mothers who worked in the RMG sector.	Qualitative study	Interview	ready-made garments factories	8 in-depth interviews and 4 focus group discussions (mothers and caregivers), and 2 key informants (RMG factory official) interviews	Despite knowledge of breast milk's benefits and the importance of breastfeeding for 6 months, most mothers introduced formula as early as 2 months to prepare for their return to work. Barriers such as excessive workload, inadequate crèche facilities, and inadequate caregivers at home impeded exclusive breastfeeding. Mothers and caregivers had very little knowledge about using expressed breast milk and were concerned about contamination.

Maponya et al ³³	2021	South Africa	This study aimed to gain an in-depth understanding of the experience of South African working mothers in the adherence to exclusive breastfeeding when returning from maternity leave.	Qualitative study	Interview	two primary health care clinics	Eight breastfeeding mothers		The need to return to the workplace soon after the baby's birth, psychological responses in the adherence to exclusive breastfeeding, lack of support from employers and co-workers in the adherence to exclusive breastfeeding, lack of or partial implementation of breastfeeding policies in the workplace, the workplace not being supportive for mothers' having to express and the workplace not being supportive for mothers' having to store breastmilk.
Su-Ying Tsai et al ¹¹	2022	Taiwan	To explore the impact of breastfeeding-friendly support on the intention of working mothers with different work schedules to continue breastfeeding	Cross-sectional study	Questionnaire	an electronics manufacturing plant in Tainan Science Park in Southern Taiwan	715 working mothers employed		Using a lactation room and taking advantage of breast-pumping breaks were significant factors for breastfeeding one to six months after returning to work and more than six months after returning to work among shift workers and non-shift workers. In addition, among non-shift workers, a higher education level of the mother and partner support positively affected a mother continuing breastfeeding for more than six months after returning to work.
Ahmad et al ³⁴	2022	Malaysia	explore working mothers' breastfeeding experiences and challenges that can influence their practices	Qualitative study	Interview	Raja Perempuan Zainab II Hospital Universiti Sains Malaysia Hospital and government and private offices in the district of Kota Bharu	Sixteen participants aged 24 to 46 years		Perception towards breastfeeding and infant formula, perceived insufficient milk and breastfeeding difficulty, internal support (spouse and family) and external support (friends, employer, and healthcare staff).
Wahyuni et al ³⁵	2020	Indonesia	to explore the meaning of breastfeeding self-efficacy from the working mothers' perspective	Qualitative study	Interview	outpatient department in a hospital in Surabaya, Indonesia.	8 working mothers		The source of breastfeeding self-efficacy, the benefits of breastfeeding, another woman's experience, perception of workplace control, the estimated ability of self-confidence, and the decision to breastfeed. The participants who decided to breastfeed for at least two years tended to think positively about breastfeeding.

Women expressed various viewpoints on breastfeeding support when questioned. Women's views on breastfeeding support focus on instrumental support, such as unsuitable or hard-to-reach lactation rooms, restrictive hours and work policies, lack of breastfeeding groups, insufficient breastfeeding facilities, breast milk pumping, inadequate storage, insufficient child care facilities, and insufficient caregivers at home, all of which impede exclusive breastfeeding. Instrumental assistance can help boost the mother's motivation to breastfeed at work without causing mental strain. Instrumental support includes supervisors informing moms about workplace breastfeeding policies and offering a secluded area for breastfeeding. Moreover, effective work-family management involves managers who take proactive steps to adjust the weekday schedule to accommodate mothers' needs for expressing or breastfeeding. Providing instrumental and creative family support can help women facing physical discomfort, such as enlarged breasts, which can affect their self-esteem and job performance. This support can assist mothers in effectively balancing breastfeeding and work responsibilities. Improved. Supervisors who have a profound awareness of the intricacies of nursing in the workplace, gained via personal experience either firsthand, with a partner, or through close personal contact, are more inclined to support and promote women to utilize breastfeeding breaks.¹⁷ Working women experienced improved success in breastfeeding when childcare facilities were located on-site or nearby.¹⁸

