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KIP Documentation Project

Social norms in the workplace in the context of breastfeeding

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Executive Summary

What is the effect of social norms in the workplace on a woman's commitment to optimal breastfeeding behavior? What is the mechanism through which this effect takes place?

Our study is based on the theory of social influence, compliance and conformity (Cialdini and Goldstein, 2004; Cialdini and Trost, 1998) and the focus theory of Normative Conduct (Cialdini et al., 1990). Cialdini and Trost (1998) define social norms as rules and standards that are understood by members of a group and that guide and/or constrain social behavior without the force of laws. According to their study, social norms emerge out of interaction with others and may not be stated explicitly. Injunctive norms are derived from the opinion of important referents while descriptive norms are derived from observing others in a given situation.

Despite previous studies in public health showing that confidence and persistence in breastfeeding are affected by a woman's interactions with various formal and informal social network members (Raj and Plichta, 1998), studies on how social norms influence breastfeeding are scarce. This also applies to the effect of social norms in the workplace on breastfeeding behavior.

Nabulsi (2011) concluded in her qualitative study about breastfeeding in Lebanon that prolonging maternity leave and having day-care facilities at work may positively impact breastfeeding exclusivity and continuation rates. Nabulsi stated in the results of her study that employment constituted an important barrier to breastfeeding continuation for many mothers.



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We performed a qualitative pre-study to examine the existing Lebanese labor law and company-specific policies on breastfeeding. We conducted inquiries, a review of documents and checking of company websites. We then performed a quantitative main study whereby 159 women (Mage = 34 years) participated in an online survey collected through Lime Survey. They had one, two or three children and they all breastfed at least one of their children.

Our findings reveal that the workplace environment in Lebanon is not supportive of breastfeeding. The Law and the policies do not endorse a woman who would like to continue breastfeeding beyond the maternity leave period, which is only 10 weeks. Almost all women who participated in the study agreed that employers should provide an extended maternity leave. Half of the women who are employed full-time could not find a place to breastfeed or pump milk and could not arrange a place to store pumped milk at work.

Moreover, women felt worried about keeping their job or advancing in their career because of breastfeeding and more than 25% of the women received negative comments from their supervisor or colleagues about breastfeeding.

Regression analysis was used to investigate the hypothesis that job insecurity mediates the effect of social norms in the workplace on commitment to breastfeeding. Results indicated that workplace social norms was a significant predictor of job insecurity, $b=-.3$, $SE = .1195$, $p = .0127$, and that job insecurity was a significant predictor of commitment to breastfeeding, $b=.18$, $SE=.1038$, $p = .0827$. These results support the mediational hypothesis and demonstrate that the



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power of social norms to motivate or undermine the commitment to breastfeeding is mediated by a woman's perceived job insecurity.

The findings suggest that women who decide to offer their babies the optimal start in life by following the World Health Organization recommendation to exclusively breastfeed in the first six months of life are faced by many obstacles in the workplace. These include a short maternity leave, lack of an environment that allows for pumping and storing milk and lack of childcare arrangements or flexible time arrangements. Moreover, there are no policies to protect the woman from negative attitudes and comments and to ensure that she is treated fairly as relates to career advancement. All these elements create a sense of perceived job insecurity in the woman when she combines employment and breastfeeding. Her increased job insecurity eventually leads to decreased commitment to breastfeeding and a premature discontinuation of breastfeeding.

To reach the WHO 2025 breastfeeding target, public health efforts would be most influential if they consider the findings of this study in their direction. For instance, pushing for issuing and monitoring compliance to a law that protects breastfeeding from the marketing of breast-milk substitutes is important but is not enough. National campaigns that normalize breastfeeding in the society and efforts in directing employers to promote and support breastfeeding and to protect breastfeeding women in the workplace are also vital.

These efforts may be guided by the International Labour Organization Convention 183 Adopted in Geneva, 88th ILC session on 15 June 2000, specifically articles 4, 8 and 10.