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## MANAGER'S CONDUCT RELATED TO THE BREASTFEEDING SUPPORT AT THE WORKPLACE

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### ABSTRACT

**Objective:** to identify the behaviors of managers related to breastfeeding support in public and private companies in the region of Greater Florianópolis, Santa Catarina.

**Method:** qualitative, exploratory-descriptive research. The data collection was carried out in August 2015, using a semi-structured and projective interview, in which 20 managers participated. The data organization was carried out through the Atlas.ti software and the analysis through the Content Analysis.

**Results:** the study evidenced two categories. In the first category, positive behaviors were described: the importance of breastfeeding, providing information, monitoring and performing activities during the maternity process, flexibility of function, time and space to enable breastfeeding, family support, open communication, day care and good treatment to the worker. The second Category presents the harmful behaviors, which revealed the unavailability of specialized information and flexibility, a negative view regarding the implementation of breastfeeding support rooms, lack of knowledge of the legislation and the situation of the worker, exemption from liability, unavailability of day care, no extension of maternity leave, no adherence to the Citizen Company Program and no existence of a policy to support breastfeeding.

**Conclusion:** substantial gaps in the breastfeeding support at the workplaces were identified through the behaviors shown by managers. In order for a pro-breastfeeding culture to be implemented, it is necessary to build a support network at the workplaces. It is considered important to reflect on which behaviors should be encouraged and which should be modified or expanded, in order to improve the breastfeeding support at the workplace.

**DESCRIPTORS:** Breastfeeding. Female work. Public health policies. Legislation. Organizations.

## CONDUTAS DE GESTORES RELACIONADAS AO APOIO AO ALEITAMENTO MATERNO NOS LOCAIS DE TRABALHO

### RESUMO

**Objetivo:** identificar as condutas de gestores relacionadas ao apoio ao aleitamento materno realizadas em empresas públicas e privadas da região da Grande Florianópolis, Santa Catarina.

**Método:** pesquisa qualitativa, exploratório-descritiva. A coleta de dados ocorreu em agosto de 2015, sendo utilizadas a entrevista semiestruturada e projetiva, em que participaram 20 gestores. A organização dos dados foi realizada através do *software Atlas.ti* e a análise, através da Análise de Conteúdo.

**Resultados:** o estudo evidenciou duas categorias. Na primeira categoria foram descritas as condutas positivas: importância da amamentação, disponibilização de informações, acompanhamento e realização de atividades durante o processo de maternidade, flexibilidade de função, horário e espaço para viabilizarem a amamentação, apoio à família, comunicação aberta, creche e bom tratamento à trabalhadora. A segunda categoria apresenta as condutas prejudiciais, na qual se constataram a indisponibilidade de informações especializadas e flexibilidade, visão negativa em relação à implantação das salas de apoio à amamentação, desconhecimento das legislações e da situação da trabalhadora, isenção da responsabilidade, indisponibilidade de creche, não ampliação da licença-maternidade, não adesão ao Programa Empresa Cidadã e não existência de política de apoio à amamentação.

**Conclusão:** lacunas substanciais no apoio à amamentação dos locais de trabalho foram identificadas através das condutas evidenciadas pelos gestores. Para que uma cultura pró-amamentação possa ser implantada, faz-se necessário que se construa uma rede de apoio nos locais de trabalho. Considera-se importante a reflexão sobre quais condutas devem ser incentivadas e quais devem ser modificadas ou ampliadas, para que haja um aperfeiçoamento do suporte à amamentação nos locais de trabalho.

**DESCRIPTORES:** Aleitamento materno. Trabalho feminino. Políticas públicas de saúde. Legislação. Organizações.

## CONDUCTAS DE LOS GESTORES RELACIONADAS CON EL APOYO AL AMAMANTAMIENTO MATERNO EN LOS LUGARES DE TRABAJO

### RESUMEN

**Objetivo:** identificar las conductas de los gestores relacionadas con el apoyo para el amamantamiento materno realizadas en las empresas públicas y privadas de la región de la Gran Florianópolis, Santa Catarina.

