

Establishment of lactation rooms in public and private companies: potentialities and difficulties



Implantação de salas de apoio à amamentação em empresas públicas e privadas: potencialidades e dificuldades

Despliegue de habitaciones lactancia de apoyo en empresas públicas y privadas: capacidades y dificultades

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ABSTRACT

Objective: To know how managers of public and private companies view lactation support rooms and their implantation.

Method: This study is based on qualitative, exploratory, and descriptive research. Twenty managers from Greater Florianópolis participated in the research, in 2015. Data were collected by means of semi-structured/projective interviews, and subjected to content analysis associated with Atlas.ti software.

Results: Data analysis led to the following two categories: difficulties and facilities of establishing a lactation room, with a predominance of financial difficulties and the lack of physical space. Dialectically, the subjects also recognised the low cost involved, which facilitates establishment.

Conclusion: Financial, cultural, and political aspects make it difficult to set up lactation rooms, but the importance of this measure was acknowledged. Although the success of breastfeeding partly depends on these support rooms, it also requires multiple actions, especially the effective participation of nurses and other health workers.

Keywords: Women, Working. Breast Feeding. Legislation. Public Health Policy.

RESUMO

Objetivo: Conhecer a visão de gestores de empresas públicas e privadas acerca das salas de apoio à amamentação, com vistas à sua implantação.

Método: Pesquisa qualitativa, exploratória descritiva, realizada em 2015, da qual participaram 20 gestores da Grande Florianópolis. Para a coleta de dados, foram utilizadas entrevistas semiestruturadas/projetivas e, para a análise, a Análise de Conteúdo, associada aos recursos do *software Atlas.ti*.

Resultados: Emergiram duas categorias, a saber, dificuldades e facilidades na implantação de sala de apoio à amamentação, com predomínio de aspectos dificultadores, especialmente financeiros, envolvidos na disponibilização de espaço físico. Dialeticamente, também houve reconhecimento do baixo custo envolvido, o que facilitaria sua implantação.

Conclusões: Aspectos financeiros, culturais e políticos dificultam a implantação de salas de apoio à amamentação, mas há o reconhecimento da importância da medida. Para o sucesso da amamentação, a implantação de salas de apoio é importante, porém, não suficiente, sendo necessárias múltiplas ações e, principalmente, uma atuação mais efetiva da enfermagem e dos demais profissionais de saúde.

Palavras-chave: Trabalho feminino. Aleitamento materno. Legislação. Políticas públicas de saúde.

RESUMEN

Objetivo: Conocer la visión de los gestores de la empresa pública y privada sobre las habitaciones de apoyo a la lactancia, con vistas a su puesta en práctica.

Método: La investigación fue cualitativa, exploratoria y descriptiva. Participaron 20 gerentes en Florianópolis en 2015. Para la recolección de datos se utilizaron entrevistas semiestruturadas/proyectiva y para análisis, Análisis de Contenido asociado a los recursos del *software Atlas.ti*.

Resultados: Surgieron dos categorías, las dificultades y las facilidades en la implantación de sala de apoyo a la lactancia, donde predominan los aspectos que obstaculizan, especialmente los financieros, involucrados en el espacio físico. Dialécticamente, también hubo reconocimiento del bajo costo involucrado, lo que facilitaría su aplicación.

Conclusión: Los aspectos financieros, culturales y políticos dificultan la implantación de salas de lactancia materna, es importante implantar salas de apoyo, sin embargo, no es suficiente, requiere múltiples acciones y, sobre todo, un funcionamiento más eficaz de la enfermería y otros profesionales de la salud.

Palabras clave: Trabajo de mujeres. Lactancia materna. Legislación. Políticas públicas de salud.

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■ INTRODUCTION

Breastfeeding is not simply an instinctive practice; it should be perceived as a fundamental necessity that must be continued in a timely manner. Healthcare professionals should be qualified to holistically accommodate and respond to the needs of nursing mothers at the workplace, and provide humanised and individualised care for these workers⁽¹⁾

In Brazil, several achievements have been made to restore this practice; however, family policies are still insufficient with respect to the reconciliation of women's paid work and breastfeeding, and family care as a whole. It is therefore prudent to discuss how the country is promoting these actions and how they respond to the official pro-breastfeeding discourse⁽²⁾.

