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Author:

Edition:

Imprint: Charlottesville, Va. : The Association

Article: Bridges, C B: Employer attitudes toward breastfeeding in the workplace.

Vol: 13

No.: 3

Pages: 215-9

Date: 1997

Dissertation:

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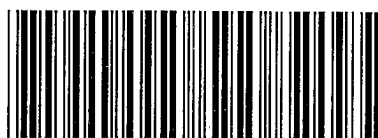
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## Employer Attitudes Toward Breastfeeding in the Workplace

Catherine B. Bridges, RNC, MSN, Deborah I. Frank, ARNP, PhD, and John Curtin, MS

### Abstract

A descriptive, exploratory study of 69 male and female employers was done in a small rural community to determine their attitudes toward breastfeeding or expressing milk in the workplace. Business variables, such as experience working with women who have breastfed and knowledge of other businesses who have employed breastfeeding women, appeared to be better predictors of a positive level of support toward breastfeeding in the workplace than personal attributes, such as age, education level, and personal history with a spouse or friend who breastfed. The health care provider needs to become instrumental in promoting breastfeeding in the workplace by focusing on the positive effects on the business and providing employers with successful examples of workplace breastfeeding programs. *J Hum Lact* 1997; 13:215–219.

**Keywords:** employer, attitudes, breastfeeding, workplace, working mothers

### Introduction

The benefits of breastfeeding for mothers and infants have been widely recognized.<sup>1,2,3</sup> However, combining breastfeeding and working outside the home can be challenging. Difficulty in maintaining a milk supply and breast tenderness from breast pumping can be barriers for the mother. Emotional concerns such as feared disapproval from employers, co-workers, and family can also discourage employed mothers from breastfeeding.<sup>4,5,6</sup>

There has been little published about employer support for breastfeeding, but there are programs available to educate and provide support for the employers. For example, one large breast pump manufacturer sponsors a nationwide program with the purpose of providing training for employers planning breastfeeding support programs in the workplace. The company provides both

breast pumps and a lactation consultant and sets up private on-site pump rooms. Over 300 companies are participating in this program.<sup>7</sup>

In a study of 100 companies listed by *Fortune Magazine*, several large corporations were reported to have policies that support working mothers.<sup>8</sup> These companies offer maternity and return-to-work benefits that support working breastfeeding mothers, such as refrigeration for milk and some level of professional health care support.

Although some corporations are beginning to support breastfeeding programs for mothers returning to work outside the home, there is a lack of studies documenting the attitudes of employers. The attitude of others toward the breastfeeding mother often determines the duration of the breastfeeding experience.<sup>10,11</sup> Thus, if employers are not supportive, mothers may be more likely to wean infants earlier if they begin working outside the home while breastfeeding.

The purpose of this study was to examine employer attitudes toward breastfeeding in the workplace. The primary research question was: What are the attitudes of employers toward mothers breastfeeding in the workplace? The hypotheses identified were as follows: (1) younger employers will be more supportive of breastfeeding than older employers, (2) level of education will be positively related to support for breastfeeding, and (3) employers who have a family member or personal history of breastfeeding will be more supportive of women who breastfeed than those employers without this history.

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Received for review, February 4, 1997; revised manuscript accepted for publication, June 15, 1997.

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*J Hum Lact* 13(3), 1997

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## Methods

Two instruments were used in this investigation, the Demographic Data Form and the Attitudes Toward Breastfeeding Questionnaire (ABQ). The Demographic Data Form was used to collect information on variables of interest in describing the sample. The ABQ is a 10-item Likert scale questionnaire designed to determine attitudes toward breastfeeding in the workplace. It is based on a list of important business concerns about breastfeeding.<sup>3</sup> These concerns include productivity, turnover, absenteeism, morale, public image, and recruitment. The composite score of the questionnaire ranges from 0 (most negative attitudes) to 50 (most positive attitudes) with 25 representing the median of "neither agree nor disagree."

