

Breastfeeding in Women Who Work Outside Home: An Analysis Based On Workers at 1° de Maio Health Centre, Northern Mozambique, 2019

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Abstract: ***Introduction:** Managing work outside the home and breastfeeding is a difficult process that depends not only on the work the woman does, but on the relationships she establishes with colleagues and with the employer, therefore, this research was elaborated aiming to know the practices and limitations of breastfeeding for women who work at 1° de Maio Health Centre, in Northern Mozambique. **Methods:** This was a descriptive cross-sectional study with a qualitative approach, carried out at 1° de Maio Health Centre, Northern Mozambique, 2019. The data collection took place during five working days in September. The research included women over 18 years of age, and with 1 or more children of 2 years or more, who were born while the mother was working. The selection of participants was based on theoretical data saturation. **Results:** The Participants maintained exclusive breastfeeding during the maternity leave, and for the most part, introduced mixed breastfeeding soon after maternity leave ended, complementary breastfeeding continued until the child was 2 years old. The limitations for the practice of breastfeeding were: the distance between home and the workplace, lack of spaces that allow accommodate the children while the mothers work, and the lack of conditions in the Sanitary Unit for the conservation of the expressed milk. **Conclusion:** The participants do not comply with exclusive breastfeeding, although they maintain breastfeeding until 2 years of age, and institutional conditions contribute a lot to the discontinuity of breastfeeding.*

Keywords: Breastfeeding, maternity leave, weaning and work

1. Introduction

Breastfeeding is a natural practice to provide the child with essential nutrients for health, growth and development, the child receives breast milk directly from the mother's breast, or expressed from it. (1)

Breastfeeding, by improving the quality of life of children and their mothers, contributes to a better quality of life for families, since the breastfed child has less risk of becoming ill, requiring less medical care, hospitalizations and medications, which can reduce absenteeism from work on the part of parents, as well as less spending, whether it is spending for the health sector, as well as spending within the family. (1)

However, although the advantages of breast milk are known and spread worldwide, there are factors that interfere with its success, such as extra-home maternal work. (2)

Managing work outside home and breastfeeding is a difficult process that depends not only on the work the woman does, but on the relationships she establishes with colleagues and with the employer. (3)

Although there is legislation to protect breastfeeding, which gives women the right to interrupt daily work to feed the child, in two periods of half an hour, or in a single period of one hour a day, breastfeeding is no longer viable as it is to

maintain lactation it is necessary to collect milk frequently, which is incompatible with carrying out the work. (4, 5)

Research supports that women who return to work soon after maternity leave have expired tend to discontinue breastfeeding due to the alleged lack of time and space to breastfeed their children in the workplace, thus leading to weaning and the introduction of artificial milk or solid food in children. (6,7)

In Mozambique, the average length of maternity leave is about 3 months, and the recommendation of the World Health Organization suggests that children must be fed exclusively with breast milk for 6 months. (1)

It seems that Mozambique has not carried out research relating the variables work and breastfeeding, through this knowledge, it can be assumed that the feeding practices of working mothers at 1° de Maio Health Centre undergo some changes with the return of these to work. So that we carried out this research that aimed to know the practices and limitations of breastfeeding among working women at 1° de Maio Health Centre. Knowing the infant feeding practices adopted by working mothers, and the limitations they encounter in maintaining breast feeding after maternity leave, is of fundamental importance in order to assess whether they contribute to the child's health or if they still harm their health status. Therefore, it is believed that the results of the research Breastfeeding in women who work

outside home: an analysis based on workers at 1° de Maio Health Centre, Nampula 2019, will bring contributions that raise reflections from all Health and government agents in such a way as to contribute to the improvement or maintenance of infant feeding practices.

2. Literature Review

Studies have been unanimous in concluding that breastfeeding rates among working women are less satisfactory when compared to non-working or self-employed women, thus indicating that breastfeeding protection policies in the workplace still needs some adjustment. (8, 9) In Brazil, research supports that women who return to work soon after maternity leave tend to interrupt breastfeeding due to the alleged lack of time and space to breastfeed their children in the workplaces, thus leading to weaning and the introduction of artificial milk or solid food in children. (10, 11) A cross-sectional study carried out in Nigeria with the aim of evaluating knowledge, attitudes and facilitating factors in breastfeeding among women workers in banks, concluded that the work was responsible for the low prevalence of breastfeeding in that group of women, the main associated with poor working conditions. (12)

