

Does Employment Status Affect Breastfeeding?

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ABSTRACT

The infant feeding decision is complex and involves the influence of psychological, social, and economic factors, and health care system. For working mothers, there are more obstacles and barrier for practicing breastfeeding successfully. Successful breastfeeding for working mothers is not a simple matter.

Keyword:

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1. INTRODUCTION

Endorsement for breastfeeding has come from the World Health Organization, the International Pediatric Association, the British Department of Health and Social Security, the American Association of Public Health, and the Academy of Pediatrics. The justification for breastfeeding as the infant feeding method of choice continues to be well documented in the scientific literature. Significant nutritional, anti-allergenic, immunological and psychological benefits of breast milk have been identified. Many studies have described the unique advantages of human milk [1]-[4]. According to Chezem et al. (2003), nutrients percentage contained in breast milk are exactly suits the needs of the infant to grow and develop [1]. Moreover, over six month following birth, breast milk transformed from colostrums into mature milk, which protects the infant from gastrointestinal tract and respiratory organs infections, as well as providing protection during the development of the immune system while the immune system [1].

Among the role and status of women in society and labour market and lack of support services have enable women to combine care giving and workplace responsibilities [5]. Notably among women, consequent changes in attitudes towards marriage and childbearing, problems of childcare and related issues (i.e breastfeeding) that tend to grow in complexity.

Women nowadays are empowered with education and good position in the labour market. Importantly, more women are having higher education, and this has far reaching implications on marriage and family formation such as doing household and maternal roles [5]. Improvements in the position of women are commonly seen as key facilitators of demographic change, via modification of their child bearing and care-giving behavior [6].

In Indonesia, there has been a significant increase in the trend of women's participation in the labour force. In 1950 there was only 30.6% on female labour force participation, and until 1999 the female labour force participation increased significantly to 53.2% [7]. Due to this situation, women are challenged to

balance between family and career development. As women are mostly involved in economy, they have to cope with multiple roles therefore balancing motherhood and career will a tough task [5]. For employing mother, practicing breastfeeding will also be a challenging task. Mother's employment status may affect breastfeeding practice. Maternal employment has been shown to negatively influence breastfeeding decision [8].

2. RESEARCH METHOD

This paper is based on a systematic literature review. An online literature search was conducted in Science Direct, Cochrane Database of systematic reviews, PubMed, WileyInterScience, SpringerLink, and Portal Garuda. The search strategy included the following keywords: breastfeeding, and employment. Search limits included: English and Indonesian language, but there were no limits for year of publication or study.

3. RESULTS AND ANALYSIS

Haider and Begum (1995) did a study about early infant feeding practices on working mothers in Dhaka, Bangladesh [9]. There were 238 working mothers with children younger than 30 months of age participated in this study. Of the mothers interviewed, 20% had been exclusively breastfed on the first month, 13 % on the second month, and two percent on the fifth month of employment. The researcher suggested that working mothers should be informed through health personnel and communication media, about the benefits of exclusive breastfeeding. Provision of facilities to support breastfeeding in the workplace must also be encouraged so that maternal employment does not hamper breastfeeding.

Another study was conducted in Sdo Paulo, Brazil by Rea et al (1999) [10]. The researchers interviewed 69 factory workers, both during pregnancy and when they returned to work. Median duration of exclusive breastfeeding was found to be 10 days. Only two mothers were still exclusively breastfeeding when they returned to work. In conclusion, the researchers stated that stronger social and health care support for exclusive breastfeeding may be needed before the full impact of workplace support can be usefully studied in Brazil.

Lakati and Binns (2002) conducted a cross-sectional study in Nairobi, Kenya [11]. The aim of this study was to document the effect of returning to work on exclusive breastfeeding. There were 444 working mothers participated in this research. Results from the study showed that the prevalence of exclusive breastfeeding was 13.3% at three months. Breast milk insufficiency and return to work were the main reasons cited for the cessation of exclusive breastfeeding. The researchers concluded that working mothers were able to continue breastfeeding, although the rates of exclusive breastfeeding were low.

Whaley et al (2002) investigated predictors of breastfeeding duration for employees of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) [12]. There were 121 female employees participated in this study. The researchers found that nearly 70% of the study participants reached the American Academy of Pediatrics goal of breastfeeding to 12 months or more. They concluded that full-time employment and breastfeeding can be compatible given appropriate work-site support.

In the United States, Ryan, Zhou, and Arensberg (2006) did a study to examine the effect of employment status on breastfeeding [13]. This study was based on a national sample of new mothers (n = 228,000). The participants were mothers who were employed full time, who worked part time, and who were not employed outside the home. Results of the study showed that mothers who were not employed were more than twice as likely to breastfeed at six months than mothers who worked full time. They suggested that programs designed to support working mothers who choose to breastfeed must be continued and strengthened.

A qualitative study was conducted by Gatrell (2007) in UK. The study explored the conflict between health advice and organizational practice regarding breastfeeding [14]. In order to comply with workplace requirements, mothers in this study were obliged either to cease or to conceal breastfeeding activities. In the light of mothers' experiences, she suggested that breastfeeding duration rates among professionally employed mothers can only be improved if negative attitudes about maternal bodies and employment are challenged. Also, if employers, as well as mothers, are the focus of health initiatives aimed at promoting breastfeeding.

Hawkins et al (2007) examined data from the Millennium Cohort Study to determine whether a mother's employment status and employment characteristics are related to breastfeeding initiation [15]. This analysis comprised 14 830 white mothers from Britain and Ireland (6917 employed) with singleton babies, born from 2000 to 2002. They found that women employed full time were less likely to initiate breastfeeding than mothers were not employed.

A cohort study in UK was also conducted by Hawkins et al (2007) to examine the relationship of maternal employment characteristics to breastfeeding for at least four months [15]. Subjects of the study were

6917 British/ Irish white employed mothers with singleton babies. Results from this study showed that mothers employed part-time or self-employed were more likely to breastfeed for at least four month than those employed full time. The longer a mother delayed her return to work postpartum, the more likely she was to breastfeed at least four months.

Handayani [16], in her cross sectional research also found that mothers' employment status influenced breastfeeding practice. There were 221 mothers who joined mother support group program participated in this study. The study took place in Yogyakarta, Indonesia.

4. CONCLUSION

For working mothers, there are more obstacles and barrier for practicing breastfeeding successfully. They can not all the day stay at home together with their babies due to their load work. They have limitation related to time and distance. Successful breastfeeding for working mothers is not a simple matter.

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