

# Breastfeeding practices of working women

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## Abstract

Breastfeeding is the fundamental aspect of child rearing that a woman copes with. It creates a wonderful bond between mothers and their babies. The importance of breast feeding to child health is highlighted by the yearly World Breastfeeding week (Forste, Weiss & Lippincott 2001:291). Breastfeeding promotions in the Northern province like anywhere else in the country appear effective and visible enough to encourage women at all levels to breastfeed. Ironically, many women give up breastfeeding when they return to work because the thoughts of expressing their milk at work and the fiddling around with pumps and storage at work seem overwhelming (McAlpine 1998:80).

Based on the assumption that breastfeeding requires commitment and determination, the researcher thought it was necessary to enquire about the experiences of working women on breastfeeding. Focus group interviews were conducted using a semi-structured format. Twenty-six women participated in three focus group discussions. The study was conducted in the suburban areas of the Northern Province, Soutpansberg region. Data was transcribed from a taped session and analysed using an open code method.

Four major categories were identified: Knowledge and attitudes towards breastfeeding, lack of support at work, lack of support at home and a need for facilities and resources that promote breastfeeding at the workplace. It was perceived that women are so stressed at the end of the day that they have little or no time to nurse the baby. They appear however knowledgeable about the benefits, advantages and disadvantages of breastfeeding their babies. A concern was also raised that the time that they therefore spend with their babies is limited and affect their relationship with their babies. Women felt that they need support from their employers as well as colleagues at work to be able to balance their responsibilities

## Introduction, background and rationale

The average woman spends about eight hours at work. This includes a woman who has just delivered a baby a month or two ago. According to Handwerker (1999:1306) the core stressor for working women is their emotional response to dissonance between the behaviour they experience at work and the behaviour they find acceptable to them. At work women are expected to perform just as much as their male colleague despite breastfeeding activities that she might be involved with at times. Their long demanding day sometimes deprives them an opportunity to breastfeed their babies in between their work schedule or to express breast milk for feeding later. After a long and stressful day they want nothing else but to rest. Thus, breastfeeding becomes an unbearable chore for them.

Various studies reveal a negative relationship between maternal employment and breast feeding (Forste, Weiss & Lippincott 2001:291). Low breastfeeding rates is indicated as a serious public health concern. About one-third of the women never start breastfeeding and most of those who at least start stops after returning to work. Only one in ten working mothers nurses for recommended two years (Brady 2001:70).

According to McAlpine (1998:80) many women give up breastfeeding when they return to work, because the thought of breastfeeding, expressing their milk and fiddling

around with pumps and storage just seems overwhelming. It is against this background that it was felt that if women share their experiences regarding working and breastfeeding, other women will learn how they can cope and how they can negotiate for a breastfeeding friendly work environment with their employers. Working women will voice out their needs and expectation in the workplace in order to contentise the employers and colleagues.

## Problem statement

Working with nursing mothers conscientised the researcher about the challenges nursing mothers come across in trying to balance the two roles (working and breastfeeding). Young women today cannot afford to stay at home long because they also contribute to the income of the family. Within three to four months after delivery they are expected to go back to work and to perform like any other employee in the workplace. Working from home is almost impossible to some of the women because of the nature of their work. On the other hand, the workplace is usually 30 kilometres or more from home. This implies that it is difficult for them to breastfeed from home during tea or lunchbreaks. The workplace on the other hand does not provide opportunities for mothers to breastfeed. As a result breastfeeding becomes a difficult chore for women. The following research question was therefore formulated to guide participants in sharing their experiences on working and breastfeeding.

*"How do you experience breastfeeding as a working mother"?*

## Aims and objectives of the study

In this article the researcher aims to

Explore and describe the experiences and challenges that working women encounter whilst breastfeeding.

