



## ORIGINALS

### Association between employment status and exclusive breastfeeding in Peru

Asociación entre situación laboral y lactancia materna exclusiva en Perú

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#### ABSTRACT:

**Introduction:** The practice of providing only breast milk to an infant during the first 6 months of life has a series of benefits for mother and child. However, the employment situation could be an important factor that interrupts this practice.

**Objective:** evaluate the association between employment status and exclusive breastfeeding in Peru.

**Material and Methods:** Cross-sectional and analytical study, carried out with data from the 2023 Demographic and Family Health Survey. The sample was 10,854 Peruvian mothers. An individual questionnaire was used to measure the study variables. In addition, a bivariate and multivariate analysis was performed with the Poisson regression test and raw (PRc) and adjusted prevalence ratio (PRa).

**Results:** The prevalence of exclusive breastfeeding was 71.7%. Working mothers had a higher prevalence of not exclusively breastfeeding compared to those who did not work (aPR=1.19; 95% CI: 1.08–1.30; p<0.001). Furthermore, those who worked outside the home had a higher prevalence of not exclusively breastfeeding compared to those who worked at home (aPR=1.14; 95% CI: 1.01–1.29; p<0.001).

**Conclusions:** most mothers provide only breast milk to their child during the first 6 months of life. While maternal employment and workplace were associated with significantly lower likelihood of exclusive breastfeeding. It is recommended that interventions aimed at increasing exclusive breastfeeding focus more on mothers who are at higher risk of stopping early.

**Keywords:** Breast Feeding; Employment; Workplace; Breastfeeding Women.

## RESUMEN:

**Introducción:** La práctica de proporcionar únicamente leche materna a un lactante durante los primeros 6 meses de vida tiene una serie de beneficios para madre-hijo. Sin embargo, la situación laboral podría ser un factor importante que interrumpa esta práctica.

**Objetivo:** Evaluar la asociación entre la situación laboral y la lactancia materna exclusiva en Perú.

**Material y Métodos:** Estudio transversal y analítico, realizado con datos de la Encuesta Demográfica y de Salud Familiar 2023. La muestra fue de 10854 madres peruanas. Se utilizó un cuestionario individual para medir las variables del estudio. Además, se realizó un análisis bivariado y multivariado con la prueba regresión de Poisson y razón de prevalencia crudo (RPc) y ajustado (RPa).

**Resultados:** La prevalencia de lactancia materna exclusiva fue 71,7%. Las madres trabajadoras presentaron mayor prevalencia de no brindar lactancia exclusiva frente a las que no trabajaron (RPa=1,19; IC95%: 1,08–1,30;  $p<0,001$ ). Además, aquellas que trabajaban fuera del hogar tuvieron mayor prevalencia de no mantener la lactancia exclusiva en comparación con las que trabajaron en el hogar (RPa=1,14; IC95%: 1,01–1,29;  $p<0,001$ ).

**Conclusiones:** Gran parte de las madres proporciona únicamente leche materna a su hijo durante los primeros 6 meses de vida. Mientras que el empleo materno y el lugar de trabajo se asociaron con significativamente con una menor probabilidad de lactancia materna exclusiva. Se recomienda que las intervenciones destinadas a aumentar la lactancia materna exclusiva se enfoquen más en las madres que corren un mayor riesgo de interrumpirla de forma temprana.

**Palabras clave:** Lactancia Materna; Empleo; Lugar de Trabajo; Madres Lactantes.

## INTRODUCTION

Exclusive breastfeeding (EBF) is defined as feeding infants only breast milk during the first six months of life. It is promoted by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)<sup>(1)</sup> as a key public health intervention associated with reduced infant morbidity and mortality, as breast milk provides essential immunological and developmental components. Additionally, it benefits mothers by promoting uterine involution, strengthening the mother–infant bond, and reducing the risk of breast and ovarian cancer<sup>(1,2)</sup>.

Breastfeeding is also a central component of the 2030 Sustainable Development Goals (SDGs), particularly Goal 3, which aims to end preventable maternal and neonatal mortality<sup>(3)</sup>. Despite its benefits, the global prevalence of EBF in 2022 was 48.0%, and in Latin America and the Caribbean it was 43.0%<sup>(2)</sup>. Peru has one of the highest prevalence rates in the region (69.3%); however, disparities exist, particularly among urban women (65.5%) and those with higher education (62.6%)<sup>(4)</sup>.