In the quest for better results, the "*Ação da Mulher Trabalhadora que Amamenta*" (action of the working woman who breastfeeds) was launched in 2010. This action is part of a priority care line of the general coordination of the child health and breastfeeding of the Brazilian ministry of health, and consists of creating a culture of respect and support for breastfeeding in public and private companies to promote the health of workers and their infants, with direct benefits for firms and society⁽³⁾.

Simultaneously, the Brazilian ministry of health and the national health inspection agency published a technical note entitled, "*Sala de Apoio à Amamentação em Empresas*" (breastfeeding support room in companies), subsequently approved as Ordinance 193, on 23 February 2010, to guide on the establishment and inspection of lactation rooms in private and public companies, together with the local health inspection⁽⁴⁾.

A number of activities was initiated in Brazil focusing on three ideals: increasing maternity leave to 180 days; the installation of nurseries in workplaces; and the establishment of lactation rooms in enterprises⁽³⁾.

There are three main reasons that justify the need for an appropriate location for breastfeeding, namely maintaining milk production; providing relief from the discomfort of leaking breasts during the time mothers are at work; and the correct storage of breast milk to feed the worker's child or for donation to a human milk bank⁽⁴⁾. However, it was noted that most companies do not provide a suitable place for nursing workers to pump their breasts during the workday.

It is not only the mother and child who benefit from lactation rooms; companies that invest on this strategy also benefits from less absenteeism, as breastfed children get

sick less often; greater adherence to work due to the provided comfort and appreciation of women's needs, which cuts the cost of hiring and training of new employees; and a positive company image⁽⁴⁾.

Moreover, companies should ensure the continuity of breastfeeding to discourage total or partial early weaning. In addition to the appropriate place for breastfeeding or milk pumping, the conduct of health workers regarding breastfeeding is often inadequate. It has been observed that nursing teams are failing to provide the most basic guidance during the breastfeeding process and directly in the way they conduct their practice⁽¹⁾.

Given the scientific gap regarding the perspective of managers on breastfeeding in the workplace⁽⁵⁾, it is important to find a new outlook for working mothers, where the views of managers on establishing a lactation room reorient the work of nurses and other health workers directly involved with these women, and transform healthcare inside the workplace. Therefore, the research question was, "How do the managers of public and private companies view lactation rooms and their possible implementation?"

Thus, the aim of this paper was to learn about the view of public and private company managers in greater Florianópolis, Santa Catarina, on lactation rooms and their possible installation.

■ METHODOLOGY

This is qualitative, exploratory, and descriptive research conducted in Greater Florianópolis, Santa Catarina, Brazil.

The participants were 20 managers of 10 public companies and 10 private companies. The selected participants had the greatest power of decision on the establishment of a lactation room in the institutions. The sample size was determined using theoretical saturation, where the equal number of both company types was intentional.

The criteria for inclusion included businesses located in this area with more than 30 working women of childbearing age. The criterion for exclusion was companies that had lactation rooms.

After a prior situational diagnosis to obtain an overview of the local companies in the region, we visited the commerce and industry association to obtain further information on the 87 companies with more than 60 workers of both sexes. The companies were contacted by telephone and, according to the criteria used to select the research sites, 39 companies that met the inclusion criteria were

invited to participate in the research, of which 20 accepted and 19 refused.

Data were collected in August 2015 using two types of techniques with all the participants: semi-structured interview and projective interview. The first stage consisted of a script of questions on the prior experiences of the managers in relation to the rights of workers who breastfeed and the importance of breastfeeding for children, the family, and society. In the second step, the projective interview was used to capture the perception of the managers regarding lactation rooms and their opinion about setting up a room in their companies.

The data were stored and analysed using software for qualitative data analysis, Atlas.ti version 7.0⁽⁶⁾. Data were subjected to categorical and thematic content analysis proposed by Laurence Bardin⁽⁷⁾, based on three stages: pre-analysis, exploitation or coding of material, and processing of results and interpretation. The first is the stage of organisation; the second comprises coding operations; and, the third consists of processing raw results to make them meaningful and valid.