A pilot study was performed with 13 business persons to facilitate the development of the instruments. Several demographic items were altered as a result of the feedback from the pilot participants to allow for variations in employment situations. The instrument was reviewed for content validity by experts in breastfeeding (two lactation consultants). They requested an item be added to the ABQ to determine if the employers valued breastfeeding or human milk over formula in terms of infants' health status. Also, an item on the Demographic Data Form was reworded for clarity as a result of a consultant's suggestion.

Approval for this study was obtained from the appropriate Institutional Review Board. The researcher visited one scheduled meeting of a civic group in a small predominantly agricultural based community. Participants were briefed about the study, essentially restating what was written in a letter provided with each instrument. Approximately 10 minutes were allotted to complete the anonymous surveys.

Student t-tests and ANOVA were utilized to determine if there were differences between various groups on levels of support for breastfeeding in the workplace. Tukey's multiple comparisons procedure was used to follow-up significant ANOVA results. Correlation analyses were used to determine if relationships existed between continuous variables.

## Results

### Subject Characteristics

Seventy-one of 92 attendees at a civic group meeting elected to participate in the study. Two of the 71 had incomplete data, resulting in a final sample size of 69.

The mean age of the sample was 48.8 years (range 27-78). Nearly all (94%) were married, male, and white,

non-Hispanic. Approximately 63% of the sample had a personal income of more than \$60,000 (Table 1).

Almost half (48%) of the sample had personal exposure or experience with breastfeeding, reporting themselves or their spouses as having nursed an infant. The majority (67%) reported that they had not worked with women who have nursed or expressed milk in the workplace, and 70% did not know of other businesses or employers who have employed women who were breastfeeding (Table 2).

The average number of males and females employed by the participants was almost equal (males = 33, females = 31). Further, almost all of the participants (90%) had the authority to establish workplace/personnel policies. Breastfeeding policies in the workplace included maternity leave for eight weeks (88%). Paid maternity leave was reported by 37% with another 27% noting that paid maternity leave depended on sick leave balance. In 41% of the respondents' employment settings, there were policies allowing women to take additional time (post-lunch) to nurse their infants. A similar percentage (43%) expressed support for establishing an

**Table 1.** Subject characteristics.

Variable		
Age (y)		
Mean (SD)	48.1	(13.1)
Range	27-78	
		<i>n</i> (%)
Gender		
Male	65	(94.2)
Female	4	(5.8)
Marital status		
Single	1	(1.8)
Married/remarried	65	(94.2)
Divorced	3	(4.3)
Income		
Less than \$30,000/year	0	(0)
\$30,000 to \$60,000/year	25	(37.3)
More than \$60,000/year	42	(62.7)
Education		
Less than high school	0	(0)
High school diploma or GED	2	(2.9)
Some college	4	(5.8)
4-year college degree	30	(43.5)
Some graduate work/degree	31	(44.9)
Other	2	(2.9)
Ethnicity		
African American	1	(1.5)
White, non-Hispanic	65	(94.5)
Asian	1	(1.5)
Other	1	(1.5)

Total *n*=69.

area in the workplace for women to nurse or express milk.

### Employer Attitudes Toward Breastfeeding

The mean score for the participants on the ABQ was 32.2 (range 14–50) indicating weak but positive support for breastfeeding in the workplace (Table 3). Age, educational level, and exposure to breastfeeding by spouses, family, and friends were not significantly correlated with the score. However, those who reported that they had worked with women who breastfed or expressed milk in the workplace exhibited a higher level of support for breastfeeding ( $\bar{x} = 35.2 \pm 6.7$ ) than those who reported that they had not ( $\bar{x} = 30.7 \pm 6.0$ ),  $p < 0.02$  by Student's t-test.