To achieve the above aim, the following objectives are set:

- To explore and describe the experiences of breastfeeding women who are working.
- To provide guidelines for safer breastfeeding practices to nursing mothers who are also working.
- To develop guidelines for support by employers and families of nursing mothers

## Research design and method

The research design is a qualitative, explorative, descriptive method which is contextual in nature (Mouton & Marais 1990:43; Mouton, 1996:103-109; Streubert & Capenter, 1995:30; Polit & Hungler 1991:19). The study design is qualitative because the investigator suspects that the current knowledge or theories about breastfeeding practices of working mothers may be biased. According to Morse & Field (1996:8) qualitative method is used when there is little known about a phenomenon, or when the research question pertains to understanding or describing of a particular phenomenon or the investigator suspects that the current knowledge or theories may be biased.

According to Polit and Hungler (1991:19) exploratory research aims at a phenomenon of interest and pursues the factors that influence, affect or relate to the phenomenon. In this study the researcher seeks to explore the experiences of working mothers with regard to breastfeeding. The aim of explorative designs is to establish facts, to gather new data and determine whether there are interesting patterns in the data (Mouton, 1996:103). This design is employed to obtain complete and accurate information of working mothers. The data collected will explain the phenomena from the point of view of the working mothers.

Descriptive design involves the direct exploration, analysis and description of a phenomenon in their natural environment (Streubert & Capenter, 1995:30). This research aims to establish what the experiences of nursing mothers are. The design is contextual in nature in that it was conducted at a particular region of the Northern province.

## Population

Young African middle class women of ages from 20-30 who stays at the suburban area in Soutpansberg region of the Northern Province constituted the population in this study

## Sampling

A purposive sample was used considering the following criteria:

Willingness to participate

Informed consents

Women must have small children (0 to 3 years)

They should be working away from home.

Should be nursing or should have nursed within the past three years.

## Human subjects consideration

Democratic Nursing Organisation of South Africa's ethical measures was used as guidelines for human subject consideration during this study (Denosa 1998:36). Participants were fully informed about the nature of the research before taking part. Voluntary participation and privacy were also ensured. It was made clear that they do not have to participate in the discussions if they are not willing. Participants were told that the discussions will be tape recorded. They were assured that confidentiality and anonymity will be maintained when compiling the research report. Participants were asked to keep confidential information shared by other during the discussions. Written consent was also given.

## Data collection

Three focus groups' interviews were conducted with seven and eight women in each group. According to Kitzinger (1995:299) focus groups are a form of group interviews that capitalises on communication between research participants in order to generate data. The researcher facilitated the discussions and encouraged participants to communicate to each other about their experiences in breastfeeding and working.

A piggy back focus group was used (Krueger 1994:83). According to Krueger (1994: 83) a piggy back focus group can be effective if one add focus group interviews to another event. In this study participants met monthly in the area for socialisation (women's club). During these meetings they invite guest speakers and/or facilitators to assist them on topics of interest. The researcher requested the group to engage in the discussions for purposes of research which was well accepted. A cartoon indicating a very tired woman coming home from work and a toddler throwing out arms for her on arrival home was displayed as an icebreaker. A key question was then asked: "*how do you experience breastfeeding as a working mother?*". This question was chosen to raise thoughts and feelings about the topic of discussion. The discussions were tape recorded and a time limit of 60 minutes was decided upon.

## Data analysis

The researcher noted emerging topics from the transcribed data. Similar topics were then clustered together. Clusters were given the most descriptive wording as themes (Burnard 1991:461).

## Measures to ensure trustworthiness

Lincoln and Guba's model of trustworthiness of qualitative researchers was used to ensure trustworthiness of the community members data. This model identifies criteria and strategies for establishing trustworthiness. The criteria were applied to this study as follows:

**Credibility** was ensured by utilising appropriate methods of data collection. Peer evaluation was done during all the stages of research. Two colleagues in the department of nursing science were asked to serve as independent coders. Member checking was done during and after the data analysis to confirm the information with participants.

**Transferability** was ensured by a dense description of a research method. Three different focus group interviews were conducted with participants who were selected purposefully.

**Dependability** was ensured by dependability audit through an independent coder of data gathered. Peer evaluation also ensures dependability. Literature was consulted regarding the experiences of breastfeeding mothers.

**Confirmability** was ensured by keeping appropriate distance between the researcher and participants to avoid influencing research. A consensus discussion between the researcher and the independent coder was held to ensure confirmability (Lincoln & Guba 1985:19).

