

Optimizing Workplace Support for Breastfeeding in Female Worker; A Narrative Review

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Abstract

Introduction: The increasing participation of women in the labour market has led to a growing trend of female employment. This has a significant impact on women's roles as mothers, particularly breastfeeding mothers.

Objective: This review aims to discuss the benefits and challenges of breastfeeding faced by female workers in the workplace and how to counter it

Discussion: Breastfeeding in the workplace has several advantages for mothers, which may act as an incentive to combine breastfeeding and work. The advantages include reduced absenteeism, increased productivity, and decreased turnover rates. However, breastfeeding in the workplace presents several challenges, including the lack of research on the topic, the lack of support from employers, distance between home and work, the lack of lactation facilities on-site, and reduced milk production during work hours. This situation drives the development of a lactation promotion model that can support breastfeeding in the workplace. The lactation promotion model, comprised of seven major components, can be implemented in the workplace to increase exclusive breastfeeding and boost female worker productivity.

Conclusion: It is recommended to give workers with under-6-month children the option of working part-time or returning home earlier and for companies to provide lactation support staff, educational materials, and peer support groups to help working mothers breastfeed at work. The role of company occupational doctors takes a very important place in this lactation promotion model to achieve high breastfeeding rate in female workers.

Keywords: breastfeeding, worker, workplace

Abstrak

Pendahuluan: Peningkatan partisipasi perempuan di pasar kerja mengakibatkan peningkatan tren pekerja perempuan. Hal ini berdampak signifikan pada peran perempuan sebagai ibu, terutama bagi ibu yang menyusui.

Tujuan: Tinjauan ini mendiskusikan manfaat yang dihadapi perempuan pekerja, tantangan menyusui di tempat kerja dan cara mengatasinya

Diskusi: Menyusui di tempat kerja bermanfaat untuk para ibu, sehingga dapat menjadi insentif untuk mempraktikkan menyusui di tempat kerja. Manfaat tersebut antara lain pengurangan hari absen kerja, peningkatan produktivitas, dan penurunan angka turnover di tempat kerja. Namun, ada beberapa tantangan dalam menyusui di tempat kerja, termasuk kurangnya riset mengenai topik tersebut, kurangnya dukungan dari pemberi kerja, jarak antara rumah dan tempat kerja, kurangnya fasilitas laktasi di tempat kerja, dan penurunan produksi ASI pada jam kerja. Hal ini mendorong pengembangan model promosi laktasi yang dapat mendukung menyusui di tempat kerja. Model promosi laktasi, yang terdiri dari 7 komponen utama, dapat diimplementasikan di tempat kerja untuk meningkatkan ASI eksklusif dan mendorong produktivitas pekerja perempuan.

Kesimpulan: Direkomendasikan agar pekerja dengan anak di bawah 6 bulan diberikan opsi untuk bekerja paruh-waktu atau pulang ke rumah lebih awal dan agar perusahaan menyediakan tenaga laktasi, materi edukasi, dan dukungan dari kelompok sebaya untuk mendukung ibu yang bekerja memberikan ASI di tempat kerja. Peran dokter kedokteran kerja sangat penting dalam model promosi laktasi ini untuk mencapai angka menyusui yang tinggi di kalangan pekerja perempuan.

Kata kunci: menyusui, pekerja, perusahaan

Introduction

Currently, more women work outside the home than ever before. According to World Bank data, the female labour force participation rate in the United States in 2022 is 56 percent of the female population, while in East Asia & the Pacific it is 60 percent of the female population.¹ This phenomenon is not limited to developed countries, but also occurs in developing countries such as Indonesia. According to the National Statistics Agency (BPS), the number of female workers aged 15 to 44 years increased to more than 55 million in 2021, up from 50 million in 2020.² This growing trend of female employment has a significant impact on women's roles as mothers, particularly breastfeeding mothers.