According to the conceptual model proposed by Rollins et al., exclusive breastfeeding is influenced by maternal and infant characteristics, as well as the mother–child relationship. It also considers underlying factors such as health systems, family, community, employment, and workplace conditions<sup>(5)</sup>. Regarding employment, the WHO promotes the implementation of paid maternity leave and workplace support for breastfeeding and milk expression, as more than 500 million working mothers worldwide lack essential maternity protection measures in national legislation. Furthermore, only 20.0% of countries require employers to provide paid leave and facilities for breastfeeding or milk expression<sup>(6)</sup>.

Studies conducted in several Latin American and Caribbean countries have shown that the prevalence of EBF is lower among infants whose mothers are employed<sup>(7)</sup>. Economic, social, and cultural changes have led to increased female participation in the labor market, which may indirectly influence childcare practices, including EBF<sup>(8)</sup>. In Peru, 73.0% of women worked in the past 12 months, and 62.7% worked in the week prior to the interview<sup>(4)</sup>. A high proportion of these women are engaged in informal

employment. Although national regulations exist to protect breastfeeding such as maternity leave (98 days), one hour of daily breastfeeding leave until the child reaches one year of age, and mandatory lactation rooms in workplaces<sup>(9)</sup>, the real impact of these measures on the continuity of EBF has not been sufficiently evaluated, particularly among women in informal employment, who are more likely to face unstable jobs and lack labor protection and social benefits<sup>(10)</sup>.

However, scientific evidence in Peru regarding the relationship between maternal employment and exclusive breastfeeding remains limited. Most studies have focused on describing EBF prevalence using national surveys or specific populations<sup>(11)</sup>, and have primarily examined proximal factors<sup>(12)</sup> rather than distal factors such as maternal employment and working conditions. Distal factors are important because they shape living conditions and health opportunities. This gap highlights the need for studies exploring the association between maternal employment and exclusive breastfeeding at the national level.

In this context, the present study does not aim to discourage maternal employment, but rather to highlight the challenges faced by working women, such as early return to work due to economic pressures and the lack of adequate conditions for milk expression and storage, which may limit the continuation of exclusive breastfeeding<sup>(13)</sup>. These findings are relevant for nursing professionals to strengthen counseling, support, and advocacy actions aimed at promoting breastfeeding-friendly environments. The evidence generated may also contribute to the development of public policies and labor regulations that ensure adequate maternity leave, the implementation of lactation rooms, and the integration of health and labor sectors to protect mothers' right to breastfeed. Therefore, the aim of this study was to evaluate the association between employment status and exclusive breastfeeding in Peru.

## **MATERIAL AND METHODS**

This study had an analytical observational cross-sectional design with a retrospective approach, based on a secondary analysis of the 2023 Demographic and Family Health Survey (ENDES) database, conducted by the National Institute of Statistics and Informatics (INEI)<sup>(4)</sup>. The survey employed a probabilistic, two-stage, stratified sampling design, independent for each department. In the first stage, clusters were selected, and in the second stage, households within each cluster were selected. This approach ensures national representativeness.

The sample consisted of 10,854 records of women from ENDES 2023. Statistical power was calculated using the OPENEPI program, achieving a confidence level of 99%. Mothers aged 15 years and older were included, while those who were pregnant at the time of the interview (Figure 1) and those whose children had birth complications leading to breastfeeding interruption were excluded. The sampling design followed a two-stage cluster approach conducted by INEI. In the first stage, primary sampling units (PSU) were selected, and in the second stage, secondary sampling units (SSU) were used to select households<sup>(14)</sup>.

The dependent variable was exclusive breastfeeding, assessed using the question: "During the first six months of life, did (NAME) receive only breast milk without any other food or liquids?" (QI440B). This variable was categorized as Yes (mothers who provided

only breast milk during the first six months) and No (mothers who provided breast milk along with complementary feeding).

