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Maintenance of formal worker breastfeeding: factors that influence and its consequences

Mantenimiento de la trabajadora formal lactancia materna: factores que influyen y sus consecuencias Manutenção da amamentação da trabalhadora formal: fatores que influenciam e suas consequência

ABSTRACT

Objective: To characterize the factors that interfere in the maintenance of breastfeeding of working women with formal employment. Method: Quantitative observational analytical research, with 207 participants, in Florianópolis, Santa Catarina, through an online questionnaire. Analyzed using univariate statistical measures. Results: Two categories emerged: conceptions related to breastfeeding while working and consequences of the interference of maternal work on breastfeeding. The first category was subdivided into 5 factors: individual, environmental, organizational, cultural and legal aspects. Conclusion: Strengthening technologies to support breastfeeding: daycare centers in the workplace, implementation of breastfeeding support rooms in companies and expansion of maternity leave were relevant for the consolidation of policies to encourage breastfeeding in the country. **DESCRIPTORS:** Women, working; Breast Feeding; Weaning.

RESUMEN

Objetivo: Caracterizar los factores que interfieren en el mantenimiento de la lactancia materna de mujeres trabajadoras con empleo formal. Método: Investigación analítica observacional cuantitativa, con 207 participantes, en Florianópolis, Santa Catarina, a través de un cuestionario en línea. Analizado mediante medidas estadísticas univariadas. Resultados: Surgieron dos categorías: concepciones relacionadas con la lactancia materna durante el trabajo y consecuencias de la interferencia del trabajo materno en la lactancia materna. La primera categoría se subdividió en 5 factores: aspectos individuales, ambientales, organizacionales, culturales y legales. Conclusión: Fortalecimiento de tecnologías de apoyo a la lactancia materna: las guarderías en el lugar de trabajo, la implementación de salas de apoyo a la lactancia materna en las empresas y la ampliación de la licencia por maternidad fueron relevantes para la consolidación de políticas de incentivo a la lactancia materna en el país.

DESCRIPTORES: Mujeres trabajadoras. Lactancia materna; Destete.

RESUMO

Objetivo: Caracterizar os fatores que interferem na manutenção da amamentação da mulher trabalhadora com vínculo empregatício formal. Método: Pesquisa quantitativa observacional analítica, com 207 participantes, em Florianópolis, Santa Catarina, através de questionário online. Analisado por meio de medidas estatísticas univariadas. Resultados: Emergiram duas categorias: concepções relacionados à amamentação enquanto trabalhadora e consequências das interferências do trabalho materno sobre a amamentação. A primeira categoria subdividiu-se em 5 fatores: individuais, ambientais, organizacionais, culturais e aspectos legais. Conclusão: Fortalecer tecnologias de apoio à amamentação: creches no local de trabalho, implantação de salas de apoio à amamentação nas empresas e ampliação da licença-maternidade mostraram-se relevantes para a consolidação das políticas de incentivo ao aleitamento materno no país.

DESCRITORES: Mulheres trabalhadoras; Amamentação; Desmame.

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INTRODUCTION

reastfeeding is the strategy with the greatest potential for reducing infant mortality rates, bringing numerous benefits to society. In 2001, the World Health Organization (WHO) recommended that breast milk should be offered exclusively until the child's six months of life, being supplemented by safe and appropriate foods from six months to two years old or more. (1) The National Study of Child Food and Nutrition conducted in 2019, points out the prevalence of exclusive breastfeeding among children under four months of age at 60% in Brazil and, in children under six months of age, it was 45,7%. (2)

It is a consensus that the breastfeeding process is conditioned to multiple factors associated with the contexts of motherhood. However, issues of paid maternal work have been shown to be profoundly relevant to the maintenance of breastfeeding, treating it as an aggravating factor for the interruption of exclusive breastfeeding, being preponderant for the minimum expectation recommended by WHO, or even as the main determining factor of interruption early breastfeeding. (3)

At the legal level, Brazilian strategies to support breastfeeding workers seek to protect the right to breastfeeding, through the construction of a universal protection system, being a fundamental right, with measures to protect workers and the maternity process. It consists of a cultural construction of public and private companies that act with respect and support for breastfeeding as a way to protect and promote the health of the mother/child binomial, bringing benefits to individuals, the company and society. (4)

