

Power relations experienced by working women who breastfeed: a substantive theory

Relações de poder vivenciadas por mulheres trabalhadoras que amamentam: uma teoria substantiva

Relaciones de poder vividas por mujeres trabajadoras que amamantan: una teoría sustantiva

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How to cite this article: Fernandes VMB, Backes MTS, Santos EKA, Meirelles BHS, Lanzoni GMM, Galvão DMPG, et al. Power relations experienced by working women who breastfeed: a substantive theory. Rev. Eletr. Enferm. 2024;26:77579. <https://doi.org/10.5216/reev26.77579> English, Portuguese.

Excerpt from the doctoral dissertation: "Meaning of the experience of workers who breastfeed in companies/institutions with breastfeeding support rooms and their power relations: a theoretical model" [In Portuguese: "Significado da vivência de trabalhadoras que amamentam em empresas/instituições com salas de apoio à amamentação e suas relações de poder: um modelo teórico", defended in 2020, in the Postgraduate Program in Nursing (PEN-UFSC) at the Universidade Federal de Santa Catarina, Florianópolis, Brazil.

Received: 20 October 2023

Accepted: 05 July 2024

Published online: 29 November 2024

ABSTRACT

Objective: to construct a substantive theory about the power relations experienced by breastfeeding workers, which may influence the decision and maintenance of breastfeeding in the workplace. **Methods:** an exploratory-descriptive qualitative study, in which Michel Foucault's Power Relations and Corbin and Strauss' Grounded Theory were used as referential frameworks. Two techniques were used to collect data from social actors linked to their companies in Santa Catarina - Brazil: focus group and semi-structured interview. Open, axial coding and selective integration were used in data analysis with the aid of Atlas.ti Software and a validation process of the substantive theory by seven evaluators. **Results:** sixteen workers and two health professionals participated in the survey. The substantive theory generated was "Successful breastfeeding upon return to work due to the existence of support mechanisms". It integrates ten categories that represent the central phenomenon and its three components: conditions, actions-interactions, and consequences or results. **Conclusion:** workers experience unique micro-relations of power in the work context, which converge and influence the decision-making power regarding the continuation of breastfeeding. The workers' desire to breastfeed, together with the exercise of acquired rights and the availability of a support network, make them persevere in the complex process of breastfeeding.

Descriptors: Women's Health; Child Health; Breast Feeding; Women, Working; Grounded Theory.

RESUMO

Objetivo: construir uma teoria substantiva sobre as relações de poder vivenciadas por trabalhadoras que amamentam, que podem influenciar na decisão e manutenção do aleitamento materno no local de trabalho. **Métodos:** pesquisa exploratória-descritiva qualitativa, na qual se utilizaram os referenciais de Relações de Poder de Michel Foucault e a Teoria Fundamentada nos Dados, de Corbin e Strauss. Duas técnicas foram utilizadas para a coleta de dados nas empresas (Santa Catarina, Brasil): grupo focal e entrevista semiestruturada. Codificação aberta, axial e integração seletiva foram utilizadas para análise de dados, com auxílio do Software Atlas.ti, com processo de validação da teoria substantiva por sete avaliadores. **Resultados:** participaram dezesseis trabalhadoras e dois profissionais de saúde. A teoria substantiva gerada, "Amamentando com êxito no retorno ao trabalho em decorrência da existência de dispositivos de apoio", integra dez categorias, que representam o fenômeno central e seus três componentes: condições, ações-interações e consequências ou resultados. **Conclusão:** trabalhadoras vivenciam microrrelações singulares de poder no trabalho, que convergem e influenciam o poder de decisão de continuar amamentando. O desejo das trabalhadoras de amamentar, juntamente com o usufruto de direitos adquiridos e a disponibilidade de uma rede de apoio fazem com que elas perseverem no processo complexo de amamentação.

Descritores: Saúde da Mulher; Saúde da Criança; Aleitamento Materno; Mulheres Trabalhadoras; Teoria Fundamentada.

