

# Perceived Workplace Breastfeeding Support among Employed Mothers in Jordanian Universities

## Abstract

**Background:** With the increase in the proportion of working women, the workplace is fundamental in supporting breastfeeding. Jordan is among the lowest countries in exclusive breastfeeding for infants. This study aimed to assess the perceived workplace breastfeeding support among employed mothers in Jordanian universities. **Materials and Methods:** Data collection took place between October 2021 and February 2022. A quantitative descriptive cross-sectional design was used to collect the data from six universities. Convenience sampling was used to include 210 women who had children less than three years old. The Employee Perceptions of Breastfeeding Support Questionnaire was used, and the data were analyzed using descriptive statistics and correlational analysis. **Results:** Workplace breastfeeding support was perceived as moderate in accordance with the Employee Perceptions of Breastfeeding Support Questionnaire. The Mean (SD) of organizational support was 27.70 (5.60), manager support was 28.20 (5.80), co-worker support was 15.0 (3.30), available time was 6.50 (2.30), and physical environment aspect of support was 17.20 (2.80). No significant differences in perceived workplace breastfeeding support concerning work sectors or exclusive breastfeeding were found. **Conclusions:** The levels of perceived workplace breastfeeding support were moderate. Improvements are suggested in workplace policies, managers' and co-workers' awareness and openness about supporting employed mothers, flexibility and time availability to facilitate breastfeeding/pumping, and appropriate locations for employed mothers to perform breastfeeding/pumping conveniently. Further research in diverse job settings is required to examine the relationship between workplace breastfeeding support and the duration of exclusive breastfeeding.

**Keywords:** Breast feeding, cross-sectional studies, infant, perceived support

## Introduction

Despite the widespread recommendations and guidelines that encourage early initiation of Breast Feeding (BF), Exclusive Breastfeeding (EBF) for the first six months of the baby's life, and continuing to breastfeed while introducing complementary foods, only 40% of infants are exclusively breastfed for the recommended period of six months.<sup>[1-4]</sup> BF was considered the norm in the 20<sup>th</sup> century and the only viable option for mothers worldwide. BF rates started declining when many women joined the workforce.<sup>[5]</sup> According to the global United Nations International Children's Emergency Fund (UNICEF) database, Jordan was ranked 106 out of 142 countries, with a percentage of 25.4% among countries with exclusively breastfed infants under six months.<sup>[6]</sup> EBF in Jordan is much lower than the regional average of 34%.<sup>[7]</sup> According to 2019 statistics, the percentage

of women in the workforce was 47.1% globally. Given this increasing proportion of working women, the workplace is a fundamental setting in which to intervene and support those who give birth. A BF-friendly workplace goes a long way in initiating and extending breastfeeding duration.<sup>[8]</sup> Several studies have cited working as a risk factor for early cessation of BF.<sup>[5,9]</sup> The employer influences the work climate of BF support by either adhering to or ignoring the company's policies and BF employee rights, informally supporting or discouraging breastfeeding employees, providing job flexibility, or adequately managing or disregarding issues arising among co-workers around this subject. Without compliance with policies, women and their babies will face inequities in infant nutrition and employment choices.<sup>[8]</sup> Unfortunately, many companies do not even have policies regarding BF. Instead, they