Breastfeeding support is critical because breastfeeding nourishes and provides the best start for all children.³ Breast milk serves as a baby's first vaccine, protecting it from disease and even death. Breastfeeding also promotes secure attachment and cognitive development, as well as alleviating the burden of childhood and maternal illness, lowering health care costs, fostering healthier families, and strengthening society's development. Despite these undeniable benefits, research indicates that returning to work without adequate support can jeopardize optimal breastfeeding practices.⁴ Mothers' employment outside the home, particularly full-time employment, has a detrimental effect on the duration of breastfeeding. Employment appears to have a less detrimental effect on breastfeeding initiation.^{5,6} Women frequently blame unsupportive work environments for early weaning. Inadequate privacy and adequate time for breastmilk expression are cited as barriers. Additionally, employers believe that the presence of infants in the workplace reduces mothers' productivity, regulations and other rules prohibiting children in the workplace, and a lack of childcare near the workplace.^{7,8}

According to the study, company's policies regarding the duration of maternity leave, the availability of lactation rooms, and paid break guarantees all contribute to an increase in breastfeeding rates in the workplace.⁹ These policies can have a significant impact on how working mothers breastfeed; examples of contextual factors that influence such choices include the availability of space and time to extract milk, support from colleagues and supervisors, family arrangements and support for breastfeeding women on the job, and the

presence of explicit policies supporting breastfeeding working mothers by firms. Thus, given the increasing participation of women in the labour market, the workplace is a critical setting in which to intervene to support women who choose to continue breastfeeding after returning to work.¹⁰

The Indonesian government issued a Joint Regulation among the Ministers of Women Empowerment, Labour, and Health to encourage and protect working mothers who want to breastfeed or pump milk at work.¹¹ Every workplace is required to have a dedicated lactation room with standardized facilities. Occupational Health and Safety (OHS) management systems, such as the guideline for the implementation of Occupational Health and Safety (OHS) Zone 18001 in 2007 or the International Labour Organization (ILO)-OSH guidelines on Occupational Safety and Health (OSH) Management Systems in 2001, did not include any stipulation regarding the availability of lactation facilities and programs at the workplace. A section of the government regulation on Occupational Health and Safety (OHS) prohibits employment termination during maternity leave, as well as a suggestion clausal of lactation facility at work. These articles, however, lack a clear guideline on the promotion, education, and counselling aspects of breastfeeding and lactation.¹² According to a study conducted in Indonesia, workplace lactation facilities and programs are still insufficient, which may impede lactation practice and exclusive breastfeeding.¹³ As a result, developing an ideal workplace-based lactation promotion model to support lactation in the workplace is critical. In this article, we will discuss the importance of breastfeeding in working mothers, as well as workplace lactation support using a lactation promotion model.

Benefits and Challenges of Breastfeeding in Workplace

Breastfeeding has several advantages for mothers, which may act as an incentive to combine breastfeeding and work. Breastfeeding mothers have elevated prolactin and oxytocin levels, which are thought to improve mood—a benefit for new mothers juggling newborn care, breastfeeding, and work. Additionally, breastfeeding mothers report a unique bond or closeness with their infants. Working mothers report that breastfeeding their infants when they returned home allowed them

to reconnect with their infants, which they would not have had if they had bottle-fed. Similarly, pumping at work gives the mother the sense that she is contributing to her infant's well-being while she is at work. She is confident that she is providing the best nutrition possible for her baby, reinforcing her confidence in her parenting abilities. Numerous benefits for employers have been identified when mothers breastfeed their infants. Mothers of breastfed infants are more productive at work and miss fewer days due to illness.^{4,14-15}

Several benefits of supporting breastfeeding include an improved corporate image, demonstrating that the business cares about the health and well-being of working women and their families. Breastfeeding support also reduces the number of leave requests for both mother and child to attend doctor's appointments, as well as the amount of sick leave. Additionally, breastfeeding mothers are associated with greater productivity and reduced absenteeism up to 30-70 percent fewer maternity absences in working mothers.^{3,4,13,16} Breastfeeding programs in the workplace also increase female employee retention and decrease employee turnover rates.^{3,15,17} A study of Indonesian health care providers demonstrated that practicing exclusive breastfeeding can help reduce the number of sick children and increase the productivity of health care provider mothers.¹⁸ This demonstrates the significant benefits of supporting breastfeeding in the workplace, and thus a program to promote breastfeeding should be endorsed by the government and employers regardless of employment status.