**Método:** investigación cualitativa y exploratoria-descriptiva. La recolección de datos se realizó en Agosto del 2015 y se utilizó la entrevista semiestructurada y proyectiva, en la que participaron 20 gestores. La organización de los datos fue realizada a través del *software Atlas.ti* y el análisis a través del Análisis del Contenido.

**Resultados:** el estudio mostró dos categorías. En la primera categoría se describieron las conductas positivas: importancia del amamantamiento, disponibilidad de informaciones, acompañamiento y realización de actividades durante el proceso de maternidad, flexibilidad de la función, horario y espacio para viabilizar el amamantamiento, apoyo a la familia, comunicación abierta, guardería y el buen tratamiento de la trabajadora. La segunda categoría presenta las conductas perjudiciales y en la que se constataron la indisponibilidad de informaciones especializadas y flexibilidad, visión negativa en relación a la implementación de las salas de apoyo para el amamantamiento, desconocimiento de las legislaciones y de la situación de la trabajadora, exención de la responsabilidad, indisponibilidad de guardería, la no ampliación de la licencia por maternidad, la falta de adhesión al Programa Empresa Ciudadana y la inexistencia de una política de apoyo para el amamantamiento.

**Conclusión:** Se identificaron fallas sustanciales en el apoyo al amamantamiento de los locales de trabajo a través de las conductas evidenciadas por los gestores. Para que una cultura pro-amamantamiento pueda ser implementada es necesario que se construya una red de apoyo en los lugares de trabajo. Se considera importante la reflexión sobre qué conductas deben ser incentivadas y cuáles de ellas deben ser modificadas o ampliadas para que haya un perfeccionamiento del soporte al amamantamiento en los lugares de trabajo.

**DESCRIPTORES:** Amamantamiento materno. Trabajo femenino. Políticas públicas de salud. Legislación. Organizaciones.

### INTRODUCTION

Hundreds of millions of workers around the world have no legal protection regarding the maternity process, or have it inadequately. Breastfeeding represents a significant concern, since it provides short and long-term economic and environmental benefits to the health of women, children and society as a whole.<sup>1</sup>

Scientific evidences regarding the breastfeeding recommendations has evolved intensively over the past three decades.<sup>2</sup> It was estimated in 2015 that the expansion of the breastfeeding practice in 75 countries could prevent 823,000 child deaths and 20,000 female deaths each year. That would correspond to 13.8% of children under two years old deaths. However, its consequences are often underestimated.<sup>2</sup>

The entry of women into the labor market is related to the history of the worldwide decline in breastfeeding.<sup>3</sup> Therefore, it is necessary to take a closer look at the worker versus work relationship. Women may feel satisfied at work, but present overload difficulties regarding it, difficulties in the professional performance and lack of support from colleagues.<sup>4</sup> To link breastfeeding to work, companies provide some types of support, but it is limited.<sup>5</sup>

This is challenge for working mothers to support the practice of breastfeeding if their bosses, immediate or senior managers, are not favorable.<sup>6</sup> Because when important interventions to support, promote and protect breastfeeding are adequately provided, responses can improve rapidly, since they

are implemented concomitantly and across multiple channels. However, the determinant factors for breastfeeding need support from legislation, social policies and attitudes.<sup>1</sup>

The policy to encourage breastfeeding in Brazil has been made up during each management in the last 80 years. Currently, the General Coordination of Child Health and Breastfeeding of the Ministry of Health is the sector responsible for proposing and coordinating government health care policies for Brazilian children from zero to nine years old. Among the priority care lines and main actions is the promotion, protection and support of breastfeeding. Focusing its efforts on the construction of a National Policy of Comprehensive Care to Children's Health, this policy was reformulated and published in 2015.<sup>7</sup>

The progress of breastfeeding in Brazil occurs through breastfeeding promotion actions, which must be coordinated and carried out in tune, represented by indicators of public policies and health programs, which has been successful considering the diversity of every country. Regarding the indicators of dietary practices, it is evident that the country is far below what is recommended. However, it is seen that the data trend in the country is increasing.<sup>8</sup>

Brazil is an example in the simultaneous implementation of policies and advertisements for the promotion, protection and support of breastfeeding. Government investment and the active participation of society support the country's progress.<sup>9</sup> However, there are still obstacles within companies that still allow weaning to happen early.<sup>10</sup>

Support during breastfeeding for maternity and work rights to be able to perform and continue breastfeeding is not appropriate. The patterns and determinants of breastfeeding vary in different contexts. Breastfeeding is generally considered as an individual decision and its success has the woman as its sole responsible, ignoring the role of society for support and protection.<sup>1</sup> Thus, there is no perspective of conduct or knowledge on the part of the managers in the work places.