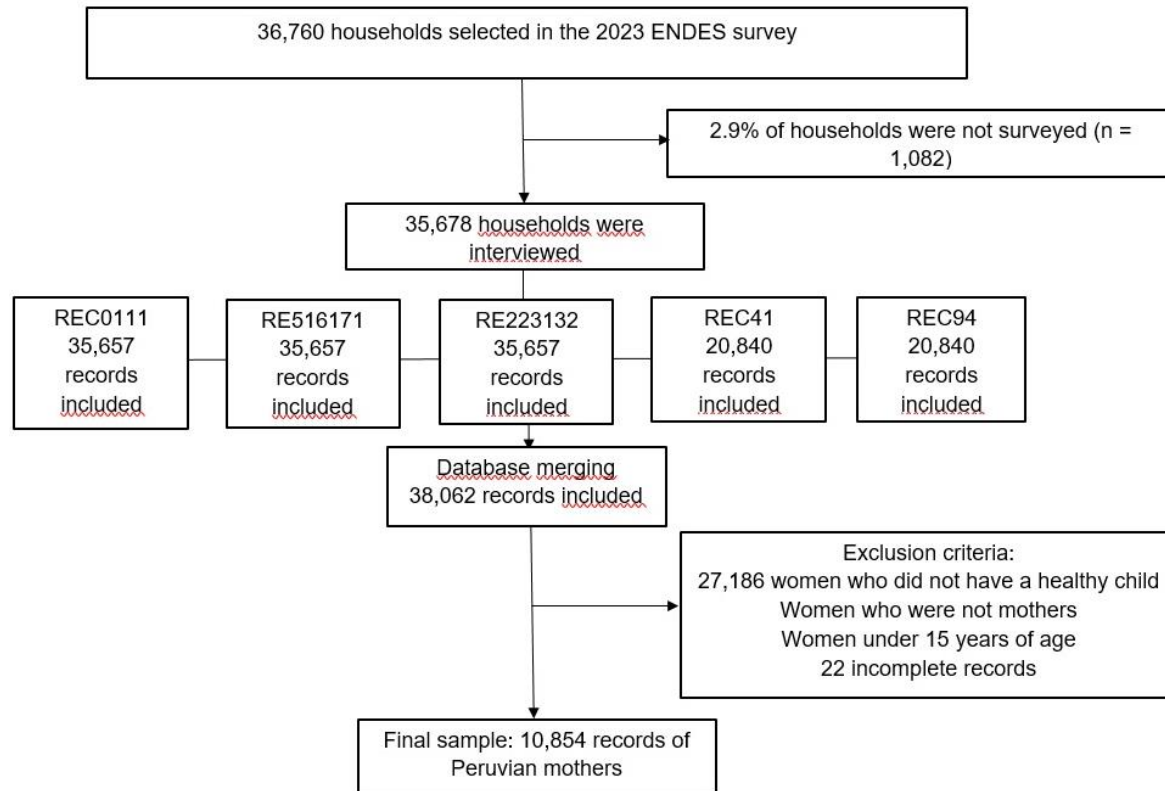
The exposure variable was employment status, classified into two components. The first was maternal employment, measured using the question: “Have you worked in the last 12 months?” (V731), categorized as no and yes. The second variable was workplace location, assessed with the question: “Did you work at home or outside the home?”, categorized as at home and outside the home.

The following covariates were considered: age (15–24, 25–34, and 35–49 years); educational level (no education, primary, secondary, and higher); marital status (with partner and without partner); wealth index (very poor, poor-middle, rich, and very rich); residence (urban and rural); region (coast, highlands, and Amazon basin); number of children (one, two, and three or more); “Did you receive any breastfeeding education during pregnancy?” (no and yes); type of delivery (vaginal and cesarean); and number of prenatal visits (less than 6 visits and 6 or more visits).

For data collection, the ENDES 2023 database was downloaded from the official microdata platform <https://proyectos.inei.gob.pe/microdatos/><sup>(14)</sup>. The following datasets were used: REC0111 (basic information on interviewed women, including sociodemographic characteristics), RE516171 (information on breastfeeding and infant feeding), RE223132 (information on employment and working conditions), REC41 (information on reproductive health and pregnancy history), and REC94 (information on children under five, including health status and vaccination). The datasets were merged using the merge command, with CASEID as the linking variable (Figure 1).

Data analysis was conducted using STATA version 18. Data cleaning was performed according to eligibility criteria. Descriptive analysis included absolute and relative frequencies, as well as confidence intervals. The Chi-square test was used for bivariate analysis, and Poisson regression was applied to estimate prevalence ratios. A multivariate model was then constructed using adjusted Poisson regression. All analyses accounted for the complex survey design by applying sampling weights (V005) using the svy command. Statistical significance was set at  $p < 0.05$ .