The study was approved by the research ethics committee of the Universidade Federal de Santa Catarina – CAAE n. 44950615500000121, according to Resolution 466/2012, of the national health council. All the participants signed an informed consent statement. This article originated from a master's dissertation⁽⁵⁾.

■ RESULTS AND DISCUSSION

Characterisation of participants and study sites

The managers were mostly men (75%), aged between 30 and 61 years, with post-graduate degrees (90%), married (70%) and with children (80%). In terms of position, 35% were executive managers, 35% were members of the board, and 30% were managers. In terms of the companies, 50% were private, 50% were public, and 80% of the total had subsidiaries. The companies diversified in the sectors of public security, judiciary, healthcare, education, electronics, steelworks, telecommunications, trade, and credit union.

Difficulties and facilities in the establishment of lactation rooms

The vision of the managers on setting up lactation rooms resulted in two categories: category 1, difficulties, and category 2, facilities.

Category 1 – Difficulties for the establishment of lactation rooms

The difficulties pinpointed by the managers were mostly related to structural requirements, namely, lack of space; problems adapting shared spaces; low number of breastfeeding workers; the company's financial problems, such as difficulties in providing human and material resources; and the improbability of establishing these rooms in the entire company network. We also identified difficulties such as lack of breastfeeding culture; lack of awareness of the managers; and doubts in relation to who is responsible for setting up the lactation rooms (company or government). These findings can be seen in Figure 1.

According to the managers, the predominant difficulties setting up a lactation room in the workplace were space and costs. Among the companies surveyed, 100% did not have lactation rooms, but 45% provided some space if required by the workers.

All the space inside a company is extremely precious and we do not make space to leave it open (Manager 20, Manager 9/Category 1: Difficulties/Physical Space).

I don't know if we need all that apparatus or if there could only be that room without all the apparatus, because I think that would make it hard to put into practice (Manager 17/Category 1: Trouble/Need for specific materials).

How would I organise myself and how can I demand strict cleaning and dedication of the state in relation to that room in particular to guarantee the safety and health for the mother and the mother's milk? (Manager 19/Category 1: Difficulties/Hygiene).

It is worth noting that, according to other studies, providing exclusive space is a small investment, and educating the managers on the return of this application can ease their concerns regarding cost/effectiveness⁽⁸⁾. The lactation room requires at least one comfortable chair, a small table, one tap with running water, an electrical outlet, and a door with a lock⁽⁹⁾. It also needs milk extraction pumps, refrigerator, privacy, and time to breast-feed or to extract breast milk⁽¹⁰⁾. Namely, it requires a low investment.

Also with regard to the cost/effectiveness, the managers mentioned the lack of demand, that is, the need to provide a space for lactation with little demand.

Not that we are against it, but it's a matter of demand (Manager 20/Category 1: Difficulties/No demand).

The number of babies born is not so significant (Manager 5/Category 1: Difficulties/No demand).

In general, the space would not be used that much (Manager 16/Category 1: Difficulties/Room remains unused).

Of all the research sites, 50% were private companies and 50% were public companies, and of this total, 80% owned subsidiaries. The number of employees of the companies ranged from 70 to 18,000, of which 30 to 10,800 were women. Therefore, the number of working women of childbearing age in all these companies justifies the realisation of pro-breastfeeding actions.

As found in this research, in addition to the functionality, the challenges of cost/effectiveness and schedule are some of the concerns of employers already mentioned in other studies⁽⁶⁾. This problem could be remedied with the work of a health professional, who is aware of the demand, the types of materials that are used, and their financial costs.

The participants of this study stressed that the solution to the problem of functionality/demand/space could

be adapting a room with another purpose so it could be shared as a lactation room.

I couldn't make this room exclusively for this purpose, but it could be an area that could be useful for this purpose (Manager 17/Category 1: Difficulties/Adapting a shared space).

There is the study room, if adapted, it could be reserved for that period. Now do a specific room to be closed a few years ago, to be eventually a situation, wouldn't have the slightest condition (Manager 20/Category 1: Difficulties/Adapting a shared space).