The work environment has a significant correlation with the family relationship.<sup>4</sup> With the support of managers, women workers tend to keep breastfeeding for a longer period.<sup>11</sup> In view of this, the following questioning of the study emerged: Which behaviors related to breastfeeding support are being carried out by the managers of companies in Greater Florianópolis, Santa Catarina?

In order to improve the support for women who wish to combine breastfeeding and work and to stimulate the creation of a culture of support for breastfeeding in a more complete way in companies, establishing which manager behaviors should be encouraged and which ones should be modified, this study had as objective: to identify the managerial practices related to breastfeeding support carried out in public and private companies in the region of Greater Florianópolis, Santa Catarina.

## METHOD

This is a qualitative, exploratory-descriptive research, conducted in the region of Greater Florianópolis, Santa Catarina, Brazil, composed of 20 companies, 10 public and 10 private. Twenty managers, one from each company, were selected as participants, who presented greater decision-making power over the implementation of actions within them. The sample size was given by theoretical saturation, with the egalitarian number of the two types of companies being intentional. Among the inclusion criteria were considered: companies located in the Greater Florianópolis region, a region with a significant number of companies that make it possible to approach this theme; and to have more than 30 women of fertile age, this number establishes that companies comply with some legal requirements, such as provision of day care for children who are breastfed.<sup>12</sup> Regarding the exclusion criteria, it was considered: companies that already had a breastfeeding support room at their facilities, as they characterize companies that are more supported and more sensitized than other companies in relation to breastfeeding.

Two types of techniques were used for data collection: the semi-structured interview and the projective interview.<sup>13</sup> In the first type of interview, a script was used regarding the profile of the manager, their company, their knowledge and experiences regarding breastfeeding. In the second, a script was used to capture the managers' perception about breastfeeding spaces within the companies and their opinions regarding the possible implantation, after the video demonstration about breastfeeding support rooms, of specific spaces for breast milking.<sup>14</sup> The interviews were recorded and transcribed.

The analysis of the data was developed through the technique of Categorical Content Analysis proposed by Laurence Bardin.<sup>15</sup> The content of each interview was broken up into units called codifications, which according to similarity of ideas were regrouped into different categories, and the subcategories, also according to affinities, grouped within a category. In order to contribute to the organization of the information obtained in the data collection, the Atlas.ti software was used, which helped to manage the research data, facilitating the organization of the large amount of data that the interviews generated, respecting the technique proposed by Bardin.<sup>16</sup>

This research complied with the Resolution No. 466 of the National Health Council and the project was approved by the Research Ethics Committee with Human Beings of the Federal University of Santa Catarina (UFSC), CAAE No. 44950615500000121. In addition, the Authorization Term of the study site and the Free and Informed Consent Term (FICT) were used, following the approval of the transcripts by the participants.

## RESULTS

The profile of the managers was 75% male, between 30 and 61 years old, 90% were post-graduate, 70% married and 80% had children. Of the positions held, 35% were general directors, 35% were directors and 30% were managers. The companies were 50% public and 50% private, 80% had branches. They were diversified among the sectors of public security, judiciary, health, education, electronics industry, metallurgy, telecommunications, trade and cooperative.

The behaviors related to breastfeeding and performed in public and private companies, according to Bardin, were grouped into two different types according to affinities, resulting in two categories. The first category being positive behaviors and the second, harmful behaviors related to the support of breastfeeding at the workplace. A total of 118 codes

were detected among the data regarding the behaviors adopted by the managers interviewed. Of the total, 44.1% were grouped in the first category and 55.9% in the second category. The number of codes regarding the positive behaviors was 53 and the frequency with which these subjects were cited by the managers interviewed was 131; however, those listed as harmful behaviors totaled 66 codes, which were 341 times cited by the participants.