Even though the benefit and recommendation are widely known and heavily promoted in public, breastfeeding in the workplace presents several challenges. Breastfeeding while at work presents a significant challenge for working mothers. Breastfeeding rates significantly decrease when mothers return to work, according to studies. The primary reasons for this are the distance between home and work, the lack of lactation facilities on-site, and reduced milk production during work hours.^{9,19,20} The majority of working mothers in Malaysia (54 percent) stop breastfeeding once they return to the workplace. The absence of adequate workplace facilities and policies, such as lactation rooms, pumping breaks, maternal leave, and flexible work hours, has been cited as a risk factor for cessation of breastfeeding.²¹ Fein et al. compared women's strategies for continuing breastfeeding while working and discovered that breastfeeding an infant directly during work hours resulted in the longest duration and pumping

milk during work hours resulted in the second longest duration; neither breastfeeding nor pumping milk during work hours resulted in the shortest duration.^{5,7,8}

Only 10.6 percent of mothers continue breastfeeding after returning to work, according to Taiwanese data.²⁰ According to data from the Ministry of Health in Indonesia, 62.5 percent of mothers continue breastfeeding after returning to work. Similar data were collected in a private company in Jakarta (56.7 percent).²² However, another study discovered that 45 percent of working mothers in Indonesia had discontinued breastfeeding by the third month of their infant's life due to return to work. The absence of lactation facilities and support programs in the workplace, as well as insufficient knowledge about how to pump and store breastmilk, are the primary reasons for discontinuation.^{13,20,22} According to some studies, having a designated lactation room (as opposed to a bathroom, storage space, or equipment room) is a predictor of breastfeeding success.^{4,21,23} Women require clean, private facilities at work where they can express breast milk. According to a study conducted in China, a lack of lactation rooms is one of the most significant barriers to working mothers continuing to breastfeed. Additionally, urban metropolis traffic congestion is a barrier to breastfeeding, as it makes it difficult for mothers to return home during breastfeeding breaks. Despite the aforementioned barriers, many mothers expressed concern about the challenges associated with expressing, storing, and transporting breast milk at work.^{9,20-21}

There is a paucity of research that identifies barriers for companies to implement breastfeeding-friendly policies. A survey of occupational health and safety physicians in Jakarta revealed that every respondent mentioned that the implementation of breastfeeding policy in their workplaces is already in accordance with the law. Since it is not considered an investment for profit, it is acceptable to provide only the bare necessities, such as a lactation room and 3 months of maternity leave.²⁴ The Indonesian Breastfeeding Mother's Association has suggested that a lactation counsellor on-site, lactation facilities, and peer support are critical for working mothers to continue breastfeeding. It is critical to reassure new mothers that they can continue breastfeeding after returning to work and to assist them in making the necessary arrangements.²⁵ Before returning to work, a well-thought-out plan for breastfeeding successfully should be prepared. This is a critical role

for healthcare professionals such as corporate physicians, who specialize in providing basic occupational health care, and/or lactation counselors.^{19,26-27} Appropriate lactation facilities and programs in the workplace have been shown to triple lactation incidence and sixfold exclusive breastfeeding rates (odds ratio, 5.93; 95 percent confidence interval, 1.78-19.79; p 0.050).¹³ Unfortunately, these breastfeeding promotion and education programs are not included in the current national breastfeeding policy.²⁴ It is likely that the success of both initiatives is contingent on their collaboration. As a result, governments should require employers to provide breastfeeding support and facilities on-site.