The researcher guarded against taking a too directive role. Facilitation skills were practised in conducting the discussions. Measures were taken to discourage dominance of group members by others. Care was taken to avoid fitting data into preconceived ideas of what will be the main concerns of breastfeeding working mothers. Transcribed data was read back to the participants so that they can comment on whether the information reflects their discussion.

## Literature control

Literatures about what women say regarding breastfeeding were sought and compared with findings of this study.

## Discussion of results

Analysis of data generated the following themes:

- Knowledge and Attitudes of working mothers towards breastfeeding,
- Experiences regarding a lack of support from colleagues and the employer at the workplace,
- Experiences regarding a lack of support from their husbands and other family members,
- Needs for support, facilities and resources that benefit works mothers who is breastfeeding.

## Theme 1: Knowledge and attitudes towards breastfeeding by working mothers

Participants had knowledge regarding the benefits, advantages and disadvantages of breast feeding. Their attitudes towards breastfeeding were both positive and negative with participants revealing a more positive than negative attitude. They were informed about the benefits of breastfeeding a baby as well as the hassles involved. It appears that those who were relaxed about it found it a lot easier than others. Some participants appeared a little insecure about breastfeeding and acknowledged that it really takes some effort for one to breastfeed successfully particularly while working away from home. The

following direct quotations highlight these aspects:

“Nowadays one gets pamphlets and posters about the benefits of breastfeeding. Everyone knows about its benefits. What they do not tell us are the hassles involved...”

*“In hospitals, clinics and everywhere breastfeeding is encouraged so there has to be a good reason for that. Besides, it is cheaper for one to breastfeed for two years than to buy formulas from day one”.*

“There are even competitions in place at the hospital to encourage breastfeeding...”

“Our babies need us in many ways. As an academic myself, I realised that had it not been because I am breast feeding I would spend more of my limited time at home with the computer than spending quality time with my little baby. After all most of the time he spends with my helper and I get jealousy of the relationship he has with her.”

*“Our work is also very important for our survival, it determines the availability of something in our plate, that is why we need to learn to set priorities and commit ourselves to that.”*

*“There is no other way to feel as close to your baby as when you are together, skin to skin, providing him with food from your own body. Breast is the best!”*

Feelings of insecurity and discomfort about breastfeeding indicated above confirm Leventhal's (2001:13) argument that lack of confidence to that the women will be able to breastfeed amidst the odds influence their decision to stop breastfeeding. However in this study, most participants were determined to breastfeed their babies despite the hard work and the inconveniences they come across while breastfeeding and working. They got a lot of encouragement from other women they saw breastfeeding despite all the odds.

*“During my first year I travelled with a cooler bag in the car. I had to do it despite all the odds. We drive about 70 kilometres every morning to work. I am a member of a lift club which is fairly heterogenous as you know. It was at first difficult for me to explain what I have inside the cooler bag...the bottles, the pump, you know that kind of stuff. You know how our men feel about those kind of stuff... Even worse is trying to convince other women who are not breastfeeding that it is worth doing”.*

*“I know it means keeping healthy, watch what you eat and sometimes run to the bathroom at work because the breasts are full and the top is almost getting wet. But it is, a step one has to pass. After all it is not for a very extended period”.*

“I did not plan to breastfeed, it just happened. It appeared to be the most reasonable option than occurred spontaneously. Then before I knew it I was supposed to go back to work”.

Without determination they indicated that one would easily

give up. Some participants indicated that they could not breastfeed because they were working. It is too much work. They thought they were too stressed to produce enough milk for the baby.

"I wanted to breastfeed but you know I did not have enough milk. Perhaps I was too stressed to produce milk. I was changing a job and had to cut my maternity leave. My baby was only two weeks when I started. It was tough. I eventually gave up. By now I miss it a lot. I wish I also breastfed my baby that long".

*"I made up my mind even before I got pregnant that I am going to breastfeed my baby no matter what. I saw all the hassles from my elder sister who was working eight to 5pm every five days per week and still breastfed for two full years".*

Participants acknowledged the fact that "it is not really a piece of cake but worth doing". They valued the benefits of breastfeeding. Some talked about it as the most natural thing that should happen while some regretted that they stopped breastfeeding with their previous babies.