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tend to address employee needs case-by-case, which could lead to many problems, including bias.<sup>[10]</sup> As claimed by the Health Resources and Services Administration (HRSA) in 2015, employee BF support is cost-effective and simple, and companies can enjoy significant cost savings in the long run, including employee healthcare costs. As reported by the United States (US) BF Committee in 2010, for every dollar invested in supporting BF, employers realize a cost savings of three dollars related to absenteeism and healthcare.<sup>[5,8,11]</sup> Employees who breastfeed also tend to miss work less often, have improved work retention, experience higher productivity, and show increased employee loyalty compared to new mothers who were forced to discontinue BF due to a demanding, unsupportive work environment.<sup>[8]</sup> The field or the sector of occupation may affect BF. Women in service occupations, professional occupations, and stay-at-home moms were found to breastfeed longer than women in administrative and manual occupations.<sup>[10]</sup> Overall, organizational support in all aspects may differ between job sectors. It was found that privately owned institutions tend to have less flexible BF and pumping policies than public organizations, which tend to be less rigid.<sup>[12]</sup> Women working in the private education sector in Jordan are exposed to the risk of contractual manipulation by the employer regarding their rights to maternity leave. Most women working in the education sector have experienced having their maternal rights violated at least once.<sup>[13]</sup> Teachers in private institutions have made several reports regarding rejecting the renewal of their employment contracts because employers refuse to accept maternity leave.<sup>[14]</sup> In addition, many Employed Mothers (EM) are unaware of their maternal rights. The tendency for poor regulation and high rates of social security violations is high in the education sector.<sup>[13]</sup> It is important to initiate and continue BF for both the infant's and the mother's health. To achieve this, support must be given to continue BF. No studies have yet explored the EM's perception of workplace BF support in the Arab world, particularly in Jordan. With the lack of such knowledge, research that provides opportunities to glean authentic, rich, and meaningful insights on this topic is warranted. Further, there are differences in maternal rights between the public and private sectors in Jordan. These differences must be sorted out to decrease discrimination. Also, since mothers working in the educational sector are especially susceptible to having their rights opposed, legal interventions in this sector need to be implemented to ensure every employed mother gets the rights to which she is entitled. The rates of exclusive breastfeeding are declining globally and nationally. There is also an increase in the percentage of women entering the workforce. Breastfeeding is important for both the infant's and the mother's health. Thus, support must be provided for working mothers through their workplaces. No studies have yet explored the working mothers' perception of workplace BF support in the Arab world, particularly in Jordan. Therefore, the goal of this

study was to assess the perceived workplace breastfeeding support among EMs in Jordanian universities. The specific objectives were to describe the level of perceived workplace BF support among EM, describe the duration of EBF among EM, examine the differences in perceived workplace BF support according to the employment sector, and examine the relationship between workplace BF support and EBF duration.

## Materials and Methods

A quantitative descriptive cross-sectional design was used. Data collection took place between October 2021 and February 2022. The target population was EM aged 18 and older with children younger than three years old and breastfed their children. Another inclusion criterion was the ability to read and write the Arabic language. The sample size was estimated using the G\*Power program using a two-tailed test, medium effect size ( $d = 0.50$ ), alpha ( $\alpha = 0.05$ ), and power ( $1 - \alpha = 0.95$ ).<sup>[15]</sup> The required sample size was 210 EM. Multi-stage sampling was conducted; in the first stage, a stratified random sampling technique by sector (private and public) was employed to select universities. Six universities (three public and three private) from the middle region of Jordan were selected. The second stage was the convenience sampling of participants within the selected universities. Participants were selected from the six chosen universities. The questionnaire used in this study consisted of the demographic data sheet and the Employee Perceptions of Breastfeeding Support Questionnaire (EPBS-Q). The demographic data sheet included six questions about participants' age, level of education, monthly family income, age of the youngest child in the family (in months), duration of EBF, and job sector (public or private university). The EPBS-Q was used to measure employees' perceived workplace BF support.<sup>[16]</sup> Researchers obtained permission from the original questionnaire developer to translate the English version of the questionnaire into Arabic and use it in this study. The EPBS-Q consists of 41 items to evaluate five aspects of the work climate, eleven of which assess the organization support subscale (range between 11 and 44), twelve assess the manager support subscale (range between 12 and 48), six assess co-worker support subscale (range between 6 and 24), three assess available time subscale (range between 3 and 12), and nine assess the workplace's physical environment subscale and one additional open-ended question. The 41 items have four Likert scale responses ranging from "Strongly Agree" to "Strongly Disagree," except for four out of the nine questions assessing the physical environment, which have dichotomous "Yes/No" responses. In the physical environment subscale, a question asks about the availability of a designated place to breastfeed or pump milk. If it is answered "yes," it is followed by five relevant questions with a possible range between 5 and 20. An example of the questions in the questionnaire is "My manager would help