Literature provides records of the concerns of employees with the functionality of the lactation room and the suggestion for its multipurpose use⁽⁸⁻¹¹⁾. In contrast, there are also records that spaces exclusively intended for lactation increase the worker's desire to continue breastfeeding⁽¹²⁾. In Pakistan, a study compared different lactation rooms and found that working mothers with access to these rooms had greater awareness, while the workers without this exclusive space for lactation felt ashamed to use them in front of their coworkers⁽¹⁰⁾.

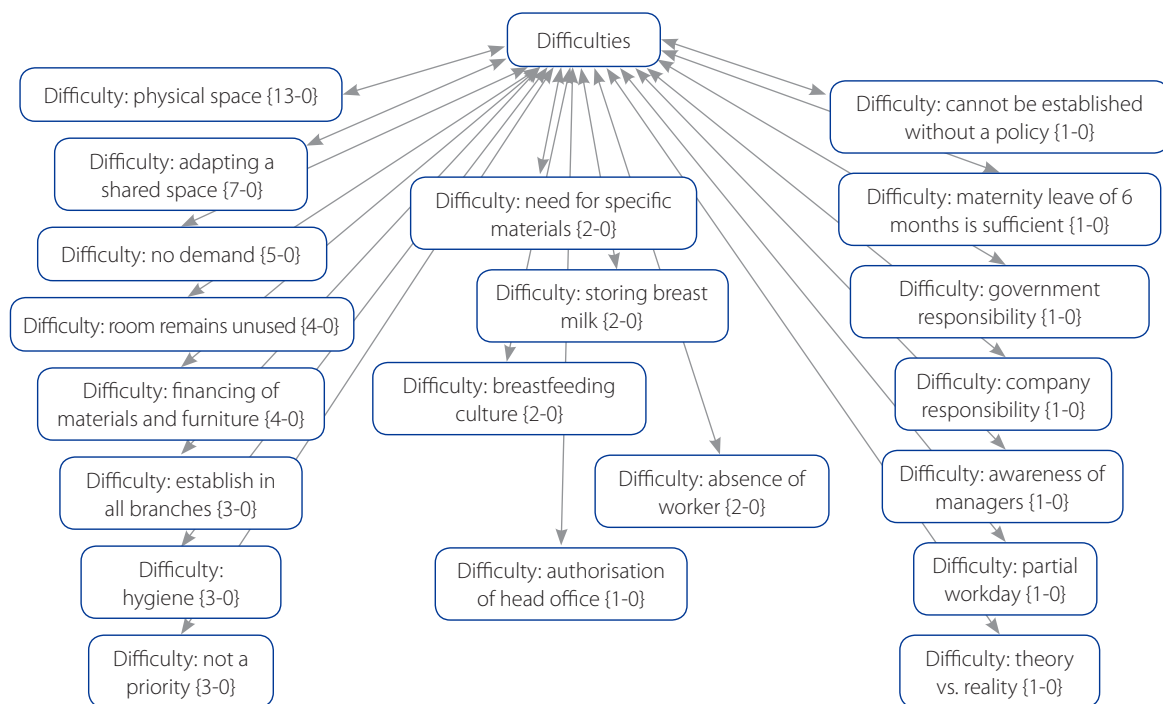


Figure 1 – Category 1: Difficulties. Difficulties mentioned by the managers for the establishment of lactation rooms.

Source: Research data, 2015, figure created with Atlas.ti software.

The absence of a written breastfeeding policy in the institutions hinders the establishment of a lactation room. Ideally, this could be constructed by a healthcare professional. None of the studied sites had a written or official policy on breastfeeding; the companies provided some form of lactation support, but they did not provide full support.

Of the studied companies, 35% provided healthcare professionals, of which 10% were in other main offices and another 10% had health-related professionals; only 5% had nurseries and 35% provided financial nursery assistance. However, the professional work in the public and private sectors does not focus on preventing early weaning, and this topic is minimally explored in care, in research, and in teaching. This lack of exploration prevents the effective realisation of any action related to breastfeeding.

If I had this philosophy and that gestational organisation, of public management, it would be entirely feasible (Manager 19/Category 1: Difficulties/Cannot be established without policy).

More comprehensive support could be provided by the company with a written policy. The lactation room cannot be provided in isolation, without guidance or regulatory standards.