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RESUMEN

Objetivo: construir una teoría sustantiva sobre las relaciones de poder vivenciadas por trabajadoras que amamantan, las cuales pueden influenciar en la decisión y mantenimiento de la lactancia materna en el lugar de trabajo. **Métodos:** estudio cualitativo exploratorio-descriptivo en el que se utilizaron como marco referencial las Relaciones de Poder de Michel Foucault y la Teoría Fundamentada de Corbin y Strauss. Para recolectar datos de actores sociales vinculados a sus empresas en Santa Catarina – Brasil, se utilizaron dos técnicas: grupo focal y entrevista semiestructurada. En el análisis de los datos se utilizó codificación abierta, axial e integración selectiva con la ayuda del Software Atlas.ti y un proceso de validación de la teoría sustantiva por siete evaluadores. **Resultados:** participaron dieciséis trabajadoras y dos profesionales de la salud. La teoría sustantiva generada fue “Lactancia materna exitosa al regresar al trabajo debido a la existencia de mecanismos de apoyo”. Integra diez categorías que representan el fenómeno central y sus tres componentes: condiciones, acciones-interacciones y consecuencias o resultados. **Conclusión:** las trabajadoras experimentan micro relaciones de poder únicas en el contexto del trabajo, que convergen e influyen en el poder de decisión sobre la continuidad de la lactancia materna. El deseo de las trabajadoras de amamantar unido al disfrute de los derechos adquiridos y la disponibilidad de una red de apoyo las hacen perseverar en el complejo proceso de la lactancia materna.

Descriptor: Salud de la Mujer; Salud Infantil; Lactancia Materna; Mujeres Trabajadoras; Teoría Fundamentada.

INTRODUCTION

According to an assessment by the World Breastfeeding Trends Initiative (WBTi) in 2019, the average duration of breastfeeding in ten countries increased from 12.3 to 20.4 months, and the exclusive breastfeeding rate increased from 33.1 to 48.5%, showing improvements in the breastfeeding practice indicator even though there was an increase from 26.6 to 36.8% in the use of bottles at the same time⁽¹⁾. The WBTi evaluators recommend that countries, UN (United Nations) agencies, and sponsors prioritize breastfeeding actions, committing to the universalization of policies and services and allocating funds for the implementation of promotion, protection, support, monitoring, tracking, and advocacy in breastfeeding policies and programs⁽¹⁾.

Brazil has legislation to protect breastfeeding, such as maternity leave and breastfeeding breaks, and the health system of the country has implemented strategies since the 1970s, such as breastfeeding policies and programs, the Human Milk Bank Network, the Kangaroo Method, and the Baby-Friendly Hospital Initiative, among others, which have shown considerable progress in the duration of breastfeeding⁽²⁾.

Three reasons lead to the failure of health systems in providing appropriate protection, promotion, and support for breastfeeding: biomedical and gender power, which prevents professionals from providing care centered on women’s cultures and needs; economic and ideological power, which allows commercial influence and conflicts of interest; and the power of economic policies and systems, in which governments have insufficient funds to promote the adequacy of maternity-related rights and the valorization of maternal work⁽³⁾.

Despite these difficulties, there is viability between paid work and breastfeeding through the promotion, protection, and support of breastfeeding that permeates health policies, compliance with legislation, and support from employers, managers, and co-workers⁽⁴⁾. Working conditions directly influence the decision-making power to continue breastfeeding after returning to work from maternity leave, and many workers are not satisfied with the support offered for breastfeeding in their workplace⁽⁵⁾.

Dissatisfaction with the biopolitics of breastfeeding began after an era of industrialization and modernization in the 1970s and 1980s⁽⁶⁾. For Foucault^(7,8), biopower is essential for the progress of capitalism through the exploitation of the labor production of individuals and adjustment of the economic processes of the population. Capitalism has generated gender inequality in the labor market with a clear loss to women. This inequality is defined by labor relations that have repercussions on the social roles given to women, in this case, productive and reproductive⁽⁹⁾.

Given the working conditions of women, power relations and their influence on breastfeeding rates worldwide and the need for a framework to understand this process, this article aimed to construct a substantive theory on the power relations experienced by workers who breastfeed, which can influence the decision to breastfeed and maintain breastfeeding in the workplace.

METHODS

Exploratory-descriptive qualitative study using the theoretical-methodological framework of Grounded

Theory (GT) by Corbin and Strauss⁽¹⁰⁾ and the theoretical-philosophical framework of Power Relations by Michel Foucault⁽⁸⁾.