me combine breastfeeding and work.” The questionnaire was translated from English to Arabic using the World Health Organization (WHO) standards.<sup>[17]</sup> The process included forward translation, expert panel back translation, pre-testing and cognitive interviewing, and final revision. The reliability of the Arabic version of the questionnaire in the current study was tested. Cronbach’s  $\alpha$  value of all subscales was higher than 0.69 for the following: organizational support (0.78), manager support (0.78), co-worker support (0.70), time for breastfeeding (0.88), and physical environment (0.70). Greene, Wolfe, and Olson (2008) provided validity evidence for this scale using a two-dimensional substantive model that supported the measurement of two relevant BF support constructs, namely, co-worker support and works culture/company policies (National Center for Biotechnology Information, 2008). The Ministry of Higher Education and Scientific Research (MHESR) and private universities’ administrative offices were contacted for permission to collect data after obtaining the Institutional Review Board (IRB) approval. A pilot study was conducted on 10% of the sample, equivalent to approximately 21 EM. Data were collected by distributing flyers in the workplaces of these EM. The interested EM contacted the principal investigator to participate. Once a participant indicated approval and provided the consent form, she was provided the questionnaire at her workplace. The approximate time for filling out the questionnaire was between 15 and 20 minutes. The collected data were entered and analyzed using the Statistical Package for Social Sciences version 21.<sup>[18]</sup> Descriptive analysis (frequency distribution, central tendency measures, and dispersion measures) was applied to describe the sample and the study variables. The student’s *t*-test was applied to examine the differences in workplace BF support sub-scales based on the employment sector (public or private). Analysis of variance (ANOVA) was applied to test the differences between study variables based on the duration of EBF.

### Ethical considerations

The institutional Review Board (IRB) approval was received from the affiliated institution (Approval Number: 2021-106, Date 12-10-2021). Participation of the subjects was entirely voluntary, and informed consent was ensured before the completion of the surveys. Confidentiality was ensured by not obtaining any personally identifiable information from the participants. Completed surveys were kept in a locked cabinet without any unauthorized access.

## Results

### Sample characteristics

A total of 210 EM participated in this study, with a Mean (SD) age of 35.40 (4.70). The majority 131 (62.40%) had a bachelor’s degree, 138 (65.70%) worked in the public sector, and 99 (47.10%) had an income above 800 JD.

Regarding the duration of EBF, 60 (28.60%), 43 (20.50%), and 66 (31.40%) exclusively breastfed their child for up to three months, six months, and more than six months, respectively [Table 1].

### Description of perceived organizational support

Table 2 shows the description of the perceived organizational support. The mean total score of the organizational support subscale was 27.70 (5.60). Among the participants, 169 (80.50%) agreed that their maternity leaves are enough (paid and/or unpaid time off) to initiate BF before returning to work. However, 187 (89%) disagreed that they would be able to get information about combining BF and work from the institution at which they worked, 152 (72%) disagreed that there is someone at work that they could go to when they need help making arrangements for BF/pumping breast milk, and 78 (37%) agreed that they feel their jobs would be at risk in terms of losing their jobs or getting fewer scheduled hours if they practiced BF/pumping milk at the workplace.

### Description of perceived manager support

The total Mean (SD) of the manager support subscale was 28.20 (5.80). The results showed that 148 (71%), 141 (67%), and 133 (62%) of the sample disagreed that they would feel comfortable having a conversation with their manager about BF, that their manager might say things that make them think he/she supports BF, and that they think their manager considers helping them combine BF and work a part of his/her job, respectively, see Table 3.