Among the international agreements entered into by Brazil, is the commitment to the seventeen Sustainable Development Goals (SDGs) for 2030, which were dealt with by the United Nations (UN) and its world leaders. For the UN, breastfeeding is strongly related to the practice of global sustainability, acting as an essential factor for the achievement of the SDGs, being present, directly or indirectly, in each of the seventeen objectives, promoting the eradication of poverty and ensuring the human rights to adequate, accessible, safe, complete and timely food for young children in any socioeconomic situation and anywhere in the world. (5)

Companies also benefit from breastfeeding support, with direct and indirect benefits, perceived by company managers. The woman who manages to reconcile breastfeeding and work tends to improve productivity, have more satisfaction and better adherence to employment, having fewer absences due to the reduction of illnesses. For managers, the encouragement of breastfeeding in companies builds a positive and socially responsible image towards employees and society, providing a great benefit to the brand. (6)

Therefore, this study aims to: "characterize the factors that interfere with the maintenance of breastfeeding workers with formal employment".

METHOD

This is a quantitative observational analytical study. The study population consisted of workers with formal employment, with the inclusion criteria: they had children in 2015, maintained breastfeeding after returning to work, municipality of Florianópolis-SC. They were recruited through social networks and television and radio media. Data collection took place between March and September 2018, with an online questionnaire (Google Forms).

The study variables were tabulated, processed and analyzed using Excel @ and Stata 13.0, the outcome variable "breastfeeding continuity". The mean, median and standard deviation were calculated for continuous variables and proportions for categorical variables. Pearson's chi-square test was used to assess the association between variables, considering p <0.05 as statistically significant. The study respects the ethical precepts and was approved through the consolidated opinion CAAE 81391717.1.0000.5369.

RESULTS

231 questionnaires were collected, 24 were excluded for not meeting the inclusion criteria, totaling 207 as a valid sample. The average age of the participants was 34 years old, 85% had up to 2 children, 37% had completed higher education and 45% postgraduate. In relation to the employment relationship: 76% had a workforce regime and 23% were statutory, predominantly full-time,

Figure 1 - Socio-demographic characteristics. Working women with formal employment. Florianópolis-SC, 2018.

Características sócio-demográficas	
Variáveis	N%
Idade	
<30 anos	21,7
30 - 35 anos	38,7
35 - 40 anos	30,4
> 40 anos	9,2
Escolaridade	
Até 2° grau completo	5,8
Superior incompleto	
Superior completo	36,7
Pós-graduação	44,9
Números de Filhos	
1 Filho	43,5
2 Filho	41,6
3 Filho	13,0
4 ou mais filhos	1,9
Vínculo Empregatício	
Celetista (Setor Privado)	76,5
Estatutária (Setor Público)	23,0
Misto (Público e Privado)	0,5
Jornada de Trabalho	
Parcial (Até 4 horas diárias, fixas ou flexiveis)	9,2
Integral (Até 8 horas diárias, fixas ou flexiveis)	88,4
Outros	2,4
Tempo de atuação no emprego	
Até 4 anos	30,9
> 4 Anos	69,1
Source: Author, 2020. From the surveyed results, two categories emerged	

Chart 1 - Factors related to work interference in maintaining breastfeeding		
SUBCATEGORIAS	FATORES QUE INFLUENCIAM NA MANUTENÇÃO DA AMAMENTAÇÃO DA TRABALHADORA	
Individuais	Trabalho materno, horário e carga de trabalho, distância entre residência - trabalho - creche, cargo ou função, insegurança quanto a estabilidade do emprego.	
Ambientais	Distância entre residência - trabalho - creche.	
Organizacionais	Horário e carga de trabalho, falta de local adequado para amamentar, indisponibilidade de pausa para amamentar, falta de apoio da minha chefia direta, falta de apoio da minha empresa, falta de apoio dos meus colegas de trabalho.	

fixed or flexible, 69% of the sample remained in the same job for 4 years or more.