**Figure 1.** Flowchart of participants included in the study



Trained personnel from the National Institute of Statistics and Informatics (INEI) obtained verbal informed consent from all participants, and the confidentiality of the data was ensured. The study was approved by the Research Ethics Committee of the Universidad Católica Sedes Sapientiae, under approval No. CE-1840.

## RESULTS

It was found that 71.75% of all mothers practiced exclusive breastfeeding. Additionally, 68.28% were employed, and 76.31% of them worked outside the home (see Table 1).

**Table 1.** Description of the characteristics of Peruvian mothers

| Variables               |                  | n    | Weighted% | 95% CI      |
|-------------------------|------------------|------|-----------|-------------|
| Exclusive breastfeeding | No               | 2875 | 28.25     | 26.95-29.59 |
|                         | Yes              | 7979 | 71.75     | 70.41-73.05 |
| Maternal employment     | No               | 3514 | 31.72     | 30.40-33.06 |
|                         | Yes              | 7340 | 68.28     | 66.94-69.60 |
| Workplace               | At home          | 1604 | 23.69     | 22.29-25.15 |
|                         | Outside the home | 5736 | 76.31     | 74.85-77.71 |

Poisson regression was used in Tables 2 and 3 to estimate crude and adjusted prevalence ratios. In the adjusted model, the variables nipple preparation and breastfeeding technique education were excluded due to multicollinearity (variance inflation factor > 5). Table 2 presents the adjusted model evaluating the association between maternal employment and exclusive breastfeeding, controlling for the selected covariates.

**Table 2.** Crude and multivariate analysis between maternal employment, covariates, and exclusive breastfeeding

| Variables               |                 | cPR  | 95% CI    | p-value | aPR  | 95% CI    | p-value |
|-------------------------|-----------------|------|-----------|---------|------|-----------|---------|
| Marital status          | Without partner | Ref. | -         | -       | Ref. | -         | -       |
|                         | With partner    | 0.83 | 0.74-0.92 | 0.001   | 0.88 | 0.80-0.98 | 0.019   |
| Wealth index            | Poor–Middle     | Ref. | -         | -       | Ref. | -         | -       |
|                         | Very poor       | 0.72 | 0.65-0.80 | <0.001  | 0.80 | 0.70-0.91 | 0.001   |
|                         | Rich            | 1.00 | 0.88-1.13 | 0.977   | 0.96 | 0.84-1.10 | 0.568   |
|                         | Very rich       | 0.93 | 0.78-1.11 | 0.396   | 0.88 | 0.74-1.05 | 0.156   |
| Region                  | Coast           | Ref. | -         | -       | Ref. | -         | -       |
|                         | Highlands       | 0.65 | 0.59-0.72 | <0.001  | 0.70 | 0.62-0.78 | <0.001  |
|                         | Amazon basin    | 0.77 | 0.68-0.86 | <0.001  | 0.84 | 0.75-0.95 | 0.005   |
| Number of children      | One             | Ref. | -         | -       | Ref. | -         | -       |
|                         | Two             | 0.85 | 0.77-0.94 | 0.001   | 0.86 | 0.77-0.94 | 0.007   |
|                         | Three or more   | 0.83 | 0.72-0.91 | <0.001  | 0.84 | 0.74-0.95 | 0.006   |
| Maternal employment     | No              | Ref. | -         | -       | Ref. | -         | -       |
|                         | Yes             | 1.23 | 1.12-1.35 | <0.001  | 1.19 | 1.08-1.30 | <0.001  |
| Breastfeeding education | No              | Ref. | -         | -       | Ref. | -         | -       |
|                         | Yes             | 0.77 | 0.70-0.85 | <0.001  | 0.81 | 0.74-0.90 | <0.001  |

Note: Age, education, residence, type of delivery, and number of prenatal visits were not included in the table because they were not statistically significant.

Table 3 shows the adjusted model analyzing the relationship between workplace and exclusive breastfeeding. In both tables, the covariates wealth index, marital status, number of children, and breastfeeding education were significantly associated with exclusive breastfeeding.