The context of the study was two companies, one (public-private) in the city of Florianópolis and the other (public) in Joinville, state of Santa Catarina, Brazil. These companies were identified here as A and B, respectively, to preserve their anonymity. These settings were selected because they provide a breastfeeding support room and 180 days of maternity leave.

Theoretical sampling involved two groups of informants: female employees of the companies and health professionals responsible for the breastfeeding support rooms in the companies.

The inclusion criteria for the first group included being a mother, an employee of the company, currently breastfeeding, or having breastfed after the end of maternity leave. Women who returned from maternity leave before the implementation of the breastfeeding support room were excluded.

Health professionals responsible for the breastfeeding support rooms were included due to the hypothesis raised by workers regarding bureaucratic procedures for using the breastfeeding support rooms, which could imply that this space would not be used.

Recruitment was carried out by means of an invitation via e-mail. Data collection was carried out from March to July 2019, and the sample size was determined using the theoretical saturation technique when the main categories were already well-developed.

Two data collection techniques were used: focus group and individual interview. Two focus groups and one individual interview were conducted in company A, and six individual interviews were conducted in company B since workers in this company worked different shifts.

The focus groups lasted an average of one hour in a meeting room at company A, and the interviews were audio-recorded and transcribed. The individual interviews at company B were conducted in writing or by audio recording via WhatsApp or e-mail and later transcribed.

A set of questions prepared for the focus groups and another for the individual interviews were followed. The transcriptions were made in Word (Office version 16, 2015, Microsoft Corporation, United States). One of the authors collected all the data.

Data analysis was performed based on GT, and three stages were followed: open (microanalysis), axial (regrouping and assembly of the theoretical model), and integration (definition of the central phenomenon and its integration with the other categories) with

data circularity, using notes from the field diary and memos⁽⁹⁾. At the end of the analysis, the theory was validated by seven validators. Two were study participants, three were experts in the method, and two were experts in breastfeeding. The Atlas.ti[®] software (version 7.0, ATLAS.ti Scientific Software Development GmbH, Germany) was used to assist in the analysis and organization of data, generating 342 codes that composed ten different categories and seven subcategories.

The study was approved by the Research Ethics Committee (CAA number. 02797918.0.0000.0121). In compliance with ethical precepts, all participants signed the Informed Consent form in two copies. For the preservation of their identity, participants received codenames of personalities who fought for feminist causes in Brazil, such as Anita Garibaldi, Antonieta de Barros, Nísia Floresta, Aloísio Mercadante, and others.

RESULTS

Sixteen female workers aged between 27 and 43 years participated in this study; 15 were married, and one was divorced; six had one child, nine had two children, and one had three children. The average duration of breastfeeding was 15.48 months, and eight were still breastfeeding. The longest duration of breastfeeding was 39 months, and the shortest was four months.

The time on leave from work after the birth of their children was greater than six months for 13 female workers. All were formal workers with a 40-hour work week and a daily workload in company A, 30 hours a week, and six- or 12-hour work shifts in company B.

Of the 16 participants, 11 had completed postgraduate studies, two had only an undergraduate degree, and three had completed a technical course. Most were employed in intellectual positions/functions and had job stability. Two health professionals responsible for the breastfeeding support room also participated in the study.

Substantive theory: "Successful breastfeeding upon return to work due to the existence of support mechanisms"

The substantive theory, according to Corbin and Strauss⁽¹⁰⁾, represents the central phenomenon generated by the study, which in turn is defined by the paradigmatic model. This paradigmatic model has a structure and a process. The structure is the conditional context (conditions) in which a phenomenon is situated. The process is the representation of the sequences

of actions-interactions belonging to a phenomenon as they develop over time, and these actions-interactions are strategic or routine responses to facts, such as what the meaning of the problem is and what were the workers' actions to manage it. The process also presents the consequences or results, which are the result of the actions-interactions and show the real and/or expected responses of the phenomenon⁽⁹⁾. In the present proposal, the paradigmatic model developed is composed of three components: conditions, actions-interactions, and consequences or results.

Conditions

“Exercising acquired rights” involves all support mechanisms that allow workers to breastfeed, including regulatory frameworks adopted by the company (laws or written standards established by the company). The most clearly used mechanisms were 180-day maternity leave and a break to breastfeed, in some cases, until the child is ten months old, based on a pediatrician's recommendation or granted informally. The following reports represent these findings:

I would leave at lunchtime, go home, and come back later. For me, that was the best thing (Laudelina Melo).

