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Attitudes and experiences of employed women when combining exclusive breastfeeding and work: A qualitative study among office workers in Northern Ethiopia

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Abstract

Evidence from different countries shows that the level of support given to mothers who return to paid employment can significantly determine the duration of exclusive breastfeeding (EBF). However, little is known about how returning to work impacts Ethiopian women's EBF practice. The aim of this study was to explore women's attitudes and experiences of EBF when they returned to work. Mothers who had an infant of less than 12 months, working in government institutions in Tigray region, Ethiopia, were invited to participate in this study. Semi-structured, face-to-face interviews were used to explore mothers' perspectives of the factors that influenced EBF when they returned to work. The interview data were transcribed verbatim and thematically analysed. Twenty mothers were interviewed from 10 organizations. Three themes were identified from their accounts: mother's knowledge, attitudes and practice towards breastfeeding; workplace context and employment conditions; and support received at home. Most participants were familiar with the benefits of EBF. Most participants reported that their colleagues had more positive attitudes towards breastfeeding than their managers. In almost all the workplaces, there was no specific designated breastfeeding space. Participants reported that close family members including husbands and mothers were supportive. Mothers' knowledge and attitude towards breastfeeding, workplace and employment conditions and support received at home were found to be the main factors determining the duration of EBF among employed women. Participants reported that the overall support given to breastfeeding women from their employers was insufficient to promote EBF.

KEYWORDS

breastfeeding, employment, Ethiopia, experience

1 | INTRODUCTION

Exclusive breastfeeding (EBF) is feeding an infant with breast milk only, without adding other foods or liquids including water for the first

6 months of life (World Health Organization [WHO], 2019). It is a cost-effective method for reducing the risk of morbidity and mortality of infants and mothers (UNICEF, 2015; WHO, 2019). Among the many benefits, breast milk is sterile and contains antibodies that

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provide protection against childhood illnesses such as pneumonia and diarrhoea (Victora et al., 2016; WHO, 2019). Breastfeeding also lowers the risk of chronic conditions such as obesity, high cholesterol, high blood pressure and childhood leukaemias in later life (Rollins et al., 2016). During the early months of life, breastfed children have six times the chance of survival compared with nonbreastfed children (Rollins et al., 2016; UNICEF, 2015). EBF also benefits mothers including assisting with fertility control and reducing the risk of ovarian and breast cancer (Victora et al., 2016).

Despite the benefits, employed women face numerous barriers to EBF including insufficient time to breastfeed or express breast milk (Febrianingtyas et al., 2019). There are also work-related factors such as long inflexible work schedule and absence of appropriate physical facilities (Hirani & Karmaliani, 2013; Soomro et al., 2016), which can have detrimental effect on the duration of EBF. Cost-effective workplace interventions such as preparation of rooms and breastfeeding breaks for breastfeeding play an important role in promoting breastfeeding among employed mothers. Such interventions have been shown to reduce absenteeism and improve workforce performance, commitment and retention (Jantzer et al., 2018; Rollins et al., 2016; Tang et al., 2020).

In Ethiopia, 58% of infants EBF until 6 months (Central Statistical Agency, 2016). However, this figure is substantially lower among employed women with the prevalence varying from 20.9% in Gondar to 24.3% in Dukem and 24.8% in Fafan among employed women (Chekol et al., 2017; Kebede et al., 2020; Tadesse et al., 2019). Although the impact of employment is significant, there is a paucity of information regarding how women combine breastfeeding and work in Ethiopia. This study sought to explore women's attitudes and experiences related to EBF when they returned to paid work in Ethiopia.

2 | METHODS

This substudy was part of a larger mixed-methods study investigating determinants of EBF among employed women after they returned to work in two towns in Tigray region, Ethiopia. The qualitative findings of mothers' experience in combining breastfeeding and employment are reported according to Consolidated Criteria for Reporting Qualitative Research Guideline (Tong et al., 2007).

2.1 | Participants

The study participants were mothers working full-time outside home and had babies of 12 months or younger. Mothers working in contract, casual and part-time or running their own businesses were excluded from the study because they might have a more flexible schedule enhancing opportunity for EBF. They may also have less flexibility with fewer or irregular breaks.