**Table 3.** Crude and multivariate analysis between workplace, covariates, and exclusive breastfeeding

| Variables               |                  | cPR  | 95% CI    | p-value | aPR  | 95% CI    | p-value |
|-------------------------|------------------|------|-----------|---------|------|-----------|---------|
| Workplace               | At home          | Ref. | -         | -       | Ref. | -         | -       |
|                         | Outside the home | 1.08 | 0.95-1.22 | 0.249   | 1.13 | 1.01-1.29 | 0.043   |
| Wealth index            | Poor–Middle      | Ref. | -         | -       | Ref. | -         | -       |
|                         | Very poor        | 0.72 | 0.65-0.80 | <0.001  | 0.80 | 0.69-0.92 | 0.002   |
|                         | Rich             | 1.00 | 0.88-1.13 | 0.977   | 0.99 | 0.84-1.09 | 0.484   |
|                         | Very rich        | 0.93 | 0.78-1.11 | 0.396   | 0.90 | 0.74-1.04 | 0.141   |
| Region                  | Coast            | Ref. | -         | -       | Ref. | -         | -       |
|                         | Highlands        | 0.65 | 0.59-0.72 | <0.001  | 0.67 | 0.59-0.75 | <0.001  |
|                         | Amazon basin     | 0.77 | 0.68-0.86 | <0.001  | 0.78 | 0.68-0.90 | 0.001   |
| Number of children      | One              | Ref. | -         | -       | Ref. | -         | -       |
|                         | Two              | 0.85 | 0.77-0.94 | 0.001   | 0.82 | 0.72-0.94 | <0.001  |
|                         | Three or more    | 0.83 | 0.72-0.91 | <0.001  | 0.81 | 0.71-0.94 | 0.005   |
| Breastfeeding education | No               | Ref. | -         | -       | Ref. | -         | -       |
|                         | Yes              | 0.77 | 0.70-0.85 | <0.001  | 0.81 | 0.72-0.91 | <0.001  |

Note: Age, education, marital status, residence, type of delivery, and number of prenatal visits were not included in the table because they were not statistically significant.

Table 4 shows that, in both models, maternal employment and workplace were significantly associated with exclusive breastfeeding after adjustment for the remaining covariates. Working women had a higher likelihood of not practicing exclusive breastfeeding compared to non-working women (aPR = 1.19; 95% CI: 1.08–1.30;  $p < 0.001$ ). Similarly, women who worked outside the home had a higher likelihood of not practicing exclusive breastfeeding compared to those who worked at home (aPR = 1.14; 95% CI: 1.01–1.29;  $p < 0.001$ ).

**Table 4.** Association between maternal employment (Model 1), workplace (Model 2), and exclusive breastfeeding

| Employment status    |                  | cPR  | 95% CI    | p-value | aPR  | 95% CI    | p-value |
|----------------------|------------------|------|-----------|---------|------|-----------|---------|
| Maternal employment* | No               | Ref. | -         | -       | Ref. | -         | -       |
|                      | Yes              | 1.23 | 1.12-1.35 | <0.001  | 1.19 | 1.08-1.30 | <0.001  |
|                      | At home          | Ref. | -         | -       | Ref. | -         | -       |
| Workplace **         | Outside the home | 1.08 | 0.95-1.22 | 0.249   | 1.14 | 1.01-1.29 | 0.043   |

\* Model 1: adjusted for age, education, marital status, wealth index, residence, region, number of children, breastfeeding education, and number of prenatal visits.

\*\* Model 2: adjusted for age, education, marital status, wealth index, residence, region, number of children, breastfeeding education, and number of prenatal visits.

## DISCUSSION

This study found that working mothers are less likely to practice exclusive breastfeeding (EBF). This is consistent with findings from a study conducted in Indonesia, which reported that employed mothers were less likely to practice exclusive breastfeeding<sup>(15)</sup>. Similarly, mothers who work outside the home are more likely to discontinue EBF. This is in line with evidence from a study conducted in three Latin American countries (Colombia, Haiti, and Peru), where working outside the home was associated with early cessation of EBF<sup>(16)</sup>.

This issue persists in many countries and may be explained by the fact that working mothers are often separated from their infants due to early return to work. In addition, they face several barriers to maintaining EBF, including work-related time constraints, limited workplace support, and lack of adequate breastfeeding facilities, particularly in informal employment settings where maternity protection policies are often absent<sup>(16-18)</sup>. Moreover, the duration of maternity leave plays a crucial role, as mothers who return to work before six months postpartum tend to introduce liquids and solid foods earlier than recommended<sup>(19,20)</sup>.