## POSITIVE BEHAVIORS RELATED TO THE SUPPORT OF BREASTFEEDING AT THE WORKPLACE

The positive behaviors adopted by the managers are presented below in Table 1, where each conduct refers to a grouping of codes that show affinities among themselves and the frequency with which they were cited.

**Table 1 - Positive behaviors related to the support of breastfeeding adopted by companies.**

Positive behaviors related to breastfeeding	Grouped codes	Frequency
Recognition of the importance of breastfeeding for the company	11	25
Availability of information during the maternity process (pre, delivery and postpartum)	08	15
Follow-up of the maternity process	03	09
Performance of activities to promote, prevent and support breastfeeding in the prenatal and puerperium	01	05
Role flexibility	04	10
Space flexibility	01	01
Time flexibility	02	22
Provision of a partial working day	04	07
Provision of a maximum period for the maternity leave	03	18
Provision of support to the worker's family	02	03
Provision of day care	02	02
Performance of good treatment to the worker	10	12
Promotion of open communication	02	02

The managers' recognition of the importance of maintaining breastfeeding was pointed out when they were answering the question about the benefits of breastfeeding for the company. They perceive that the woman produces more than before, that is, she demonstrates a better performance, she is more satisfied, she has fewer problems at home and the company registers less frequency of leaves. And it is intangible to measure these benefits. Other managers have reported that the benefit they perceive is indirect. [...] *I think the company has a benefit, whether in a public agency or in the private sector. The person who is willing to work has to be motivated to work (G9).*

Some companies provide information during the maternity process when requested by the workers: through their workers, if those who are

health professionals, or health area professors, or from health teams, workers or nursing health staff members. Some managers, although they were not from the health area, mentioned seeking the knowledge or using the knowledge acquired by personal experience as parents to meet the demands of working mothers, with 80% of the managers having children and all the children had been breastfed. Others who had training in the health area were considered to be able to guide, with 30% of the managers being trained in the health area, among them, nurses and doctors. But the majority mentioned the human resources sector, where women primarily go seeking information to clear their doubts. [...] *We as managers provide the support, but who passes on the technical information is the personnel of the area (G12).*

The follow-up during the preterm and puerperium occurred in companies that had health professionals, that is, 35% of them had members of the health team trained to provide care for the working mother, such as: doctors, nurses, dentists, psychologists, nutritionists and others.[...] *We are very careful not to put them in places where it is necessary make physical effort and to follow up with "feedback" (G8).*

Some companies carry out promotion, prevention and support activities during the prenatal period: 20% of companies develop pregnant women groups for their workers, with preterm, delivery and puerperium guidelines. Only one of the companies in this study reported providing activities during the puerperium, after the return of the worker from maternity leave, but that the welcoming is not specific to the maternity process. [...] *We have created a program with a social purpose. It is intended for future mothers and happens every four months in all units (G7).*

The research shows that the greater flexibility of the managers was regarding the change of role. The managers understand that although the pregnancy does not mean illness, it predisposes the limitation of some activities. Therefore, 30% of the managers reported that they were careful, shifting those who held positions that required physical strength. [...] *The corner of joy, we were moving the pregnant women to act there. Since most of the time they were supposed to be seated (G11).*

Of the managers, 75% mentioned the flexibility in the working hours, some referred to flexibility as the right to a pause to breastfeed for women workers with 120-day maternity leave, other managers reported informal flexibility to those workers who do not have the legal right to pause to breastfeed. The pause to breastfeed is often not used within the company. Another flexibility occurs in the return of maternity leave, when some workers request a reduction in workload proportional to the salary reduction, in addition to companies that work with a hours bank system, allowing the mother to make her own hours. Of the companies, 35% provide part-time work for their workers, with a workload of 25-36 hours per week. [...] *It does not matter in my institution, for example, that an employee strictly follows a clock but is not productive (G9).*

The flexibility of space consisted in providing a comfortable place within the company where it was possible for the worker to breastfeed or to milk, but this was not configured in a specific and appropriate location. Of the companies

interviewed, 100% did not have specific rooms, but 50% of them, ranging from public and private companies, provided a room if the woman requested. [...] *If we were strict about it, considering that we have more than 80% of women, we would have a very serious problem (G8).*