2.2 | Study setting and procedure

The study was conducted in two towns from two different zones in Tigray regional state, North Ethiopia: Axum and Shire towns. These

Key messages

- Mothers had good knowledge and positive attitude about exclusive breastfeeding.
- Employed mothers granted 4 months paid the maternal leave, but still it was insufficient to exclusively breastfeed until the recommended 6 months.
- The support of workplaces to employed women was insufficient.

are the biggest towns in each zone within the study area in which most of the employees live. Managers of 30 governmental offices of two towns in Tigray region were approached by the first author to identify the potential participants from each organization. The potential participants were contacted by two research assistants recruited by the researchers to contact the mothers and provide study participant information and consent forms. The mother's contact details were obtained from the managers. Mothers who were interested in participating in the study were invited to contact the researcher to arrange an interview appointment. The interviews were conducted by the first author using an audio recorder at the participants' workplaces between October 2018 and January 2019. An interview guide was used to direct questioning; however, women were encouraged to speak freely on the topic of interest (Table A1). All interviews were conducted in the workplaces according to the mothers' preference and continued until data saturation at 20 mothers.

2.3 | Data analysis

The interviews were transcribed verbatim in Tigrigna and then translated to English. Translation was undertaken by the first author who is fluent in both languages. A sample of translation was checked for accuracy by another bilingual researcher. Data then underwent the six-step thematic analysis method set out by Braun and Clarke (2006). These phases are (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes and (6) producing the final report (Braun & Clarke, 2006). The transcribed data were coded manually and independently by KG and HH, and then similar codes merged in to 23 code terms. Similar code terms were merged to produce eight subthemes. Next, similar subthemes were grouped together, and three themes were identified from the mothers' interviews.

The criteria outlined by Lincoln (1985) were employed to ensure trustworthiness of the data. To ensure credibility, 4 months were allocated for data collection, which helped the first author to be fully engaged in the data collection. To ensure dependability, a decision trail was used by documenting the raw data, transcripts and the details of how the data were analysed. The discussion and decisions made on the data analysis including the input of other researchers at

each step were also documented. To ensure transferability, detailed description of each process of the study is included as part of the decision trail. To ensure confirmability, member checking was done by contacting four study participants via email for feedback on the interpretation of the qualitative data by providing a short overview of their interview. All participants agreed with the themes.

2.4 | Ethical considerations

Ethical approval was obtained from Monash University (ethics approval number: 13794) and Mekelle University (ethics approval number: ERC 1490/2018). Participation was voluntary, and informed written consent was obtained from each study participant prior to the data collection. Confidentiality of the participants was assured for all the information provided; no personal identifiers were used. All the participants' names stated in this study were pseudonyms.

3 | RESULTS

3.1 | Participants' characteristics

Twenty mothers were interviewed from 10 organizations. Seven of the 10 offices were in the health sector including health centres, hospitals and health offices, and the remaining three were from nonhealth sectors. Thirteen mothers had bachelor's degree. The characteristics of the participants are presented in Table 1.

3.2 | Thematic analysis

Three themes were identified after thematic analysis; mothers' knowledge, attitudes and practice towards breastfeeding; workplace context and employment conditions; and support received at home were identified as contributing factors to continuing EBF.

3.2.1 | Mothers' knowledge, attitudes and practice towards breastfeeding

This theme focuses on (1) the woman's knowledge, (2) attitudes and (3) practice related to breastfeeding.

1. Mothers' knowledge regarding breastfeeding

Most participants were familiar with the nutritional benefits and economic advantages of breastfeeding. For example, Leyla said:

... it helps to minimize cost, or it has economic benefits
... if you want to start formula feeding, you need more than four hundred Birr, even for the time the mother stayed at work. One tin of milk did not serve for more than three or four days ...