CONCEPTIONS RELATING TO BREAS-TFEEDING WHILE WORKING

With regard to the degree of personal satisfaction in relation to the support provided by the company for the continuation of breastfeeding after returning to work, 81% of the participants stated that they were little or not at all satisfied with the way they were treated during this period.

Regarding the interference of their working conditions on the decision to continue or not to breastfeed after the end of maternity leave, 74% of the participants positively declared the effective interference of working conditions in maintaining breastfeeding.

The statements regarding the interference of maternal work in 51% stand out; hours and workload, which receives full agreement for 53% of the participants; and finally, the end of maternity leave was relevant in the decision to stop breastfeeding after returning to work in 56%.

When observing the interference factors in breastfeeding that are raised by the study participants, it was possible to characterize them in subcategories, according to the type of influence factor and its aspects of correlation between maternal work and maintenance of breastfeeding (Chart 1).

CONSEQUENCES OF THE INTERFERENCES OF MOTHER'S WORK ON BREASTFEEDING

Total breastfeeding time was presented with an average of 4 months, considering that 52% of the participants affirmed that they breastfed between 6 and 24 months. Regarding the total breastfeeding time established after the end of maternity leave, the average was 5 months, considering that 45% of the sample claims to have breastfed up to 2 months after returning to work.

As for the period of maternity leave, 56% said they enjoyed 120 days (4 months) of benefit and 43% 180 days (6 months), but the average of the total period of effective leave from work was 5 months (considering the possibility adding other

Culturais	Falta de apoio da minha chefia direta, falta de apoio da minha em- presa, falta de apoio dos meus colegas de trabalho, horário e carga de trabalho, cargo ou função.
Aspectos Legais	Indisponibilidade de pausa para amamentar, término da licença- -maternidade.
Source: Author, 2018	

types of leave such as holidays, medical certificates).

In the item "Flexibility of hours or breaks during the work period, to breastfeed or milk breast milk", 71% of the participants indicated that they enjoyed special rests of up to one hour.

As for breastfeeding environments, 80% of the sample stated that they did not have adequate or even adapted spaces available for breastfeeding or for expressing breast milk.

Regarding the flexibility to change the environment and / or function in which she works, during the breastfeeding period, 91% denied the possibility of changing the working environment, such as the home office or adapted offices, if necessary; and 87% also did not obtain the possibility of changing the function previously performed in their work. And 62% were unaware of the "Primer for breastfeeding working women". (7)

DISCUSSION

The results point to women with a higher level of education in this study, bringing us the reflection that education can contribute to increase breastfeeding time. Maternal schooling is a decisive factor in breastfeeding, women with an education level between Higher Education and Graduate Studies breastfeed longer (from 6 to 24 months) than women with a lower level of education.

This trend is indicated by Victora ⁽⁸⁾, suggesting that in the last 20 years we can liken the variables income and education, recognizing the greater predisposition to breastfeed for women with a higher level of education and presumably higher income. According to Ministry of Health ⁽⁹⁾, breastfeeding and weaning should take place in a natural way, without external influences, according to the child's individual development. However, the litera-

ture corroborates the results of this study, highlighting the great potential that more mature mothers with a higher level of education have greater confidence in dealing with the potential problems arising from the practice of breastfeeding. (10)

As for the interference factors in the participants' breastfeeding process, the subcategories were defined, according to the type of influence factor and its aspects of correlation between maternal work and the maintenance of breastfeeding. The delimitation of the subcategories took place by understanding the most relevant aspects in deciding the character of the variable. The possibilities of dominance over the influence variables on the workers' breastfeeding demonstrate the complexity of the issue and the diversity of aspects to be worked on in the search for effective breastfeeding support for this population, in view of the need for support from the most diverse sectors of society. (11)

To Andrade ⁽¹⁰⁾, the period of maternity leave being shorter than the breastfeeding period recommended by WHO ⁽¹²⁾ hinders the practice of breastfeeding, and early weaning is a risk factor related to maternal work. Fact found in this study, where the total period of breastfeeding was on average 4 months. However, 45% of participants breastfed only up to 2 months after maternity leave.