According to literature, setting up an appropriate room for breastfeeding or extracting milk without a policy does not guarantee the maintenance of breastfeeding⁽¹³⁾. In Twain, 98.3% of the workers were aware of the availability of the lactation room, but only 36.2% used it⁽¹²⁾. This finding shows that health workers, especially nurses, should explore this field more closely based on the assumption that they are the agents who can transform this reality, starting with the construction of policies or written support guidelines and the promotion and protection of working woman who breastfeed in public and private companies.

The managers who participated in this study stated they have too many responsibilities and little support from the government. According to literature, government support to guarantee the right to breastfeed imposes on the state the obligation of providing safe, hygienic, and dignified conditions for breastfeeding, free from all forms of violence and discrimination against the employee⁽¹⁴⁾.

Anything, no matter how well intentioned you are. Depending on the situation, you get fined, even legal action (Manager 7/Category 1: Difficulties/Storing breast milk).

Everything the government proposes is great, the congressional representative speaks, the senator speaks, the mayor speaks, everyone speaks. Then you go to work and it's not what everybody says, it's not what was presented (Manager 20/Category 1: Difficulties/Theory vs. Reality).

A law that obliges companies with workers of child-bearing age in provide lactation rooms should be approved, as one of the obligations of the current government. The responsibilities regarding the establishment and operation of these rooms would continue in charge of the companies. However, the criticism of the managers of this study does not refer to the lack of laws and policies, but to the lack of effective government support, in the financial sense.

In addition to the lack of support to establish lactation areas, some managers also showed concerns with the responsibilities to maintain these rooms in terms of frequent cleaning and proper storage of breast milk. These concerns could be remedied with the help of a qualified health professional, especially a nurse.

Pumping breast milk in the workplace is uncommon and rarely mentioned from pregnancy to the puerperal period⁽¹⁾. Managers and workers need guidance on how to support the continuation of breastfeeding in the company. Moreover, it is important for health workers to get involved in breastfeeding support in the context of public and private companies.

In this research, we also observed the managers lack awareness on the importance and benefits of this measure.

It is because maybe it's not reaching us in a way that increases more awareness than the cost from central administration (Manager 11/Category 1: Difficulties/Awareness of managers).

Although the managers have a background in higher education, high decision-making power, and personal and professional maturity, they are all unaware of the recommendation of the ministry of health to establish lactation support or of ways to support breastfeeding workers.

According to literature, it is important to focus on the factors associated with awareness of the support of breastfeeding workers. Some states of the United States approved campaign laws to raise awareness about the importance of breastfeeding and the rights of women⁽¹⁵⁾.

In addition to the campaigns, other ways to raise awareness are management assistance programmes and the distribution of educational materials for health professionals.

One of the difficult aspects mentioned by the managers were factors associated with time (pause for breastfeeding/maternity leave/working hours).

In those cases when the employee stays at work for 10 hours and starts to feel that discomfort, then it's justified. But here, it's 7 hours, when the body begins to show signs that you have to breastfeed, it's time to go home (Manager 15/Category 1: Difficulties/Partial workday).

Regarding maternity leave at the surveyed locations, the public companies offer 180 days and the private companies offer 120 days; only one offers 135 days. With respect to the break to breastfeed, 50% allowed time since they were private companies of a civil-service regime, while others reported offering a casual break because their companies were not supported by the law.

In relation to the workload of the women at the surveyed companies, 5% worked 25 hours; 15%, 30 hours; 10%, 35 hours; 5%, 36 hours; 30%, 40 hours; and 35%, 44 hours a week. That is, most women work full time.

The absence of working women to pump breast milk was considered a difficulty by the interviewed managers since it depends on the good sense of managers and coworkers because this right is not ensured for the entire lactation period⁽¹⁶⁾.

According to other studies, women who breastfeed mentioned the lack of privacy and breaks to pump milk in the workplace⁽¹⁷⁾. Women who do not have breaks for breastfeeding in the workday are more likely to wean before the sixth month than women who have a breastfeeding break in the workday^(13;18). And the duration of breastfeeding is longer for women who have a partial working day than for the women who work full time⁽¹¹⁾.