Interviewees also reported the benefits of breastfeeding to mothers. They commonly spoke about fertility control and bonding between the mother and her baby. Senait stated:

TABLE 1 Mothers' characteristics

RN	Institution	Occupation	Education
Shire			
1	Hospital	Nurses (4) Midwife Janitor	BSc BSc Diploma
2	Health office	Health officer	BSc
3	Health centre	Nurse	BSc
Axum			
4	Health office	Storekeeper	Diploma
5	Health Centre 1	Card room register Health extension worker (2)	Diploma Diploma
6	Agriculture office	Agriculture experts (2)	BSc
7	Health Centre 2	Purchaser	BSc
8	Water supply office	Auditor	BSc
9	Water resource office	Water expert Water expert	Diploma BSc
10	Referral hospital	Nurse Lecturer	BSc MSc
	Total	20	

... it creates bonding between the mum and her baby
 Another benefit is, just to prevent some infections such as breast infection ... in the first two to three months it also helps to manage problems related to hormones. Due to this breastfeeding (it) may help the mother to prevent pregnancy

Participants also discussed various sources of information they accessed regarding breastfeeding. Pregnant women typically received education about breastfeeding from midwives and nurses. Once they returned home after giving birth, the mothers received regular visits from health extension workers, who have a fundamental understanding of infant feeding. Shashu's explanation is typical:

.... We have information from health professionals [health extension workers] they give home-to-home education to the community. When we give birth, they [midwives] also informed us very well to provide breast milk only, without additional food until six months

2. Mothers' attitude towards breast milk expression

Participants also talked about their attitudes towards infant feeding practices, including breast milk expression. Only a few mothers had expressed their breast milk in order to continue EBF until 6 months. Hana was one of the minority of participants who found expressing useful:

... I was expressing my breast milk before I came to work ... even after the baby started additional food; I continued to express breast milk for my baby ... it is very effective; my baby did not have any problem even after he started additional food

Even if they have information about breast milk expression, for most participants, this practice was poorly understood or not considered an appropriate way to feed babies. Most participants stated they prefer to mix additional food before the baby is 6 months old rather than express their breast milk. This common belief was discussed by numerous mothers, including Whid:

... I heard about breast milk expression, but I did not believe it is useful ... I did not believe this is correct, instead of this even I could say that it is better to start on cow's milk, because the expressed breast milk needs to be heated

3. Mothers' practice of EBF

Many participants described the challenges women faced once their standard 4-month maternal leave finished. However, some mothers continued EBF irrespective of the difficulties. Tirhas explained:

TABLE 2 Age of the baby when the mother returned to work and duration of EBF ($n = 20$)

Variable	Number of participants
Time mothers started work after birth	
• 6 months	2
• 5 months and 2 weeks	5
• 5 months	4
• 4 months	8
• <4 months	1
Duration of EBF	
• 7 months	1
• 6 months	12
• 5 months	4
• 4 months	2
• Still on EBF	1

Abbreviation: EBF, exclusive breastfeeding.

... just I breastfeed my baby until four months while I was at home, and after four months I have started work and I have continued EBF by going to work later and coming home earlier. As such, I did not start additional food until six months

However, other mothers started additional milk or food when they returned to work (Table 2). Additionally, for most mothers, balancing the role of employee and mother was challenging. Women expressed feeling pressured by perceived responsibilities of women by the community to not only EBF but also undertake most of the childcaring and household activities. Feven highlighted the additional pressures at home:

.... Most of the challenges are loaded on the wife starting from preparing a lunch. For example, when both husband and wife stayed at work and back home together, the wife might be busy in cooking, breastfeeding, serving food and others

3.2.2 | Workplace context and employment conditions

The second theme highlights the factors affecting EBF, which are related to the woman's workplace. This theme has four subthemes: (1) work-related factors, (2) managers and staff support, (3) physical facilities and (4) employment policy and regulations influencing breastfeeding.

1. Work-related factors

The specific nature of the woman's work emerged as an important factor that affects the continuation of EBF. In some workplaces, with no space and heavy workloads, it was difficult for the mothers

either to go home for breastfeeding or to bring their babies to work. For example, Genet explained:

... the position of work matters. For example, in my side I am an auditor, there are also mothers working in the finance department. Our work did not have any break. We are always busy ... I cannot take care of my baby while I am serving a customer, the work itself does not allow you

Interestingly, health professionals, who teach mothers to EBF for 6 months, often could not practise it for themselves due to the nature of their work. Atsede who is a health professional explained why she started her baby additional food earlier than 6 months:

.... To tell you frankly, I have started additional food after five months ... because after I started work, I could not get time. Therefore, even though we health professionals recommend exclusive breastfeeding for others, but for ourselves it is difficult, I am sure that government employees are not practicing It [breastfeeding only until six months]

Another issue raised by participants was how difficult it was for them to fully concentrate on their work, when they had a young baby. This in turn could affect the mother's individual work performance. Saba expressed this concern:

... when the mother stayed at work the whole day, the mother could not fully concentrate on her work ... even though I am at work physically; all my attention is at home with my baby

2. Managers and staff support

As reported by the participants, the managers were primarily concerned about the work output, although some were supportive of breastfeeding. In contrast, most participants claimed that their colleagues have positive attitude towards breastfeeding. One of the participants, Wahid, gave a typical explanation:

.... Sometimes, they [colleagues] did my job while I am breastfeeding, when they see me. While I am breastfeeding, they could not let me work, but this could not be every time ... they may help me one day or two days, more than this they may feel unhappy

Workplace flexibility emerged from the data as one of the most important supports for breastfeeding mothers, in almost all workplaces. The flexible hours enabled mothers to come to work and go home when they needed to feed. Sara who work in agriculture office gave a typical example:

... there was an opportunity to come late to work and go home earlier. Additionally, when there is not much work, I was asking permission and going home. However, this might not be applicable in other offices It would be good, if there is some time allocated for breastfeeding

Almost all participants reported that the support currently provided to breastfeeding mothers is not insufficient. They asserted that they need more support from their workplace and from the government. Atsede's explanation highlighted this common view:

... if the maternal leave is not increased to six months, it is difficult for government employees to exclusively breastfeed for six months. When I see it in general, I did not think that there is much support from the workplace. Normally, it is not bad, but it is not as it is expected to be Therefore, it needs more attention from the government

3. Physical facilities influencing EBF

In almost all the workplaces, there was not any specific space designated for breastfeeding mothers. However, most participants agreed on the importance of having such room in their workplaces; some were even prepared to share some of the associated costs. Lichi clarified the importance of facilities including childcare to support breastfeeding:

... there is no room prepared for this purpose; it was good, if such room is prepared in a central location Because the main challenge is lack of nursery room, if we had a nursery room, even we can recruit one care giver together with others

The physical environment also influences the mother's ability to bring her baby to work. For example, some workplaces, such as health institutions, could be hazardous for the babies, irrespective of the woman's workload or the availability of space. Beriha raised this concern:

... bringing a child here is not good because there is a lot of contamination; it is difficult here, in health centre in other offices it might be possible

The proximity of the woman's house to her workplace also had an impact on EBF. If the mother had permission to go home during work hours, it was still difficult to manage within the time frame if their home was far away. Selam's explanation is a typical example of this:

... if you leave at 11:30 am, until you arrive home it became 12:00 pm If your home is nearby you

can go and see him but for example, my home is near the bus station of the town, which is far from here

4. Employment policy and regulations influencing EBF

Even though participants appreciated the recent additional month of support, many of them think that it should be further increased to 6 months. Shashu stated:

... now it [maternal leave] became four months, it will be good if the maternal leave is six months. Because there is a recommendation from health professionals about breastfeeding for six months ... when the mothers started work at four months, how could they breastfeed their kids at work

According to the employment regulations, the maternal leave is expected to be 1 month before birth and 3 months after birth. However, many prefer to use the whole 4 months after birth, and almost all the organizations allowed them to work until they give birth, to have 4-month leave after birth. Atsede's comments represent the views of women who valued such arrangement:

... as you know the maternal leave is four months, before and after birth. However, to use all the four months after birth, I have worked until I gave birth. This means I did not use one month leave before birth

In addition to the maternal leave, annual leave is also very important to prolong the duration of EBF. Therefore, many mothers planned to have their annual leave immediately after their maternal leave finished, which helped them to continue EBF until 5 months. Mothers like Lichi supported this idea:

.... When we ask (for) annual leave, it is given based on the civil service regulations, which is for eleven months of working time you have to get one-month annual leave. This is the right of any government employee

Additionally, participants asserted that workplace rules and regulations affect the duration of EBF. New mothers are usually expected to work 8 h a day like the other staff. Hana and others voiced their concerns about the impact of staying at work for 8 h:

... I came to work at 8:00 am and go home at 12:30 pm, then for the afternoon shift I came back to work at 2:30 pm and go home at 5:30 pm. I have to stay at work for eight hours; as a result, the baby could not get breastfeeding even for four hours

3.2.3 | Support receiving at home

The final theme focuses on the support employed women have at home, from their family members and its influence on EBF. Participants reported variable support from their husbands; some were found to be supportive. For example, Tirhas described good support from her husband:

... with my husband we help each other, even though we both stayed together here at work. My husband helped me at home ... he shared the household works with me to finish the work on time For example, when I prepare food for the younger baby, my husband did the work of the elder baby

However, for some participants, it was difficult to get assistance from their husbands. In some situations, they did not live together because of different workplaces and this resulted in the husband having very limited involvement in caring for their baby. For example, Lichi explained her situation as follows:

... my husband? ... ummh ... we did not live together because our workplace is different. We are in similar wereda (lower administrative division), but our office is different ... he is not involved in care of the baby. It is mainly my responsibility

Extended family members such as mothers, mothers-in-law and sisters were often described as supportive in the provision of care for a baby and other children. Mothers such as Marta appreciate the support they have at home from their sisters:

... I have my sister, so she prepares and provides to my baby the food at home ... they helped me in caring (for) the baby. When I am at work, they provide proper care to my baby. Therefore, the support I have at home is nice

It was evident from the data that the level of support from husbands and extended family members impacted feeding decisions of a number of participants.

4 | DISCUSSION

4.1 | Appreciating the nutritional benefits

This study explored women's attitude and experiences of continuing EBF when they returned to paid employment in Tigray region, Ethiopia. Findings indicate that mothers recognized the nutritional benefits of breastfeeding and its importance for proper growth and development of infants. This understanding might be due to the majority of the participants being well educated, with most having an educational status of bachelor's degree and above. The findings were supported by a study

conducted among nurses who returned to work in Pakistan (Riaz & Condon, 2019) in which the participants understood that breast milk is complete, balanced and the best nutrition for babies. Likewise, results of a survey conducted in South Jordan among employed women support the finding appreciating that breast milk was the best food for babies in the first 6 months of life (Altamimi et al., 2017).

4.2 | Delay returning to work before 6 months

We found that returning to work before 6 months was a major barrier to EBF for many mothers. However, despite the challenges, some did continue EBF until 6 months because of their positive attitude regarding the benefits of EBF. Similar findings are reported in a study conducted among employed women in Malaysia (Sulaiman et al., 2018). Sulaiman et al. (2018) found that the time of returning to work was a hindrance to EBF for some mothers but not for others. This might be because maternal behaviour is the main contributor in determining the duration of EBF. According to a conceptual framework developed by Hector et al. (2005), individual factors such as mothers' intention to BF, knowledge, skill and experience directly influence the initiation and duration of breastfeeding.

4.3 | Attitude of mothers about breast milk expression

Breast milk expression is one of the alternatives to continue EBF after employed women returned to work (Rollins et al., 2016). In this study, an important finding was there was negative attitude of mothers about breast milk expression. The participants of this study did not perceive it as an appropriate way of infant feeding. This might be because the mothers did not perceive that they have enough breast milk to express. Some participants also mentioned that it was painful for them to express. Some others perceived that expressed breast milk could be easily spoiled to keep it at home. Similar finding was obtained in a study conducted in Kenya, where the participants had negative attitude towards breast milk expression (Talbert et al., 2018). Most participants of the Kenyan study described that they did not have any experience of giving expressed breast milk to infants because they fear contamination of the breast milk (Talbert et al., 2018).