Another cross-sectional study also carried out in Nigeria with female nurses showed that there is a significant association between the duration of breastfeeding and work outside home. (13)

A study carried out in Ethiopia on working women in 2019 concluded that this group of women generally adopts inadequate breastfeeding practices regardless of whether they work in the private or public sector, furthermore, the same research supports that maternal work is the main villain for adopting inappropriate breastfeeding practices. (14)

3. Methods and Materials

This is a descriptive study, based on a qualitative approach. The study was carried out at 1° de Maio Health Centre, this is a public health unit at the Primary level. The number of participants was determined by the data saturation method, data saturation was declared after verifying that the interviews no longer brought new opinions on the phenomenon studied, respecting a minimum of 8 and a maximum of 15 interviews, for this purpose. 13 initial interviews were carried out, after the answers, they were evaluated to determine the presence or not of data saturation, it was found that question 4 (At what age did you completely stop giving breast milk to your child) still divided opinions, that is, it still brought opposing opinions, then, 5 more interviews were carried out, having reached the possible data saturation in interview 18, to confirm the data saturation point, another 5 additional interviews were carried out, after verifying that did not emerge more different opinions, the researchers declared the total data saturation point in the twenty-third interview, with the same number of participants.

3.1 Data collection

The data collection took place during five working days in September, 2019, this collection was through the application of a structured interview, in general terms, the script was composed of 2 groups of questions: The first group concerns the sociodemographic variables (Age, marital status, education level). The second group concerns the questions pertaining to the objective of the research whose answers made it possible to reach the objectives, this group consists of a total of 5 questions, 2 of which are related to infant feeding practices before and after maternity leave respectively, 2 questions related to the duration of breastfeeding (exclusive and continued) respectively, and 1 question related to the limitations faced in breastfeeding.

3.2 Data analysis

Data treatment was performed through the application of the content analysis technique. When analysing the data through this technique, the thematic modality was used, in which the presence of certain themes demonstrates their frequency and meaning in the study and for this, three phases were undertaken:

Pre-analysis: At this stage, the speeches that were previously recorded in the interview guide were transcribed into a clean A4 sheet, the speeches presented on the A4 sheet were also read in order to assess the degree of relation of each one of them, with the posed questions and with the research objectives, the entire material was organized and codified, the codification of the units of analysis, that is, the answers, was established by simplifying the term Mother, having then been listed sequentially, that is M1 representing Mother 1 and so on.

Material exploration: The speeches to be analysed were selected, and the speeches were later grouped according to their degree of similarity in relation to the research objectives, respecting the order in which the answers were placed, then the speeches were labelled as according to the content they presented (contest units).

Treatment of results: After reading the speeches presented in the subcategories, we sought to find the content that the speeches presented, and then to combine the results with pre-existing theoretical knowledge in the area of Health and in other areas of science, at this stage also the main conclusion was drawn by inducing more frequent findings in the analysis categories.

4. Results and Discussion

Age

Women who, until the time of the last maternity leave, were aged between 24 and 38 years old, with the majority of respondents aged between 30-33 years old (6), followed by women aged between 33-36 years (5), the same number for the age group 36-39, followed by women aged 27-30 years (4) and finally women aged 24-27 years (3).

Marital union

As for marital union, it was noted that 22 of the participants lived with their partners until the last lactation and only 1 was divorced. The partner's attitude has a great effect on the motivation for the practice and maintenance of the partner, providing social and economic, emotional and educational support.

Education

As for the level of education, there is a greater presence of women with secondary education (15), followed by higher education participants (6), and to a lesser extent there are women with primary education (2). Therefore, in this research, mostly educated women participated, although most of them are of secondary level, it can be assumed that there is a high level of education in these participants.

After the data collection was carried out, the processing of data continued, after processing the data using the content analysis technique, the response categories presented below emerged sequentially:

Category 1: Feeding During Maternity Leave

In this research, there were participants who maintained breastfeeding during maternity leave, and others who, for physiological reasons, had to introduce milk formula feeding within the days of maternity leave. Below are the subcategories that support these findings:

Sub Category 1.1: Exclusive Breastfeeding

The results of this research suggest that women breastfed their children during maternity leave, and in the view of some participants, maternity leave is an opportunity to ensure breastfeeding and the promotion of child health, but factors such as poor production of milk, were related to early weaning and the introduction of infant formulas within the period of maternity leave in some participants. These findings can be proven by analysing the speeches presented below:

M 1 " ' During the period when I was still on maternity leave, I always tried to give the baby breast milk, whenever he wanted I let him breastfeed, I don't remember giving any other food during that period' "

M2 'The feeding was breast milk even after I finished my leave I found it easy to continue breastfeeding'

M3 "Maternity leave for me is a chance for a mother to be with her child and give him all the affection, so I didn't think of anything else but to breastfeed him, and my husband is also a health worker so you can already imagine the pressure' "

The present research presents similar results with the realities of international workers, as an example we can cite a study carried out in 2015 in Thailand, whose objective was to explore the association between factors related to the work of mothers and breastfeeding practices in women in Bangkok-Thailand. (15)

Results of the present study are not isolated from realities found in some countries in Africa, as an example can be

cited the survey carried out during the year 2016 in Ghana, this research aimed to assess the prevalence of exclusive breastfeeding, as well as the factors associated with its practice among professional working mothers in one of the ten regional capitals of Ghana. (16)

Subcategory 1.2: Mixed Breastfeeding during Maternity Leave

Mixed breastfeeding means partially breastfeeding (the breast) in some feedings and also feeding through artificial milk, or other milk, however, the use of other milks to replace breast milk is not indicated, but unfortunately it has been a reality in many societies. Among the factors that influence the introduction of artificial milk, the low milk production in the woman's mammary glands stands out.

These presumptions justify the fact that some participants in this research report having faced problems with the let-down of milk, and thereby introduce infant formulas as an alternative food for children, these speeches can be found in the statements presented below:

M5 "During the leave it was mixed feeding, because I had problems producing milk in my breasts."

M7 "I gave milk from the can, I have problems with the production of breast milk since...I felt that the milk was not enough because the child was crying. "

M 11 'I've always had problems with milk production, that's why none of my children received only breast milk, they had to supplement with canned milk even when I had maternity leave'.

Weaning associated with poor breast milk production in women who work outside home was also highlighted in a survey conducted in Curitiba in 2015, this study aimed to identify the factors that lead to early weaning in a health unit located in the city. From Curitiba-Paraná, coincidentally, among several other factors that the participants mentioned, the weak drop in breast milk was one of them. (17)

Participants in a survey carried out in Brazil in 2018 with the aim of describing and analysing exclusive breastfeeding practices among women workers with day care centres in the workplace also reported that they did not maintain exclusive breastfeeding for a longer period due to the alleged poor production of milk, and they later resorted to formula feeding, as they noticed their children's poor food intake and, as a consequence, little nutrient supply. (18)

Through the analysis of the transcripts of this subcategory, it is then evidenced that the poor production of breast milk was associated with the introduction of infant milk in some participants in this research. In general, the results of this category indicate that the participants in this research maintained breastfeeding during maternity leave, and interrupted it after maternity leave.

Category 2: Age Introducing Food Other Than Breast Milk

A North American survey of working women in the United States of America showed that working women had higher

rates of introduction of foods other than breast milk before the child was 6 months old, having then reported that the return to work was associated with sick leave. conditions in the employment sector are behind these results. (19). In this research, the period of introduction of foods other than breast milk was varied, with the shortest period of introduction observed in the second month, and the longest period of introduction within the fourth month of life, the factors that led to the introduction of these foods also there were varied, but more directly, poor milk production, and the return to maternal work, were reported as responsible for the introduction of food in infant feeding before the appropriate age, these observations arise from the analysis of the speeches presented in the subcategories below described sequentially:

Subcategory 2.1: Introducing Foods Different From Breast Milk in the Second and Third Months

In this subcategory, there are speeches from mothers who breastfed their children for up to 2 or 3 months, according to the statements presented below:

M11 'In the second month I started giving milk to complement my milk that came out little'

M13 'My last child I breastfed until he was 2 months old, then I started adding it with milk, my milk was low''

M15 'At 3 months, because my license was at that time when it was 2 months''

The introduction of foods other than breast milk in the second and third month was also contacted in a survey carried out in Bangladesh in 2014, the aim of this research was to assess the pattern of exclusive breastfeeding among babies of mothers who work outside the home. and babies of housewives, as well as determining the different contributing factors to the use of breastmilk substitutes within 6 months, in that research participants reported that the reported duration of maternity leave was the main factor leading to early weaning. (20)

Subcategory 2.3: Introducing foods other than breast milk in the fourth month or after maternity license

Also regarding infant feeding after maternity leave, a group of participants reported having weaned in the fourth month of the child's life, and associated this weaning pattern with the duration of maternity leave in force in the country, particularly for employees of the public sector. These findings can be verified according to the speeches presented below:

M1 'The two daughters I have received breast milk until the end of 4 months, all my leave was reserved for breastfeeding, then I started to give other types of milk, leaving work here is not easy''.