Even though breastfeeding workers experience different work realities and sociodemographic contexts, the experiences were similar when related to the risk factors for early weaning presented by maternal work. ⁽¹³⁾

To Fernandes ⁽¹⁴⁾, company managers who promote the incentive to breastfeed workers, recognize benefits for the company that adopts such practices, arguing that there is an improvement in the overall performance of the employee. However, the greater frequency of harmful conduct than positive breastfeeding encouragement, emphasizing the lack of knowledge of current legislation

(15) protection for the worker. In this context, this study points out that 81% said they were little or not satisfied in relation to the support provided by the company after the return of maternity leave, stating that working conditions interfered in maintaining breastfeeding.

With the consolidation of women in the labor market, conflicts in paid work also increase, given that women have not abdicated the right to maternity. (16) Insecurity regarding job instability was identified as a potential influence for weaning by most of the participants. To Mota (17), all the benefits already known about breastfeeding are still not enough to combat the low prevalence, since most are unable to reconcile the two aspects, due to professional pressure, lack of support from companies, anxiety and insecurity soon after the end of the regulatory stability of the maternity leave. Due to the temporary competitive vulnerability in the professional environment, women are under pressure to abandon breastfeeding in order to resume their full professional availability prior to pregnancy.

Schedules and workloads were also representative of the participants. Although Brazilian legislation guarantees women with formal employment, having two half-hour breaks during breastfeeding hours. We realized that this practice is contradictory, given the distances between the place of work/residence/daycare. (11) In addition, 80% of participants stated that they did not enjoy an adequate place to breastfeed/milk the breasts during work.

CONCLUSION

The decision to maintain breastfeeding after returning to work, when this is the woman's will, is often influenced by factors related to the mother's own work, making it possible to expand and qualify it by strengthening technologies to support breastfeeding: daycare centers in the workplace, implementation of breastfeeding support rooms in companies and expansion of maternity leave.

The new Brazilian labor legislation stands out as a challenge, which since 2017 has enabled new formats of employment relationships. Considering the clipping of this study, with

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participants due to spontaneous demand, the surveyed results propose to present data for the formulation of hypotheses and not to establish causal relationships. The profile of participants represents a part of the population, with a high level of education and increased access to information, which is a limitation of this study. Longitudinal, temporal and population distance studies are necessary in order to expand the delimitations of the relationship between factors related to maternal work and breastfeeding.

REFERÊNCIAS

- 1.Organização Mundial de Saúde. Evidências científicas dos dez passos para o sucesso no aleitamento materno. Tradução de Maria Cristina, G do Monte, Brasília (DF): 2001.
- 2. Universidade Federal do Rio de Janeiro. Estudo Nacional de Alimentação e Nutrição Infantil – ENANI-2019: Resultados preliminares – Indicadores de aleitamento materno no Brasil. UFRI: Rio de Janeiro, 2020. 9 p.[Internet] Available from: https://enani.nutricao. ufrj.br/index.php/relatorios/.
- 3. Ferreira GR, D'artibale EF, Bercini LO. Influência da prorrogação da licença-maternidade para seis meses na duração do aleitamento materno exclusivo. Revista Mineira de Enfermagem, v. 17, n. 2, p. 398-411, 2013. Available from:
- http://www.reme.org.br/exportar-pdf/658/en_v17n2a12.pdf.
- 4. Lima IM, Leão T, Alcântara M. Proteção legal à amamentação, na perspectiva da responsabilidade da família e do estado no Brasil. R. Dir. sanit. [Internet]. 28fev.2014;14(3):66-0. Available from: http:// www.periodicos.usp.br/rdisan/article/view/75649
- 5. Ministério da Saúde (BR). Rede Brasileira de Bancos de Leite Humano. Semana Mundial de Aleitamento Materno (SMAM). Brasília: MS, 2015. Available from:
- http://www.redeblh.fiocruz.br/cgi/cgilua.exe/sys/start.ht- m?sid=377>>.
- 6. Fernandes VMB. Salas de apoio à amamentação: conhecimento de gestores de empresas públicas e privadas com vistas à sua implantação [dissertação]. Florianópolis: Centro de Ciências da Saúde, Universidade Federal de Santa Catarina; 2015. Available from: https://repositorio.ufsc.br/bitstream/handle/123456789/169397/338831.pdf?sequence=1&isAllowed= y.
- 7. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde da Criança e Aleitamento Materno. Cartilha para a mãe trabalhadora que amamenta. Brasília: Ministério da Saúde; 2. ed. 2015. Available from:

http://bvsms.saude.gov.br/bvs/publicacoes/cartilha_mulher_trabalhadora_amamenta.pdf.