The maximum maternity leave time meant to provide this period added to vacations and the premium leave, in the case of some public servants. Some of them, more specifically those from public institutions, report that some women manage to stay for up to about a year breastfeeding at home. [...] *we manage to provide another month of vacations, to spend some more time. They already work on that, and then spend another month with the child (G4).*

Only one of the companies offers day care for the children of the workers, as the company is set up in a primary and secondary school. [...] *They choose to quit... And then we have all the trouble of having to recruit, to select, to train, to socialize (G14).*

The managers reported that their workers were well treated in terms of well-being, meeting their needs and doing what they liked. There is a greater concern in companies in which women are the majority, but not a differentiation. There is also a culture of preserving people, in which they use common sense in decisions. And they provide a welcoming environment, as when women bring their babies to show to colleagues at the workplace. [...] *If she feels welcome, if that is a factor that counts, indirectly it is good for the company that is looking for the best for the collaborator (G18).*

One of the managers mentioned the promotion of open communication so that problems are solved in the best way, suggesting that the relationship between employee and manager must be frank. [...] *We always try to soften, try to solve, in the best way for mother and child (G4).*

Some managers support that women form a family and create events so that family members come to the company and know the mother's working environment.[...] *So, the children do not bother us (G20).*

## **Harmful behaviors related to supporting breastfeeding at the workplace**

The harmful behaviors related to the breastfeeding support adopted by the participating companies are presented in Table 2, where each conduct refers to a grouping of codes that showed affinities among each other and the frequency with which they were cited.

**Table 2 - Harmful behaviors related to the support of breastfeeding adopted by companies.**

Harmful behaviors related to the breastfeeding support	Grouped codes	Frequency
Unavailability of information during the maternity process to the worker	10	48
Negative view regarding the implantation of a breastfeeding support room in the company	20	58
Unavailability of a room for breastfeeding or milking	03	38
Unavailability of day care for the children of working mothers who breastfeed	02	19
Provision of maternity leave of a maximum of 120 days	02	09
Non-adherence to the Citizen Company Program	01	20
Inflexibility of working hours	02	12
Determination of a complete working day for breastfeeding workers	03	12
Unawareness regarding the legislation on breastfeeding	05	40
Unawareness of the situation of the breastfeeding worker	10	45
No written policy for breastfeeding in the company	01	23
Provision of justifications for the lack of breastfeeding support of your company	05	17

Of the managers, 80% have reported that they do not provide information when women have some questions about the gestation, delivery and puerperium, and the human resources usually provide only technical information. That is, 15% of these companies have health professionals who do not give specific guidelines to the workers. In addition, they do not develop specific activities, such as pregnant women group or the welcoming of the worker after returning from the maternity leave. [...] *About breastfeeding and other matters there is no guidance, the professional will seek it outside in the health area [...]* (G2). [...] *I understand that this is up to human resources, but I do not think human resources are prepared for it* (G5).

The managers' perception regarding the implantation of breastfeeding support rooms indicates that they perceive more difficulties than facilities, that is, there is a more negative than positive view regarding the specific and adequate location for breastfeeding. This perception is associated with factors such as the financial cost, physical space, time to breastfeed, maternity leave and working day, functionality of the breastfeeding support room, awareness regarding the support to the breastfeeding worker, manager's view, responsibilities of the government and the companies themselves, and the

existence of a written policy for breastfeeding in the company. None of the companies had a breastfeeding support room, only one of them had a similar structure, being the Human Milk Bank. [...] *The fragility lies in the conception of society as a whole, in the sense of incorporating this* (G5).

In addition to the fact that breastfeeding/milking rooms were not available, 95% did not have a day care for the children of breastfeeding workers. Only 35% provided day care. The maximum maternity leave time of 120 days was provided by 50% of the managers, namely all private companies, and none of the managers joined the Citizen Company Program. [...] *Yes, for day care assistance you must present the receipt. Also for caregivers, for example, nanny* (G1).