M2 'I managed to give breast milk to my last child until he was 4 months old, when the rest ended it was complicated I would even like to continue but it wasn't complicated because before I took my child and left it with the baby in the car, you should in a while I'd jump in and breastfeed but

then I couldn't, and I bought milk, I started to prepare it and leave it with the baba until I got back''.

M3 'I started feeding my son when he was four months old, because I had already finished my leave, then I went ahead, I did everything not to feed him milk from the can, and I succeeded'.

The practice of early weaning in the fourth month was also evidenced in a quantitative survey conducted in Pakistan in 2017, which aimed to assess the knowledge and practices of working mothers and unemployed mothers in relation to breastfeeding and early weaning. (21)

Early weaning after maternity leave was also reported in a qualitative survey carried out in Kenya in the year 2018, the aim of this particular survey was to analyse breastfeeding practices in women working outside the home in Nairobi, the survey suggested that return to work was related to early weaning reported by the participants. (22)

The present research presents different results, when compared to the results found in the research carried out in Canada in 2019, which aimed to describe the Duration of Exclusive Breastfeeding, the barriers and facilities of breastfeeding for women workers in the Health sector, in that research, the participants maintained exclusive breastfeeding for six months, which little was reported in the present study. (23)

However, the maintenance of exclusive breastfeeding in particular in this Canadian research may be associated with the maternity laws that the country offers, as maternity leave in this country is up to 37 weeks for the nursing mother. (24)

Subcategory 2.3: Introduction of Foods Different from Breast Milk in the Seventh Month

Although representing a smaller group, some participants reported having maintained breastfeeding until the child's 6 months of age, these findings can be proven through the speeches presented below:

M6 'As I worked at the Central Hospital of Nampula at the time, I used a suction pump and pumped milk, this helped me to give only milk until after 6 months''.

M9 'I did complete exclusive breastfeeding, only on the seventh did I introduce ''.

M14 'At 7 months I gave him other foods ''.

Similar results were found in the survey conducted in Saudi Arabia in 2015, the aim of this survey was to analyse the knowledge, breastfeeding practices of women attending two Health Centres in the eastern region of Saudi Arabia, this survey included working women, and non-working women, however, the duration of breastfeeding did not show significant differences between the two groups of women, having concluded that the average breastfeeding rate between working and non-working women was at least 6 months. (25)

It was evident in this category that the participants weaned their children when they were 4 months old, and therefore opted for the use of milk formula as an alternative to infant feeding. It is important to highlight that the use of milk formulas, regardless of the cause, brings great harm to the health of babies, such as malnutrition, infections, respiratory and gastrointestinal problems, which, alone or in combination, contribute to the increase in morbidity and mortality rates therefore, the use of these children's products is generally not recommended. (26)

It was to be expected that the duration of exclusive breastfeeding would not go beyond 6 months in most respondents, since maternity leave provided nationally does not reach 6 months, thus being the pattern of early weaning frequent in the fourth may be associated with the duration of maternity leave granted to lactating women, and on the other hand it can be assumed that situations such as lack of knowledge about manual milking and storage conditions are associated with early weaning in the fourth month of life of the kid.

Category 3: Infant Feeding After Maternity Leave

Some participants in this study reported having fed their children after maternity leave with expressed milk, and other participants started mixed breastfeeding. The subcategories that support these findings are presented below:

Subcategory 3.1: Food based on expressed milk

The WHO defends that maternal work should not be seen as a condition that directly leads to weaning in working women as knowledge of both manual and mechanized milking techniques should be disseminated worldwide and therefore recommends that mothers practice manual milking or milk mechanics to later feed the child with a spoon or cup. (24)

Analysing the speeches below, it is clear that knowledge of the technique of expressing milk to feed the child, contributed a lot to the maintenance of exclusive breastfeeding in research participants after maternity leave:

M6" As I said before, at the time I worked at the Central Hospital in Nampula, I used a suction pump and pumped the milk, then my nanny would fetch it to go and give the child. This helped me to breastfeed the child for up to 6 months, after that I started to give porridge and other foods".