I was on maternity leave for six months and took another two months of vacation (Maria da Penha).

My return from maternity leave after my oldest child, especially for being my first child, and letting go was very difficult (Antonieta de Barros).

In “Conceiving the (no)support network”, the types of support highlighted by working women were the institutional, family, and group support networks.

The institutional support network consists of support from management and colleagues, in addition to the breastfeeding support norms adopted by the company, including the possibility of using the breastfeeding support room, sensitivity of colleagues and managers, and management, who are more understanding because they have children, flexibility to redistribute work activities in the worker's absence, embracement and active listening, and no increased pressure on the worker when returning from maternity leave.

The family support network is considered essential, especially when returning to work. Difficulties are faced when workers do not have close family members whom they can count on to care for their children during the workday.

The support network of groups established by the company itself brings together working mothers in face-to-face or virtual meetings through communication and information technologies in which there is an opportunity to exchange experiences. The following statements support some of this evidence:

Whenever we need to empty our breasts, we come to an agreement with the team and go (Maria Quitéria).

I stored milk, and my husband took my son to breastfeed once or twice during the twelve-hour work shift. I think it was less difficult because we had the possibility of my son staying with my husband, and that made me feel safer (Nísia Floresta).

“Planning the return to work” involves the strategies developed by workers to reduce the challenges generated by the return to work. Among these strategies, the following stand out extending the time away from work as much as possible, combining maternity leave with available vacations, performing expression and storage of breast milk in advance, moving to a place closer to work, and introducing complementary feeding for the baby before returning. This helps workers feel less worried during the workday. The following report supports this understanding:

In the sixth month of maternity leave, I took another month of vacation, and from the sixth to the seventh month, I started introducing solid foods. He would eat everything. I needed this planning, this decision. I left my apartment and moved to one right across the street. So, I would leave an hour earlier in the morning and an hour earlier in the afternoon. He breastfed a lot (Rosmary Corrêa).

“Enjoying the available places for breastfeeding” includes the possibility of expressing and properly storing breast milk so that it can be given to the child later. The period of use of the breastfeeding support room after maternity leave is two months per worker, on average. The statements of the female workers and health professionals responsible for the rooms indicate the efficient use of this space, generating a feeling of support and well-being for the women, as reported:

I felt supported by having this space. I thought it was really cool that the company already had this space. It was really important (Antonieta de Barros).

Some workers reported bureaucratic barriers to using the area designated for breastfeeding, which generated a

new sample group with those responsible for the breastfeeding support rooms to analyze possible impediments.

The caution of professionals when carrying out registrations and providing initial guidance was observed, which may not correspond to women's expectations of free use of the space, as reported below:

The room is being used according to demand. Mothers have been using it. They have been pumping properly. They have been instructed and taught how to do it. All this work (Aloísio Mercadante).

When there is a right to a breastfeeding break, workers who live close to work prefer to breastfeed their children at home, as mentioned by one of the participants:

Luckily, I also live close by, and I was able to use this breastfeeding time to take a longer lunch break (Anita Garibaldi).

Actions-interactions

“Persevering in the breastfeeding process” brings an element of the paradigmatic model in which it is evident that all phases of the breastfeeding process involve a conglomerate of feelings and emotions beginning during pregnancy and lasting until weaning, which influence the decision to breastfeed.

During pregnancy, feelings permeate the experiences of ancestors and co-workers. In the postpartum period, during the period of absence in maternity leave, the breastfeeding process is permeated by a feeling of bond. Upon returning to work activities, concern about detachment arises. The bond lasts beyond the breastfeeding process, as the statement shows:

She spent the whole night breastfeeding. Sometimes, I would come to work like a zombie the following day. She still has a relationship with the breast nowadays. She is three, nearly four years old. It is a different bond that I feel, and she feels it, too (Marielle Franco).

When returning to work, women feel embarrassed about using all the mechanisms that support the right to breastfeed and fear being the target of prejudice or suffering retaliation from colleagues and bosses.

“Managing logistics to reconcile motherhood with work” involves women managing logistics in relation to a set of challenges to the exercise of motherhood, which are faced when returning to work. For example, when defining people or places considered trustworthy to care for their children during their work hours, whether members of the family support network, nannies, or daycare, as reported below:

My oldest stayed with my mother until he was one year and two months old, and the youngest stayed with my mother until he was one year and seven months old, and then they went to daycare (Maria Quitéria).