*"One biggest sorrow of my life is that I did not breast feed my daughter. I wanted to, I planned to... but no one, no one backed me up or gave me any support. Finally I gave in and gave up. This was three years ago. I have regretted it most of my life since then".*

"I have seen others breastfeeding successfully regardless of the hassles. I am going to give it my best shot."

## **Theme 2 : Experiences regarding a lack of support at work**

Participants spoke about the negative attitude and lack of support from colleagues and employers in an institution regarding breastfeeding. They talked about the image of an African woman who should do nothing but look after the children at home. Lack of support from fellow workers and management was highlighted as follows:

"Somehow it is acceptable for a husband to take his wife with when going for business assignments provided they are paying for them than when a woman takes her baby with under the same circumstances."

"It is still not acceptable for us to breastfeed or to express where there other people particularly men and older women. You have to find a hiding place somewhere where they won't see. Also it is not something that one can talk about freely. You cannot tell your boss (even if she is a woman ) that you are taking a 15 minute break because you are going to express breast milk for the baby in the rest rooms. We just don't talk about such things. It is unacceptable".

"Somehow people just make you feel bad about it...like they don't accept it".

Literatures reveal that the above experiences are not peculiar

to the Northern province in South Africa only nor to specific African culture. The United States women also experience such feeling of isolation while breastfeeding and working. The following quotation from Brady (2001:70) asserts to the findings "just mention the word breastfeeding in the average US office, and colleagues may run for cover".

Canahuati and de Suarez (2001:551) confirms this kind of attitude when he argued that attitudes in the workplace constrain mothers in formal sector employment. Often, mother report experiencing negative attitudes and rejection if they breastfeed or express at work. In this way commitment to women's right to work and right motherhood as well as children's right to nutrition is compromised.

## **Theme 3 Experiences regarding a lack of support at home**

Participants felt that there is not enough support and encouragement to breastfeed after a day's work. A concern was raised that lack of support actually starts at home. Other responsibilities such as preparing a meal for the family, tidying up the kitchen, etc. also do not leave much time for them to breastfeed. This is asserted by the following quotations:

"Coming home late you always wish somebody will take up other responsibilities so that you can dose off while breastfeeding but is always not like that. We hardly have that quality time with the baby because we are always rushing them to attend to the father (prepare supper for him, tea, a bath while he is reading the day's paper)".

*"Breastfeeding can be very soothing after a day 's work if all you should do is just that and then sleep at the end of it all. Being a mother, a wife, a worker and in many instances a student of some kind leaves one with a great deal of challenge".*

The quotation stated above implies that, after a full day's work they are still expected to do the household chores with or without the assistance of their partners. According to Forste, Weiss and Lippincott (2001:291), the support of the infant's father is important in breastfeeding decision and married women are more likely to breastfeed than single women. The following quotations from participants in this study relate to the above-mentioned statement:

"Our husbands are fortunate, they do not have to be there. They can help when they feel like. Mine is very good with our baby, but only when he can. I sometimes feel like he is making me a favour. Perhaps he does not really mean that but at least I feel that way sometimes you know."

*"The way mine gets irritated when I am taking too long to calm our baby, nxeeee (a laugh)...you won't believe he is the father."*

*"I stay with my in laws and I can see sometimes she does not*

*understand when I have to sit down for an hour to breastfeed. She feels I am lazy. I could be doing something during that period. I mean to her I had just come home only to stay in the nursery with my baby. It means avoiding the rest of the people around."*

The findings discussed above were supported by Meyers' (2001:931) report about the reasons why women do not breastfeed. Lack of broad social support was also identified as one of the reason why working women choose not to breastfeed. Unsupportive partners and family members were also identified as common barriers to breastfeeding (Meyers 2001:931).