4.4 | The duration of maternal leave

The duration of maternal leave was also another important factor that could affect the duration of EBF. A quasi experimental study conducted in low- and middle-income countries (LMICs) found that longer paid maternal leave policies may have an even greater potential to reduce infant mortality in LMICs (Nandi et al., 2016). In this study, the participants acknowledge the 4-month paid maternal leave they are receiving from the government. However, most considered it insufficient to support the recommendation of EBF for 6 months. Therefore, they

recommend extension to 6 months, of the current maternal leave entitlements in Ethiopia. Similar finding has been reported in a study exploring the breastfeeding practices of working mothers in Indonesia (Febriantingtyas et al., 2019) and in Pakistan (Hirani & Karmaliani, 2013). This was similar to evidence from 38 LMICs, which found that 57% countries had 14-week maternal leave (Chai et al., 2018). Another study conducted in Pakistan among hospital nurses found shorter leave entitlements, which the nurses expected to return back to work after 42 days of birth (Riaz & Condon, 2019). However, a study conducted in New Delhi, India, found that employed women obtained 6-month maternal leave and this had a positive impact on the duration of EBF (Omer-Salim et al., 2015). For some women even, this was not considered enough, especially when they had utilized some leave before the birth of their baby (Omer-Salim et al., 2015).

4.5 | Support by managers and co-workers

Data from this study reveal the importance of the support mothers received from managers and co-workers for EBF continuation. Participants reported different levels of support with the co-workers typically more supportive, whereas mother's perceived managers were more focused on the productivity of the woman's work. The participant mothers demand more support from their managers. Therefore, if managers are more supportive to breastfeeding women, it would encourage them to have more commitment in their work and less absenteeism (Jantzer et al., 2018). Similar findings were obtained in a study conducted in Pakistan, which found that support from managers and co-workers was a major enabler to continue breastfeeding (Hirani & Karmaliani, 2013). Other studies from Indonesia (Febriantingtyas et al., 2019) and Malaysia (Sulaiman et al., 2018) also found the support from co-workers as a significant motivator to continue breastfeeding after returning to work.

4.6 | Workplace facilities—Nursery room and storage

Participants of this study also identified the availability of physical facilities in the workplace, such as nursery room and storage facilities, as an important factor to continue EBF when they returned to work. All the study participants agreed on the importance of such physical resources in their workplaces; however, these resources were lacking. Therefore, the government should give focus for the establishment of nursery room in workplaces that would help mothers to continue EBF when they returned to work before 6 months. Similar concerns were raised in a study conducted among working mothers in Egypt, which identified the lack of facilities for breastfeeding, such as nursery room (Abou-EIWafa & El-Gilany, 2019). Other research conducted in Pakistan (Hirani & Karmaliani, 2013) and India (Omer-Salim et al., 2015) also supported the importance of physical facilities. UNICEF explained that a properly equipped room for mothers to breastfeed their children and express milk in workplaces is an

obligation for employers. The recommended room should be clean and comfortable and include equipment such as chair, handwashing facilities and refrigerator (UNICEF, 2020).

4.7 | Support in the home

The support mothers received at home was another important factor that could affect the continuation of EBF after returning to work. When breastfeeding women have received support from their husband or extended family members at home, it allowed them more time for breastfeeding. In this study, participants appreciated the support obtained from their husbands and extended family members. This might be because the social interaction among extended family members is very close, which helped employed women to get support at home. Similar findings were obtained in a study that included interviews of 16 employed women in Ireland (Desmond & Meaney, 2016) and that found that partners and husbands were major support providers for breastfeeding mothers. A study conducted in Ghana (Nkrumah, 2016) also found support from relatives and older siblings as a factor that could affect the duration of EBF. A similar finding was obtained in a study conducted in Tanzania conducted among 36 households with babies less than 6 months. The participants of the Tanzanian study reported that family members other than the husband such as grandparents, aunts, uncles, siblings and neighbours carry their babies while the mothers are working (Matare et al., 2019). In addition, a study conducted among 20 mothers in Kenya found family support from mothers, husbands and older children as an important motivator to continue EBF (Van Ryneveld et al., 2020). Similarly, in the study undertaken in New Delhi, India, husbands and mothers-in-law were the important actors in supporting mothers' decisions about breastfeeding (Omer-Salim et al., 2015). The authors of the Indian study also reported that the husbands varied in their support with some being actively supportive whereas others were passively supportive (upon request) (Omer-Salim et al., 2015).