Of the managers, 10% reported inflexibility of working hours. In addition to indicating that there were no requests for breastfeeding support rooms, 50% of the managers, when asked about the provision of flexible working hours or about the pause to breastfeed, compared to those who do not have this right because they already had a maternity leave of 180 days, reported that none of them made this request. Of the companies, 60% have workers who work full-time, from 40 to 44 hours a week. [...] *no, nobody has requested [...]* (G3). [...] *We have neither the*

*physical structure nor the effective enough that allows us to release this employee (G19).*

There is a lack of knowledge of the manager regarding the legislation on breastfeeding. All the managers were unaware of the technical note about breastfeeding support rooms, some were unaware of the Citizen Company Program, others claimed that they complied with the law. [...] *to know that there is a technical note about it, no, I have never had access (G16).*

Regarding the manager's lack of knowledge about the situation of the breastfeeding worker, some said that they do not know if after the maternity leave they continue to breastfeed and others believe that they are already returning in weaning. Most managers, even the most experienced, reported that they have had no experience with breastfeeding workers and that these workers do not usually make special requests. And that the worker sometimes feels coerced to make requests, or the requests never reach the director, because they are sporadic cases or because there is no demand. [...] *Because sometimes they cannot talk to us. I do not know if it is by hierarchy or even out of fear (G4).*

None of the managers reported the existence of a written policy in the company regarding the support for breastfeeding, but 20% of them had protocols for their clients, patients or students. Some managers also reported that they had attempted to carry out some breastfeeding promotion actions, but that these actions alone were unsuccessful, such as the case of the manager who invested in breast pumps without having a specific room or guidelines for its use. [...] *For now there is no standard, there is an informal policy [...] (G17).* [...] *The room must come along with a campaign; it does not come by a decision (G13).*

Of the managers, 55% have made differentiations, in an attempt to justify the lack of support for breastfeeding in their company. First, the manager of a public company, referring to large companies; then the manager of a public company that quoted private companies; then the woman manager justifying herself by the conduct of the man manager; and finally, the manager of a part-time company referring to companies with complete working hours. [...] *And I report that in larger institutions, both public and private, it is essential [...] (G16).* [...] *For the private it would be more useful [...] (G2).* [...] *I see that if you are a man manager, if you are in the midst of the working hours, you think it will only get in the way. [...] (G14).* [...] *These rooms are more necessary in companies that have a working day of more than eight hours (G10).*

## DISCUSSION

The working woman who breastfeeds is one of the strategic actions of the axis of breastfeeding and complementary healthy feeding, belonging to the National Policy of Comprehensive Care to the Health of the Child, in Brazil, and anchored in the promotion, protection and support to breastfeeding, beginning in the gestation, and considering the advantages of breastfeeding for the child, mother, family and society, as well as the importance of establishing healthy eating habits.<sup>7</sup>

In addition to the advantages for the mother, the child, the family and society, companies also benefit from the breastfeeding support, through the lower absenteeism of the worker, as she becomes more involved with the work and the company gains a more positive image from employees and society.<sup>17</sup> The managers of this study recognize that breastfeeding brings benefits to the company, they realize that, in addition to what the literature proves, women have a better performance when they can reconcile breastfeeding and work.

These women feel the need to be supported from the prenatal care to the puerperium, both by the family and by health professionals.<sup>18</sup> Through the promotion and support of managers, it possible to influence the time that women breastfeed and contribute to the better health of the mother and her baby.<sup>19</sup> Some managers in this study used their personal experience to guide when women needed to address any specific questions about the maternity process, the minority of the companies provided information through trained professionals. Most of them seek the human resources sector to address their doubts, but only obtain technical information on norms and legislation.

In addition, the preterm and puerperium follow-up occurred only in companies that had health professionals. Most of the women, according to the managers of this study, were being followed up externally to work. This follow-up should not be limited to the prenatal care alone, it is necessary that there is a welcome moment after the woman returns to work. The perceptions, knowledge, feelings and previous experiences of the pregnant women are important factors for the health promotion. The literature shows that, during the prenatal period, the guidelines addressed in pregnant women groups is important, and may lead them to feel safer in order to overcome the possible adversities of the gestational period and breastfeeding.<sup>20</sup>

Individual or group educational actions are important tools for making changes regarding the

perceptions about breastfeeding.<sup>21</sup> However, in this study, it was possible to observe companies that did not provide information and did not perform specific activities, and other companies that performed specific jobs, such as pregnant women groups and a welcome moment after the return of maternity leave.