## **Theme 4 A need for support, facilities and resources that benefit a woman who is breastfeeding at work.**

Participants indicated their concern about lack of facilities for nursing mothers at work. They felt that the attitude of colleagues and employers makes it even harder for them to suggest any improvement of the available facilities. They felt that the matter is not given the seriousness that it deserves by the employers. They strongly felt that facilities could be improved in some institution if people identify that need as of significance to increasing productivity. Some of the facilities that are needed were listed as follows:

- A kitchenette in each passage/corridor or block, a refrigerator or freezer in the kitchenette to store expressed breast milk was necessary
- Creche facilities with nursing rooms
- Flexible hours of work

The following quotations highlight this aspect:

*"Just like any other women's issues, people don't just take this seriously..... I mean breastfeeding, a lot can be done still to accommodate our needs with the present work environment if at all it was taken seriously."*

*"To suggest that there be breastfeeding facilities at work is a nightmare. In our institution there are creche facilities. We have been talking about breastfeeding facilities for ages but it seems as if it is still a far-fetched idea. After all only few voices were screaming, it is possible that they were not even heard."*

*"Perhaps in an institution where there are hardly enough bath/rest rooms for employees, it is too idealistic to propose for a provision for kitchenette for breastfeeding women"*.

*"I just feel there should be a listening ear to take our lobbying for decent rest rooms or kitchenette where we can express in privacy and comfort. With my situation it was impossible to express in my office because I shared an office with a colleague. Even though she assured me on many occasion that*

*she does not mind, I could never have felt comfortable."*  
*"Hey! Don't forget that the same men who won't see the need to help and support you on breastfeeding are the same men who usually are somebody's boss at work, he won't see the need at work either..."*

*"Ja! You are so right you know! Our block does not have a rest room to start with. We have been talking in vain. I use to walk with my pumps and cooler bag to another block, not very encouraging you see."*

From the discussions, one realises that women are quite aware of their need for support but it also appears they do not trust in the management and colleagues at work to assist in creating a friendly environment for breastfeeding mothers. In this regard the issue of breastfeeding by working mothers becomes a gender issue as well as socio-political issue. These findings in this regard are supported by Brady (2001:70) who argue that unless the labour law of any country protects the right of the working women to nurse in public there is very little a woman can do at work to continue breastfeeding.

## **Limitations of the study**

Data was gathered from the group of young women who knew each other too well and who share similar sentiments that they could influence each other in their response which might mean that the response lacked maximum variations of perceptions, feelings and experiences about issues of breastfeeding and working. Further more the study was conducted in one are which means that finding cannot be generalised to all women.

## **Conclusion and recommendation**

Participants valued their decisions to breastfeed despite the challenges that go with it. Women realise that they have to be determined not to give up breastfeeding when they get back to work. The greatest challenge that women appear to be facing is that of lobbying and making sure that their voices are heard by those stakeholders whose support they need. Employers should assist in making the working environment "breastfeeding friendly". The following recommendations are made:

- Working women should draft proposals to their employers to lobby for facilities for breastfeeding (eg. decent rest rooms and kitchenette)
- Employers should consider creating opportunities for breastfeeding mothers at work
- Partners should play a supportive role for their nursing wives because it seems to make the responsibility a lot easier to accomplish with their support

Women in leadership to emphasis the importance of availing breastfeeding facilities because they experiences could make them understand the need and the challenges associated with breastfeeding.

Involve male leaders and partners in the breastfeeding process so that they are part of the decision to make it work for good

Breastfeeding and how to support it, should be introduced as an issue for discussion in all activities related to women and children's fights in schools and professional training particularly in the health, legal and teaching professions

The researcher further outlines the following guidelines to form part of the recommendation in creating a breastfeeding friendly atmosphere at home and at work:

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**Table 1 : Guidelines for support**

EMPLOYERS	GUIDELINES	BENEFITS
	Provide kitchenette or lactation rooms	Healthier employees and children Shorter maternity leaves Lower health care costs reduced turn over Increased productivity due to less parental sick leave Increased corporate reputation Improved staff retention as mothers return to work earlier from maternity leave
	Provide flexible working hours options	
	Hand out subsidised pumps	
	Train managers about the issue	
	Offer facilities to store milk	
	Develop policies regarding the issue	
	Influence policy changes at National level	
PARTNERS AND OTHER FAMILY MEMBERS	Offer psychological support	Healthy mother and child Lower health care costs
	Be there	
	Offer physical back up	
	Allow enough time to rest	
	Take off some of the responsibilities from the mother particularly during the early stage	

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