### Description of Co-worker support

The Mean (SD) of this subscale was 15.0 (3.30). Among the sample, 149 (71%) and 141 (67%) disagreed that their co-workers would think less of them if they chose BF/pump milk at work and would feel comfortable having conversations about BF with co-workers, respectively, see Table 4.

### Description of perceived available time

The Mean (SD) of this subscale was 6.50 (2.30). In this study, 147 (70%), 145 (69%), and 127 (61%) disagreed that their breaks are frequent enough for BF/pumping milk, their breaks are long enough for BF/pumping milk, and they could adjust their break schedules to their convenience to BF/pump milk, respectively, see Table 5.

### Description of perceived physical environment

The Mean (SD) of this subscale was 17.20 (2.80). Among the participants, 209 (99.5%), 180 (86%), and 186 (89%) denied that the company supplies the required equipment for expressing breast milk, that they could find a place to store pumped breast milk at work, and there is a designated space at their workplace for BF/pumping milk, respectively, see Table 6.

**Differences in BF workplace support based on job sector**

There were no statistically significant differences in organization support ( $t_{208} = 0.74, p = 0.46$ ), manager support ( $t_{208} = -1.76, p = 0.07$ ), co-worker support ( $t_{208} = -0.47, p = 0.64$ ), time available ( $t_{208} = -1.49, p = 0.14$ ), and physical environment ( $t_{208} = -0.46, p = 0.64$ ) based on job sector.

**Table 1: Sample characteristics (n\*=210)**

Variable	n* (%**)
Educational Level	
High school and below	13 (6.20)
Bachelor	131 (62.40)
Higher education	66 (31.40)
Monthly Family Income (JDs) (\$)	
260–500 JDs (\$367–\$705)	41 (19.50)
501–800 JDs (\$707–\$1128)	70 (33.30)
Above 800 JDs (Above \$1128)	99 (47.10)
Type of Breastfeeding	
Non-exclusive	41 (19.50)
Exclusive	169 (80.50)
Duration of Exclusive Breastfeeding (n=169)	
0–3 months	60 (28.60)
Up to 6 months	43 (20.50)
More than 6 months	66 (31.40)
Job Sector	
Public sector	138 (65.70)
Private sector	72 (34.30)

\*=number, \*\*=Percentage

**The relationship between BF workplace support and exclusive breastfeeding**

There were no statistically significant differences based on EBF status (i.e., non-EBF, up to three months feeding, up to six months feeding, and more than six months feeding) in organization support ( $F_{3,206} = 0.41, p = 0.75$ ), manager support ( $F_{3,206} = 0.62, p = 0.60$ ), co-worker support ( $F_{3,206} = 1.20, p = 0.33$ ), time available ( $F_{3,206} = 0.35, p = 0.79$ ), and physical environment ( $F_{3,206} = 1.30, p = 0.26$ ).

**Discussion**

Five aspects of workplace support were examined: organizational support, manager support, co-worker support, time, and the physical environment). The results showed moderate levels of workplace support. No significant differences were found in workplace BF support based on the employment sector and EBF status. A positive perception of organizational support was noticed among the employees regarding the sufficiency of maternity leave to initiate BF before going back to work. However, negative perceptions were found about the ability to receive information about combining BF and work from the institution at which they worked, the lack of help in making arrangements for BF/pumping breast milk, and the feeling of job loss risk if they practiced BF/pumping milk at the workplace. A more positive perception of organizational BF support was found in previous studies in the US that used the same