An ANOVA was performed to compare level of support for breastfeeding among three groups: participants who would establish an area to nurse in the workplace, those who would not established such an area, and those who were uncertain. The means of the three groups, respectively, were  $36.24 \pm 6.0$ ,  $27.36 \pm 6.8$ , and  $30.62 \pm 6.0$ . These groups were found to be significantly different on level of support,  $p < 0.001$ . Tukey's multiple comparison procedure was used to determine which contrasts were significantly different from each other. Participants who reported that they would establish an area for women to nurse exhibited significantly higher levels of support versus participants who reported that

they would not establish such an area and those who did not know if they would establish such an area. Finally, employers who knew of other businesses who employed women who breastfed reported significantly higher levels of support ( $\bar{x} = 35.2 \pm 7.2$ ) than those who did not know of other businesses who employed women who breastfed ( $\bar{x} = 30.9 \pm 6.7$ ),  $p < 0.02$  by Student's t-test.

To briefly assess knowledge about breastfeeding, participants responded to the statement "formula-fed infants are as healthy as infants who receive human milk." Only 14 (20.3%) disagreed with this statement, 27 (39.1%) were neutral, and 28 (40.6%) agreed that formula-fed babies were as healthy as breastfed infants. Only 12 (17%) agreed with the statement "if a woman in my employ wanted to nurse her infant or express milk in my workplace, I would support it"; 44 (64%) disagreed with the statement.

### Discussion

Age, education, and personal or family history with breastfeeding was not significantly related to employers' support for breastfeeding in the workplace. These employers may separate business decisions from personal experience, history or other personal attributes within their lives to avoid risk-taking behaviors in the work setting. Given the majority of participants in the present study ( $n=46$ , 67%) reported that they were not aware of having employed women who nursed or expressed milk in the workplace, it is likely that the participants did not recognize the positive effect such an employee could make on the workplace, nor could they envision the extent to which they could be supportive.

The findings of this study do suggest that participants who were aware of having worked with women who breastfed or expressed milk were more supportive of breastfeeding and their willingness to establish a place to breastfeed/express milk was found to significantly affect the level of support for breastfeeding. Further, employers who knew of other businesses who employed women who breastfed or expressed milk were more supportive of breastfeeding than those who did not. Employers may have seen that there were no negative ramifications to the business and they could support breastfeeding in the workplace without placing their business at risk.

One of the most important results of this study was the number of participants who believed that formula-fed infants are as healthy as infants who receive human milk (41%). When combined with the number of par-

**Table 2.** Personal nursing exposure.

Variable	n	(%)
Which of your relationships have nurse infants?		
Self	2	(2.9)
Spouse	30	(44.8)
Family member	26	(38.8)
Friend	35	(50.7)
None	3	(3.9)
Have you employed or worked with women who have nursed in the workplace?		
No	46	(66.7)
Yes	17	(24.6)
Don't know	6	(8.7)
Do you know other businesses or employers who have employed women who are nursing infants?		
No	48	(69.6)
Yes	21	(30.4)
Would you establish an area in your workplace for women to nurse?		
No	17	(25.4)
Yes	29	(43.3)
Don't know	21	(31.3)

Total  $n=69$ .

**Table 3.** Attitudes about breastfeeding.

Variable	n (%)
1. Allowing women to nurse in workplace will interfere with productivity.	
Strongly agree	8 (11.6)
Agree	13 (18.8)
Neither agree or disagree	16 (23.2)
Disagree	21 (30.4)
Strongly disagree	11 (15.9)
2. Allowing women to nurse in workplace will decrease the turnover rate.	
Strongly agree	8 (11.6)
Agree	8 (11.6)
Neither agree or disagree	24 (34.8)
Disagree	22 (31.9)
Strongly disagree	7 (10.1)
3. Allowing women to nurse in workplace will decrease absenteeism.	
Strongly agree	8 (11.6)
Agree	8 (11.6)
Neither agree or disagree	18 (26.1)
Disagree	28 (40.6)
Strongly disagree	7 (10.1)
4. Allowing women to nurse in workplace will improve morale of other employees.	
Strongly agree	2 (2.9)
Agree	15 (21.8)
Neither agree or disagree	30 (43.5)
Disagree	16 (23.1)
Strongly disagree	6 (8.7)
5. Allowing women to nurse in workplace will have a negative effect on the public image of your business.	
Strongly agree	12 (17.4)
Agree	19 (27.5)
Neither agree or disagree	22 (31.9)
Disagree	12 (17.4)
Strongly disagree	4 (5.8)
6. Allowing women to nurse in workplace will positively affect recruitment ability.	
Strongly agree	6 (8.7)
Agree	12 (17.4)
Neither agree or disagree	26 (37.7)
Disagree	22 (31.9)
Strongly disagree	3 (4.3)
7. The work environment should be changed to allow women to nurse.	
Strongly agree	8 (11.6)
Agree	14 (20.3)
Neither agree or disagree	22 (31.9)
Disagree	20 (29.0)
Strongly disagree	5 (7.2)
8. If a woman in my employ wanted to nurse her infant or express milk in my workplace, I would support it.	
Strongly agree	4 (5.8)
Agree	8 (11.0)
Neither agree or disagree	13 (18.8)
Disagree	33 (47.8)
Strongly disagree	11 (15.9)