- 8. Victora CG, Barros AJD, França GVA, Bahl R, Rollins NC, Horton S, et al. Amamentação no século 21: epidemiologia, mecanismos, e efeitos ao longo da vida. Brasília: Epidemiol. Serv. Saúde. jan 2016; 387(10017):475-490. Available from: http://scielo.iec.gov.br/pdf/ ess/v25n1/Amamentacao1.pdf.
- 9. Ministério da Saúde (MS). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar. Brasília: MS; 2009. Available from:

http://bvsms.saude.gov.br/bvs/publicacoes/saude crianca nutricao_aleitameto_alimentacao.pdf.

10.Andrade, LFO. Aleitamento materno exclusivo e fatores de interrupção precoce.2018. 33 f. Trabalho de Conclusão de Curso (Especialização em Saúde da Família) - Instituto de Ciências da Saúde, Universidade da Integração Internacional da Lusofonia Afro-Brasileira, São Francisco do Conde, 2018. Available from:

http://www.repositorio.unilab.edu.br:8080/ispui/bitstream/123456789/705/1/2018_mono_landrade.p df.

- 11. Moura ERBB, Florentino ECL, Bezerra MEB, Machado ALG. Investigação dos fatores sociais que interferem na duração do aleitamento materno exclusivo. Revinter [periódico na Internet] 2015;8(2):94-116. Available from: http://revistarevinter.com.br/index.php/toxicologia/article/view/203/418.
- 12.Organização Mundial Da Saúde. 54ª Assembleia Mundial de Saúde. Resolução WHA 54.2, de 18 de maio de 2001. Infant and young child nutrition. Genebra: OMS, 2001.

Available from: www.who.int/nutrition/topics/WHA54.2_iycn_ en.pdf.

- 13. Cavalcanti NCSB, Baía DCP. Ser mãe no mundo do trabalho: notas sobre os desafios da reinserção de mulheres no mercado de trabalho após a experiência de maternidade [Internet]. In: 13º Mundo de Mulheres, 11º Fazendo Gênero: transformações, conexões, deslocamentos; 2017; Florianópolis. Florianópolis: UFSC; 2017 [citado em 09 out 2019]. Available from: http://www.en.wwc2017.eventos.dype.com.br/resources/anais/1499457316_ARQUIVO_Sermaenomundodotrabalho.pdf.
- 14. Fernandes VMB, Santos EKA, Zampieri MFM, Gregório VRP, Hernandes MJ, Ribeiro LC. Condutas de gestores relacionadas ao apoio ao aleitamento materno nos locais de trabalho. Texto contexto-enferm. [Internet].2018; 27(3): e2560016. Availhttp://www.scielo.br/scielo.php?script=sci arttext&pid=S0104-07072018000300302&lng=en.
- 15. Ministério da Saúde (BR), Gabinete do Ministro. Portaria n 1.130 de 05 de agosto de 2015: institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). Brasília (DF): MS; 2015. Available from: http:// www.brasilsus.com.br/index.php/legislacoes/gabinete-doministro/4007-portaria-n-1-130-de-5-de-agosto-de-2015
- 16. Rodrigues NA, Gomes AC. Aleitamento materno: fatores determinantes do desmame precoce. Enferm Rev [jornal na internet]. 2014 [acessado em 30 de novembro de 2016]; 17 (1): 30-48. Available from: http://periodicas.pucminas.br/index.php/enfermagemrevista/article/view/12791/10009
- 17. Mota HCM. A importância da amamentação e o que pode ainda ser feito para promover. (Monografia). Faculdade de Ciências da Nutrição e alimentação da Universidade do Porto. 2017. Available from: https://repositorio-aberto.up.pt/bitstream/10216/105854/2/202489.pdf.