**Table 2: Description of perceived organizational support subscale items (n\*=210)**

Organizational Support Subscale Items	Strongly agree and agree n* (%**)	Disagree and strongly disagree n* (%**)
I would have enough maternity leave (paid and/or unpaid time off) to get breastfeeding started before going back to work.	169 (80.5)	41 (19.5)
I would be able to get information about combining work and breastfeeding from my company.	23 (11)	187 (89)
I'm certain my company has written policies for employees that are breastfeeding or pumping breast milk	125 (60)	85 (40)
I'm certain there is a place I could go to breastfeed or pump breast milk at work.	78 (37)	132 (63)
There is someone I could go to at work that would help me make arrangements for breastfeeding or pumping breast milk.	58 (28)	152 (72)
My job could be at risk (e.g. lose my job or get fewer scheduled hours) if I breastfed or pumped breast milk at work.	78 (37)	132 (63)
I would be able to talk about breastfeeding at work.	77 (36)	133 (64)
I would feel comfortable asking for accommodations to help me breastfeed or pump breast milk at work.	65 (31)	145 (69)
My opportunities for job advancement would be limited if I breastfed or pumped breast milk at work.	78 (37)	132 (63)
I'm certain that women in higher-level positions have breastfed or pumped breast milk at my workplace.	64 (31)	146 (69)
I'm certain co-workers have breastfed or pumped breast milk at my workplace.	76 (36)	134 (64)
	<b>M*** (SD****)</b>	
Organizational Support Subscale total score	27.70 (5.60)	

\*=number, \*\*=Percentage, \*\*\*=mean, \*\*\*\*=standard deviation



**Table 3: Description of perceived manager support subscale items (n\*=210)**

Manager Support Subscale Items	Strongly agree and agree n* (%**)	Disagree and Strongly disagree n* (%**)
My manager would support me breastfeeding or pumping breast milk at work.	89 (42)	121 (58)
My manager would help me combine breastfeeding and work.	104 (49)	106 (51)
My manager would think I couldn't get all my work done if I needed to take breaks for breastfeeding or pumping breast milk.	106 (51)	104 (49)
I would feel comfortable speaking with my manager about breastfeeding.	62 (29)	148 (71)
My manager says things that make me think he/she supports breastfeeding.	69 (33)	141 (67)
I feel my manager would view breastfeeding as an employee's personal choice.	128 (61)	82 (39)
My manager would consider it part of his/her job to help me combine breastfeeding and work.	77 (38)	133 (62)
My manager would think less of workers who choose to breastfeed or pump breast milk at work.	79 (39)	131 (61)
My manager would make sure my job is covered if I needed time for breastfeeding or pumping breast milk.	98 (47)	112 (53)
My manager would change my work schedule to allow me time for breastfeeding or pumping breast milk.	89 (42)	121 (58)
My manager would help me deal with my workload so I could breastfeed or pump breast milk at work.	93 (44)	117 (56)
My manager would be embarrassed if I spoke with him/her about breastfeeding.	137 (65)	73 (35)
	<b>M*** (SD****)</b>	
Manager Support Subscale total score	28.20 (5.80)	

\*=number, \*\*=Percentage, \*\*\*=mean, \*\*\*\*=standard deviation

**Table 4: Description of perceived co-worker support subscale items (n\*=210)**

Co-worker Support Subscale Items	Strongly agree and agree. n* (%**)	Disagree and Strongly disagree n* (%**)
My co-workers would think less of workers that choose to breastfeed or pump breast milk at work.	61 (29)	149 (71)
I would feel comfortable speaking with my co-workers about breastfeeding.	69 (33)	141 (67)
My co-workers say things that make me think they support breastfeeding.	102 (49)	108 (51)
My co-workers would change their break times with me so that I could breastfeed or pump breast milk.	105 (50)	105 (50)
My co-workers would cover my job duties if I needed time for breastfeeding or pumping breast milk.	127 (60)	83 (40)
My co-workers would be embarrassed if I spoke with them about breastfeeding.	121 (58)	89 (42)
	<b>M*** (SD****)</b>	
Co-worker Support Subscale Items total score	15.0 (3.30)	