I don't have any family here either. Daycare makes more sense to me (Rose Marie Muraro).

He stayed at home with the nanny until he was one year old (Carlota de Queirós).

Another important logistical issue for workers who lived far away involved arranging for a change of residence to be close to their workplace. In addition, they had to deal with the lack of support to accompany their children to routine appointments or emergencies.

“Receiving support from the company to reconcile breastfeeding with work” denotes elements that facilitate and hinder the breastfeeding process in the context of returning to work. Among the aspects that encourage or promote breastfeeding are flexible hours to perform work activities, part-time work shifts, or a reduction in the daily workload through a two-hour breastfeeding break to be taken in the early hours, during the lunch break, or at the end of the workday.

Some elements emerged as restrictive to the breastfeeding process in the context of returning to work after maternity leave. Among these issues, we can mention the workers' lack of access to information about maternity rights and support mechanisms provided by the company before and after maternity leave, as stated below:

What sometimes happens is that it is not widely publicized [...] I found out about it through another mother (Bertha Luz).

In the workers' view, together with access to mothers' groups, this information would facilitate the exercise of these rights and would avoid misjudgment by bosses and prejudice by co-workers.

Consequences or results

“Seeking positive outcomes throughout the breastfeeding process” means that whether in the decision to continue breastfeeding after the end of maternity leave until the moment they wish or in the decision to wean, workers were seeking positive outcomes.

Breastfeeding is a process that demands persistence from the mother, even in the face of difficulties, as evidenced by the following statement:

First of all, the mother's will, because breastfeeding is something very complex and tiring and if the mother is not fully aware and willing that this is the best for her child, she will give up at the first obstacle. Breastfeeding is definitely something I love to do. It gives me great pleasure to realize that I am doing the best for my child and how important this is for him (Chiquinha Gonzaga).

Workers who wish to continue breastfeeding seek all the ways they know and with which they feel comfortable to be able to maintain the breastfeeding process.

In the end, the weaning process begins, and even when it is not premature, it is permeated by the feeling of mourning and surrounded by emotional states and emotions such as anxiety, relief, guilt, and doubts about when and how to stop breastfeeding without causing trauma. Sometimes, it is experienced as a natural process, and at other times, it is experienced as an extremely difficult process.

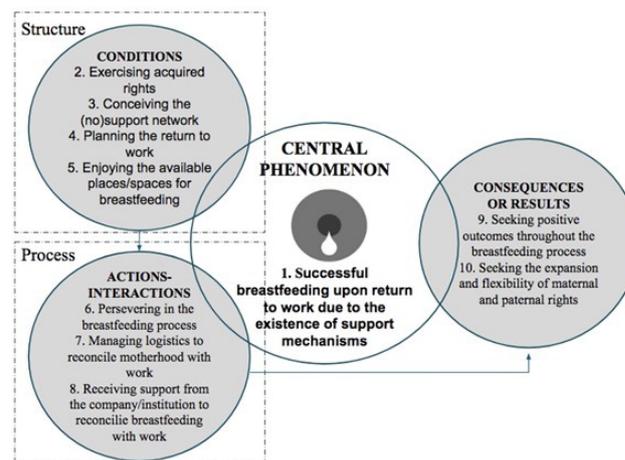
“Seeking the expansion and flexibility of maternal and paternal rights” consists of a phenomenon in which favorable experiences in the exercise of rights favor the reconciliation of breastfeeding with work. Workers see the need for improvements in legislation, in the sense of expanding maternity and paternity leave, mandatory breastfeeding breaks, childcare assistance compatible with the reality of the current context of the costs of offering these services, implementation of breastfeeding support rooms in all companies, the flexibility of schedules and functions during the breastfeeding period, implementation of hours off work for breast milk donors, in addition to raising awareness among managers, bosses, and co-workers about this phase of the reproductive life cycle of women.

Below, we present the analytical tool of the paradigmatic model of the substantive theory “Successful breastfeeding upon returning to work due to the existence of support mechanisms”, represented in Figure 1 by the central phenomenon and its three components: conditions, actions-interactions, and consequences or results.