In addition to activities related to the maternity process, there are also some types of flexibility that the manager can provide. The first is the role flexibility. Some managers of this study referred to a reassignment of the workers when they are in roles that are not in agreement with the limitations of the gestational period, but not that there is role flexibility in the period of breastfeeding. According to the literature, the changes caused by the gestation period must have the adequacy of the work positions and the working day.<sup>22</sup> Data on role flexibility in the breastfeeding period were not found in the literature.

Regarding the flexibility of the working hours, most of the managers of the study said to allow some kind of flexibility. The types were: pause to breastfeed, reduction of the workload, change of working hours according to the need of the worker or change into a part-time working day. In the literature, regarding the effect of the part-time work, policies suggest that female workers can use the vacation time, make agreements with their bosses, or combine flexible working hours.<sup>23</sup>

Also, breastfeeding women manifest insufficient pauses to carry out the milking process.<sup>24</sup> Not all labor regimes provide women with the right to breastfeed, but it has been observed that some managers informally are flexible when they are asked by their workers. In Brazil, the pause for breastfeeding is guaranteed by law only for the server in a contract regime.<sup>12</sup> After six months, the pause remains necessary until breastfeeding is completely stopped, which can last up to two years or more.<sup>25</sup>

Regarding the location flexibility, half of the managers of this study reported providing a non-specific location for the worker to breastfeed, if requested. However, an appropriate environment should be established for breastfeeding within companies, as spaces for lactation increase the desire of working women to continue breastfeeding.<sup>23-26</sup>

The strategy to support working women who breastfeed is to generate in the public and private companies a culture of respect and support for breastfeeding as a way to promote the health of the working woman and her baby, bringing direct benefits to the company and to the country. The goal is to ensure the maintenance of breastfeeding when the mother returns to work

and the child's rights to breastfeeding. This action is based on three axes: on the achievement of the maternity leave of 180 days throughout the national territory, on the implementation of day care and support rooms for breastfeeding in companies, according to the legislation.<sup>15</sup>

Regarding the breastfeeding support room, the managers presented more difficulties than facilities for the implantation. But regardless of the perceived lack of demand, the managers of this study indicated that these locations should be implemented. It is clear the perception of those who oppose and who defend beliefs of disadvantages for the company.<sup>27</sup> Therefore, it is important to raise the awareness of institutions about the importance of maintaining breastfeeding and demystifying the losses.<sup>11</sup> And for this benefit to succeed, the mother needs to receive information and training to properly milk, store and offer her milk.<sup>28</sup>

Another type of space that must be provided is the day care for the children of working women who breastfeed. In Brazil, the contract regime obliges every company that works with at least 30 women, over 16 years old, to provide day care during the breastfeeding period, which can be supplied through covenants.<sup>12</sup> The availability of day care was found only in one of the companies. Being that one of the criteria for selecting the research site was for companies with more than 30 women in a fertile age, even though some of them provide day-care assistance, it was observed that not all of them are complying with what the legislation foresees.

Employers may inadvertently violate breastfeeding protection laws simply because they are not aware of the legislation.<sup>29</sup> The managers of this research were unaware of some legislations regarding working women who breastfeed, in addition to some of them breaking specific laws. One of them was about breastfeeding support rooms, where none of the companies owned it, but it is not yet mandatory.<sup>17</sup> Also on the Citizen Company Program, where companies that still grant 120-day maternity leave could benefit from government tax incentives, which is optional.<sup>30</sup>

The compliance with labor laws, specifically the one regarding the protection of breastfeeding, seems to be fundamental in a society such as Brazil, in which almost 25% of the economically active population consists of women with children under six months old.<sup>28</sup> Failure to comply with these labor laws in favor of breastfeeding by companies are some of these obstacles that need to be reviewed and deepened in other studies.<sup>10</sup>