\*=number, \*\*=Percentage, \*\*\*=mean, \*\*\*\*=standard deviation

**Table 5: Description of perceived time subscale items (n=210)**

Time Subscale Items	Strongly agree and agree n* (%**)	Disagree and Strongly disagree n* (%**)
My breaks are frequent enough for breastfeeding or pumping breast milk.	63 (30)	147 (70)
My breaks are long enough for breastfeeding or pumping breast milk.	65 (31)	145 (69)
I could adjust my break schedule in order to breastfeed or pump breast milk.	83 (39)	127 (61)
	<b>M*** (SD****)</b>	
Time Subscale total score	6.50 (2.30)	

\*=number, \*\*=Percentage, \*\*\*=mean, \*\*\*\*=standard deviation

measure.<sup>[11,19]</sup> In another study conducted at a Dutch university, all EM perceived that the duration of maternity leave was too short.<sup>[20]</sup> The same study showed similar results regarding not receiving BF information the EM needed from their workplace.<sup>[20]</sup> The current study

showed that a high percentage of EM felt at risk of losing their job, similar to what was found in an Ethiopian study in 2021.<sup>[20]</sup> According to the Jordanian Labor Laws, female workers are entitled to 70 days of paid maternity leave in the private sector and 90 days in the

**Table 6: Description of perceived physical environment subscale items (n\*=210)**

Physical Environment Subscale Items	No n* (%**)	Yes n* (%**)
I could buy or borrow the equipment I would need for pumping breast milk.	120 (57)	90 (43)
My company would supply the equipment I would need for pumping breast milk at work.	209 (99.5)	1 (0.5)
I could find a place to store expressed breast milk at work.	180 (86)	30 (14)
There is a company-designated place for women to breastfeed or pump milk during the workday.	186 (89)	23 (11)
<b>n*=23</b>	<b>Agree n* (%**)</b>	<b>Disagree n* (%**)</b>
The designated place for breastfeeding or pumping breast milk at work would be available when I needed it.	19 (98)	4 (2)
The designated place for breastfeeding or pumping breast milk is close enough to my work area to use during my breaks.	21 (99)	2 (1)
I would feel comfortable breastfeeding or pumping breast milk in the designated place.	23 (100)	0.0 (0.0)
The designated place for breastfeeding or pumping breast milk is satisfactory.	19 (98)	4 (2)
	<b>M*** (SD****)</b>	
Physical Environment Subscale total score	17.20 (2.80)	

\*=number, \*\*=Percentage, \*\*\*=mean, \*\*\*\*=standard deviation

public (governmental) sector.<sup>[14,21]</sup> Following the maternity leave, each EM is entitled to a paid nursing break of one hour a day for a year starting from the delivery date.<sup>[14]</sup> These facts explain the EM's positive perception of the sufficiency of maternal leave. Managers' support of BF in the workplace was moderately positive as perceived by the EM. The EM reported feeling uncomfortable conversing with their managers about BF, thinking their manager would not say things that make them think he/she supports BF, and thinking their managers do not consider helping them combine BF and work as a part of their job, respectively. This could be because the Jordanian community is considered conservative, which makes talking about BF a private issue, and sometimes, it is shameful to talk about BF, especially if the manager is a man. Similar results were found in a study implemented in the US utilizing a similar tool, where 192 out of 368 respondents (52%) felt that their manager would not help them combine BF and work.<sup>[5]</sup>

In Ethiopia, Gebrekidan *et al.* (2021)<sup>[22]</sup> found that managers were also viewed as unsupportive of BF mothers in the workplace. Co-worker support was moderate as perceived by the EM; EM felt that their co-workers were supportive in assisting in covering job duties, and they do not think that their co-workers would think less of them because of BF. Similar results were seen in the study by Gebrekidan *et al.* (2021). On the other hand, Hilliard<sup>[5]</sup> found that only 87.5% of EM perceived that their co-workers would cover for them when they needed time for BF. This indicates that these co-workers are quite supportive.<sup>[5]</sup> Over half of the EM in this study felt embarrassed when talking about BF with their co-workers. This might be due to the conservative nature of the Jordanian community. The time available, the flexibility of break schedules, and the frequency of these breaks to BF were perceived as insufficient by most EM in this study. Similar results were found in a previous study in the Netherlands.<sup>[20]</sup> Another study among nurses