DISCUSSION

The substantive theory presented demonstrates that the power relations experienced by workers who breastfeed can influence the decision to continue breastfeeding in the workplace. Combining breastfeeding and work can be difficult for mothers since successful breastfeeding depends on their working conditions, sociocultural heritage, gender role, public health policies, and economic aspects.

Figure 1 - Theoretical model: Successful breastfeeding upon return to work due to the existence of support mechanisms



The participants in this study valued both personal and professional fulfillment. All who were successful in reconciling breastfeeding with work revealed a feeling of mission accomplishment. This is a power that Foucault analyzes as instituting the subject and is only present when there are conditions for its subsistence⁽⁸⁾.

The effects of power are inherent to social structures and human nature, and it is impossible to avoid them⁽¹¹⁾. Michel Foucault's theoretical-philosophical framework of power relations deals with the analysis of the conceptions of power in modern societies, highlighting that the expression “power” does not exist in isolation, but rather the practices or relations of power exist⁽⁸⁾.

Women value the opportunity to work, be financially independent, and sometimes become breadwinners, and the empowerment associated with that⁽¹²⁾. Motherhood has an impact on the professional career and continues to be one of the most prevalent reasons for early weaning⁽¹³⁾. In general, women find it difficult to reconcile both⁽¹⁴⁾. The participants in this study show that it is possible to reconcile breastfeeding with work when the necessary support is available at the workplace, as well as in the family.

Depending on the work regime, the power relation in the decision to breastfeed increases with the availability of the worker's rights. Formal work has benefits guaranteed by law, such as maternity leave and breastfeeding breaks⁽¹⁵⁾, and these favor the possibility of reconciling breastfeeding with returning to work activities. Among these rights is the freedom to express breast milk at the workplace without time limits⁽¹⁶⁾.

Breastfeeding may be threatened in the context of instability in maintaining the employment relationship. In a study conducted in the United States, female workers felt the risk of losing their jobs when breastfeeding

at work⁽¹⁷⁾. Early weaning is sometimes caused by professional pressure, lack of support in the workplace, and insecurity after the end of stability⁽⁵⁾. The culture of breastfeeding presents polarities, and the reality of the context studied is different in other countries since some aspects well evaluated in this study may have led to positive outcomes in the duration of breastfeeding.

In order to maintain a balance between work and personal life, women need well-established support networks. This phenomenon corroborates Foucault's framework, under the conception that power works in a network, where individuals exercise and suffer the actions of power in micro-relations of power at various levels and different points of the social network, not being inert targets, but being the center of transmission⁽⁸⁾.

Among these networks, it is important to mention the explicit support of managers^(18,19) with a demonstration of concern for the well-being of the breastfeeding worker, common sense in decisions, and an atmosphere of embracement⁽¹⁸⁾.

This is not yet a reality in all companies⁽²⁰⁾, which is worrying and challenging since support at work interferes with the average duration of breastfeeding⁽²¹⁾.

When mothers do not have home support, they cannot choose to perform paid work, or when they do not have support at work, they cannot reconcile work with breastfeeding⁽²²⁾. Foucault states that breastfeeding is a duty in the relationship between parents and children, as evidenced by this study. The family should not behave exclusively as a web of relationships in a kinship system but rather become an environment that involves, maintains, and favors the child, becoming a space for survival and evolution⁽⁷⁾.

In some cultures, men stay at home taking care of the children, and mothers go out to work⁽¹²⁾. The home office would be a possibility of not needing a third shift, but few workers have this possibility⁽¹⁹⁾.

Returning to work after maternity leave is one of the most stressful moments in the breastfeeding process and generates anxiety in women with the thought that they will not be able to reconcile work with breastfeeding, which can lead to early weaning⁽¹⁵⁾. Despite the limitation on the frequency of breastfeeding and the consequent decrease in the demand for breastfeeding caused by the return to work, support space for breastfeeding or expressing breast milk is essential, as there is a need for physical adaptation to the physiological changes in the maternal body and promotion of breastfeeding in the workplace⁽²³⁾. When the breastfeeding support room at the company remains inaccessible, it is common for workers to use the bathroom to express breast milk⁽²³⁾.

The control of spaces by those responsible for breastfeeding support rooms is materialized in bureaucratic practices and represses breastfeeding in the context of returning to work. The power of the health professional in this context exercised through knowledge, is configured as biopower and poses the risk of the body suffering the effects of the law of physiology⁽⁸⁾.