Regarding the maternity leave legislation, the evidence shows that it is positively associated with the longer duration of breastfeeding. The paid maternity leave should be of adequate compliance to protect the maternal/child relationship and have at least the recommended duration.<sup>25</sup>

In addition to providing the maternity leave period, the managers reported that the maximum period of leave of the worker is allowed to be effective so that she can breastfeed, adding the leave time to the available vacation time. In the case of the private workers, the average time of leave reported is 150 days, 120 days of maternity leave plus vacation leave. And for the public workers who have a 180-day vacation leave, and in some cases a three-month premium leave, this time is up to 300 days of leave. Women who return later from maternity leave are more likely to breastfeed for longer.<sup>26</sup> The maximum leave period makes it possible for the worker to perform exclusive breastfeeding for six months as recommended worldwide.<sup>25</sup>

The leave period depends on the communication of the managers with their workers, because it requires negotiation. The data of this study show the lack of knowledge about the situation of the female worker by the managers when reporting that they did not have experience regarding the breastfeeding women, being that the companies have a turnover of pregnant workers. And those who do not receive any requests from women related to breastfeeding have a view that cases are sporadic or lack sufficient demand to improve their support.

Another form of support that has also been raised by some managers is regarding the family, as they recognize that the family support is indispensable. In the literature this support is cited as fundamental, being a source of encouragement for the construction of the bond between mother and child, and without it weaning can occur earlier.<sup>31</sup>

Larger companies may be able to provide more favorable benefits because of the greater amount of resources, and smaller firms may need external sources, such as lactation consultants to inform them about the benefits of providing breastfeeding support and assistance in developing an adequate breastfeeding program for its employees.<sup>5</sup>

In order to do so, it is necessary to develop a policy to support breastfeeding written in each workplace, because isolated actions, even if well-intentioned, may fail. Women are more likely to maintain breastfeeding when they are aware of breastfeeding support policies for their companies.<sup>32</sup> However, none of the managers in this study re-

ported having anything written about breastfeeding. Such policy significantly increases the chance of the worker to continue to breastfeed.

In addition, not all women return to the company due to lack of support in the workplace.<sup>29-30</sup> And even some women who weaned early in the face of adverse situations can understand the meaning of breastfeeding and hope to experience breastfeeding successfully in future experiences.<sup>10</sup>

Finally, there was a positive side to support breastfeeding in all companies, which was the type of treatment given to women by managers. The Brazilian labor market is a relatively masculine space, where women still suffer all kinds of discrimination, which means that they need extra effort to balance productive and reproductive activities.<sup>33</sup> Thus, in deciding to support and favor it, the manager outlines a characteristic in favor of a possible change in the culture of support to the breastfeeding at work.

## CONCLUSION

The study on management behaviors related to the breastfeeding support at the workplace, carried out in public and private companies in the region of Greater Florianópolis, Santa Catarina, shows two categories of results: a first one related to positive behaviors, and the second one related to harmful behaviors.

Regarding the first category, we highlight the following main behaviors: recognition of the importance of breastfeeding for the company, provision of information, follow-up and execution of activities during the whole maternity process, flexibility of the role, space and time, availability of day care, family support, among others. In the second category, managers point out as the main harmful behaviors: the unavailability of information during the maternity process, a negative view on the implantation of a support room for breastfeeding, unavailability of breastfeeding space, unavailability of day care, maternity leave of up to 120 days, non-adherence to the Citizen Company Program, inflexibility of working hours, lack of knowledge of the legislation, lack of a written breastfeeding policy in the company, among others. Bringing to the reflection which behaviors should be encouraged and which ones should be modified, so that there is an improvement of the support to the breastfeeding at the work places.

Therefore, we recommend to the health professionals greater investments in the sensitization of the managers; to the researchers, other studies to investigate other forms of support and their impact on the

maintenance of breastfeeding; to governments, better investment in the work of health professionals focused on this theme and the implementation of policies that support women workers after they return of the maternity leave; and to legislators, better regulation of the working conditions for working mothers: the provision of day-care centers for their children, increase in the maternity leave, establishment of pauses for breastfeeding, and mandatory implementation of breastfeeding support rooms in the companies, reviewing the concept of maternity protection for those who chose to reconcile personal and professional life.

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