Promoting breastfeeding at workplace: lactation promotion model

The Indonesian government has enacted several regulations to promote breastfeeding in the workplace. Employers should support an exclusive breastfeeding program by providing a lactation room at work, as stated in Government Regulation No. 33 of 2012. Additionally, the Minister of Health issued Regulation No. 15 of 2013 regarding certain private lactation rooms, which includes specific breastfeeding facility guidelines.^{11,12} Nevertheless, not all employers adhere to the regulation. Many working mothers breastfeed and pump in public restrooms or prayer rooms, and store breast milk in refrigerators alongside other foods. The Ministries of Women's Empowerment, Manpower, and Health jointly issued a regulation prohibiting breastfeeding during work hours. However, in reality, workers particularly labourers, have specific goals for each day and only a limited amount of time to accomplish them. Some working mothers choose not to breastfeed on purpose to avoid disrupting their work schedule.²⁸

The World Health Organization (WHO) recommends supporting breastfeeding and early child development; however, new mothers require time off work. Convention C183 of the International Labour Organization (ILO) grants women for 14 weeks of paid maternity leave, as well as work breaks and a nursing room upon their return to work. Currently, only 11 percent of nations meet this standard.²⁹ The WHO gathered data from 182 countries and concluded that breastfeeding and lactation regulation in the workplace

varied significantly. The duration of maternal leave, break time for breast pumping during work hours, and break time duration vary according to policy. Around 45 countries prohibit breastfeeding during working hours, while 130 countries provide female workers with flexible time for milk pumping. Seven countries have unpaid vacation periods.³⁰ Although the majority of Asian countries have not strictly adhered to these policies, several countries are increasingly paying attention to these issues.¹⁹

According to a systematic review, workplace interventions such as those mentioned previously are critical for protecting, promoting, and supporting breastfeeding among working mothers. Support for working mothers requires explicit interventions and policies. In an ideal world, all women would have access to paid maternity leave, supplemented by breastfeeding-friendly workplaces. It is possible to emphasize that in order for work environments to be supportive of breastfeeding, women must understand their rights and receive training on practical aspects of breastfeeding, such as milk extraction and storage. Additionally, they require adequate physical space to breastfeed or extract breastmilk, store it, and receive support from supervisors and co-workers. Organizational support requires written policies as well as breastfeeding education for mothers, managers, and co-workers, as this increases the likelihood of a supportive environment that promotes breastfeeding mothers' efficacy (i.e., using lactation spaces and pumping breaks) and facilitates a breastfeeding-friendly work environment in which women feel confident and free of stigma or discrimination.¹⁰

The first study to examine the implementation of breastfeeding friendly policies in a factory in Indonesia from the perspective of the Occupational Health and Safety (OHS) coordinator revealed that these policies are still not being implemented optimally in comparison to what has been suggested by Indonesian government Joint regulation and WHO recommendation. Flexible time for breast pumping breaks during working hours is another policy recommendation backed up by evidence.^{4-5,11} The policy prioritizes the availability of a dedicated and private lactation room, but three out of eight factories still only provide a multi-functional room. The policy on maternal leave also revealed that all eight factories only adhered to the three-month requirement and required workers to take leave at least 1.5 months prior to the due date of the infant, which means workers

will be required to return to work when the infants are only 1.5 months old. The study’s findings indicated that this policy was implemented, though few emphasized the importance of obtaining permission from a supervisor and advising workers to make the most of their lunch break time to pump. This may be because management prioritized profitability and financial concerns when providing breastfeeding facilities and support programs at the workplace.²⁴

Additionally, studies discovered that breastfeeding promotion, education programs, and workplace materials support were not fully implemented. There are no lactation counsellors or company doctors available to support breastfeeding in all factories, as this is not explicitly stated in government policy.²⁴ Creating a breastfeeding-friendly environment and atmosphere involves more than just providing a breastfeeding room or adopting breastfeeding-friendly policies; it also involves actively seeking to provide support for successful breastfeeding and offering education programs and psychosocial support for employed women.³¹