Workers who live close use their breaks to breastfeed their children at home^(12,15), but those who do not have this condition need to use the breastfeeding support room. For the full use of these rooms by female workers, their different needs must be considered. Some need to express milk one to four times per work shift, which demands a varied amount of time since each expression can last from seven to 30 minutes⁽¹⁷⁾. The limited time imposed by company managers for the use of the rooms is a negative aspect⁽¹⁶⁾.

In turn, company policies should include the opportunity to express breast milk, extend maternity leave, offer part-time work, provide additional nutritious foods for breastfeeding mothers, prioritize parking spaces for breastfeeding mothers, and provide regular health education and rewards for those who exclusively breastfeed⁽²⁴⁾. A whole-of-society approach is required for the achievement of breastfeeding goals by the mothers⁽²⁵⁾. Society must not only support but also propose initiatives that enable satisfactory biopower relationships.

Educational interventions provide verbal, visual, and tactile stimuli and are effective in contributing to promoting breastfeeding practices⁽²⁴⁾. Isolated actions, such as simply guaranteeing maternity leave or providing a space for breastfeeding, do not affect the duration of breastfeeding⁽¹⁸⁾. Considering that knowledge is power, there is no constitution of a power relationship without a field of knowledge, and knowledge ensures the exercise of power⁽⁸⁾. Thus, workers must receive all the information about the types of support available so they can exercise their decision-making power and breastfeed fully.

For Foucault, every concept of power analyzed by him is no more important than the definition of man by desire⁽²⁶⁾. From the moment they decide about motherhood, this becomes the role that will demand the most time and dedication in their lives, which can make it difficult to reach leadership positions⁽²⁷⁾. The woman's desire to breastfeed, as long as it is greater than the forces against continuing breastfeeding, can be manifested as the power relationship that most influences the success of breastfeeding upon returning to work after the end of maternity leave.

Possible limitations of the study can be identified in theoretical saturation. Supervisors, colleagues, and managers could also be included to understand the different

perceptions. Considering the regional context of the study with participants from the southern region of Brazil and the characteristics of the sample group of workers, most of whom held intellectual positions/functions and had job stability, and considering that working conditions after returning from maternity leave are largely heterogeneous throughout the world and among Brazilian regions given the cultural and economic diversity, these data may not reflect the reality of other locations. Like any other reference framework, the substantive theory formulated here must undergo a continuous process of assessment of its applicability to other scenarios.

FINAL CONSIDERATIONS

The theoretical model on the power relations experienced by women returning to work after maternity leave in companies with breastfeeding support rooms makes it possible to understand that in this context, in general, the worker does not have full power to decide to continue breastfeeding.

Each woman is a unique being at a unique moment in her life, experiencing a specific personal, family, and professional cycle in which micro-power relations are exercised in each situation experienced. The decision to continue breastfeeding after returning from maternity leave is not contained solely in the power of the worker or the control of the manager/employer, immediate superior, co-workers, family members, or health policies and legislation but is manifested in each power relationship or each specific situation.

The continuation of breastfeeding is influenced by the support policy established by the company where the woman works, which includes mechanisms of breastfeeding support and protection, compliance with current legislation, and the conduct of managers, superiors, and co-workers in relation to the worker who breastfeeds. In addition, other factors influence the process, such as family support and the physical and emotional benefits of breastfeeding for babies, as perceived by women. On the other hand, the lack of support for breastfeeding after returning from maternity leave from the company and its employees and the family generates feelings of inability to reconcile breastfeeding with work.

Funding

This study did not receive financial support.

Conflict of interest

None.

Authors' contributions - CRediT

VMBF: conceptualization; data curation; formal analysis; investigation; methodology; project administration; resources; software; visualization; writing – original draft and writing-review & editing.

MTSB: conceptualization; formal analysis; methodology; supervision; validation; visualization; writing – original draft and writing – review & editing.

EKAS: validation; visualization; writing – original draft and writing – review & editing.

BHSM: validation; visualization; writing – original draft and writing – review & editing.

GMML: validation; writing – original draft and writing – review & editing.

DMPGG: validation; visualization; writing – original draft and writing – review & editing.

MRLNC: validation; writing – original draft and writing – review & editing.

RGA: validation; writing – original draft and writing – review & editing.

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