M9 "I breastfed only with breast milk until six months old, I brought the child, left it with someone in the car whenever I could, I expressed the milk and gave it my baby to give it, after the child was six months old I changed to porridge and milk if the child need".

M14 'Using alternative ways, I managed to breastfeed my child until he was 6 months old, there was always someone who came to fetch the milk, I squeezed the milk then kept it in the bag until they came for it'.

The practice of expressing breast milk was also a reliable alternative for women who were part of a survey conducted in Nigeria at the immunization clinic during the year 2018. The purpose of that research was to assess breastfeeding practices and institutional support, and to determine the

factors that contribute to the practice of expression of breast milk in working women, in that research, a group of working mothers weaned their children due to the alleged lack of knowledge about milking, and its advantages, but another group of mothers who were also workers chose to maintain breastfeeding through the technique of expression of breast milk, having mentioned that knowledge about the technique of expression of milk was associated with its practice. (27)

Subcategory 3.2: Food Based On Mixed Breastfeeding after Maternity Leave

The participants in this research reported having introduced infant milk-based feeding before the child is 6 months old as a strategy to compensate for the absence of the mother at home. The use of artificial milk in the participants of this research can be confirmed with the speeches below:

M1" breastfeeding after maternity leave was challenging, and to tell you the truth, after maternity leave I introduced mixed feeding"

M2" Feeding after maternity leave was through canned milk, sometimes prepared and left at other times, leaving only guidelines for preparing the milk to give the child"

M15" During the night I gave her breast milk, and during the day I left her to bed with the boys, and I always left little breast milk, but it ran out quickly, so they had to prepare milk and give it to the child"

Analysing these speeches, it is clear that the use of milk formula within the period that the child should receive breast milk was an alternative used by many women who took part in this research, it is also noted that the women in this research suggest that the return to work was responsible for the use of artificial milk in the child's diet.

Mixed feeding during childhood was also found in a survey conducted in Egypt, which aimed to describe the rates of exclusive breastfeeding in working women and to identify factors associated with its practice. main factor contributing to early weaning and introduction of food into the child's diet. (28)

A study carried out with female physicians in Nigeria also shares the results of the present research in that most participants chose to use milk formula even before the child was 6 months old, with the deficient institutional support having contributed to this result. (29)

The results of this research differ from the findings of the study carried out in Karachi-Pakistan during the year 2017, as in this research Pakistani women, instead of introducing milk formulas to continue feeding the children, they introduced banana puree, mashed potatoes and other easily digestible native foods for children. (30)

In this category, it is concluded that mixed breastfeeding was widely adopted by the participants of this study. It is important to remember that the use of milk formulas reported by participants in this research may have negatively influenced the child's growth and development, since canned milks pose numerous dangers to the child's health, as was

reported in a survey that aimed to analyse the association between the type of breastfeeding and the presence of child risks.

Category 4: Challenges for Breastfeeding After Maternity Leave

In this research, the participants reported having faced great difficulties to continue breastfeeding during working hours, because the work institution in which they are assigned does not have conditions that favours contact between mother and child with a guarantee of safety and environmental health, other pointed out the distance between home and the workplace as the factor that most conflicted the continuation of breastfeeding based on breast milk, curiously, other participants did not report having difficulties after maternity leave with regard to feeding children. These findings can be proven when observing the speeches present in the subcategories below:

Subcategory 4.1: Lack of space conditions breastfeeding after maternity leave

Some participants interviewed in this research reported that their workplaces do not have spaces that allow for contact between the infant and the infant, which does not allow for the continuation of breastfeeding after the end of maternity leave. These findings emerge from the speeches below:

M1 "One of the main barriers I can say, is this issue of having space to go out and breastfeed the child after returning to work, sometimes my breasts filled and dripped, but there was no way... Even if I took the child here, where will you put him, this is hospital, many diseases are here and the child is vulnerable so I would really prefer to support the work until it's finished".

M3 " As time went by my daughter started to deny my breast, she just wanted milk prepared from the can, she sometimes cried when I took her, but if it was my babysitter holding her, she would stay calm, I realized that she knew the person that better spend time with her, but I couldn't bring a child to the hospital, knowing that there are no conditions for her safety here, and that, limited me a lot to breastfeed even if I wanted to."