In this study, another interesting point is that majority of the family members involved in supporting breastfeeding women were females except the husbands. This might be because Ethiopia has a male-dominant society influenced by culture and religion, where in-house activities such as food preparation and child rearing are perceived to be the exclusive responsibilities of women (Ethiopia Forum, 2017). More broadly in many African countries, parenting and gender expectations are highly dependent on traditional and cultural perceptions and values of a society (Amos, 2013). Similar findings were obtained in the studies conducted in Tanzania where husbands consider themselves as superior and reluctant to help their wives by carrying the babies because of expectations of male gender in the society (Bulemela et al., 2019; Matare et al., 2019).

4.8 | Implications of the study

EBF is an important public health strategy, particularly in low-resource countries such as Ethiopia. Increasing maternal leave to 6 months

would assist mothers to meet the EBF recommendation by the WHO and make a positive impact on mortality and morbidity of mothers and infants in the country. This warrants attention by policymakers and other important stakeholders. In conditions where increasing maternal leave to 6 months is not feasible, allocating break time for breastfeeding and having a specially designed room with storage facilities in the workplace would help mothers to continue EBF when they returned to work before 6 months.

4.9 | Limitation in this study

The data were translated verbatim from local language; some words might not be translatable directly from Tigrigna. In addition, the translation and transcription of the data were undertaken by the first author, which has potential to lead to researcher bias. Data were from two areas in Ethiopia and may not be the same as views of women in other parts of the country. Most of the participants have educational level of bachelor's degree or above as expected for office workers; therefore, their knowledge, attitudes and experiences of EBF might be different to women with other educational experiences. It is acknowledged that participants may have associated the research with the work setting due to a level of manager involvement in Stage 1 of recruitment and interviews conducted in the workplace, and they may not have felt as free to discuss their feelings and concerns. It is noted that the mothers chose the place of interview and the workplace was likely to be convenient for after-work appointments.

5 | CONCLUSION

Mothers' knowledge, attitude and practice towards breastfeeding, workplace and employment conditions and support received at home have an important influence on determining the duration of EBF. Having adequate maternal leave and support from co-workers and family assists employed women to EBF their infants until 6 months. The support of workplaces for employed women was insufficient. Mothers are lobbying for extension of the maternal leave to 6 months and establishment of nursery room and storage in their workplace to optimize the duration of EBF.

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CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

CONTRIBUTIONS

All authors contributed to study design, data collection, analysis and interpretation. All authors critically commented on drafts and approved the final manuscript.

DATA AVAILABILITY STATEMENT

Data are available on request from the authors.

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APPENDIX

TABLE A1 Interview guide: Mothers

Questions
Introduction
Researcher introduces self and aims of the study on the explanation statement
Body of interview
I am interested to understand your explanation of feeding your infant when you returned to paid employment.
Can you please tell me about your thoughts about breastfeeding generally?
1. Do you think that breastfeeding is important? Why/why not?
2. Do you think women who return to work before the baby is 6 months old should have support to continue breastfeeding? Why/why not?
Now I would like to talk to you about your own decisions regarding feeding your baby.
3. Did you breastfed when your baby was first born? Why/why not? If so, for how long?
4. Where do you get information about feeding your baby from?
5. Did you express your milk at any time? If so, how did you manage this at work?
I am interested in your experiences with infant feeding when you returned to work.
6. Can you tell me about your experiences with feeding your baby when you returned to paid employment?
Can you talk a little about the support you received at work to that influenced your decisions regarding feeding your baby?
7. Do you have any support from your employer organization to breastfeed?
8. Are there any facilities present in your workplace that support breastfeeding women? If so what?
9. How do you think your workmates feel about working women breastfeeding?
10. Do you think the support from your workplace is sufficient? If no, why?
11. How do you feel about women in your workplace who continue to breastfeed?
I am interested in the support you received at home to that impacted your decisions regarding feeding your baby when you returned to work.
12. Can you talk about the support you have from your husband/other family members/friends or community?
13. What type of support do you have at home that influenced your decisions around infant feeding?
14. What are the challenges you faced regarding social support?
Conclusion
Overall, how do you feel about working women breastfeeding?
Is there anything else that you would like to say about this issue?
Do you have any further questions or queries?
Would you like a summary of this study when it is completed?
May I have your permission to contact you again, should I require further clarification of the data?
Thank you for your participation