Another key finding was that the prevalence of EBF in this study was 71.75%. This differs from findings in other settings, such as among Thai Muslim mothers, where the prevalence was 54.8%<sup>(21)</sup>. Similarly, studies in Southwestern Nigeria reported a prevalence of 69.6%<sup>(22)</sup>, while in Northeastern Brazil only 23.8% of mothers maintained EBF<sup>(17)</sup>. The higher prevalence observed in Peru may be explained by contextual factors, including strong cultural breastfeeding practices in rural areas<sup>(23)</sup> and national policies promoting breastfeeding implemented by the Ministry of Health<sup>(24)</sup>. However, according to INEI-Peru, this prevalence has not shown substantial changes in recent

years, particularly during the COVID-19 pandemic. Additionally, lower EBF prevalence has been reported among urban women and those with higher education levels, highlighting the need for further research in these populations<sup>(4)</sup>. Differences in prevalence across countries may also be attributed to variations in study settings, sample sizes, policies, and cultural norms related to breastfeeding practices<sup>(25)</sup>.

The finding that poorer mothers are less likely to discontinue EBF compared to those in the highest wealth categories is consistent with studies conducted in Indonesia<sup>(15)</sup>. Similarly, research from Colombia, Haiti, and Peru has shown that higher income levels are associated with earlier cessation of EBF<sup>(16)</sup>. A possible explanation is the perception that commercial infant formulas are modern and prestigious, whereas mothers with limited financial resources rely more on breastfeeding as the primary feeding option.

Mothers living in the highlands and Amazon regions were less likely to discontinue EBF compared to those living in coastal areas. Previous research in Peru has shown persistently lower EBF prevalence in coastal regions<sup>(26)</sup>. This may be related to cultural practices, higher labor participation among women, particularly in informal jobs, and greater access to infant formula in urban and higher socioeconomic settings<sup>(27)</sup>.

The presence of a partner was associated with a lower likelihood of EBF discontinuation. This finding is consistent with studies conducted in Colombia, Haiti, and Peru, where living with a partner was associated with higher EBF prevalence<sup>(16)</sup>. This may be explained by the role of partners in household decision-making and the emotional and social support they provide, which can increase mothers' confidence in breastfeeding<sup>(28)</sup>. Therefore, partner involvement should be considered a key factor in promoting EBF.

Mothers with more children were less likely to discontinue EBF. Similar findings have been reported in studies conducted in Indonesia<sup>(15)</sup>. This may be due to increased maternal experience and confidence gained from previous successful breastfeeding, which facilitates continued breastfeeding practices<sup>(29)</sup>.

Prenatal breastfeeding education was significantly associated with EBF. Several studies support this finding, suggesting that EBF is more likely to be successful when education is provided during prenatal care and reinforced during the postnatal period through multiple sessions and appropriate educational tools delivered by trained healthcare professionals<sup>(30-33)</sup>. Education plays a crucial role in empowering mothers, improving their knowledge, and strengthening their confidence in their ability to breastfeed<sup>(34)</sup>.

Some limitations of this study should be acknowledged. As a secondary analysis of ENDES data, the absence of certain potential confounding variables, such as type of employment (formal vs. informal), income, and maternity leave conditions, may have affected the estimation of associations. Additionally, due to the cross-sectional design, causal relationships cannot be established. Therefore, longitudinal studies are recommended to further explore these findings.

Despite these limitations, the study has important strengths, including the use of nationally representative data and its potential to inform public policies and intervention strategies at both individual and community levels.

## CONCLUSIONS

Exclusive breastfeeding remains a predominant practice among Peruvian mothers during the first six months of life. However, maternal employment, particularly work performed outside the home, is associated with a lower likelihood of maintaining this practice.

Other factors associated with a lower likelihood of EBF discontinuation include lower wealth index, residence in the highlands and Amazon regions, having a partner, higher parity, and receiving breastfeeding education.

These findings highlight the importance of ensuring that women have equitable employment opportunities without negatively affecting their ability to breastfeed. It is essential to guarantee that motherhood does not compromise women's economic stability or infant nutrition. In this context, nursing professionals play a key role in promoting, educating, and supporting working mothers by providing guidance on strategies to maintain breastfeeding and by advocating for breastfeeding-friendly environments.

Strengthening prenatal education and encouraging partner involvement in maternal and child health programs are also critical.

Furthermore, successful policies, cultural practices, and supportive environments observed in settings with high EBF prevalence can serve as models to achieve the Sustainable Development Goals and meet WHO and UNICEF recommendations.

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