That is, the time of maternity leave and an appropriate working day alone are insufficient to maintain breastfeeding for two years or more; there must be a legally required breastfeeding break after women go back to work until the end of the breastfeeding period. Even if women work part time, they must still commute to and from work and complete their daily workload. Therefore, it is imperative that the companies allow time for a break to breastfeed and pump milk.

Furthermore, the companies are not adopting the *Programa Empresa Cidadã* (citizen company programme) based on the law that allows companies to increase maternity leave from 120 to 180 days in exchange for tax exemptions from the government. By adhering to this programme, they can also increase the paternity leave from five to 20 days⁽¹⁹⁾.

Category 2 – Facilities for the establishment of lactation rooms

Although the lack of physical space and the economic aspects were considered hindrances for the establishment of lactation rooms, these aspects were also mentioned as facilitators.

Some of the most cited facilities by the interviewed managers for the establishment of lactation rooms were lack of financial problems, the availability of physical space, and the positive opinion of these managers, among other possibilities, as shown in Figure 2.

The low cost for setting up and effectively using lactation rooms was acknowledged by the managers of this survey.

I actually have it here in the company, due to important actions with suppliers, sometimes it's a structure that part of it is already in place (Manager 11/Category 2: Facilities/Materials available).

I think it's a minimum cost to the institution, which is pretty good. It's a big company, a minimum budget, I think it would be well diluted. The priority is not a luxury! (Manager 19/Category 2: Facilities/Financial issues).

Support at work, from managers and coworkers, such as emotional support and practical help, is also considered essential and highly influential for the practice of breastfeeding⁽¹²⁾.

I thought that the child had to be there to breastfeed (Manager 4/Category 2: Facilities/No need to take the child).

A lactation room is used to pump and store breast milk⁽⁴⁾, which does not require the moving of women or their children, thus reducing financial costs and optimising service time.

A budget to cover the requirements of setting up and maintaining a lactation room could ease the anxiety of managers and increase the feasibility of creating lactation rooms in work environments.

I thought I would be harder, that it would be like a nursery, someone would have to bring the child, having to move around and all that. [...] It is not that difficult to do, it's simple (Manager 4/Category 2: Facilities/Thought to be simple).

Creating a space for them is doable (Manager 18/Category 2: Facilities/Thought to be viable).

This kind of facility was considered by some managers of this study as being simple because it does not require high technology; feasible because it does not require trained professionals; suitable because it does not require large physical space due to the number of workers who breastfeed; and facilitated because it does not require the presence of the child. In other words, it was considered a simple investment by the companies that do not see difficulties in setting up a room for this purpose and include it in future planning of new buildings.

Another aspect was the positive vision of the manager in relation to this initiative.

As support, I think it's great. [...] Of course, after our conversation I'm going to talk to our administrator (Manager 1/Category 2: Facilities/Positive opinion of the manager).

To set it up, I think it would not be difficult to convince the central administration, since it is a family business (Manager 11/Category 2: Facilities/Family business).

We have a certain awareness with the child who is the son of that worker, we're not exempt of the responsibility of monitoring this process that is very difficult for the family (Manager 5/Category 2: Facilities/Educational institution).

In this study, the participants positively associated support with breastfeeding when they referred to being a family company and more sensitive to support, which

facilitates the establishment of other support actions in the companies. Through the promotion and support of managers, it is possible to influence the time women breastfeed and, thus, improve the health of the mother and baby. This could also reduce absenteeism at work and increase the productivity and job satisfaction of working women⁽⁹⁾.

Some managers have a positive attitude in relation to providing a mother-friendly environment at work; however, some clearly defend the idea of disadvantages for the enterprise⁽¹⁰⁾. In general, companies are not open to receiving requests for breastfeeding support, and they often deal with problems as they arise⁽¹¹⁾, including lactation rooms.

Consequently, it is important to go beyond simply providing information to managers; it is necessary to challenge their negative attitude toward breastfeeding⁽¹⁰⁾.

■ CONCLUSION

This study shed light on the vision of managers of public and private companies in Greater Florianópolis, Santa Catarina, on lactation rooms and their possible establishment.