All sides have to have a mutual understanding to provide support. Employed or laboring women must be provided with suitable opportunities to breastfeed during working hours. The insufficient assistance from companies for breastfeeding employees is a contributing reason to the low rate of babies exclusively breastfed. Employers need to comprehend facilities management. Breastfeeding rooms were established to support working moms in giving breast milk to their children and to enhance public services. Breastfeeding rooms were also designated for those with particular needs. Public service providers should offer it. Integrated care facilitated successful breastfeeding. Healthcare system incentives should drive the quality and availability of breastfeeding support to address concerns about inconsistent care within and outside health services.¹⁹ All parties must understand it in order for it to be endorsed. Employed women and laborers with nursing infants should be provided with suitable opportunities to breastfeed during working hours.²⁰ Health officials should advocate for programs targeting educated and employed women to have a positive impact on society's health condition.²¹

Emotional support refers to the assistance provided by colleagues in the workplace. Managers can

decrease work conflict more effectively than peers by reallocating jobs or lowering role expectations, therefore alleviating role conflict such as the mother-worker dilemma.²² Increased focus on emotional support is leading to more resources and training for health visitors to improve their ability to give emotional support. Women's experiences illustrate the challenges they have in balancing the desire to breastfeed with their professional responsibilities. The findings suggest the necessity of strengthening policies to encourage sustainable breastfeeding practices in the workforce. It is important to make an effort to continue nursing when the mother goes back to work. Clear operational rules and policies that support breastfeeding are crucial for maintaining nursing in the workplace. Benefiting from the positive experiences of others can help improve support for all breastfeeding mothers in the workplace going forward. Providing support only for nursing mothers is expected to prolong the length and enhance the exclusivity of breastfeeding. Support may be more helpful in reducing the rate of women discontinuing breastfeeding at three to four months compared to later stages. The data for 'breastfeeding plus' therapies is less conclusive. Support can be offered by professionals, laypeople, or a mix of both. Support can be offered in person, over the phone, or through digital means, or a combination of these methods, and maybe most successful when delivered through a series of four to eight sessions. Employers should be mandated by the government to provide breastfeeding support programs and designated facilities in the workplace, as these measures have been shown to enhance exclusive breastfeeding rates greatly. It is crucial to enhance awareness about the advantages of breastfeeding for working women. Additionally, it is essential to advocate for employers, managers, and supervisors to offer assistance and programs to facilitate breastfeeding among employees. It is crucial to enhance policies, rules, and legislation that encourage exclusive breastfeeding for up to 6 months in mothers, as advised by the WHO.²³

Form of informational support, namely the absence of communication and information support. Support for breastfeeding mothers is provided through two mechanisms: (1) offering accurate information through formal educational interactions, which enhances women's resolve to breastfeed and reinforces their belief in the advantages and practicality of starting breastfeeding, and (2) providing support and encouragement in breastfeeding practices, leading to the transformation of their intention to breastfeed into actual performance.²⁴ There is a common belief that breastfeeding is seen as a personal issue connected to one's knowledge and self-confidence. Despite being knowledgeable about the advantages of breastfeeding, nursing women encounter obstacles at

personal, social, and institutional levels. It is crucial to acknowledge that breastfeeding presents difficulties and offer sufficient assistance to women to enhance their experience.²⁵ Healthcare professionals (HCPs) provide current and specific information on breastfeeding and breastfeeding in public during the antenatal and postpartum periods, as they find the existing material to be inadequate and outdated. Comprehensive guidance and support from healthcare professionals can enhance women's confidence when breastfeeding in public, leading to a higher prevalence and impact on societal views of breastfeeding.²⁶

CONCLUSION

Women's views on breastfeeding support focus on instrumental support, such as inappropriate or unavailable lactation rooms, work policies, lack of breastfeeding groups and facilities, insufficient breast milk pumping and storage options, inadequate childcare facilities, and lack of caregivers at home, all of which impede exclusive breastfeeding. Emotional support refers to the assistance provided by colleagues in the workplace. Form of information support, namely the absence of communication and information support. There is a common belief that breastfeeding is seen as a personal issue connected to one's knowledge and self-confidence. For successful breastfeeding in the workplace, cross-sectoral coordination involving family, workplace dedication, and government assistance is essential. Collaboration involves communication among families, companies, and the government through focus group talks to standardize support services, such as providing a lactation space and assistance from colleagues.

The quantity of studies limits this study and lacks a thorough examination of workplace policies. The suggestion for future research is to investigate the different effects of inadequate assistance at work, including its impact on work performance, infant health, and women's mental well-being.

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