Table 3. (Continued)

Variable	n (%)
9. Formula-fed babies are as healthy as babies who receive human milk.	
Strongly agree	8 (11.6)
Agree	20 (29.0)
Neither agree or disagree	27 (39.1)
Disagree	11 (15.9)
Strongly disagree	3 (4.3)
10. It is my responsibility to support mothers who combine nursing with employment.	
Strongly agree	3 (4.3)
Agree	8 (11.6)
Neither agree or disagree	17 (24.6)
Disagree	33 (47.8)
Strongly disagree	8 (11.6)
Total Support of Breastfeeding	
Mean Score $\pm$ SD	32.2 $\pm$ 7.1
Range	14-50

Total n=69.

participants who neither agreed or disagreed with this statement (39%) indicating a lack of knowledge or lack of an opinion, it certainly indicates a knowledge gap among employers about the benefits of breastfeeding.

#### Implications for Practice and Research

While the lack of support by employers from this sample toward breastfeeding in the workplace is discouraging, it provides health care providers in the community with important information. Health care providers must take action to assist breastfeeding women to empower themselves for self care. To empower women, the public (men as well as women) needs to be educated about the benefits of breastfeeding as the optimal form of infant nutrition. Health care providers have expert knowledge they can share formally and informally with community members.

Health care providers can initiate and/or collaborate in research to determine the effectiveness of interventions to promote work site breastfeeding practices in businesses that have implemented programs. The amount of risk employers are willing to take in implementing programs that may violate perceived cultural norms, as well as other specific business concerns need further investigation. Then the benefits of combining breastfeeding and employment can be translated into dollars and cents for the employers.

Campaigns can be developed to educate policy makers and the public about the known benefits of breastfeeding, as well as the costs of its decline, world-

wide. Health care providers should speak to civic groups of men and women, as well as work with employers individually. Employers need assistance in setting up policies, establishing guidelines, and calculating direct and indirect costs and savings. They need reassurance that supporting women who breastfeed in the workplace will not have a negative impact on their businesses, and they need to see how other business have done this successfully. Breast pumps need to be made available to women directly and through employment settings.

Employers who have established workplace solutions, such as extended leave, on-site child care, flexible hours, adequate breaks, private areas for milk expression, refrigeration of milk, on-site breast pumps, and others, need to be recognized and also need to receive public attention as being mother friendly workplaces. These workplaces may be used as examples for other businesses in the community to reassure that there will be no negative impact on the business.

This study suggests that employers most supportive of breastfeeding in the workplace had experience working with a woman who breastfed or had knowledge of other businesses that employed women who breastfed. While business issues seem to take priority over "personal" experiences in supporting breastfeeding women, these two issues do not have to be mutually exclusive. The role of the health care provider is to show employers that they do not need to compromise business priori-

ties to support breastfeeding in the workplace. Finally, research must continue to expand knowledge regarding the concerns of employers and to develop and evaluate policies to meet the needs of both breastfeeding women and their employers.

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