The managers mentioned several difficulties for the establishment of lactation rooms in the companies. The difficulties include financial problems, lack of space or the impossibility of providing an exclusive area, equipment, and material, and lack of an institutional culture or social awareness of the importance of establishing breastfeeding support measures. Some managers were

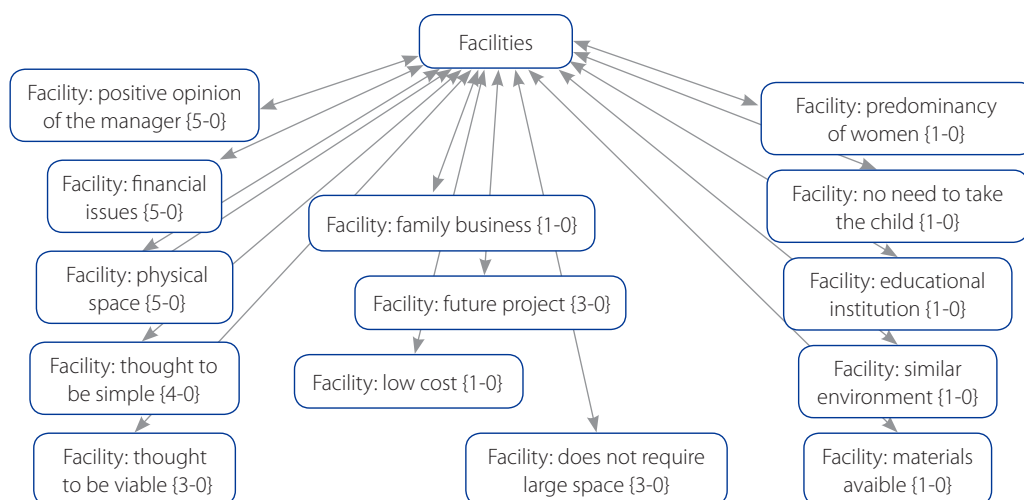


Figure 2 – Category 2: Facilities mentioned by the managers for the establishment of lactation rooms

Source: Research data, 2015, figure created using Atlas.ti software.

concerned about the structure, others with the furniture and materials, and others with maintaining this type of room.

Dialectically, in the category of facilities, it was acknowledged that establishing lactation rooms is not costly, and awareness of their importance, on the part of managers, women and society, contribute to their establishment.

In view of the problems presented, nursing is considered one of the professional categories with the greatest involvement in the promotion and support of breastfeeding, whether in hospitals, health centres, home care, or other health scenarios, including private and public companies.

The nurses who work in this field can raise the awareness of managers of the culture of breastfeeding and provide spaces to divulge knowledge on the establishment of lactation rooms. Nurses also provide other forms of support for the construction of policies and written routines for breastfeeding and the dissemination of policies and laws to support working women who breastfeed.

This study strengthens the role of nursing in companies that support working women who breastfeed, and also support the managers. Consequently, it expands the subject for research and extension, and serves as a pathway for the construction of knowledge and as a basis for scientific progress and education by providing a broader view for future professionals. To ensure the expansion of knowledge, it is necessary to train future professionals through service education and at academic level.

This study contributes to care and proposes political and strategic actions that stress the need to transform the practice of workers who participate in the process of motherhood in multiple care scenarios by empowering nursing mothers, guaranteeing their labour rights, and offering adequate support for the continuation of breastfeeding after women return to work.

It is necessary to create laws that ensure the establishment of lactation rooms, and written breastfeeding policies for each company with fiscal and financial incentives and provisions, and consequences in the case of violation. Bigger investments are needed to increase the knowledge and awareness of the population regarding lactation support in the workplace since it requires the mobilisation of all sectors of society.

This research has weak points, such as the selection of public and private companies, and companies of several industries and sectors. Its limitation may be the number

of interviewed managers and exclusive regional coverage. Future research can explore the generalisation of these results in other types of companies.

The support of health workers to managers can influence the duration of breastfeeding and improve the health of mother and baby, as well as reduce absenteeism and increase the productivity and satisfaction of workers.

Furthermore, in this context, it also provides helps to create a culture of breastfeeding by adjusting the current model of care within the workplace. The mere establishment of a lactation room in companies is insufficient to ensure the benefits of breastfeeding if it is not accompanied with essential support devices, such as maternity leave, breaks for breastfeeding, hours of work, and others, legally guaranteed through health professionals.

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