in a children's hospital in the US examined perceived BF support in the workplace. The break time subscale scored the lowest in that study (Wambach and Britt, 2018). On the contrary,<sup>[5]</sup> Hilliard (2017) found that the majority of EM perceived that they could adjust their break schedules to fit their BF/pumping needs.<sup>[5]</sup> According to almost all the EM, the workplace does not supply the required equipment for pumping. Breastmilk equipment is expensive in Jordan, and it is well-known that no workplace can supply it. This issue was observed in the study by Gebrekidan *et al.* (2021),<sup>[22]</sup> where some participants ceased BF early due to being unable to afford expensive lactating equipment.<sup>[22]</sup> In addition,<sup>[5]</sup> found that most EM indicated no breast pumps were available in the workplace. EM in this study could not find/be aware of a suitable place to store the breastmilk or the availability of a designated place for pumping. These results are very similar to those in the study by<sup>[22]</sup> and.<sup>[5]</sup> However, a study in Indonesia showed that EBF was significantly higher among EM with access to a lactation space in their workplace than those without such services.<sup>[8]</sup> No statistically significant differences were found in any of the five examined workplace BF support aspects regarding the job sector (public or private). This may indicate the similarity of educational institutions' policies in both sectors. This also indicates that managers and co-workers across multiple workplaces in Jordan likely have similar beliefs and behavioral patterns regarding BF practices. Opposite to the results in this study, significant differences were found in job sectors as public sector organizations received greater workplace BF support than those in the private sector in Pakistan.<sup>[12]</sup> Finally, no significant differences were found among the five examined workplace BF support aspects and EBF. Unlike these results, a significant association was found between manager support and EBF in the study by Gebrekidan *et al.* (2021),<sup>[22]</sup> and Taylor (2019)<sup>[23]</sup> found that manager support and organization support significantly increased

the odds of EBF in a sample of EM in the US.<sup>[22]</sup> In addition, the availability of organizational policies as a type of organizational support was found to be significantly associated with EBF among EM in a study in the US.<sup>[8]</sup>

Many limitations in this study might limit the generalizability of the results. The sample could have been more representative if EM were selected from other jobs and institutions. It is important to note that this study was conducted during the COVID-19 pandemic, making communication less effective due to social distancing and some employees being in quarantine. Recall bias of the exact duration of EBF could be a limitation since EM with children up to three years were included in the study. Finally, since the study was cross-sectional, no causation could be interpreted. Replication of this study in different settings would help further clarify the issue. Conducting qualitative studies would help understand the lived experience of workplace BF support among EM. Other possible factors that might play a role in BF continuation still need to be investigated in future studies, such as social support, the physical and mental health status of the employed mothers, and the child's health status.

## Conclusion

The perceived workplace breastfeeding support levels were moderate among the organizational support, manager support, co-worker support, available time, and physical environment aspects of support subscales. Workplace support for breastfeeding working mothers can be enhanced through workplace policies that support BF, increasing managers' and co-workers' awareness and openness about supporting employed mothers, increasing the flexibility and time availability to facilitate BF/pumping, and providing appropriate locations and tools for employed mothers to perform BF/pumping conveniently. A designated person should be assigned at the workplace as a referral for providing help and support for BF mothers. The rights of the BF mothers, entitled to by labor law, should be highlighted between workers and managers and enforced by authorities to provide a supportive BF environment. Reinforcing labor laws that support BF in all sectors is very important. Establishing consultation programs for EM regarding BF and monitoring the proper implementation of BF policy in the workplace are needed. Most importantly, a social protection system for all EM must be accessible to grant all women the protection they are entitled to during maternity and lactation.<sup>[24]</sup>

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## Conflicts of interest

Nothing to declare.

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