The company physician should be a change agent and an expert in bridging the gap between employer and employee in terms of health care services, including breastfeeding programs. Company doctors have three primary functions in occupational health services: protective function (to protect employees

from risk through risk management), health service function (to provide all employees with motivating, preventive, curative, and rehabilitative health care), and administrative function (actions to support protective and health service function). The competence of the company doctor, who is fully committed to comprehensive basic occupational health, including the protection and promotion of worker health, is critical for promoting lactation behaviour.^{10,32}

Basrowi (2018) used a Lactation promotion model to reach an agreement on the most important actions to promote lactation in the workplace. Figure 1 depicts the seven major aspects of the workplace lactation promotion model. Experts in this study recommended several methods to support breastfeeding in the workplace, including company regulation, facilities, health promotion, and counselling from health care professionals. Experts ranked the company’s policy on maternity leave of more than three months first. Several studies have found that the length of maternity leave plays an important role in the long-term viability of lactation behaviour among female workers. Experts, on the other hand, specifically recommended workplace regulations allowing breastfed employees to have their breastfed time every 3 hours, as well as giving workers with under-6-month children the option of working part-time or returning home earlier. Experts also



Figure 1. Seven major aspects of the workplace lactation promotion model, summarized from Basrowi et al Model³³

recommend having a dedicated lactation room with additional amenities such as cold storage, chairs, a water sink, and breast milk pumping. The guidelines also recommended these items.³³

Experts also mentioned health education or promotion through company doctors as important human resources for breastfeeding programs in the lactation promotion model. Breastfeeding education is recommended by experts for all female workers of reproductive age. Some of the educational materials cover the benefits and methods of lactation, as well as important nutrition for breastfeeding mothers, breast care, and workplace support for lactating behaviour. Social media, private counselling, interactive lectures, and group discussions are all recommended methods of education. The experts also agreed that there should be always a lactation counsellor on call, and that education lectures should be held once a week and completed before returning to work. Providing a lactation counsellor at the workplace would be costly for management; however, it may reduce employee absence for taking care of sick children, which may reduce productivity costs. Peer support groups can also help to promote lactating behaviour and may be an alternative to a full-time lactation counsellor in the workplace. The role of the company's doctor is recommended in the Human Resources aspects, primarily in basic occupational health service to implement the program for female workers before returning to work.³³

Supporting working mothers to continue breastfeeding at work is evidence-based and will benefit infants, workers, and employers. As a result, it is recommended by a well-established governmental policy. According to the study, properly dedicating a breastfeeding facility increased breastfeeding practice threefold, and a breastfeeding support program at work increased breastfeeding practice nearly sixfold.¹³ This demonstrated that implementing a lactation promotion model is critical to successful breastfeeding in working mothers.

Conclusion

Breastfeeding substantially improves the health of a mother and her child. Breast milk protects the child from infectious diseases such as diarrhoea and respiratory infections, thereby reducing the frequency or severity

of common childhood illnesses. Studies also show that breastfeeding also protects the mother from infections and chronic illness. Supporting breastfeeding in the workplace has significant human and economic benefits such as fewer absenteeism, lower turnover rate, higher job satisfaction, increase retention on female worker and higher productivity. There are several challenges faced by female worker that hinder them to practice breastfeeding in workplace. The main reasons are the unavailability of lactation facilities at the workplace, unfriendly company's policy and lack of company supports. From a business perspective, breastfeeding support is not considered a profitable investment, and there is a lack of regulation. A lactation promotion model comprised of seven major components can be implemented in the workplace to increase exclusive breastfeeding and boost female worker productivity. The role of company occupational doctors takes a very special and important place in this lactation promotion model to achieve high breastfeeding rate in female workers.

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