Results of this research are in common with the results of a survey carried out with women workers in banking institutions in Lagos-Nigeria in 2018, the objective of the referred research was to analyse the knowledge, attitudes and practices of women workers regarding breastfeeding, the results of this particular research suggests that working women wean their children generally before 6 months of life, combined with low institutional support. (12)

Subcategory 4.2: Distance between home and work makes breastfeeding difficult

Reports that distance plays an important role in early weaning in working women were also reported in a qualitative survey carried out in Indonesia with the aim of analysing the experiences of working women regarding exclusive breastfeeding. (31)

Although most interviewees reported lack of space as one of the limitations in breastfeeding, the speeches of women who

faced distance limitations cannot be ignored, because in one way or another, both limitations contribute to weaning in children. . These reports can be verified through the speeches presented below:

M10 "The distance bothered me a lot, you know it was possible to see that the patients had already reduced, but there was no way out, it was too late.... And from here to home is a piece, even if I left for a few hours they would notice my absence"

M12 "I always left an hour before, I had to run straight away to get home to see the baby, you're never sure even knowing that you left him with old people there, there's always that worry that won't let you rest. . . but that one an hour before departure turned to nothing by the distance between home and here. "

Similar results were reported in a qualitative survey carried out in China in 2019 with working women, the aim of the aforementioned survey was to assess the relationship between the practice of breastfeeding and the employment situation of women, in the aforementioned survey the results suggest that distance between the place of work and the woman's home contributed to weaning, as even women who left their jobs to go to breastfeed had to face difficulties with the intense road traffic, which later forced them to interrupt breastfeeding. (32)

The present research presents similar results with another research carried out in the Metropolitan city of Ghana in 2014, the objective of the study was to analyse the practice of exclusive breastfeeding among professionals who work in the metropolis of Kumasi. However, the participants in this research reported having left their children in the homes of relatives close to the workplace in order to guarantee the continuation of breastfeeding during work breaks. (33)

Category 5: Duration of Continued Breastfeeding

In the present study, the duration of breastfeeding varied widely, however, in general, there were participants who maintained breastfeeding for 2 or more years, and in other participants, the duration of breastfeeding maintenance did not reach 2 years. You can prove these findings in the subcategories below:

Subcategory 5.1: Breastfeeding for 2 or more years

Although there were some mothers in this research who did not breastfeed until the child was 2 years old, the generalization indicates that most of them stopped breastfeeding only after the child was 2 years old. This finding can be proven by evaluating the following speeches:

M19 'I nursed for up to 2 years and 5 months''

M23 " She was 2 years and 5 months old, when I weaned her, but it was that usual mess, sometimes she bit me, sometimes, I used to say I'm not going to breastfeed, but at night out of nowhere I felt that someone was sucking my breast"

These results are in line with the research carried out in 2015 on women workers in India, whose objective was to learn

about the practices and knowledge that women workers have regarding infant feeding, the results of the aforementioned research showed that although women having introduced formula and other foods before 6 months of age, maintenance of breastfeeding for up to two years or more was evident and very well reported by most of them. (34)

4.2 Breastfeeding for less than 2 years

Although many participants reported having maintained breastfeeding for 2 years or more, there were reports of women who maintained breastfeeding for periods of less than two years, thus contradicting the WHO recommendation of two or more years. These reports can be evidenced in the transcripts below:

M5 'I breastfed until a year and a half later I didn't give her the breast anymore.'

M8 'I didn't reach 2 years old I.... . As far as I remember when I was 18 months old I stopped giving him milk.'

M10 'I don't remember very well it was a long time ago, but between a year and 10 months or 1 year and 11 months.'

Pattern of duration of breastfeeding for periods shorter than two years was also reported in research carried out in international countries, such as, United States, and Vietnam. (35, 36).

5. Conclusion

The results of this research showed that there is no adequate maintenance of exclusive breastfeeding for women who work outside home. Although exclusive breastfeeding is recommended for up to six months of the child's life, these results demonstrate the occurrence of early weaning, that is, the introduction of non-dairy foods in women who work outside home before six months and after 3 months of life of child.

There seems to be an adequate maintenance of continued breastfeeding until the child is two or more years old. Looking at this variable, it is clear that there is no unwillingness to breastfeed on the part of women who work outside home, but that various factors affect its maintenance for a longer period.

As a way to compensate for maternal absence at home, some women resorted to using infant formula to feed their children after they had finished their maternity leave, others chose to milk the milk for after feeding the child through caregivers. The distance between home and the workplace, lack of day care centres, or breastfeeding rooms in the workplace are related, with the high recurrence of artificial breastfeeding by working women.

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